LEGISLATIVE BUDGET BOARD Austin, Texas

FISCAL NOTE, 87TH LEGISLATIVE REGULAR SESSION

March 30, 2021

TO: Honorable Brandon Creighton, Chair, Senate Committee on Higher Education

FROM: Jerry McGinty, Director, Legislative Budget Board

IN RE: SB1780 by Creighton (Relating to the establishment of the Texas Epidemic Public Health Institute.), As Introduced

Estimated Two-year Net Impact to General Revenue Related Funds for SB1780, As Introduced : a negative impact of (\$59,100,000) 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:

Fiscal Year	Probable Net Positive/(Negative) Impact to General Revenue Related Funds	
2022	(\$29,550,000)	
2023	(\$29,550,000)	
2024	(\$20,550,000)	
2025	(\$20,550,000)	
2026	(\$20,550,000)	

All Funds, Five-Year Impact:

Fiscal Year	Probable Savings/(Cost) from General Revenue Fund 1	Change in Number of State Employees from FY 2021
2022	(\$29,550,000)	100.0
2023	(\$29,550,000)	100.0
2024	(\$20,550,000)	100.0
2025	(\$20,550,000)	100.0
2026	(\$20,550,000)	100.0

Fiscal Analysis

The bill would establish the Texas Epidemic Public Health Institute (TEPHI) at The University of Texas Health Science Center at Houston (UTHSC Houston). The TEPHI would establish and maintain a public health reserve network to protect public health and support pandemic and epidemic disaster preparedness and response components of the state emergency management plan. The Department of State Health Services would provide the TEPHI with access to data required to perform necessary duties.

Methodology

To implement the provisions of the bill, it is estimated that it would cost \$29,550,000 and 100.0 Full-time Equivalent positions per fiscal year for the 2022-23 biennium.

UTHSC Houston provided a list of programs and resources that would be required to establish the TEPHI, which includes: training and maintaining a Public Health Reserve Workforce, hiring case investigators and contact tracers, tools for rapid assessment of potential outbreaks, data resources, programs to focus on vulnerable and under-served populations, business and food chain preparedness programs, preparedness in small and rural healthcare systems, supply chain coordination, laboratory testing, external and local partnerships, international coordination, continuing education, and information technology resources.

The biennial cost breakdowns are estimated to be: \$16,138,500 for salaries and wages, \$26,413,260 for travel, rent equipment, and other operating costs, \$3,200,000 for laboratory testing, \$5,400,000 for partnerships and international coordination, \$1,700,000 for continuing education, \$1,000,000 for information technology, and \$5,248,240 for associated benefits costs.

The Department of State Health Services indicates it could absorb the costs associated with the bill as it pertains to data-sharing within current resources.

It is possible that costs associated with implementing the bill could be paid for with Federal Funds but those specific amounts and uses cannot be determined at this time.

Local Government Impact

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

Source Agencies: 537 State Health Services, 575 TX Division of Emergency Management, 720 UT Sys Admin

LBB Staff: JMc, LBO, JSM, CBR