

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

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

**April 17, 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.), **Committee Report 1st House, Substituted**

**Estimated Two-year Net Impact to General Revenue Related Funds** for SB1119, Committee Report 1st House, Substituted: 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. The Department of State Health Services is required to implement a provision of this Act only if the legislature appropriates money specifically for that purpose. If the legislature does not appropriate money specifically for that purpose, the department may, but is not required to, implement a provision of this Act using other appropriations available for that purpose.

**General Revenue-Related Funds, Five-Year Impact:**

<b>Fiscal Year</b>	<b>Probable Net Positive/(Negative) Impact to General Revenue Related Funds</b>
2020	(\$580,000)
2021	(\$580,000)
2022	(\$580,000)
2023	(\$580,000)
2024	(\$580,000)

**All Funds, Five-Year Impact:**

<b>Fiscal Year</b>	<b>Probable Savings/(Cost) from General Revenue Fund</b>
	1
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 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 to conduct bilingual, culturally appropriate outreach campaigns in consultation and collaboration with appropriate individuals and entities.

The bill would require DSHS to prepare and submit a report to the lieutenant governor, the speaker, and the legislature describing health outcomes and health care saving from the border public health initiative, and other relevant findings by January 1, 2023.

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, AMa, AKi, EP