

**LEGISLATIVE BUDGET BOARD**  
**Austin, Texas**

**FISCAL NOTE, 84TH LEGISLATIVE REGULAR SESSION**

**April 13, 2015**

**TO:** Honorable Myra Crownover, Chair, House Committee on Public Health

**FROM:** Ursula Parks, Director, Legislative Budget Board

**IN RE: HB2004** by Darby (Relating to a pilot project to provide emergency telemedicine medical services in rural areas.), **As Introduced**

**Estimated Two-year Net Impact to General Revenue Related Funds** for HB2004, As Introduced: an impact of \$0 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:**

<b>Fiscal Year</b>	<b>Probable Net Positive/(Negative) Impact to General Revenue Related Funds</b>
2016	\$0
2017	\$0
2018	\$0
2019	\$0
2020	\$0

**All Funds, Five-Year Impact:**

<b>Fiscal Year</b>	<b>Probable Savings/(Cost) from Comm State Emer Comm Acct 5007</b>	<b>Change in Number of State Employees from FY 2015</b>
2016	(\$618,379)	3.0
2017	(\$638,330)	3.0
2018	(\$638,330)	3.0
2019	(\$638,330)	3.0
2020	(\$638,330)	3.0

**Fiscal Analysis**

The bill would amend the Health and Safety Code to require the Commission on State Emergency Communications (CSEC) and the Texas Tech University Health Sciences Center (TTUHSC) area health education center ("Center") to establish a pilot project to provide emergency medical services instruction and emergency pre-hospital care instruction through a telemedicine medical

service provided by regional resource trauma centers to health care providers in rural trauma facilities and emergency medical services providers in rural areas.

Provisions of the bill would require the Center, with assistance of the CSEC, to design and define criteria and protocols for the telemedicine medical service, collect data necessary for project evaluation of the pilot program, and report findings to the Governor and presiding officer of each house of the Legislature no later than December 31, 2020. Provisions of the bill would require CSEC to provide technical assistance to the Center in the implementation of the pilot project. The bill would also require the Center to select trauma facilities and emergency medical service providers based on certain criteria to participate in the pilot project and provide the telemedicine medical service and related instruction through providers in regional trauma resource centers.

Provisions of the bill would allow funds collected in General Revenue - Dedicated Account No. 5007 from 9-1-1 equalization surcharges on each local exchange access line and each wireless telecommunications connections to be appropriated to CSEC to fund the pilot project. In addition, the Center may seek grants to fund the pilot project. Political subdivisions with a trauma facility participating in the project may pay part of the costs of the pilot project.

The provisions of the bill expire January 1, 2021.

### **Methodology**

Based on information provided by Texas Tech University System, it is assumed that the Center would require \$618,379 in fiscal year 2016 and \$638,330 in fiscal year 2017 to establish and implement the pilot program. Recurring costs for the program would continue from fiscal years 2018 to 2020 at a cost of \$638,330 per year. These costs would be funded from General Revenue - Dedicated Account No. 5007 to CSEC and then transferred to the Center to fund the pilot program.

Based on information provided by Texas Tech University System, it is assumed the Center would implement the project with 5 counties in fiscal year 2016 and expand by another 6 counties in fiscal year 2017. It is estimated the Center would require 3 Full-Time-Equivalents (FTEs) to implement the pilot project. Salaries and benefits associated with the FTEs totals \$264,939 each fiscal year. Additional costs associated with supplies, travel, equipment, and administration total \$353,440 in fiscal year 2016 and \$373,391 in fiscal year 2017. It is assumed the pilot program would continue from fiscal years 2018 through fiscal year 2020 at the same funding level of \$638,330 per fiscal year. It is assumed the pilot project would conclude in fiscal year 2020 and the Center and CSEC would distribute the required report during fiscal year 2021.

It is assumed any costs to CSEC associated with the bill could be absorbed within the agency's existing resources.

### **Local Government Impact**

There could be costs to a hospital district that chose to participate in the pilot program. However, it is assumed that a hospital district would participate only if sufficient funds were available or it would not result in a negative fiscal impact; therefore, no significant fiscal impact is anticipated.

**Source Agencies:** 477 Commission on State Emergency Communications, 529 Health and Human Services Commission, 739 Texas Tech University Health Sciences Center, 768 Texas Tech University System Administration

**LBB Staff:** UP, NB, DEH, EH, KPe, KVe

