

**LEGISLATIVE BUDGET BOARD**

**Austin, Texas**

**FISCAL NOTE, 87TH LEGISLATIVE REGULAR SESSION**

**April 6, 2021**

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

**FROM:** Jerry McGinty, Director, Legislative Budget Board

**IN RE: HB3760** by Oliverson (Relating to information regarding perinatal palliative care, regulation of abortion, and the availability of certain defenses to prosecution for homicide and assault offenses; providing an administrative penalty; creating criminal offenses.), **As Introduced**

The fiscal implications of the bill cannot be determined at this time due to the inability to identify the impact to all the state programs that would serve the unknown number of children, pregnant women, or families as a result of implementation of this bill.

Contingent upon the issuance of a United States Supreme Court judgement overruling *Roe v. Wade* as modified by *Planned Parenthood v. Casey*, the issuance of any other United States Supreme Court decision, or adoption of an amendment to the United States Constitution that wholly or partly restores to the states the authority to prohibit abortion, existing state statutes related to legal abortion are revised.

It is assumed that when the bill becomes effective that there would be an increase in births in the state. For fiscal year 2018, Medicaid paid for 47.5 percent of births in Texas, and it is assumed that any additional births may be covered at a consistent rate. On average, women who are covered through the program currently receive services at a cost of \$804.16 per month, and all covered infants receive 12 months of coverage at an average cost of \$909.62 per month.

Additional costs assumed to the state would be related to children from birth to age five who could be covered through the Children's Health Insurance Program (CHIP). Currently, the CHIP program covers 0.3 percent of all children under age 1 for approximately 12 months of coverage and 2.7 percent of all children aged one to five years on an average of six months of coverage.

Other state programs that serve children, pregnant women, or families would also likely experience costs to serve this increased population. Examples of these programs for which an estimated cost cannot be determined include foster care, the Supplemental Nutrition Assistance Program, and Temporary Assistance for Needy Families (TANF).

It is assumed that there would not be a significant cost associated with implementing the provisions of the bill related to developing and disseminating perinatal palliative care information, prohibiting abortion based on the race, ethnicity, sex, or disability of the woman's pregnancy, prohibiting a person from performing an abortion in the third trimester of a pregnancy that has a severe and irreversible abnormality, or prohibiting a physician from knowingly performing or inducing an abortion if the physician has determined there is a detectable fetal heartbeat.

In addition, it is assumed that there would be cost savings to the state related to implementation of the bill as it is assumed that abortion facility licensing activities at the Health and Human Services Commission (HHSC) would no longer be required.

Finally, the Texas Medical Board, the Office of the Attorney General and the Office of Court Administration indicate any cost to implement provisions of the bill would be minimal and can be absorbed within available resources.

## **Local Government Impact**

A Class A misdemeanor is punishable by a fine of not more than \$4,000, confinement in jail for a term not to exceed one year, or both. Costs associated with enforcement, prosecution and confinement could likely be absorbed within existing resources. Revenue gain from fines imposed and collected is not anticipated to have a significant fiscal implication.

**Source Agencies:** 212 Office of Court Admin, 302 Office of the Attorney General, 503 Texas Medical Board, 529 Hlth & Human Svcs Comm

**LBB Staff:** JMc, AKI, SD, JLI, SMAT