

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 87TH LEGISLATIVE REGULAR SESSION

April 12, 2021

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

FROM: Jerry McGinty, Director, Legislative Budget Board

IN RE: HB4015 by Guillen (Relating to the Rita Littlefield Chronic Kidney Disease Centralized Resource Center established within the Department of State Health Services.), **As Introduced**

Estimated Two-year Net Impact to General Revenue Related Funds for HB4015, As Introduced : a negative impact of (\$1,969,699) through the biennium ending August 31, 2023.

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:

<i>Fiscal Year</i>	<i>Probable Net Positive/(Negative) Impact to General Revenue Related Funds</i>
2022	(\$889,209)
2023	(\$1,080,490)
2024	(\$490,040)
2025	(\$490,583)
2026	(\$491,144)

All Funds, Five-Year Impact:

<i>Fiscal Year</i>	<i>Probable Savings/(Cost) from General Revenue Fund</i>	<i>Change in Number of State Employees from FY 2021</i>
2022	(\$889,209)	6.0
2023	(\$1,080,490)	6.0
2024	(\$490,040)	3.0
2025	(\$490,583)	3.0
2026	(\$491,144)	3.0

Fiscal Analysis

The bill would require the Department of State Health Services (DSHS) to establish the Rita Littlefield Chronic Kidney Disease Centralized Resource Center to allow individuals to readily access information on and resources for chronic kidney disease and related illnesses. DSHS would be required to ensure the resource center would allow individuals to register in a clinical registry and trial network. The bill would require the information provided by the resource center to be available in both English and Spanish.

The bill would also require DSHS, in collaboration with the Chronic Kidney Disease Task Force, to establish and maintain a website through which resource center employees and members of the public could directly communicate and exchange information on chronic kidney disease and related illnesses.

DSHS would be authorized to solicit and accept gifts, grants, and donations from any source to implement the provisions of the bill.

Methodology

The analysis assumes DSHS would require 6.0 additional Full-time Equivalents (FTEs) in fiscal years 2022 and 2023 and 3.0 FTEs in subsequent fiscal years to implement the provisions of the bill. This includes 3.0 FTEs each fiscal year for a program specialist, a nurse, and an information specialist. These FTEs would be required to gather relevant information for the resource center, keep the resource center information regarding chronic kidney disease and relevant clinical trials up-to-date, coordinate with relevant stakeholders including the Chronic Kidney Disease Task Force, and communicate with the public through the website established in the bill. In addition, the analysis assumes DSHS would require 3.0 FTEs in fiscal years 2022 and 2023 for a system analyst and two programmers to establish and maintain the required website.

Technology

The analysis assumes DSHS would have \$200,000 in costs related to Data Center Services each fiscal year for database and storage needs for the website. Total technology-related costs are estimated to be \$595,480 in fiscal year 2022; \$783,970 in fiscal year 2023; and \$213,365 in subsequent fiscal years.

Local Government Impact

No fiscal implication to units of local government is anticipated.

Source Agencies: 529 Hlth & Human Svcs Comm, 537 State Health Services

LBB Staff: JMc, AKI, JLI, NDA