

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 88TH LEGISLATIVE REGULAR SESSION

May 10, 2023

TO: Honorable Sam Harless, Chair, House Committee on Health Care Reform, Select

FROM: Jerry McGinty, Director, Legislative Budget Board

IN RE: SB1966 by Alvarado (Relating to a grant program for school-based health care initiatives established to serve certain underserved students.), As Engrossed

Estimated Two-year Net Impact to General Revenue Related Funds for SB1966, As Engrossed : a negative impact of (\$685,743) through the biennium ending August 31, 2025.

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, Five- Year Impact:

<i>Fiscal Year</i>	<i>Probable Net Positive/(Negative) Impact to General Revenue Related Funds</i>
2024	(\$349,718)
2025	(\$336,025)
2026	(\$336,292)
2027	(\$336,562)
2028	(\$336,835)

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	(\$349,718)	3.0
2025	(\$336,025)	3.0
2026	(\$336,292)	3.0
2027	(\$336,562)	3.0
2028	(\$336,835)	3.0

Fiscal Analysis

The bill would require the Health and Human Services Commission (HHSC) to establish a school-based health care grant program to the extent funds are appropriated to HHSC for that purpose. The program would provide grants for health care organizations to implement and maintain school-based health care initiatives to provide underserved students with preventative and primary health care.

Methodology

The analysis assumes HHSC would require 3.0 additional full-time equivalents (FTEs), including 2.0 Contract Specialist Vs and 1.0 Program Specialist V, to administer the grant program. Costs for FTEs, including salary, benefits, technology, furniture, supplies, and training would total \$0.3 million per fiscal year.

The cost estimate includes only the cost to administer the program and does not include funding required to provide grants to health care organizations. HHSC would require appropriations beyond the administrative costs to actually implement the grant program, but the cost for grant funding would depend on the preferred scale of the program including the number of grant recipients, the number of effected schools, and the range of services that grant recipients would be required to provide through the school-based initiatives. Due to the uncertainty about the preferred program scale, an estimate for the cost of grants cannot be determined.

Technology

FTE-related technology costs would be less than \$0.1 million each fiscal year.

Local Government Impact

The analysis assumes that school districts would experience a fiscal impact due to an increase in school-based health care initiatives but a specific estimate cannot be determined due to uncertainty about the scale of the grant program.

Source Agencies: 529 Health and Human Services Commission

LBB Staff: JMc, NPe, ER, NDA