

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 89TH LEGISLATIVE REGULAR SESSION

May 22, 2025

TO: Honorable Dustin Burrows, Speaker of the House, House of Representatives

FROM: Jerry McGinty, Director, Legislative Budget Board

IN RE: HB107 by Simmons (Relating to the establishment of the sickle cell disease registry.), As Passed 2nd House

Estimated Two-year Net Impact to General Revenue Related Funds for HB107, As Passed 2nd House: a negative impact of (\$4,795,371) through the biennium ending August 31, 2027.

The Department of State Health Services 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 Department of State Health Services 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>
2026	(\$3,346,894)
2027	(\$1,448,477)
2028	(\$747,954)
2029	(\$748,869)
2030	(\$749,804)

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 2025</i>
2026	(\$3,346,894)	4.5
2027	(\$1,448,477)	5.0
2028	(\$747,954)	5.0
2029	(\$748,869)	5.0
2030	(\$749,804)	5.0

Fiscal Analysis

The bill would authorize the Department of State Health Services (DSHS) to establish and maintain a registry of cases of sickle cell disease in the state. Health care facilities would provide data regarding individuals who have been diagnosed with sickle cell disease to DSHS. The Health and Human Services Commission (HHSC) shall

adopt rules related to implementation of the registry including ensuring confidentiality and informed consent related to information obtained on individuals for the registry. The bill would require DSHS to submit an annual report on information in the registry to the legislature, and DSHS would be authorized to publish other reports in cooperation with other sickle cell disease reporting organizations and research institutions.

Methodology

The analysis assumes DSHS would require 5.0 additional full-time-equivalent positions (FTEs) to establish and maintain the registry. This includes 2.0 FTE Epidemiologist III positions to calculate appropriate statistics, to analyze data quality, and to create reports; a 1.0 FTE Information Specialist IV position to oversee the dissemination of data and reports from the Sickle Cell Registry and to conduct trainings and education for registry users; a 1.0 FTE Program Specialist V position to oversee the Sickle Cell Registry Program and serve as the subject matter expert; and a 1.0 FTE Systems Analyst V position for programming, quality assurance testing, managing system specifications and requirements, and security and updates on the new Sickle Cell Disease Registry system.

Salaries, benefits, and other related costs for the new FTEs total \$531,242 in fiscal year 2026 and \$746,854 in fiscal year 2027, all from the General Revenue Fund. The lower cost in fiscal year 2026 is attributable to a later start date for the new positions assumed in the first fiscal year and because the Systems Analyst V position would begin as a 0.5 FTE in fiscal year 2026.

Technology

DSHS would build a standalone registry system modeled off an existing system to receive lab and provider reports for sickle cell disease. The agency will utilize HHSC information technology (IT) staff augmentation to build the system estimated to total \$1,151,652 in fiscal year 2026 and \$287,623 in fiscal year 2027, all from the General Revenue Fund.

Other IT costs related to new requirements and components of the new registry include new hardware costs of \$350,000 in fiscal year 2026; software licenses costs of \$300,000 in fiscal year 2026 and \$100,000 in fiscal year 2027; Identity Account Management development and integration costs of \$350,000 in fiscal year 2026; Independent Validation and Verification requirement for new IT projects costs of \$350,000 in fiscal year 2026; and State Health Analytics and Reporting Platform (SHARP) integration and report development costs of \$314,000 in each fiscal year, all from the General Revenue Fund.

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

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