

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

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

**March 14, 2021**

**TO:** Honorable Bryan Hughes, Chair, Senate Committee on State Affairs

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

**IN RE: SB802** by Paxton (Relating to a required resource access assistance offer before an abortion is performed.), **As Introduced**

**Estimated Two-year Net Impact to General Revenue Related Funds** for SB802, As Introduced : a negative impact of (\$13,622,620) through the biennium ending August 31, 2023.

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

<i>Fiscal Year</i>	<b>Probable Net Positive/(Negative) Impact to General Revenue Related Funds</b>
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>	<b>Probable Savings/(Cost) from General Revenue Fund 1</b>	<b>Probable Savings/(Cost) from Federal Funds 555</b>	<b>Change in Number of State Employees from FY 2021</b>
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 to the Health and Human Services Commission (HHSC) de-identified demographic information obtained through a resource access assistance offer provided to assist HHSC in determining the supply and demand of social services in the pregnant woman's geographic region. Additionally, the bill would require HHSC to develop and maintain on HHSC's Internet website a secure database to store the unique identifying numbers and

that allows the care agent to submit the de-identified information required. 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 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 on a secure database to store the unique identifying numbers that allows the care agent to submit the de-identified information required. 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.

## **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

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