

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 86TH LEGISLATIVE REGULAR SESSION

April 8, 2019

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

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

IN RE: **SB1119** by Lucio (Relating to the establishment of a border public health initiative by the Department of State Health Services.), **As Introduced**

Estimated Two-year Net Impact to General Revenue Related Funds for SB1119, As Introduced: a negative impact of (\$1,160,000) 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	(\$580,000)
2021	(\$580,000)
2022	(\$580,000)
2023	(\$580,000)
2024	(\$580,000)

All Funds, Five-Year Impact:

Fiscal Year	Probable Savings/(Cost) from General Revenue Fund
2020	(\$580,000)
2021	(\$580,000)
2022	(\$580,000)
2023	(\$580,000)
2024	(\$580,000)

Fiscal Analysis

The bill would amend the Health and Safety Code to require the Department of State Health Services (DSHS), to the extent funding is available, to develop an initiative to reduce the adverse health impacts of diabetes, hypertension, and obesity for adults and children in border counties.

The bill would allow DSHS to consult and collaborate with other health and human services agencies; other appropriate state and federal agencies; health science centers and medical schools; and public and private health care providers and hospitals.

The bill would also require DSHS, subject to available funding, to conduct bilingual, culturally appropriate outreach campaigns in consultation and collaboration with appropriate individuals and entities.

The bill would take effect September 1, 2019.

Methodology

Currently, the Department of State Health Services (DSHS) operates the Community and Clinical Health Bridge (CCHB) Initiative program in six counties statewide, including two border counties. The CCHB program includes initiatives to promote 1) educational resources designed to prevent diabetes, hypertension, and obesity for adults and children; 2) screenings for persons at risk for those conditions; and 3) referrals to and treatment by health care providers.

Under the provisions of the bill, DSHS would be required to develop an initiative to reduce the adverse health impacts of diabetes, hypertension, and obesity in border counties. DSHS estimates there are four additional border counties with a high obesity prevalence and local health department or public health organization infrastructure support the CCHB program activities.

According to the agency, they would contract with the local health department or other organization in the four additional border counties to implement the CCHB program activities at a cost of \$500,000 each fiscal year. DSHS estimates that an additional \$80,000 per year would be required to implement outreach campaigns through the contracts with the four counties.

This analysis assumes the cost to implement the provisions of the bill would be \$580,000 in each fiscal year.

Technology

No fiscal implication to technology is anticipated.

Local Government Impact

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

Source Agencies: 537 State Health Services, Department of

LBB Staff: WP, AKi, EP, AMa