

# SENATE AMENDMENTS

2<sup>nd</sup> Printing

By: Crownover, Coleman, Zerwas, Ashby,  
Collier

H.B. No. 3781

A BILL TO BE ENTITLED

AN ACT

relating to the creation of the Texas Health Improvement Network.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Subtitle E, Title 2, Health and Safety Code, is amended by adding Chapter 118 to read as follows:

CHAPTER 118. TEXAS HEALTH IMPROVEMENT NETWORK

SUBCHAPTER A. GENERAL PROVISIONS

Sec. 118.001. DEFINITION. In this chapter, "network" means the Texas Health Improvement Network established under this chapter.

SUBCHAPTER B. NETWORK

Sec. 118.051. ESTABLISHMENT; PURPOSE. (a) The Texas Health Improvement Network is established to address urgent health care challenges and improve the health care system in this state and the nation and to develop, based on population health research, health care initiatives, policies, and best practices.

(b) The purpose of the network is to:

- (1) reduce the per capita costs of health care;
- (2) improve the individual experience of health care, including the quality of care and patient satisfaction; and
- (3) improve the health of residents of this state.

Sec. 118.052. COMPOSITION OF NETWORK. The network consists of faculty of general academic and health-related public and private institutions of higher education in this state with

1 expertise in:

- 2 (1) general public health and other medical fields;
- 3 (2) mental health;
- 4 (3) nursing;
- 5 (4) pharmacy;
- 6 (5) social work;
- 7 (6) health economics;
- 8 (7) health policy and law;
- 9 (8) epidemiology;
- 10 (9) biostatistics;
- 11 (10) health informatics;
- 12 (11) health services research;
- 13 (12) engineering; and
- 14 (13) computer science.

15 Sec. 118.053. DUTIES. (a) The network shall establish as  
16 its primary goals:

- 17 (1) evaluating and eliminating health disparities in  
18 this state, including racial, ethnic, geographic, and  
19 income-related or education-related disparities; and
- 20 (2) health care cost containment and the economic  
21 analysis of health policy.

22 (b) The network shall:

- 23 (1) function as an incubator and evaluator of health  
24 improvement practices; and
- 25 (2) support local communities in this state by  
26 offering leadership training, data analytics, community health  
27 assessments, and grant writing support to local communities.

1       Sec. 118.054. ADMINISTRATIVE ATTACHMENT TO THE UNIVERSITY  
2 OF TEXAS SYSTEM. (a) The network is administratively attached to  
3 The University of Texas System.

4       (b) The University of Texas System shall administer and  
5 coordinate the network and provide administrative support to the  
6 network as necessary to carry out the purposes of this chapter.

7       Sec. 118.055. GIFTS AND GRANTS. The network may accept and  
8 administer gifts and grants to fund the network from an individual,  
9 corporation, trust, or foundation or the federal government,  
10 subject to any limitations or conditions imposed by law.

11       Sec. 118.056. REPORT. The network shall report the results  
12 of the network's efforts, findings, and activities to the  
13 legislature, state and federal partners, and other interested  
14 entities.

15                               SUBCHAPTER C. ADVISORY COUNCIL

16       Sec. 118.101. ADVISORY COUNCIL. The network shall  
17 establish an advisory council to advise the network on the health  
18 care needs of this state.

19       Sec. 118.102. COMPOSITION OF ADVISORY COUNCIL. The  
20 advisory council is composed of:

21               (1) members who are appointed by an executive officer  
22 of The University of Texas System and nominated by participants in  
23 the network and who are:

24                               (A) state and national leaders in population  
25 health;

26                               (B) experts in traditional public health and  
27 medical fields; and

1           (C) leaders in the fields of behavioral health,  
2 business, insurance, philanthropy, education, and health law and  
3 policy;

4           (2) representatives from each of the following  
5 entities, selected by an executive officer of the entity:

6                   (A) The University of Texas System;

7                   (B) The Texas A&M University System;

8                   (C) the University of North Texas System;

9                   (D) the Texas Tech University System; and

10                   (E) the Baylor College of Medicine; and

11           (3) representatives from the department and the  
12 commission, selected by the executive head of the agency.

13           Sec. 118.103. TERMS. Members of the advisory council serve  
14 staggered three-year terms, with the terms of one-third of the  
15 members expiring on January 1 of each year.

16           Sec. 118.104. PRESIDING OFFICER. The executive officer of  
17 The University of Texas System who appoints members to the advisory  
18 council shall appoint a presiding officer from among the members to  
19 serve a one-year term.

20           Sec. 118.105. MEETINGS. The advisory council shall meet at  
21 the call of the presiding officer or at other times that the council  
22 determines are necessary or appropriate.

23           Sec. 118.106. COMPENSATION AND REIMBURSEMENT. A member of  
24 the advisory council may not receive compensation for service on  
25 the advisory council but may be reimbursed for travel expenses  
26 incurred by the member while conducting the business of the  
27 advisory council, if funds are available for that purpose, as

1 provided by the General Appropriations Act.

2 Sec. 118.107. APPLICABILITY OF OTHER LAW. Chapter 2110,  
3 Government Code, does not apply to the advisory council.

4 SECTION 2. As soon as practicable after the effective date  
5 of this Act, The University of Texas System shall establish the  
6 Texas Health Improvement Network as required by Chapter 118, Health  
7 and Safety Code, as added by this Act.

8 SECTION 3. This Act takes effect immediately if it receives  
9 a vote of two-thirds of all the members elected to each house, as  
10 provided by Section 39, Article III, Texas Constitution. If this  
11 Act does not receive the vote necessary for immediate effect, this  
12 Act takes effect September 1, 2015.

ADOPTED

MAY 26 2015

*Atty. Gen.*  
Secretary of the Senate

By: *Thom & Watson*

H.B. No. 3781

Substitute the following for H.B. No. 3781:

By: *C. Schwab*

C.S. H.B. No. 3781

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14 care challenges and improve the health care system in this state and  
15 the nation and to develop, based on population health research,  
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- 5                   (6) health economics;
- 6                   (7) health policy and law;
- 7                   (8) epidemiology;
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- 11                  (12) engineering; and
- 12                  (13) computer science.

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- 18                   (2) health care cost containment and the economic  
19 analysis of health policy.

20                  (b) The network shall:

- 21                   (1) function as an incubator and evaluator of health  
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25 assessments, and grant writing support to local communities.

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10 of the network's efforts, findings, and activities to the  
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23 health;

24 (B) experts in traditional public health and  
25 medical fields; and

26 (C) leaders in the fields of behavioral health,  
27 business, insurance, philanthropy, education, and health law and



1 policy; and

2 (2) representatives from the department and the  
3 commission, selected by the executive head of the agency.

4 Sec. 118.103. TERMS. Members of the advisory council serve  
5 staggered three-year terms, with the terms of one-third of the  
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7 Sec. 118.104. PRESIDING OFFICER. The executive officer of  
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16 the advisory council but may be reimbursed for travel expenses  
17 incurred by the member while conducting the business of the  
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19 provided by the General Appropriations Act.

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27 a vote of two-thirds of all the members elected to each house, as

1 provided by Section 39, Article III, Texas Constitution. If this  
2 Act does not receive the vote necessary for immediate effect, this  
3 Act takes effect September 1, 2015.

LEGISLATIVE BUDGET BOARD  
Austin, Texas

FISCAL NOTE, 84TH LEGISLATIVE REGULAR SESSION

May 27, 2015

**TO:** Honorable Joe Straus, Speaker of the House, House of Representatives

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

**IN RE: HB3781** by Crownover (Relating to the creation of the Texas Health Improvement Network.), **As Passed 2nd House**

**No significant fiscal implication to the State is anticipated.**

The bill would amend the Health and Safety Code to create the Texas Health Improvement Network (THIN). The purpose of the THIN is the following: reduce the per capita costs of health care, improve individual experience of care, and improve the health of Texas residents. In addition, the THIN would focus on evaluating and eliminating health disparities in Texas and healthcare cost-containment strategies, function as an incubator of health improvement practices, and support local communities through leadership training, data analytics, community health assessments, and grant writing support.

The THIN would be composed of experts from the fields of study listed in the bill. The THIN would be administratively attached to The University of Texas (UT) System, who would coordinate the network and provide administrative support to the THIN as needed.

The bill would provide that the THIN may accept gifts and grants to fund the network. The bill would establish an advisory council for the network, including members appointed by the executive officer of the UT System and representatives from the Department of State Health Services (DSHS) and Health and Human Services Commission (HHSC). Members of the advisory committee may not receive compensation for service but may be reimbursed for travel expenses if funding is provided through the General Appropriations Act for that purpose.

Based on information provided by the UT System, DSHS, and HHSC, duties and responsibilities associated with implementing the provisions of the bill could be accomplished by utilizing existing resources.

**Local Government Impact**

No significant fiscal implication to units of local government is anticipated.

**Source Agencies:** 710 Texas A&M University System Administrative and General Offices, 769 University of North Texas System Administration, 783 University of Houston System Administration, 537 State Health Services, Department of, 720 The University of Texas System Administration, 758 Texas State University System, 768 Texas Tech University System Administration,

781 Higher Education Coordinating Board

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

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

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

**May 22, 2015**

**TO:** Honorable Charles Schwertner, Chair, Senate Committee on Health & Human Services

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

**IN RE: HB3781** by Crownover (Relating to the creation of the Texas Health Improvement Network.), **Committee Report 2nd House, Substituted**

<p><b>No significant fiscal implication to the State is anticipated.</b></p>
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The bill would amend the Health and Safety Code to create the Texas Health Improvement Network (THIN). The purpose of the THIN is the following: reduce the per capita costs of health care, improve individual experience of care, and improve the health of Texas residents. In addition, the THIN would focus on evaluating and eliminating health disparities in Texas and healthcare cost-containment strategies, function as an incubator of health improvement practices, and support local communities through leadership training, data analytics, community health assessments, and grant writing support.

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**Source Agencies:** 710 Texas A&M University System Administrative and General Offices, 769 University of North Texas System Administration, 783 University of Houston System Administration, 537 State Health Services, Department of, 720 The University of Texas System Administration, 758 Texas State University System, 768 Texas Tech University System Administration,

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

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

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

**May 19, 2015**

**TO:** Honorable Charles Schwertner, Chair, Senate Committee on Health & Human Services

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

**IN RE: HB3781** by Crownover (Relating to the creation of the Texas Health Improvement Network.), **As Engrossed**

<p><b>No significant fiscal implication to the State is anticipated.</b></p>
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The bill would amend the Health and Safety Code to create the Texas Health Improvement Network (THIN). The purpose of the THIN is the following: reduce the per capita costs of health care, improve individual experience of care, and improve the health of Texas residents. In addition, the THIN would focus on evaluating and eliminating health disparities in Texas and healthcare cost-containment strategies, function as an incubator of health improvement practices, and support local communities through leadership training, data analytics, community health assessments, and grant writing support.

The THIN would be composed of participating faculty at general academic and health related public and private Texas institutions of higher education. The THIN would be administratively attached to The University of Texas (UT) System, who would coordinate the network and provide administrative support to the THIN as needed.

The bill would provide that the THIN may accept gifts and grants to fund the network. The bill would establish an advisory council for the network, including members appointed by the executive officer from UT System, representatives from The UT System, Texas A&M University System, University of North Texas System, Texas Tech University System, Baylor College of Medicine, Department of State Health Services (DSHS), and Health and Human Services Commission (HHSC). Members of the advisory committee may not receive compensation for service but may be reimbursed for travel expenses if funding is provided through the General Appropriations Act for that purpose.

Based on information provided by institutions of higher education, DSHS, and HHSC, duties and responsibilities associated with implementing the provisions of the bill could be accomplished by utilizing existing resources. It is assumed that faculty from institutions of higher education would only participate in THIN if it would not result in a negative fiscal impact; therefore, no significant fiscal impact is anticipated to institutions of higher education.

**Local Government Impact**

There could be a fiscal impact to a local health entity that chose to participate in the THIN or a local entity that received funding for a demonstration or pilot project. However, it is assumed that

an entity 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:** 710 Texas A&M University System Administrative and General Offices, 769 University of North Texas System Administration, 783 University of Houston System Administration, 537 State Health Services, Department of, 720 The University of Texas System Administration, 758 Texas State University System, 768 Texas Tech University System Administration, 781 Higher Education Coordinating Board

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



**LEGISLATIVE BUDGET BOARD  
Austin, Texas**

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

**April 30, 2015**

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

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

**IN RE: HB3781** by Crownover (Relating to the creation of the Texas Health Improvement Network.), **Committee Report 1st House, Substituted**

**Estimated Two-year Net Impact to General Revenue Related Funds** for HB3781, Committee Report 1st House, Substituted: a negative impact of (\$4,400,000) 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	(\$2,200,000)
2017	(\$2,200,000)
2018	(\$2,200,000)
2019	(\$2,200,000)
2020	(\$2,200,000)

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

<b>Fiscal Year</b>	<b>Probable (Cost) from General Revenue Fund 1</b>
2016	(\$2,200,000)
2017	(\$2,200,000)
2018	(\$2,200,000)
2019	(\$2,200,000)
2020	(\$2,200,000)

**Fiscal Analysis**

The bill would amend the Health and Safety Code to create the Texas Health Improvement Network (THIN). The purpose of the THIN is the following: reduce the per capita costs of health care, improve individual experience of care, and improve the health of Texas residents. In

addition, the THIN would focus on evaluating and eliminating health disparities in Texas and healthcare cost-containment strategies, function as an incubator of health improvement practices, and support local communities through leadership training, data analytics, community health assessments, and grant writing support.

The THIN would be composed of participating faculty at general academic and health related public and private Texas institutions of higher education. The THIN would be administratively attached to The University of Texas (UT) System, who would coordinate the network and provide administrative support to the THIN as needed.

The bill would provide that the THIN may accept gifts and grants to fund the network. The bill would provide that the THIN, from money received by the network, may fund demonstration and pilot projects using an established, peer-reviewed award process and may also fund internships and other educational programs to prepare the health workforce. The THIN would provide a report relating to the network's efforts, findings, and projects to the legislature, state, and federal partners.

The bill would establish an advisory council for the network, including members appointed by the executive officer from UT System, representatives from The UT System, Texas A&M University System, University of North Texas System, Texas Tech University System, Baylor College of Medicine, Department of State Health Services (DSHS), and Health and Human Services Commission (HHSC). Members of the advisory committee may not receive compensation for service but may be reimbursed for travel expenses if funding is provided through the General Appropriations Act for that purpose.

## **Methodology**

Provisions of the bill specify that the THIN would be administratively attached to UT System and therefore, it is assumed UT System would be responsible for administering funding for the THIN to provide as grants for demonstration projects, pilot projects, internships, and/or other educational programs.

The bill does not specify the level of funding to be provided for the projects or educational programs; nor the length of time the funding would be awarded to an entity. However, for the purpose of this fiscal note, it is estimated that \$2.2 million in grant funding would be provided to the THIN each fiscal year for demonstration projects, pilot projects, internships, and educational programs. Of this funding, it is estimated \$2.0 million would be used to fund demonstration or pilot projects each fiscal year with awards ranging from \$200,000 to \$1.0 million. It is estimated that \$200,000 would be provided each fiscal year to fund 50 undergraduate or graduate students working at an internship or attending educational programs in the field of population health. It is assumed each student would receive \$4,000 for a six week summer experience. It is assumed any costs for reimbursing advisory committee members for travel would be paid out of funds provided for the grant program.

This analysis assumes costs based on estimated program participation and a hypothetical funding level per project and internship. However, actual costs will be limited to amounts appropriated for that purpose.

Based on information provided by institutions of higher education, DSHS, and HHSC, duties and responsibilities associated with implementing the provisions of the bill could be accomplished by utilizing existing resources. It is assumed that faculty from institutions of higher education would only participate in THIN if it would not result in a negative fiscal impact; therefore, no significant

fiscal impact is anticipated to institutions of higher education.

### **Local Government Impact**

There could be a fiscal impact to a local health entity that chose to participate in the THIN or a local entity that received funding for a demonstration or pilot project. However, it is assumed that an entity 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:** 710 Texas A&M University System Administrative and General Offices, 769 University of North Texas System Administration, 783 University of Houston System Administration, 537 State Health Services, Department of, 720 The University of Texas System Administration, 758 Texas State University System, 768 Texas Tech University System Administration, 781 Higher Education Coordinating Board

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

**LEGISLATIVE BUDGET BOARD  
Austin, Texas**

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

**April 20, 2015**

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

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

**IN RE: HB3781** by Crownover (Relating to creation of the Texas Health Improvement Network.),  
**As Introduced**

**Estimated Two-year Net Impact to General Revenue Related Funds** for HB3781, As Introduced: a negative impact of (\$4,400,000) 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	(\$2,200,000)
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**All Funds, Five-Year Impact:**

<b>Fiscal Year</b>	<b>Probable (Cost) from General Revenue Fund 1</b>
2016	(\$2,200,000)
2017	(\$2,200,000)
2018	(\$2,200,000)
2019	(\$2,200,000)
2020	(\$2,200,000)

**Fiscal Analysis**

The bill would amend the Health and Safety Code to create the Texas Health Improvement Network (THIN). The THIN would be composed of participating faculty at public and private Texas institutions of higher education, including faculty from both general academic and health related institutions, and participating state and local health agencies. The THIN would on focus

achieving the following goals: reduce the costs of health care, improve individual experience of care, and improve the health of Texas. In addition, the THIN would focus on evaluating health disparities in Texas and healthcare cost-containment strategies. The bill would establish an advisory council for the network to include Texas and national leaders on population health.

The bill would provide that the THIN, from funds appropriated for this purpose, shall fund demonstration and pilot projects using an established, peer-reviewed award process. In addition, the THIN would fund internships and other educational programs to prepare population health workforce.

## **Methodology**

The bill does not specify an entity that would be responsible for administering funding for the THIN to provide as grants for demonstration projects, pilot projects, internships, and/or other educational programs; however, for the purpose of this fiscal note, it is assumed that the Department of State Health Services (DSHS) would provide administrative support for the network.

The bill does not specify the level of funding to be provided for the projects or educational programs; nor the length of time the funding would be awarded to an entity. However, for the purpose of this fiscal note, it is estimated that \$2.2 million in grant funding would be provided to the THIN each fiscal year for demonstration projects, pilot projects, internships, and educational programs. Of this funding, it is estimated \$2.0 million would be used to fund demonstration or pilot projects each fiscal year with awards ranging from \$200,000 to \$1.0 million. It is estimated that \$200,000 would be provided each fiscal year to fund 50 undergraduate or graduate students working at an internship or attending educational programs in the field of population health. It is assumed each student would receive \$4,000 for a six week summer experience.

This analysis assumes costs based on estimated program participation and a hypothetical funding level per project and internship. However, actual costs will be limited to amounts appropriated for that purpose.

DSHS estimates, assuming the agency was expected to provide administrative support for the THIN and advisory committee, that there would be a minimal cost associated with implementing the provisions of the bill. However, this cost could increase depending on the administrative support required for the THIN and advisory council and the level of funding provided for distribution by the THIN for projects and educational programs.

Based on the analysis of information provided by institutions of higher education, duties and responsibilities associated with implementing the provisions of the bill could be accomplished by utilizing existing resources. It is assumed that faculty from institutions of higher education would only participate in THIN if it would not result in a negative fiscal impact; therefore, no significant fiscal impact is anticipated to institutions of higher education.

## **Local Government Impact**

There could be a fiscal impact to a local health entity that chose to participate in the THIN or a local entity that received funding for a demonstration or pilot project. However, it is assumed that an entity 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:** 537 State Health Services, Department of, 710 Texas A&M University System Administrative and General Offices, 720 The University of Texas System Administration, 758 Texas State University System, 768 Texas Tech University System Administration, 769 University of North Texas System Administration, 781 Higher Education Coordinating Board, 783 University of Houston System Administration

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