

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 88TH LEGISLATIVE REGULAR SESSION

March 27, 2023

TO: Honorable James B. Frank, Chair, House Committee on Human Services

FROM: Jerry McGinty, Director, Legislative Budget Board

IN RE: HB2473 by Bucy (Relating to improvements to the Texas Information and Referral Network.), As Introduced

Estimated Two-year Net Impact to General Revenue Related Funds for HB2473, As Introduced : a negative impact of (\$3,034,237) 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	(\$1,593,088)
2025	(\$1,441,149)
2026	(\$1,480,825)
2027	(\$1,524,456)
2028	(\$1,572,441)

All Funds, Five-Year Impact:

<i>Fiscal Year</i>	<i>Probable (Cost) from General Revenue Fund 1</i>	<i>Probable (Cost) from GR Match For Medicaid 758</i>	<i>Probable (Cost) from GR Match For Title XXI 8010</i>	<i>Probable (Cost) from GR Match for SNAP Admin 8014</i>
2024	(\$32,489)	(\$716,246)	(\$25,094)	(\$819,259)
2025	(\$29,628)	(\$641,534)	(\$22,884)	(\$747,103)
2026	(\$30,380)	(\$660,895)	(\$23,466)	(\$766,084)
2027	(\$31,208)	(\$682,185)	(\$24,104)	(\$786,959)
2028	(\$32,119)	(\$705,598)	(\$24,808)	(\$809,916)

<i>Fiscal Year</i>	<i>Probable (Cost) from Federal Funds 555</i>	<i>Change in Number of State Employees from FY 2023</i>
2024	(\$2,561,578)	3.0
2025	(\$2,347,597)	3.0
2026	(\$2,404,179)	3.0
2027	(\$2,466,407)	3.0
2028	(\$2,534,846)	3.0

Fiscal Analysis

- The bill would require the Health and Human Services Commission (HHSC) to enable one-way and two-way electronic text messaging for the Texas Information and Referral Network (TIRN).
- The bill would require that the publicly accessible Internet-based system provide real time aggregated, de-identified demographic information if it is volunteered by clients.
- The bill would require the following updates to TIRN: standardized screening to identify nonmedical drivers of health, provide enhanced navigation services, provide closed-loop referrals, exchange data with external partners, be part of a national repository of information and referral programs and services, provide backup information and referrals during a disaster or system malfunction.
- The bill would allow health care systems and managed care organizations to partner with HHSC and Area Information Centers (AIC) to share data using TIRN to facilitate client coordination and address nonmedical drivers of health.
- The bill would require HHSC to prepare and submit a report by December 31 of each even-numbered year on the Texas Information and Referral Network's operations.
- The bill would require that AICs that contract with HHSC to provide TIRN operation be accredited.
- The bill would require that TIRN be user-friendly and easily searchable.

Methodology

- This analysis assumes HHSC would require \$2.5 million in All Funds, including \$0.9 million in General Revenue, each fiscal year for improvements to TIRN related to communication with clients, providing details on the types of requests being made, and providing backup information and referrals during a disaster. Costs for a portion of the administration and operation of TIRN are being considered for inclusion in the General Appropriations Bill based on an agency request but are still included in this analysis as necessary to implement the bill.
- This analysis assumes HHSC would require \$1.3 million in All Funds, including \$0.5 in General Revenue, in fiscal year 2024 and \$1.0 million in All Funds, including \$0.4 in General Revenue, in fiscal year 2025 for telecommunication services and supports to implement the provisions of the bill related to standardized screenings, maintenance for one-way and two-way messaging, and updates about programs and services available.
- This analysis assumes HHSC would require 3.0 Program Specialist V full-time equivalents (FTE) due to additional coordination with AICs and data sharing partners. Staff would provide support for provisions related to closed loop referrals and to support compliance with the provisions of the bill.

Technology

- HHSC estimates that the total non-FTE technology costs would be \$2.8 million in All Funds in fiscal year 2024 and \$2.5 million in All Funds in fiscal year 2025. This analysis assumes additional FTE-related technology costs of less than \$0.1 million in each fiscal year.

Local Government Impact

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

Source Agencies: 529 Health and Human Services Commission

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