

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 85TH LEGISLATIVE REGULAR SESSION

April 16, 2017

TO: Honorable Richard Peña Raymond, Chair, House Committee on Human Services

FROM: Ursula Parks, Director, Legislative Budget Board

IN RE: HB3146 by González, Mary (Relating to a pilot program for providing services to certain children under the Medicaid medical transportation program.), **As Introduced**

Estimated Two-year Net Impact to General Revenue Related Funds for HB3146, As Introduced: a negative impact of (\$1,342,306) 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	(\$671,153)
2019	(\$671,153)
2020	\$0
2021	\$0
2022	\$0

All Funds, Five-Year Impact:

Fiscal Year	Probable (Cost) from General Revenue Fund 1
2018	(\$671,153)
2019	(\$671,153)
2020	\$0
2021	\$0
2022	\$0

Fiscal Analysis

The bill would require the Health and Human Services Commission (HHSC) to develop and implement a pilot program to allow certain children to receive medical transportation program services if the child's mother is enrolled in Medicaid and is using the medical transportation program for travel to and from a covered pregnancy service, including postpartum care. HHSC would be required to implement the pilot program in more than one region. HHSC, with assistance from the maternal mortality and morbidity task force, would be required to evaluate certain components of the pilot program and report the results to the legislature no later than September 1, 2019. The pilot program would end on September 1, 2019.

Methodology

According to HHSC, the average monthly number of pregnant women enrolled in Medicaid is 135,561 and 3 percent of these women would be expected to utilize pilot program services each month. HHSC assumes that on average two children, aged 0-20 years, would accompany their mother and the average per child cost per trip would be \$34.38. This would yield an annual cost of \$3.4 million, if the pilot were implemented statewide. This analysis assumes that approximately 20 percent of pregnant women statewide would be included in the pilot program, yielding an annual cost of \$0.7 million. The annual cost of the pilot program could be higher or lower depending on the number of regions included and the size of those regions. It is assumed that the pilot program would be fully funded through General Revenue Funds due to current federal regulations; however, if HHSC were able to obtain a federal waiver, federal matching funds could be available to reduce the General Revenue cost.

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