

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

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

**July 28, 2017**

**TO:** Honorable Four Price, Chair, House Committee on Public Health

**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.), **Committee Report 1st House, Substituted**

**Estimated Two-year Net Impact to General Revenue Related Funds** for HB9, Committee Report 1st House, Substituted: a negative impact of (\$475,349) 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	(\$225,523)
2019	(\$249,826)
2020	\$0
2021	\$0
2022	\$0

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

Fiscal Year	Probable Savings/(Cost) from General Revenue Fund 1	Change in Number of State Employees from FY 2017
2018	(\$225,523)	2.0
2019	(\$249,826)	2.0
2020	\$0	0.0
2021	\$0	0.0
2022	\$0	0.0

## **Fiscal Analysis**

The bill would amend Health and Safety Code Chapter 34 to expand the Maternal Mortality and Morbidity Task Force's duties.

The bill would require the Maternal Mortality and Morbidity Task Force and the Department of State Health Services (DSHS) to make information available to physicians and other licensed persons regarding best practices for screening pregnant women for substance use, a list of substance use treatment resources in the state, and review and promote educational materials regarding opioid drug use during pregnancy. The information shall be posted on DSHS' website.

The bill specifies how DSHS shall determine the number of cases of pregnancy-related deaths for review.

The bill would require the Health and Human Services Commission (HHSC) and 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 Full-Time Equivalents (FTEs) to carry out provisions of the bill. DSHS reports that, in order to carry out the cumulative effect of the additional tasks required by the bill, specifically associated with developing educational materials and information regarding substance abuse, 1.0 FTE program specialist position and 1.0 FTE epidemiologist position would be required. The additional FTEs would cost an additional \$416,325 for the 2018-19 biennium. DSHS reports an additional \$50,988 would be needed for the 2018-19 biennium associated with HHSC oversight costs.

This analysis assumes that costs associated with implementing the bill could not be absorbed within DSHS' existing resources. DSHS currently employs 2.15 FTEs to support the Maternal Mortality and Morbidity Task Force. DSHS current unit staff are dedicated to other agency assignments, and additional FTEs would be required to carry out all provisions of the bill.

## **Technology**

Technology costs identified by DSHS are estimated to be \$8,037 for the 2018-19 biennium. This includes costs associated with specialized software and software licensure that would be used to

carry out the provisions of the bill.

**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

**LBB Staff:** UP, KCA, EP, SSc, RD