

**Texas Medical Board
Summary of Recommendations - House**

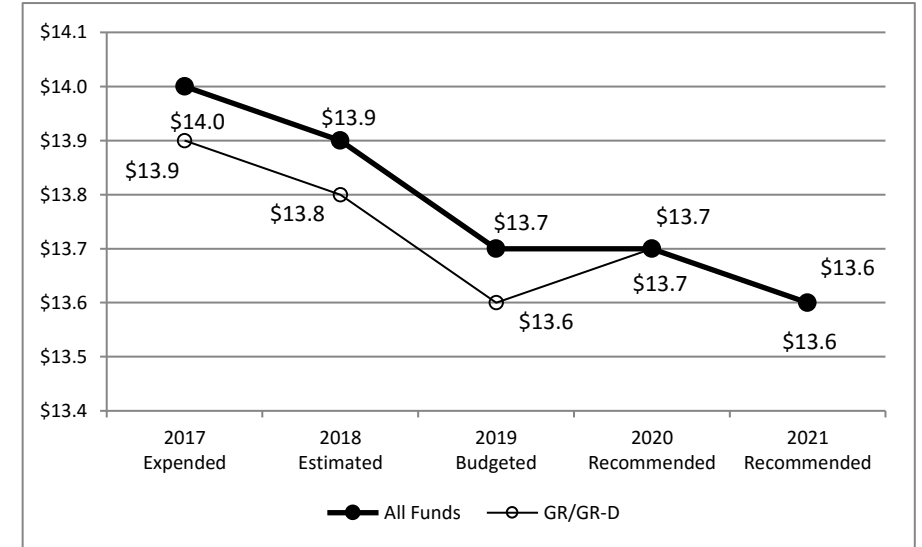
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Brint Carlton, Executive Director
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Method of Financing	2018-19 Base	2020-21 Recommended	Biennial Change (\$)	Biennial Change (%)
General Revenue Funds	\$20,259,187	\$21,042,993	\$783,806	3.9%
GR Dedicated Funds	\$7,125,607	\$6,200,000	(\$925,607)	(13.0%)
<i>Total GR-Related Funds</i>	<i>\$27,384,794</i>	<i>\$27,242,993</i>	<i>(\$141,801)</i>	<i>(0.5%)</i>
Federal Funds	\$0	\$0	\$0	0.0%
Other	\$124,612	\$124,612	\$0	0.0%
All Funds	\$27,509,406	\$27,367,605	(\$141,801)	(0.5%)

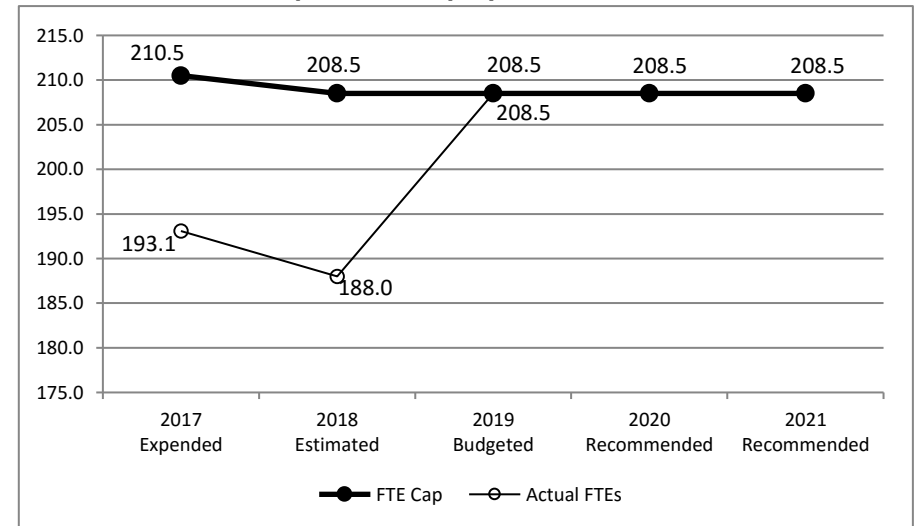
	FY 2019 Budgeted	FY 2021 Recommended	Biennial Change	Percent Change
FTEs	208.5	208.5	0.0	0.0%

The bill pattern for this agency (2020-21 Recommended) represents an estimated 100% of the agency's estimated total available funds for the 2020-21 biennium.

Historical Funding Levels (Millions)



Historical Full-Time-Equivalent Employees (FTEs)



Texas Medical Board
Summary of Funding Changes and Recommendations - House

Funding Changes and Recommendations for the 2020-21 Biennium compared to the 2018-19 Base Spending Level		General Revenue	GR-Dedicated	Federal Funds	Other Funds	All Funds	Strategy in Appendix A
<i>SIGNIFICANT Funding Changes and Recommendations (each issue is explained in Section 3 and additional details are provided in Appendix A):</i>							
A)	Method of Finance Swap (See Fiscal and Policy Issues #2)	\$925,607	(\$925,607)	\$0	\$0	\$0	A.1.1, B.1.1, C.1.1, C.1.2
<i>OTHER Funding Changes and Recommendations (these issues are not addressed in Section 3 but details are provided in Appendix A):</i>							
B)	Decrease funding for Voice over Internet Protocol received in 2018-19 biennium	(\$135,802)	\$0	\$0	\$0	(\$135,802)	A.1.1, B.1.1, B.2.1, C.1.1,C.1.2
C)	Decrease funding for startup costs for additional call center FTEs received in 2018-19 biennium	(\$6,000)	\$0	\$0	\$0	(\$6,000)	C.1.1, C.1.2
TOTAL SIGNIFICANT & OTHER Funding Changes and Recommendations		\$783,805	(\$925,607)	\$0	\$0	(\$141,802)	As Listed
<i>SIGNIFICANT & OTHER Funding Increases</i>		\$0	\$0	\$0	\$0	\$0	As Listed
<i>SIGNIFICANT & OTHER Funding Decreases</i>		\$0	\$0	\$0	\$0	\$0	As Listed

**Texas Medical Board
Selected Fiscal and Policy Issues - House**

1. **Sunset Review.** The agency is currently undergoing Sunset Review. The agency was under Sunset review in 85(R), and the Sunset bill did not pass during regular session. The agency was continued for an additional two years during the first called session, and Sunset is performing a limited scope review following the full Sunset review in 85R. The Sunset Commission recommended to continue the agency for 12 years (see Rider Highlights #6).
2. **Method of Finance Swap.** Recommendations include a Method of Finance swap of \$0.9 million from General Revenue-Dedicated (GR-D) Public Assurance Account Number 5105 to General Revenue (GR). GR-D Public Assurance Account Number 5105, was established in 2003 upon passage of SB 104. The account's revenue is from an additional \$80 surcharge collected with the first registration permit or renewal of a registration permit from a physician and can only be used to pay for licensure and enforcement programs, including the expert physician panel. In the 2018-19 biennium the agency's GR-D appropriation was increased in an effort to spend down the account balance, and the GR appropriation had a corresponding decrease. The estimated balance of the account in fiscal year 2021 would not sustain funding levels from the 2018-19 biennium. Recommendations increase the appropriation from GR by \$0.9 million and decrease the appropriation from GR-D by \$0.9 million (see Summary of Funding Changes and Recommendations A).

**Texas Medical Board
Rider Highlights - House**

Modification of Existing Riders

2. **Capital Budget.** Recommendations include continuing funding for the 2020-21 biennium for \$155,305 to replace network hardware and \$291,816 to replace software. Board recommendations reduce capital budget authority from the 2018-19 biennium by \$91,200 for desktop replacements as this amount does meet the capital budget threshold, and recommendations include reducing capital budget authority and funding from the 2018-19 biennium by \$135,802 for a one-time expenditure to transition to Voice over Internet Protocol.
6. **Sunset Contingency.** Recommendations include a contingency provision for the agency's Sunset review.

**Texas Medical Board
Items Not Included in Recommendations - House**

	2020-21 Biennial Total			Information Technology Involved?	Contracting Involved?	Estimated Continued Cost 2022-23
	GR & GR-D	All Funds	FTEs			

Agency Exceptional Items (in agency priority order)

1)	Funding for three Information Technology Projects including the purchase of additional Microsoft software licenses (\$80,000), replacement of seven printers and two scanners (\$34,050), and purchase of software and hardware for cybersecurity (\$155,800)	\$269,851	\$269,851	0.0	Yes	Yes	\$160,800
2)	Funding and FTEs for additional staffing needs. The agency requests 9 FTEs including four FTEs for licensure staff, one physician-investigator, one HR specialist, two additional call center FTEs, and one FTE for a communications manager position	\$963,398	\$963,398	9.0	No	No	\$946,062
3)	Funding for salary increases of 9.7% for approximately 207.3 positions, with the exception of the Executive Director. This request was amended after submission of the Legislative Appropriations Request per agency request from \$888,421 per fiscal year to \$1,010,584 per fiscal year	\$2,021,168	\$2,021,168	0.0	No	No	\$2,021,168
4)	Funding for two additional FTEs for the Texas Physician Health Program, a peer assistance program administratively attached to the Texas Medical Board	\$194,490	\$194,490	2.0	No	No	\$191,000

TOTAL Items Not Included in Recommendations		\$3,448,907	\$3,448,907	11.0			\$3,319,030
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**Texas Medical Board
Appendices - House**

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* Appendix is not included - no significant information to report

Texas Medical Board
Funding Changes and Recommendations - House, by Strategy -- ALL FUNDS

Strategy/Goal	2018-19 Base	2020-21 Recommended	Biennial Change	% Change	Comments
LICENSING A.1.1	\$5,499,569	\$5,605,148	\$105,579	1.9%	<ul style="list-style-type: none"> • Decrease of \$36,484 for one-time funding to transition to Voice Over Internet Protocol • Increase of \$142,063 to shift reallocated funding from other strategies for positions that were vacant in 2018-19
Total, Goal A, LICENSURE	\$5,499,569	\$5,605,148	\$105,579	1.9%	
ENFORCEMENT B.1.1	\$15,905,056	\$15,659,107	(\$245,949)	(1.5%)	<ul style="list-style-type: none"> • Decrease of \$69,928 for one-time funding to transition to Voice Over Internet Protocol • Decrease of \$176,021 to shift reallocated funding from other strategies for positions that were vacant in 2018-19
PHYSICIAN HEALTH PROGRAM B.1.2	\$1,084,984	\$1,084,984	\$0	0.0%	
PUBLIC EDUCATION B.2.1	\$609,790	\$618,584	\$8,794	1.4%	<ul style="list-style-type: none"> • Decrease of \$3,040 for one-time funding to transition to Voice Over Internet Protocol • Increase of \$11,834 to shift reallocated funding from other strategies for positions that were vacant in 2018-19
Total, Goal B, ENFORCE ACTS	\$17,599,830	\$17,362,675	(\$237,155)	(1.3%)	
INDIRECT ADMIN C.1.1	\$1,332,414	\$1,323,524	(\$8,890)	(0.7%)	<ul style="list-style-type: none"> • Decrease of \$7,905 for one-time funding to transition to Voice Over Internet • Decrease of \$1,800 in funding for startup costs for FTES • Increase of \$815 to shift reallocated funding from other strategies for positions that were vacant in 2018-19
INDIRECT ADMIN C.1.2	\$3,077,593	\$3,076,258	(\$1,335)	(0.0%)	<ul style="list-style-type: none"> • Decrease of \$18,445 for one-time funding to transition to Voice Over Internet • Decrease of \$4,200 in funding for startup costs for FTES • Increase of \$21,310 to shift reallocated funding from other strategies for positions that were vacant in 2018-19
Total, Goal C, INDIRECT ADMINISTRATION	\$4,410,007	\$4,399,782	(\$10,225)	(0.2%)	
Grand Total, All Strategies	\$27,509,406	\$27,367,605	(\$141,801)	(0.5%)	

**Texas Medical Board
Performance Measure Highlights - House**

	Expended 2017	Estimated 2018	Budgeted 2019	Recommended 2020	Recommended 2021
<ul style="list-style-type: none"> Strategy B.1.1 Output Measure #5: Number of Complaints Resolved (Allied Health Professionals) 	302	250	200	150	150
<p><i>Measure Explanation: The agency notes that the requested target of 150 for each fiscal year in 2020-21 reflects the agency shifting resources to address opioid prescribing cases that are primarily filed against Physicians and Physician Assistants. The number of complaints for Allied Health Professionals is not decreasing.</i></p>					

Texas Medical Board
Summary of Ten Percent Biennial Base Reduction Options Recommendations - House

Priority	Item	Description/Impact	Biennial Reduction Amounts			Potential Revenue Loss	Reduction as % of Program GR/GR-D Total	Program GR/GR-D Total	Included in Introduced Bill?
			GR & GR-D	All Funds	FTEs				
1)	Contract Service Reductions	The agency would reduce funding for expert physician reviews of standard of care cases.	\$657,493	\$657,493	0.0	\$0	4%	\$15,659,107	No
2)	Administrative Reductions	The agency would eliminate 3.5 administrative FTEs through reductions or a hiring freeze and reduce the budget for travel for investigations. The agency requests the flexibility to implement agency-wide freezes and/or furloughs in lieu of FTE reductions.	\$657,496	\$657,496	3.5	\$0	22%	\$3,027,152	No
3)	Program Service Reductions	The agency would eliminate 7.5 FTEs through reductions or a hiring freeze. The agency requests the flexibility to implement agency-wide freezes and/or furloughs in lieu of FTE reductions.	\$657,496	\$657,496	7.5	\$500,000	3%	\$21,264,255	No
4)	Program Service Reductions	The agency would eliminate 7.5 FTEs through reductions or a hiring freeze. The agency requests the flexibility to implement agency-wide freezes and/or furloughs in lieu of FTE reductions.	\$657,496	\$657,496	7.5	\$500,000	3%	\$21,264,255	No
TOTAL, 10% Reduction Options			\$2,629,981	\$2,629,981	18.5	\$1,000,000			