

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

**FISCAL NOTE, 85TH LEGISLATURE 1st CALLED SESSION - 2017**

**August 3, 2017**

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

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

**IN RE: HB9** by Burkett (Relating to maternal health and safety, pregnancy-related deaths, and maternal morbidity, including postpartum depression.), **As Engrossed**

**Estimated Two-year Net Impact to General Revenue Related Funds** for HB9, As Engrossed: a negative impact of (\$632,602) through the biennium ending August 31, 2019.

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
2018	(\$300,622)
2019	(\$331,980)
2020	(\$303,391)
2021	(\$303,391)
2022	(\$303,391)

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

Fiscal Year	Probable Savings/(Cost) from <i>General Revenue Fund</i> 1	Change in Number of State Employees from FY 2017
2018	(\$300,622)	3.0
2019	(\$331,980)	3.0
2020	(\$303,391)	3.0
2021	(\$303,391)	3.0
2022	(\$303,391)	3.0

## **Fiscal Analysis**

The bill would amend Health and Safety Code, Chapter 34 to hold the Maternal Mortality and Morbidity Task Force's meetings subject to Government Code, Chapter 551.

The bill would expand the Maternal Mortality and Morbidity Task Force's duties.

The bill would require the Health and Human Services Commission (HHSC), in consultation with the Maternal Mortality and Morbidity Task Force, to make information available to physicians and other licensed persons regarding best practices for screening pregnant women for substance use and domestic violence, and a list of substance use treatment and domestic violence resources in the state. HHSC shall also review and promote educational materials regarding the consequences of opioid drug use and domestic violence prevention during pregnancy. All of the information shall be posted on HHSC's website.

The bill specifies how the Department of State Health Services (DSHS) shall determine the number of cases of pregnancy-related deaths for review.

The bill specifies that abstracts concerning a maternal death, and information regarding gifts, grants, and donations to or for use by the Maternal Mortality and Morbidity Task Force, are not considered confidential information.

The bill would require the Maternal Mortality and Morbidity Task Force's and DSHS' joint report to include abstracts on each case reviewed.

The bill would require HHSC, in coordination with DSHS, to report on efforts taken to reduce the incidence of pregnancy-related deaths.

The bill would require DSHS, in collaboration with the Maternal Mortality and Morbidity Task Force, to promote maternal health and safety informational materials, and submit a report to the executive commissioner on maternal health and safety initiative outcomes and recommendations. The bill would also require HHSC to conduct a study on the feasibility of adding a provider's use of the materials as a pay-for-quality measure.

The bill would extend the Maternal Mortality and Morbidity Task Force until September 1, 2023.

The bill would require DSHS to submit a report on processes, procedures, and challenges associated with collecting cause of death information, including information regarding maternal mortality.

The bill would take effect immediately upon receiving a two-thirds majority vote in each house. Otherwise, it would take effect 91 days after the last day of the First Called Session, 85th Legislature.

## **Methodology**

According to DSHS, the agency would require additional 3.03 Full-Time Equivalents (FTEs) to carry out provisions of the bill. DSHS reports that 1.0 FTE for a Public Health Nurse II, and 1.0 FTE for a Program Specialist V, would be required to develop the abstracts required by the bill, and to ensure that the abstracts ensure compliance with state and federal privacy laws.

DSHS reports that an additional Program Specialist V would be required to coordinate and

facilitate the Maternal Mortality and Morbidity Task Force's additional duties, and to ensure that meetings meet compliance with state requirements on conducting open meetings, pursuant to Government Code, Chapter 551.

DSHS reports that an operational redesign of the task force would be needed in order to carry out the provisions of the bill and to ensure compliance with all state and federal privacy laws. DSHS and the task force work with confidential documents from a variety of health care providers and facilities in order to produce the joint report. Additional development and review of materials and operational functions would be needed in order to hold open meetings, release task force documents in a public forum, and to develop case abstracts.

This analysis assumes that costs associated with implementing the bill could not be absorbed within DSHS' existing resources. DSHS current unit staff are dedicated to other agency assignments, and additional FTEs would be required to carry out all provisions of the bill. HHSC indicates that any costs associated with the bill could be absorbed within the agency's existing resources.

### **Technology**

No significant fiscal implication associated with technology costs is anticipated.

### **Local Government Impact**

No fiscal implication to units of local government is anticipated.

**Source Agencies:** 529 Health and Human Services Commission, 537 State Health Services, Department of

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