

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 84TH LEGISLATIVE REGULAR SESSION

March 25, 2015

TO: Honorable Byron Cook, Chair, House Committee on State Affairs

FROM: Ursula Parks, Director, Legislative Budget Board

IN RE: HB614 by Davis, Sarah (Relating to establishing an advance directive registry.), **As Introduced**

Estimated Two-year Net Impact to General Revenue Related Funds for HB614, As Introduced: a negative impact of (\$2,802,970) through the biennium ending August 31, 2017.

The bill would make no appropriation but could provide the legal basis for an appropriation of funds to implement the provisions of the bill.

General Revenue-Related Funds, Five-Year Impact:

Fiscal Year	Probable Net Positive/(Negative) Impact to General Revenue Related Funds
2016	(\$2,411,378)
2017	(\$391,592)
2018	(\$324,652)
2019	(\$324,652)
2020	(\$324,652)

All Funds, Five-Year Impact:

Fiscal Year	Probable Savings/(Cost) from General Revenue Fund 1	Change in Number of State Employees from FY 2015
2016	(\$2,411,378)	7.0
2017	(\$391,592)	5.0
2018	(\$324,652)	5.0
2019	(\$324,652)	5.0
2020	(\$324,652)	5.0

Fiscal Analysis

The bill would amend the Health and Safety Code to require that the Department of State Health Services (DSHS) develop and maintain a confidential advance directive registry. The bill would require that the registry be accessible online, and that access would be free to the public. The bill would require that DSHS establish a method to note on a driver's license that an individual has

registered an advance directive with DSHS. The bill would authorize DSHS to accept gifts, grants, donations, and other voluntary contributions to support the registry.

Methodology

This analysis assumes that DSHS would not receive any gifts, grants, or donations to offset the cost to implement the provisions of the bill. To implement the bill, it is estimated that seven FTEs would be required in 2016 (one program manager, one database administrator, one program specialist and four data entry operators), decreasing to five FTEs in fiscal year 2017 and thereafter (program specialist and data entry operators). Total FTE costs, including benefits, would be \$621,778 in fiscal year 2016, \$321,792 in fiscal year 2017, and \$254,852 each year thereafter. A contract for development of the registry would total \$1,248,000 in fiscal year 2016. Hardware, software and support costs would total \$541,600 in fiscal year 2016 and \$69,800 per year thereafter. The total cost to develop and maintain the advance directive registry would be \$2,411,378 in fiscal year 2016, \$391,592 in fiscal year 2017 and \$324,652 in each following year.

Local Government Impact

No fiscal implication to units of local government is anticipated.

Source Agencies: 405 Department of Public Safety, 529 Health and Human Services Commission, 537 State Health Services, Department of

LBB Staff: UP, AG, WP, VJC, SS, RC