

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 89TH LEGISLATIVE REGULAR SESSION

May 11, 2025

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

FROM: Jerry McGinty, Director, Legislative Budget Board

IN RE: SB1467 by Hinojosa, Juan "Chuy" (Relating to death records maintained by the vital statistics unit of the Department of State Health Services and provided to certain hospitals.), **As Engrossed**

Estimated Two-year Net Impact to General Revenue Related Funds for SB1467, As Engrossed: a negative impact of (\$685,966) 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>	<i>Probable Net Positive/(Negative) Impact to General Revenue Related Funds</i>
2026	(\$384,786)
2027	(\$301,180)
2028	(\$301,620)
2029	(\$301,986)
2030	(\$302,360)

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	(\$384,786)	2.0
2027	(\$301,180)	2.0
2028	(\$301,620)	2.0
2029	(\$301,986)	2.0
2030	(\$302,360)	2.0

Fiscal Analysis

The bill would require the Department of State Health Services (DSHS) to implement a procedure to provide death information to a licensed hospital designated as a Level 1 trauma facility to assist with the hospital's participation in the Medicaid managed care program.

The bill would require the procedure to include minimum information to be provided for each deceased person for whom a death certificate is filed with a local registrar including county of a residence, date of birth, and the full name of the deceased.

The bill would allow DSHS to use the procedure implemented to provide death information to a hospital that is not designated as a Level 1 trauma facility, subject to available resources.

Methodology

This analysis assumes DSHS would need to develop and enter into data sharing agreements and Memorandum of Understandings (MOUs) in order to provision Level 1 trauma hospitals to gain access to death data through the State Health Analytics and Reporting Platform (SHARP).

The analysis assumes DSHS would require 2.0 additional full-time equivalent positions (FTEs) to ensure ongoing contract management and reporting required to comply with statute requirements. This includes Program Specialist IV positions (2.0 FTEs) to manage and facilitate MOUs with hospitals and manage, document, and enforce hospital agreements.

Salaries, benefits, and other related costs for the new FTEs total \$241,265 in fiscal year 2026 and \$301,180 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.

Any consultation, analysis, or adoption of rules by the Health and Human Services Commission to implement the bill can be accomplished within existing resources.

Technology

This analysis assumes DSHS would need to modify SHARP to allow hospitals to access the system. The one time information technology costs are estimated to total \$143,521 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: 529 Health and Human Services Commission, 537 State Health Services, Department of

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