

**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:** **SB1120** by Lucio (Relating to health professional continuing education to address communicable and other diseases in border counties.), **Committee Report 1st House, Substituted**

**Estimated Two-year Net Impact to General Revenue Related Funds** for SB1120, Committee Report 1st House, Substituted: a negative impact of (\$453,078) 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:**

Fiscal Year	Probable Net Positive/(Negative) Impact to General Revenue Related Funds
2020	(\$220,318)
2021	(\$232,760)
2022	(\$232,760)
2023	(\$232,760)
2024	(\$232,760)

All Funds, Five-Year Impact:

Fiscal Year	Probable Savings/(Cost) from General Revenue Fund 1	Probable Savings/(Cost) from HIV Rebates Account No. 8149 8149	Change in Number of State Employees from FY 2019
2020	(\$220,318)	(\$55,079)	1.0
2021	(\$232,760)	(\$58,190)	1.0
2022	(\$232,760)	(\$58,190)	1.0
2023	(\$232,760)	(\$58,190)	1.0
2024	(\$232,760)	(\$58,190)	1.0

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 collaborate with health authorities, local health departments, and public health districts to provide continuing education designed to reduce the incidence of communicable and other diseases to community health workers, health professionals, and applicable employees in counties along the international border with Mexico.

The bill would require DSHS to identify and assess the accessibility of continuing education resources and programs for applicable counties.

The bill would allow DSHS to solicit or accept gifts, grants, and donations for health professional continuing education. The bill would also require DSHS to collaborate with appropriate entities to identify, apply for, and solicit funding.

The bill would take effect September 1, 2019.

Methodology

Under the provisions of the bill, DSHS would be required to collaborate with health authorities, local health departments, and public health districts to provide continuing education to reduce the incident of communicable and other diseases. According to the agency, an additional \$150,000 would be needed to contract with six city and county public health departments at a cost of \$25,000 each to provide continuing education to counties along the international border with Mexico.

Currently, the Department of State Health Services (DSHS) provides continuing education through webinars, conferences, and online disease prevention modules. However, in counties along the international border with Mexico where there is no local health department, DSHS would assume responsibility for continuing education. This analysis assumes an additional 1.0 full-time equivalent (FTE) to provide program oversight, management of contracts, and provide continuing education would be needed to implement the provisions of the bill.

The cost for 1.0 FTE would be \$56,268 in fiscal year 2020 and \$75,024 in each subsequent fiscal year. An additional \$65,006 in other operating expenses, including rent, travel, and supplies that would be needed in fiscal year 2020 and \$61,808 in each subsequent fiscal year for this purpose.

The estimated total to implement the provisions of the bill would be \$275,397 in fiscal year 2020 and \$290,950 in each subsequent fiscal year.

**Technology**

Technology costs are estimated to be \$4,123 in the first year for Data Center Services (DCS), hardware, and software and \$4,118 in each subsequent fiscal year for the same purposes.

**Local Government Impact**

According to the Texas Association of Counties, 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, AF