

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 89TH LEGISLATIVE REGULAR SESSION

April 22, 2025

TO: Honorable Lois W. Kolkhorst, Chair, Senate Committee on Health & Human Services

FROM: Jerry McGinty, Director, Legislative Budget Board

IN RE: SB2891 by Cook (Relating to the establishment of the Health Professions Workforce Coordinating Council and the abolition of the statewide health coordinating council and the nursing advisory committee of that council.), **As Introduced**

Estimated Two-year Net Impact to General Revenue Related Funds for SB2891, As Introduced: a negative impact of (\$2,872,324) 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	(\$1,270,547)
2027	(\$1,601,777)
2028	(\$1,603,757)
2029	(\$1,605,404)
2030	(\$1,607,087)

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	(\$1,270,547)	9.0
2027	(\$1,601,777)	9.0
2028	(\$1,603,757)	9.0
2029	(\$1,605,404)	9.0
2030	(\$1,607,087)	9.0

Fiscal Analysis

The bill would establish the Health Professions Workforce Coordinating Council as administratively attached to the Department of State Health Services (DSHS).

The bill would establish the makeup of the members of the Health Professions Workforce Coordinating Council.

The bill would require the Health Professions Workforce Coordinating Council to compile and analyze

workforce data on a variety of health professions, develop a biennial strategic plan, and establish a workgroup to evaluate gateway professions to the healthcare workforce.

The bill would require the Health Professions Workforce Coordinating Council to publish the strategic plan on its website.

The bill would abolish the Statewide Health Coordinating Council, the Nursing Advisory Committee of that council, and the authority to impose civil penalties on non-respondents.

Methodology

The analysis assumes DSHS would require 9.0 additional full-time equivalent positions (FTEs) to implement requirements under the bill. This includes Research Specialist V positions (4.0 FTEs) to gather and interpret data to identify trends, workforce shortages, and educational outcomes to inform policy recommendations; Data Analyst V positions (4.0 FTEs) to manage and analyze large datasets related to the health professions workforce including data extraction, transformation, and visualization to support decision-making processes; and a Director II position (1.0 FTE) to provide strategic direction and coordination of activities in support of the council's goals and reporting requirements as well as to oversee the collection, analysis, and interpretation of data.

Salaries, benefits, and other related costs for the new FTEs total \$1,270,547 in fiscal year 2026 and \$1,601,777 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.

According to the Office of the Attorney General, any legal work resulting from passage of the bill could be absorbed with existing resources.

According to the Office of Court Administration and the Health and Human Services Commission, any costs resulting from passage of the bill could be absorbed within existing resources.

According to the Comptroller of Public Accounts, the bill would have no significant impact to revenue collections to the state.

Local Government Impact

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

Source Agencies: 212 Office of Court Administration, Texas Judicial Council, 302 Office of the Attorney General, 304 Comptroller of Public Accounts, 529 Health and Human Services Commission, 537 State Health Services, Department of

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