

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

**FISCAL NOTE, 86TH LEGISLATIVE REGULAR SESSION**

**April 2, 2019**

**TO:** Honorable Senfronia Thompson, Chair, House Committee on Public Health

**FROM:** John McGeady, Assistant Director    Sarah Keyton, Assistant Director  
 Legislative Budget Board

**IN RE: HB2703** by Thierry (Relating to the establishment of a maternal mortality and morbidity data registry.), **As Introduced**

**Estimated Two-year Net Impact to General Revenue Related Funds** for HB2703, As Introduced: a negative impact of (\$7,295,582) through the biennium ending August 31, 2021.

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
2020	(\$5,564,599)
2021	(\$1,730,983)
2022	(\$1,318,429)
2023	(\$1,318,429)
2024	(\$1,318,429)

**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 2019
2020	(\$5,564,599)	8.0
2021	(\$1,730,983)	10.0
2022	(\$1,318,429)	4.0
2023	(\$1,318,429)	4.0
2024	(\$1,318,429)	4.0

## **Fiscal Analysis**

The bill would amend the Health and Safety code to require the Maternal Mortality and Morbidity Task Force (task force) to collaborate with the Health and Human Services Commission (HHSC) and health care providers to establish a data registry on the task force's website that contains data from participating providers on the frequency and characteristics of maternal mortality and morbidity during and following delivery. The bill would require the task force to ensure the registry's data is updated at the time a provider enters data into the registry.

The bill would also require the task force to annually analyze the data collected for the registry and submit a data analysis report to the Department of State Health Services and all participating health care providers. The bill would require the task force to fund the registry using existing resources, grants, and donations. Under the provisions of the bill, the data registry would be required to be established by December 1, 2019.

The bill would take effect September 1, 2019.

## **Methodology**

Currently, the Department of State Health Services (DSHS) facilitates and operates the Maternal Mortality and Morbidity Task Force (task force). DSHS assumes the agency would be responsible for implementation of the maternal mortality and morbidity data registry. DSHS also collects and analyzes all data for the task force.

Under the provisions of the bill, DSHS would be responsible for data collection and monitoring, data analysis, and ensuring data quality for the provider submission data needed for the annual report. The agency indicated they would need additional full-time equivalents (FTEs), including 1.0 Research Specialist V to research and monitor maternal mortality and morbidity data; 1.0 Data Analyst III to perform data analysis for the data registry; and 1.0 Nurse III to provide clinical technical assistance to hospital and providers. The agency also indicated that they would need additional 5.0 information technology (IT) augmented staff in fiscal year 2020 and 7.0 IT augmented staffed in fiscal year 2021 to develop and maintain the data registry, including a project manager, a database administrator, business analysts, a systems analyst, programmers, and quality assurance testers.

The cost for 8.0 FTEs would be \$711,900 in fiscal year 2020 and the cost for 10.0 FTEs would be \$901,867 in fiscal year 2021. The cost for 3.0 FTEs and IT augmented staff in each subsequent fiscal year would be \$467,867. An additional \$259,428 in other operating expenses, including rent, travel, and supplies that would be needed in fiscal year 2020 and \$210,396 in each subsequent fiscal year for this purpose.

The estimated total to implement the provisions of the bill would be \$5,564,599 in fiscal year 2020 and \$1,730,983 in fiscal year 2021. The estimated total costs for subsequent fiscal years is \$1,318,429.

## **Technology**

Technology costs are estimated to be \$4,414,909 in the fiscal year 2020 and \$414,849 in fiscal year 2021 for Data center Services, software, hardware, and vendor costs to modify and maintain the data registry. In each subsequent fiscal year, the cost would be \$514,849 for these purposes.

## **Local Government Impact**

No significant 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:** WP, AKi, EP, AMa, RC, RD