

**LEGISLATIVE BUDGET BOARD**  
**Austin, Texas**

**FISCAL NOTE, 89TH LEGISLATIVE REGULAR SESSION**

**May 4, 2025**

**TO:** Honorable Lois W. Kolkhorst, Chair, Senate Committee on Health & Human Services

**FROM:** Jerry McGinty, Director, Legislative Budget Board

**IN RE: HB37** by Plesa (Relating to perinatal bereavement care provided by certain hospitals, a perinatal bereavement care initiative, and a perinatal bereavement care hospital recognition program.), **As Engrossed**

<b>No significant fiscal implication to the State is anticipated.</b>
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The bill would require the Department of State Health Services (DSHS) to establish and administer a perinatal bereavement care initiative providing hospitals assigned a maternal level of care designation resources including training and a perinatal bereavement device for the hospital's provision of perinatal bereavement care. DSHS acknowledges it would use the Texas Alliance for Innovation on Maternal Health (TexasAIM) infrastructure to offer experts and stakeholders trainings and education about best practices on interacting with parents and family members who have lost a child. DSHS indicates that the agency would require additional staff resources to fully implement the perinatal bereavement care initiative.

The bill authorizes DSHS to use appropriated funds, gifts, grants, and donations to award grants to hospitals awarded a maternal level of care designation to increase access to perinatal bereavement care resources. This analysis does not include any costs related to the grant awards themselves.

The bill would authorize the Executive Commissioner of the Health and Human Services Commission, along with the Perinatal Advisory Council, to adopt criteria for and develop a recognition program for hospitals that provide perinatal bereavement care training to hospital personnel.

It is assumed that any costs associated with the bill could be absorbed using existing resources.

**Local Government Impact**

No significant 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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