

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: HB1876 by Guillen (Relating to the Rita Littlefield Chronic Kidney Disease Centralized Resource Center established within the Health and Human Services Commission.), **As Introduced**

Estimated Two-year Net Impact to General Revenue Related Funds for HB1876, As Introduced : an impact of \$0 through the biennium ending August 31, 2025, as a result of the effective date of the bill. However, there is an estimated fiscal impact of (\$5,222,699) to General Revenue for the first biennium of implementation.

The Health and Human Services Commission is required to implement a provision of the bill only if the legislature appropriates money specifically for that purpose. If the legislature does not appropriate money specifically for that purpose, the commission may, but is not required to, implement a provision of the bill using other appropriations available for that purpose.

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, Seven- Year Impact:

<i>Fiscal Year</i>	<i>Probable Net Positive/(Negative) Impact to General Revenue Related Funds</i>
2024	\$0
2025	\$0
2026	(\$3,759,626)
2027	(\$1,463,073)
2028	(\$1,463,742)
2029	(\$1,463,742)
2030	(\$1,463,742)

All Funds, Seven-Year Impact:

<i>Fiscal Year</i>	<i>Probable Savings/(Cost) from General Revenue Fund 1</i>	<i>Probable Savings/(Cost) from GR Match For Medicaid 758</i>	<i>Probable Savings/(Cost) from Federal Funds 555</i>	<i>Change in Number of State Employees from FY 2023</i>
2024	\$0	\$0	\$0	0.0
2025	\$0	\$0	\$0	0.0
2026	(\$3,361,984)	(\$397,642)	(\$397,642)	8.0
2027	(\$1,344,078)	(\$118,995)	(\$118,995)	8.0
2028	(\$1,344,688)	(\$119,054)	(\$119,054)	8.0
2029	(\$1,344,688)	(\$119,054)	(\$119,054)	8.0
2030	(\$1,344,688)	(\$119,054)	(\$119,054)	8.0

Fiscal Analysis

The bill would require the Health and Human Services Commission (HHSC) to establish the Rita Littlefield Chronic Kidney Disease Centralized Resource Center (the center). HHSC would be required to structure and operate the center and establish and maintain a kidney health clinical trials registry.

The bill would also require HHSC to collaborate with the Chronic Kidney Disease Task Force to establish and maintain a website for the center through which individuals can directly communicate and exchange information on chronic kidney disease and related illnesses and register in a kidney health clinical trials registry.

HHSC would be able to solicit and accept gifts, grants, and donations from any source to implement the provisions of the bill. The bill would take effect September 1, 2025.

Methodology

The analysis assumes HHSC would require 8.0 full-time equivalents (FTEs) to establish and maintain the center and the related kidney health clinical trials registry beginning in fiscal year 2026. This would include 1.0 database administrator III, 1.0 information specialist IV, 1.0 information technology business analyst III, 1.0 nurse III, 2.0 programmer IVs, 1.0 project manager III, and 1.0 systems analyst IV. The FTE costs would total \$1.1 million in fiscal year 2026 and \$1.0 million in subsequent fiscal years.

The analysis assumes that HHSC would require \$2.5 million in fiscal year 2026 related to technology solution services for system development. In addition, it is assumed HHSC would require \$0.3 million each fiscal year to maintain technology infrastructure for the center.

Technology

The analysis assumes technology costs would include \$2.5 million for system development in fiscal year 2026 and \$0.3 million to maintain infrastructure in each fiscal year as described above. FTE-related technology costs would total less than \$0.1 million each fiscal year.

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

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