

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 87TH LEGISLATIVE REGULAR SESSION

April 18, 2021

TO: Honorable Stephanie Klick, Chair, House Committee on Public Health

FROM: Jerry McGinty, Director, Legislative Budget Board

IN RE: HB2313 by Leach (Relating to a required resource access assistance offer before an abortion is performed or induced.), **Committee Report 1st House, Substituted**

Estimated Two-year Net Impact to General Revenue Related Funds for HB2313, Committee Report 1st House, Substituted : a negative impact of (\$13,622,620) through the biennium ending August 31, 2023.

The Health and Human Services Commission is required to implement this Act only if the legislature appropriates money specifically for that purpose. If the legislature does not appropriate money specifically for that purpose, the commission may, but is not required to, implement the Act using other appropriations available for the purpose.

General Revenue-Related Funds, Five- Year Impact:

<i>Fiscal Year</i>	Probable Net Positive/(Negative) Impact to General Revenue Related Funds
2022	(\$6,872,421)
2023	(\$6,750,199)
2024	(\$6,910,660)
2025	(\$6,911,945)
2026	(\$6,913,273)

All Funds, Five-Year Impact:

<i>Fiscal Year</i>	Probable Savings/(Cost) from General Revenue Fund 1	Probable Savings/(Cost) from Federal Funds 555	Change in Number of State Employees from FY 2021
2022	(\$6,872,421)	(\$233,109)	7.1
2023	(\$6,750,199)	(\$233,109)	7.1
2024	(\$6,910,660)	(\$233,109)	7.1
2025	(\$6,911,945)	(\$233,109)	7.1
2026	(\$6,913,273)	(\$233,109)	7.1

Fiscal Analysis

The bill would require that before an abortion is performed, the physician that is to perform the procedure would confirm the pregnant woman received a pre-abortion resource access assistance offer. The physician would be required to place a copy of the documentation of the receipt of the resource access assistance offer in the pregnant woman's medical records.

The bill would require the resource access assistance offer be provided by and on behalf of this state at no cost to the pregnant woman from a care agent who meets certain qualifications. The care agent would be required to report provide certain information to the pregnant woman.

Additionally, the bill would require the Health and Human Services Commission (HHSC) to develop and maintain an authentication system that would be accessible by a care agent and a physician while ensuring the identity of all parties is not disclosed and personal information from all parties is removed as soon as the unique identifying number is verified. HHSC would be required to establish a single toll-free telephone number through which a woman may receive a resource access assistance offer on a 24-hour basis. HHSC would be required to ensure the placed call automatically routes the woman to a care agent at a contracting agency to provide the resource access assistance offer.

A pregnant woman would not be required to provide any information to a care agent or agency and is not required to initiate or complete services offered by a care agent in order to obtain an abortion. If a pregnancy woman accepts a resource assistance offer, that offer would be available for two calendar years regardless of the woman's pregnancy.

Methodology

The bill would require HHSC to provide resource assistance offers to a pregnant woman from a care agent. The bill would require HHSC to develop and maintain an authentication system. Additionally, HHSC would be required to establish a single toll-free telephone number through which a woman may receive a resource access assistance offer on a 24-hour basis and automatically routes the woman to a care agent at a contracting agency to provide the resource access assistance offer.

According to HHSC, 7.1 full-time equivalents (FTEs), contracting operations for a 24-hour staff, a database server and hiring a Software Developer contractor would be needed to carry out the provisions of the bill. According to HHSC, there would be a fiscal impact to the Department of State Health Services and the Department of Family and Protective Services for system support services as a result of implementing this legislation.

The total estimated cost to implement the provisions of the bill would be \$7,105,530 in All Funds for fiscal year 2022; \$6,983,308 in All Funds for fiscal year 2023; \$7,143,769 in All Funds for fiscal year 2024; \$7,145,054 in All Funds for fiscal year 2025; and \$7,146,382 in All Funds for fiscal year 2026.

The Texas Medical Board indicates any cost to implement provisions of the bill would be minimal and can be absorbed within available resources.

This analysis assumes implementing the provisions of the bill would not result in a significant impact on state correctional populations or on the demand for state correctional resources.

Local Government Impact

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

Source Agencies: 503 Texas Medical Board, 529 Hlth & Human Svcs Comm

LBB Staff: JMc, AKI, JLI, SMAT, CMA