

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

**FISCAL NOTE, 85TH LEGISLATIVE REGULAR SESSION**

**May 23, 2017**

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

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

**IN RE:** **HB2466** by Davis, Sarah (Relating to coverage for certain services related to maternal depression under the Medicaid and child health plan programs.), **As Passed 2nd House**

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

The bill would require the Health and Human Services Commission (HHSC) to include a maternal depression screening as a covered service provided to the mothers of enrollees in Medicaid or the Children's Health Insurance Program (CHIP), up to the enrollee's first birthday. HHSC would be required to seek, accept, and spend any federal funds available for these purposes, including funding authorized by the 21st Century Cures Act.

HHSC would incur one-time costs for modifications to the Texas Integrated Eligibility Redesign System (TIERS) and the Medicaid Management Information System in fiscal year 2018. It is assumed those costs can be absorbed within HHSC's existing resources.

It is assumed that system changes and other administrative changes would delay client services impact until fiscal year 2019. Based on birth data from calendar year 2014 (399,482 births), of which 53.2 percent were covered by Medicaid, it is assumed that approximately 212,524 women would be eligible for the services required by the bill. Based on the language of the bill, it is assumed that all eligible women would be permitted to receive one screening in the 12-month postpartum period. If all eligible women received a postpartum depression screening, at a reimbursement rate of \$10.28 per screening (based on the reimbursement rate used in other states), the estimated increase to Medicaid client services would be \$2.2 million in All Funds, including \$0.9 million in General Revenue Funds, each year. It is assumed that a portion of the eligible women would receive the screening in the first two months of postpartum coverage currently covered in the Medicaid program and that some women would opt not to receive the screening. Additionally, the reimbursement rate could vary depending on the rate ultimately adopted by HHSC. While the cost could be significant, based on these factors it is assumed that all client services costs associated with the provisions of the bill can be absorbed within HHSC's existing resources.

The number of women giving birth to children eligible for CHIP is relatively small and the cost of providing a mental health screening using the same assumptions as above for Medicaid would not be anticipated to be significant.

Federal Funds available through the 21st Century Cures Act, if awarded to Texas, could not be used to offset the client services costs identified above. They could be used to provide training to health care providers about the availability of screening services, which could affect the number

of women receiving services. The amount of Federal Funds that might be available through the 21st Century Cures Act or from another source, and expended to implement the provisions of the bill, cannot be determined at this time.

The bill would amend the Human Resource Code to change the application for Medicaid benefits to include certain information for pregnant applicants. It is assumed duties and responsibilities associated with amending the application for Medicaid benefits could be accomplished by utilizing existing resources.

**Local Government Impact**

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

**Source Agencies:** 529 Health and Human Services Commission

**LBB Staff:** UP, KCA, LR, RGU, TBo