

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

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

**April 15, 2019**

**TO:** Honorable James B. Frank, Chair, House Committee on Human Services

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

**IN RE: HB3669** by Guillen (Relating to services provided to and collection of data regarding individuals with acquired brain injury.), **As Introduced**

The fiscal implications of the provisions of the bill relating to providing medical assistance for cognitive rehabilitation therapy would have a significant but indeterminate cost because the rate of utilization of such services is unknown. The fiscal implications of the provisions of the bill related to reporting acquired brain injuries and providing vocational rehabilitative services would have a significant negative fiscal impact as described below.

The bill would make no appropriation but could provide the legal basis for an appropriation of funds to implement the provisions of the bill.

**Fiscal Analysis**

The bill would amend Chapter 531 of the Government Code would require the Health and Human Services (HHSC), in collaboration with the Texas Brain Injury Advisory Council to periodically review and evaluate acquired brain injury programs in other states and services provided to individuals who have experienced a concussion. HHSC would be required to collaborate with the advisory council and the Department of Public Service (DPS) to develop an identification card for individuals with acquired brain injury and to ensure that law enforcement and emergency medical services personnel are trained on recognizing the card and the impact of an acquired brain injury on behavior.

The bill would amend Chapter 92 of the Health and Safety Code to require acquired brain injuries, including traumatic and non-traumatic injuries, to be reportable to the Department of State Health Services (DSHS). The bill would require DSHS to collect brain injury data from physicians who diagnose or treat a reportable injury, medical examiners, or justices of the peace in each case where a brain injury has occurred, without regard to whether the brain injury is the primary diagnosis.

The bill would amend Chapter 32 of the Human Resources Code to require HHSC to provide medical assistance for cognitive rehabilitation therapy for a recipient of medical assistance who has an acquired brain injury, regardless of when the injury occurred.

The bill would amend Chapter 352 of the Labor Code to require the Texas Workforce Commission (TWC) in collaboration with HHSC and the advisory council to implement a program to provide vocational rehabilitation services to individuals with an acquired brain injury.

The bill would also require HHSC in collaboration with the advisory council to develop a comprehensive plan to improve long-term outcomes, reduce disabilities, and decrease long-term health care costs for individuals with acquired brain injury by November 30, 2020.

The bill would take effect on September 1, 2019.

## **Methodology**

It is assumed the provisions of the bill relating to reviewing brain injury programs and services and developing a long-term plan could be implemented by HHSC using existing resources.

It is assumed the provisions of the bill relating to developing an identification card could be implemented by DPS and HHSC using existing resources.

The estimated total cost for DSHS to comply with the provisions of the bill related to brain injury reporting would be \$3,756,164 in General Revenue in fiscal year 2020 and \$1,678,462 in General Revenue in each subsequent fiscal year. Currently, DSHS collects particular brain injury data through the agency's EMS and Trauma Registry. However, DSHS does not collect all brain injury data from all providers or entities for every occurrence. In addition to collecting data from hospitals and EMS, DSHS estimates additional information would need to be collected from 80,000 new users in the registry system, including physicians, clinical settings, and potentially school officials.

The analysis assumes that an additional 2.0 full-time equivalent positions (FTEs) would be needed in fiscal year 2020 to provide technical support for modification of the registry. An additional 4.0 FTEs would be needed in each subsequent fiscal year to provide support and perform data analysis for the registry. The cost for 6.0 FTEs including salary, benefits, and related operating costs would be \$1,032,984 in fiscal year 2020 and the cost for 4.0 FTEs would be \$661,990 in each subsequent fiscal year. According to DSHS, an additional \$2,000,000 in fiscal year 2020 would be needed to contract with entities to provide marketing, advertising, and education to the public providers related to the reporting requirement for acquired brain injuries in and \$1,000,000 in each subsequent fiscal year for the same purposes. Technology costs for DSHS are estimated to be \$723,180 in the first year to modify the Trauma Registry to collect information for acquired brain injuries and for Data Center Services (DCS), hardware, and software. Technology costs are estimated to be \$16,472 in each subsequent fiscal year for application maintenance, DCS, and hardware.

The fiscal impact of the provisions of the bill relating to providing medical assistance for cognitive rehabilitation therapy cannot be determined at this time, but could result in a significant negative impact to the state. The bill would expand the benefit to adults using Medicaid, and it is not known how many individuals would utilize the benefit.

According to TWC, the cost to implement a program to provide vocational rehabilitation services to individuals with an acquired brain injury would be \$17,117,702 in General Revenue in fiscal year 2020, \$25,623,636 in General Revenue in fiscal year 2021, \$23,705,247 in General Revenue in fiscal year 2022, \$33,814,243 in General Revenue in fiscal year 2023, and \$30,741,830 in General Revenue in fiscal year 2024. Currently, TWC operates a vocational rehabilitation program that follows federal eligibility criteria. The bill would require this program to be expanded to other individuals. It would require TWC to provide ongoing employment support, whereas the federally funded program is only intended as support until the participant reaches their employment goal. Therefore, the analysis assumes federal funds will not be available for the program. The cost of

this expansion would include adding 10.0 FTEs at a cost of \$1,000,179 in salary, benefits, and other related operating costs in fiscal year 2020 and \$948,379 in subsequent fiscal years. That includes a technology cost of \$4,760 each fiscal year. According to TWC, customer service costs related to providing acute brain injury services, job coaching and transportation, and case management would be \$16,117,523 in fiscal year 2020, \$24,675,257 in fiscal year 2021, \$22,756,868 in fiscal year 2022, \$32,865,864 in fiscal year 2023, and \$29,793,451 in fiscal year 2024.

**Local Government Impact**

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

**Source Agencies:** 320 Texas Workforce Commission, 405 Department of Public Safety, 529 Health and Human Services Commission, 537 State Health Services, Department of

**LBB Staff:** WP, AKi, ND, AMa, SMi, BH