

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 86TH LEGISLATIVE REGULAR SESSION

March 11, 2019

TO: Honorable Lois W. Kolthorst, Chair, Senate Committee on Health & Human Services

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

IN RE: SB436 by Nelson (Relating to statewide initiatives to improve maternal and newborn health for women with opioid use disorder.), **As Introduced**

Estimated Two-year Net Impact to General Revenue Related Funds for SB436, As Introduced: a negative impact of (\$2,849,037) 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	(\$1,543,982)
2021	(\$1,305,055)
2022	(\$1,305,055)
2023	(\$1,305,055)
2024	(\$1,305,055)

All Funds, Five-Year Impact:

Fiscal Year	Probable Savings/(Cost) from General Revenue Fund 1
2020	(\$1,543,982)
2021	(\$1,305,055)
2022	(\$1,305,055)
2023	(\$1,305,055)
2024	(\$1,305,055)

Fiscal Analysis

The bill would amend the Health and Safety Code relating to statewide initiatives to improve maternal and newborn health for women with opioid use disorder.

The bill would require Department of State Health Services (DSHS) to collaborate with the Maternal Mortality and Morbidity Task Force (Task Force) to develop and implement initiatives to better identify and care for women with opioid use disorder and newborns with neonatal abstinence syndrome. DSHS would also be required to use existing resources to collaborate with the Task Force to promote and facilitate the use among health care providers of maternal health informational materials, including tools and procedures related to best practices in maternal health to improve obstetrical care for women with opioid use disorder.

The bill would allow DSHS to conduct a limited pilot program at hospitals with expertise in caring for newborns with neonatal abstinence syndrome or related conditions. The pilot program must be completed no later than March 1, 2020 and not later than December 1, 2020, DSHS must submit a written report evaluating the success of the initiatives developed to improve maternal and newborn health for women with opioid use disorder and the pilot program, if conducted.

The bill would take effect immediately upon receiving a two-thirds majority vote in each house. Otherwise, the bill would take effect September 1, 2019.

Methodology

Under the provisions of the bill, the Department of State Health Services (DSHS) will use existing resources to collaborate with the Maternal Mortality and Morbidity Task Force to develop and implement initiatives to better identify and care for women with opioid use disorder and newborns with neonatal abstinence syndrome (NAS).

Currently in fiscal year 2019, DSHS does not conduct a pilot program at hospitals with experience in caring for newborns with NAS or related conditions. DSHS estimates that additional resources will be needed to support statewide initiatives as described in the bill.

The agency indicated they would need an additional 3.0 full-time equivalent positions (FTEs) to implement the pilot program and an additional 6.0 FTEs after the completion of the pilot program for statewide implementation of strategies to improve care of women with opioid use disorder and newborns with NAS. The cost for 9.0 FTEs would be \$461,895 in fiscal year 2020 and \$539,777 in each subsequent fiscal year. An additional \$936,333 in other operating expenses, including rent, travel, and supplies that would be needed in fiscal year 2020 and \$612,255 in each subsequent fiscal year for this purpose.

The estimated total to comply with the provisions of the bill would be \$1,543,982 in fiscal year 2020 and \$1,305,055 in each subsequent fiscal year.

Technology

Technology costs are estimated to be \$24,804 in the first year for software equipment and Data Center Services (DCS) and \$24,774 in each subsequent year for software maintenance and DCS.

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