LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 89TH LEGISLATIVE REGULAR SESSION

April 23, 2025

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

FROM: Jerry McGinty, Director, Legislative Budget Board

IN RE: **HB3339** by Ward Johnson (Relating to a study on maternal mortality and morbidity among Black women in this state.), **As Introduced**

Estimated Two-year Net Impact to General Revenue Related Funds for HB3339, As Introduced: a negative impact of ($382,062) through the biennium ending August 31, 2027.

General Revenue-Related Funds, Five- Year Impact:

Fiscal Year	Probable Net Positive/(Negative) Impact to *General Revenue Related Funds*
2026	($382,062)
2027	$0
2028	$0
2029	$0
2030	$0

All Funds, Five-Year Impact:

Fiscal Year	Probable Savings/(Cost) from *General Revenue Fund* 1	*Change in Number of State Employees from FY 2025*
2026	($382,062)	2.0
2027	$0	0.0
2028	$0	0.0
2029	$0	0.0
2030	$0	0.0

Fiscal Analysis

The bill would require the Texas Maternal Mortality and Morbidity Review Committee (MMMRC) and Department of State Health Services (DSHS) to conduct a study to evaluate maternal mortality and morbidity among Black women in the state.

Based on results from the study, both MMMRC and DSHS shall develop recommendations to address disparities in maternal mortality and morbidity among Black women.

MMMRC and DSHS shall prepare and submit a written report summarizing results of the study with recommendations to address disparities in maternal mortality and morbidity among Black women in the state to the Governor, Lieutenant Governor, Speaker of the House of Representatives, and appropriate standing committees of the legislature, no later than September 1, 2026. The report may be consolidated with the biennial joint MMMRC due by the same day.

Methodology

According to DSHS, a temporary 1.0 full-time equivalent (FTE) Epidemiologist III position and a temporary 1.0 FTE Program Specialist V position would be needed given the requirement that the report would need to be prepared and submitted to the legislature and other elected officials by September 1, 2026. The Epidemiologist III position would plan the design and analysis for the study, support the presentation of the results, and participate in education efforts after the report is published; and the Program Specialist V position would facilitate new report activities, write the report based on the study results, develop recommendations, and support the presentation and education efforts after the report is published.

This analysis assumes that these positions would not be needed beyond fiscal year 2026 because the report must be submitted by September 1, 2026. Additional duties after submission including presentation and education efforts are not provided in the bill. Therefore, costs in fiscal year 2027 are not assumed in this analysis.

These temporary FTEs would be hired through professional services at the equivalent of a fulltime position. For salaries and wages, DSHS estimates 2,080 hours at $84.42 per hour for the temporary Epidemiologist III position to equal $175,594 from the General Revenue Fund in fiscal year 2026 and 2,080 hours at $74 per hour for the temporary Program Specialist V position to equal $153,920 from the General Revenue Fund in fiscal year 2026. Other costs related to the temporary FTEs in fiscal year 2026 are estimated by DSHS to be $52,548 from the General Revenue Fund in fiscal year 2026.

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