

LEGISLATIVE BUDGET BOARD  
Austin, Texas

FISCAL NOTE, 89TH LEGISLATIVE REGULAR SESSION

March 26, 2025

TO: Honorable Gary VanDeaver, Chair, House Committee on Public Health

FROM: Jerry McGinty, Director, Legislative Budget Board

IN RE: HB1782 by Howard (Relating to eligibility for Medicaid for breast and cervical cancer.), As Introduced

Estimated Two-year Net Impact to General Revenue Related Funds for HB1782, As Introduced: a negative impact of (\$1,674,063) through the biennium ending August 31, 2027.

General Revenue-Related Funds, Five- Year Impact:

<i>Fiscal Year</i>	Probable Net Positive/(Negative) Impact to <i>General Revenue Related Funds</i>
2026	\$0
2027	(\$1,674,063)
2028	(\$10,176,523)
2029	(\$21,096,550)
2030	(\$29,453,571)

All Funds, Five-Year Impact:

<i>Fiscal Year</i>	Probable Savings/(Cost) from <i>GR Match For Medicaid 758</i>	Probable Savings/(Cost) from <i>Federal Funds 555</i>	Probable Revenue Gain/(Loss) from <i>General Revenue Fund 1</i>	Probable Revenue Gain/(Loss) from <i>Foundation School Fund 193</i>
2026	\$0	\$0	\$0	\$0
2027	(\$1,914,486)	(\$2,851,473)	\$180,317	\$60,106
2028	(\$10,812,769)	(\$16,104,754)	\$477,185	\$159,061
2029	(\$22,188,161)	(\$33,047,491)	\$818,708	\$272,903
2030	(\$30,795,157)	(\$45,866,921)	\$1,006,190	\$335,396

Fiscal Analysis

The bill would require the Health and Human Services Commission (HHSC) to increase the income limit from 200 percent of the Federal Poverty Level (FPL) to 250 percent of the FPL for breast and cervical cancer services in the Medicaid program.

The bill would take effect immediately if it receives a vote of two-thirds of all the members elected to each house. Otherwise, the bill would take effect September 1, 2025.

Methodology

HHSC assumes that services would begin September 1, 2026. The additional average monthly caseload associated with the bill is estimated to be 89 in fiscal year 2027, increasing to an average of 1,261 by fiscal

year 2030. This analysis assumes a total client services cost of \$1,914,486 from the General Revenue Fund (\$4,765,959 from All Funds) in fiscal year 2027.

This analysis assumes that these costs would be partially offset by an estimated \$180,317 to the General Revenue Fund in fiscal year 2027 from client services payments through managed care that are assumed to result in an increase to the General Revenue Fund from insurance premium tax revenue and revenue adjusted for assumed timing of payments and prepayments, all of which results in increased revenue collections. Pursuant to Section 227.001(b), Insurance Code, 25 percent of the revenue collection is assumed to be deposited to the credit of the Foundation School Fund (\$60,106 in fiscal year 2027).

This analysis assumes that any additional costs associated with the bill could be absorbed using existing resources, including an estimated 5.5 FTEs in fiscal year 2026 and 6.5 FTEs in fiscal year 2027.

### **Technology**

This analysis assumes that any technology 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

**LBB Staff:** JMc, NPe, ER, ESch, NV