

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 88TH LEGISLATIVE REGULAR SESSION

March 26, 2023

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

FROM: Jerry McGinty, Director, Legislative Budget Board

IN RE: HB663 by Thierry (Relating to the confidentiality and reporting of certain maternal mortality information to the Department of State Health Services and to a work group establishing a maternal mortality and morbidity data registry.), **As Introduced**

Estimated Two-year Net Impact to General Revenue Related Funds for HB663, As Introduced : a negative impact of (\$2,108,615) 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	(\$1,437,061)
2025	(\$671,554)
2026	(\$671,999)
2027	(\$672,449)
2028	(\$672,904)

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	(\$1,437,061)	5.0
2025	(\$671,554)	5.0
2026	(\$671,999)	5.0
2027	(\$672,449)	5.0
2028	(\$672,904)	5.0

Fiscal Analysis

The bill would authorize members of the Maternal Mortality and Morbidity Review Committee to be reimbursed for travel or other expenses using gifts, grants, or federal funds received by the Department of State Health Services (DSHS).

DSHS would be required to allow voluntary and confidential reporting of pregnancy-associated deaths and pregnancy-related deaths and to post contact information on its website and conduct outreach regarding the reporting.

DSHS would be required to develop a work group on the establishment of a maternal mortality and morbidity data registry. DSHS, with the advice of the work group, would be required to assess and prepare a report and recommendations on the data registry by September 1, 2024.

Methodology

This analysis assumes that DSHS would require a 1.0 FTE Program Specialist V position to create and maintain the reporting process and website and to develop and convene the workgroup to assess a new reporting system; a 1.0 FTE Nurse III position to receiving sensitive data and coordinate sharing of data; a 1.0 FTE Epidemiologist III position to receive sensitive data from the new reporting process, link and coordinate data elements to verify pregnancy in the previous year, remove duplicates from different reporting streams, and to verify Maternal Mortality and Morbidity Review Committee case definition is met; a 1.0 FTE Records Analyst II position to store, classify, and password protect additional medico-legal records; and a 1.0 FTE Quality Assurance Specialist IV position to coordinate reviews for pregnancy determinations within the branch and accuracy of records received. Salary and benefits would total \$0.3 million for three quarters of fiscal year 2024 and \$0.5 million for fiscal year 2025.

Technology

Information Technology (IT) costs assume \$0.1 million per year for Data Center Services; \$0.8 million in sprint costs estimated over 12 sprints in fiscal year 2024, and \$0.1 million in Department of Information Resources (DIR) fees in fiscal year 2024. IT costs would be utilized to create a new web-based voluntary and confidential system for reporting of pregnancy associated deaths by using DIR Technology Solutions Services (TSS). Additional IT costs for new FTEs total less than \$0.1 million in each fiscal year.

Local Government Impact

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

Source Agencies: 537 State Health Services, Department of

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