

**LEGISLATIVE BUDGET BOARD
Austin, Texas**

FISCAL NOTE, 88TH LEGISLATIVE REGULAR SESSION

March 12, 2023

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

FROM: Jerry McGinty, Director, Legislative Budget Board

IN RE: HB181 by Johnson, Jarvis (Relating to the establishment of the sickle cell disease registry.), **As Introduced**

Estimated Two-year Net Impact to General Revenue Related Funds for HB181, As Introduced : a negative impact of (\$2,459,634) through the biennium ending August 31, 2025.

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>
2024	(\$1,777,667)
2025	(\$681,967)
2026	(\$682,323)
2027	(\$682,683)
2028	(\$683,047)

All Funds, Five-Year Impact:

<i>Fiscal Year</i>	<i>Probable Savings/(Cost) from General Revenue Fund 1</i>	<i>Change in Number of State Employees from FY 2023</i>
2024	(\$1,777,667)	4.0
2025	(\$681,967)	4.0
2026	(\$682,323)	4.0
2027	(\$682,683)	4.0
2028	(\$683,047)	4.0

Fiscal Analysis

The bill would require the Department of State Health Services (DSHS) to establish and maintain a registry of individuals diagnosed with sickle cell disease. Health care facilities would be required to provide data regarding individuals who have been diagnosed with sickle cell disease to DSHS and the Health and Human Services Commission (HHSC) would be required to develop guidelines by rule related to the registry. The bill would require DSHS to publish an annual report on information in the registry and DSHS would be authorized to publish other reports in cooperation with other sickle cell disease reporting organizations and research

institutions.

Methodology

The analysis assumes DSHS would require 4.0 additional full-time equivalents (FTEs) to establish and maintain the registry. This includes an epidemiologist to perform data analysis and reporting, an information specialist to prepare and disseminate reports and training, a research specialist to collect data and respond to data requests, and a program specialist to oversee the program and serve as a subject matter expert.

Technology

The analysis assumes DSHS would have \$0.2 million in costs related to Data Center Services each fiscal year for servers, storage, security, and other needs for the databases. It is assume that there would also be costs for Technology Solution Services (TSS) development of \$1.1 million in fiscal year 2024. DSHS would also be required to pay related Department of Information Resource (DIR) fees, which are estimated to be \$0.1 million in fiscal year 2024. It is assume that DSHS would work with HHSC on project oversight and that HHSC would absorb the related costs.

Including technology costs related to 4.0 additional FTEs, total technology costs are estimated to be \$1.4 million in fiscal year 2024 and \$0.2 million in subsequent fiscal years.

Local Government Impact

No fiscal implication to units of local government is anticipated.

Source Agencies: 529 Health and Human Services Commission, 537 State Health Services, Department of

LBB Staff: JMc, NPe, ER, APA, NV