

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 89TH LEGISLATIVE REGULAR SESSION

April 27, 2025

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

FROM: Jerry McGinty, Director, Legislative Budget Board

IN RE: HB5098 by Curry (Relating to the establishment of an electronic health record loan program for certain health care facilities.), **As Introduced**

Estimated Two-year Net Impact to General Revenue Related Funds for HB5098, As Introduced: a negative impact of (\$1,334,897) 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	(\$689,942)
2027	(\$644,955)
2028	(\$646,055)
2029	(\$646,970)
2030	(\$647,905)

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	(\$689,942)	5.0
2027	(\$644,955)	5.0
2028	(\$646,055)	5.0
2029	(\$646,970)	5.0
2030	(\$647,905)	5.0

Fiscal Analysis

This bill amends the Health and Safety Code to establish a loan program for the provision of low-interest loans to certain health care facilities to purchase and implement electronic health record systems to ensure streamlined communication between health care facilities regarding patient health records. The Health and Human Services Commission (HHSC) would be authorized to solicit and accept gifts, grants, and donations. This bill would take effect September 1, 2025.

Methodology

This analysis only considers the administrative costs associated with the implementation of the loan program and does not contemplate an appropriation for establishing the loan program.

HHSC assumes the agency would, in coordination with the Comptroller of Public Accounts (CPA), work to develop and establish a low-interest loan program for certain health care facilities for the purchase and implementation of an electronic health record system. This analysis assumes HHSC would require \$689,942 from the General Revenue Fund (\$689,942 from All Funds) and 1.0 Administrative Assistant II, 1.0 Contract Administration Manager I, 1.0 Director II, 1.0 Grant Specialist II, 1.0 Program Specialist II “full-time-equivalents (FTEs)” in fiscal year 2026 and \$644,955 from the General Revenue Fund (\$644,955 from All Funds) and 1.0 Administrative Assistant II, 1.0 Contract Administration Manager I, 1.0 Director II, 1.0 Grant Specialist II, 1.0 Program Specialist II FTEs in fiscal year 2027 to implement the provisions of the bill, which include establishing and developing policies related to loan application procedures, determining loan amounts, payment amounts, terms, and repayment schedules, and contract monitoring. The amounts above are the assumed FTE costs for the 2026-27 biennium, including \$48,470 from the General Revenue Fund in fiscal year 2026 for one-time costs related to the implementation of provisions of this bill.

This analysis assumes the CPA can implement provisions of this bill within existing agency resources; however, should HHSC and the CPA determine the loan program is better aligned with other loan programs administered by the CPA with assistance from HHSC there could be additional costs associated with the implementation of the provisions of this bill.

HHSC assumes the loan program would operate as a revolving loan program wherein any interest charged on the loans would be used to fund future loans; however, the CPA is unable to determine the financial impact of revenue related to interest from the loan program at this time.

Local Government Impact

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

Source Agencies: 304 Comptroller of Public Accounts, 529 Health and Human Services Commission

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