

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 88TH LEGISLATIVE REGULAR SESSION

April 29, 2023

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

FROM: Jerry McGinty, Director, Legislative Budget Board

IN RE: HB3212 by Toth (relating to newborn screening tests.), Committee Report 1st House, Substituted

Estimated Two-year Net Impact to General Revenue Related Funds for HB3212, Committee Report 1st House, Substituted : a negative impact of (\$9,811,824) 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	(\$3,968,586)
2025	(\$5,843,238)
2026	(\$5,843,288)
2027	(\$5,844,547)
2028	(\$5,843,388)

All Funds, Five-Year Impact:

<i>Fiscal Year</i>	<i>Probable (Cost) from General Revenue Fund 1</i>	<i>Change in Number of State Employees from FY 2023</i>
2024	(\$3,968,586)	33.0
2025	(\$5,843,238)	33.0
2026	(\$5,843,288)	33.0
2027	(\$5,844,547)	33.0
2028	(\$5,843,388)	33.0

Fiscal Analysis

The bill would require laboratories or facilities established or approved by the Department of State Health Services (DSHS) to perform newborn screening tests seven days a week.

The bill would require a birthing facility to inform a newborn's parent, managing conservator, or guardian before discharging a newborn of any risks associated with failure to perform a screening test and the importance of reviewing the results of a screening test specimen analysis in a timely manner.

The bill would require a hospital, birthing center, physician, nurse midwife, or midwife who provides prenatal care to a pregnant woman during gestation or at delivery of an infant to provide a resource pamphlet to the

woman or father with information on postpartum counseling and assistance, shaken baby syndrome, immunization schedule required by state law, follow-up procedures and significance of newborn testing, and additional health related topics.

If a woman is a recipient of medical assistance, the bill would require a resource guide to be provided to a mother or father of the infant, or another adult caregiver, relating to the development, health, and safety of a child until the age of five.

The bill would require the receipt of the resource pamphlet or resource guide to be documented for at least five years in the hospital's, birthing center's, physician's, nurse midwife's, or midwife's records.

Methodology

According to DSHS, 33.0 full-time equivalents (FTEs) would be need to fulfill the requirement under the bill to perform newborn screening tests seven days a week. The additional positions include Nurse II positions (2.0 FTEs) and a supervisor Nurse III position (1.0 FTE) to provide test results within 24 hours including weekends to parents or legal representatives; a Program Specialist IV position (1.0 FTE) to provide lab courier coordination; Microbiologist III positions (4.0 FTEs) to provide newborn screening testing for hemoglobinopathies; Microbiologist I positions (2.0 FTEs) to perform specimen acquisition duties related to regulatory requirements for meeting specimen acceptance criteria; Administrative Assistant II positions (6.0 FTEs) to provide data entry for newborn screening specimens; a Customer Service Representative (1.0 FTE) to provide newborn screening customer service; a Manager II position (1.0 FTE) to manage lab reporting and data entry staff; a Health Information Specialist II position (1.0 FTE) to provide Laboratory Information Management System (LIMS) support; Chemist II and Chemist III positions (4.0 FTEs) to perform tandem mass spectrometry testing on newborn screening specimens; Molecular Biologist II and Molecular Biologist III positions (5.0 FTEs) to perform newborn screening testing in the DNA analysis group; Microbiologist II positions (3.0 FTEs) to perform newborn screening testing for the endocrine group; a Systems Analyst V position (1.0 FTE) to provide Health and Human Services (HHSC) Information Technology (IT) Public Health Applications Support; and a Computer Operations Specialist V position (1.0 FTE) to provide IT hardware and network support.

Salaries and benefits for the 33.0 FTEs would be \$1.8 million in General Revenue in fiscal year 2024 and \$2.4 million in General Revenue in fiscal year 2025. The lower amount in fiscal year 2024 is attributable to an assumed start date for the positions later in the fiscal year.

Non-IT costs at DSHS would be \$1.8 million in General Revenue in fiscal year 2024 and \$3.1 million in General Revenue fiscal year 2025. Costs to cover seven days a week of testing include \$0.5 million in each fiscal year for additional reagents and supplies; \$0.4 million in each fiscal year to cover reclassification of current staff; \$0.1 million in fiscal year 2024 and \$0.2 million in fiscal year 2025 for LIMS, instrument, and remote system support and maintenance; and \$0.4 million in fiscal year 2024 and \$1.5 million in fiscal year 2025 for courier services. The lower amounts in fiscal year 2024 for system support and maintenance and courier services are only assumed in the initial year. Furthermore, DSHS costs for HHSC Oversight, postal services, and travel would total \$0.5 million in each fiscal year.

According to HHSC, the agency would incur costs to staff impact for Health Care Regulation (HCR) and Enforcement to update rules for applicable facility types, update the Health Facility Compliance database Automated Survey Process Environment (ASPEN); update HHSC internal policies and HCR work tools, and to develop a guidance letter. It is assumed that any costs associated with the bill could be absorbed using existing resources.

Technology

IT related costs total \$0.3 million in each fiscal year for the 33.0 FTE positions.

Local Government Impact

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

Source Agencies: 304 Comptroller of Public Accounts, 529 Health and Human Services Commission, 537 State Health Services, Department of

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