

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 89TH LEGISLATIVE REGULAR SESSION

April 2, 2025

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

FROM: Jerry McGinty, Director, Legislative Budget Board

IN RE: HB2117 by Walle (Relating to the duties of the Texas Maternal Mortality and Morbidity Review Committee.), **As Introduced**

Estimated Two-year Net Impact to General Revenue Related Funds for HB2117, As Introduced: a negative impact of (\$1,869,679) through the biennium ending August 31, 2027.

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>	Probable Net Positive/(Negative) Impact to <i>General Revenue Related Funds</i>
2026	(\$1,042,915)
2027	(\$826,764)
2028	(\$826,984)
2029	(\$827,167)
2030	(\$827,354)

All Funds, Five-Year Impact:

<i>Fiscal Year</i>	Probable Savings/(Cost) from <i>General Revenue Fund</i> 1	<i>Change in Number of State Employees from FY 2025</i>
2026	(\$1,042,915)	1.0
2027	(\$826,764)	1.0
2028	(\$826,984)	1.0
2029	(\$827,167)	1.0
2030	(\$827,354)	1.0

Fiscal Analysis

The bill would require the Texas Maternal Mortality and Morbidity Review Committee (MMMRC) to review maternal death cases annually using data from the preceding year.

Methodology

This estimate assumes that the Department of State Health Services (DSHS) would need to hire a 1.0 full-time equivalent (FTE) Research Specialist IV position to collaborate with the contractor to process and analyze data sets, provide support for data collection, conduct quality control procedures, and provide subject matter

expertise. Salaries, benefits, and other FTE costs total \$114,280 in fiscal year 2026 and \$142,119 in fiscal year 2027, all from the General Revenue Fund. The lower cost in fiscal year 2026 is due to a later start date assumed for the new position in the first fiscal year.

According to DSHS, the agency would need to amend an existing contract and case packaging processes to include cases for MMMRC review within one year of maternal death. The amended contract would increase the cost by \$684,645 annually from the General Revenue Fund for the redaction and abstraction of 250 cases per cohort to accommodate the reduced timeframe.

According to DSHS, the agency would need to increase an existing contract to modify the data collection system to process uncorrected and uncertified ad hoc data set runs at a one-time cost of \$243,990 from the General Revenue Fund in fiscal year 2026.

DSHS would continue to use representative cohort case sampling when preparing for MMMRC review. This can be absorbed within existing resources.

The existing DSHS internal Data Use Agreement and claims data collection contract would be amended to allow for the use of uncorrected and uncertified claims data. This can be absorbed within existing resources.

DSHS is unable to accurately estimate the number of data set run requests per year that would be required to implement the bill. The existing contractor would charge DSHS a fee per uncorrected and uncertified ad hoc data set runs. The frequency of the data runs cannot be determined at this time and therefore are not contemplated in this analysis.

DSHS would promulgate any needed rules in accordance with the bill's requirements. This can be absorbed within existing resources.

Local Government Impact

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

Source Agencies: 537 State Health Services, Department of

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