

## **BILL ANALYSIS**

H.B. 4300  
By: Koop  
County Affairs  
Committee Report (Unamended)

### **BACKGROUND AND PURPOSE**

Informed observers note that the state received federal approval for a health care funding waiver program under which health care delivery models could be specifically designed to meet local needs. In turn, these observers note, the legislature granted certain counties the option to create local provider participation funds intended, in part, to relieve the burden of uncompensated care provided to uninsured patients by county hospitals. The goal of H.B. 4300 is to ensure greater access to health care and reduce the level of uncompensated care provided by authorizing such a provider participation program for certain health care providers, such as the Dallas County Hospital District.

### **CRIMINAL JUSTICE IMPACT**

It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision.

### **RULEMAKING AUTHORITY**

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

### **ANALYSIS**

H.B. 4300 amends the Health and Safety Code to provide for a Dallas County Hospital District health care provider participation program. The bill authorizes the district's board of hospital managers to authorize the district to participate in the program on the affirmative vote of a majority of the board and sets the district's authority to administer and operate the program, and sets the bill's provisions, to expire December 31, 2019. The bill authorizes the board to require a mandatory payment by an institutional health care provider in the district under the program, authorizes the board to adopt rules relating to the administration of the program, provides for certain institutional health care provider reporting, and defines, among other terms, "institutional health care provider" as a nonpublic hospital located in the district that provides inpatient hospital services.

H.B. 4300 provides for an annual public hearing on the amounts of any mandatory payments that the board intends to require during the year and how the revenue derived from those payments is to be spent. The bill provides for the designation of one or more banks as a depository for the district's local provider participation fund and provides for the creation, composition, and use of the fund.

H.B. 4300 provides for the amount, assessment, and collection of a mandatory payment. The bill authorizes the board to provide by rule for an alternative provision or procedure that conforms to the requirements of the federal Centers for Medicare and Medicaid Services to the extent any provision or procedure under the bill's provisions causes a mandatory payment to be ineligible

for federal matching funds, sets out provisions relating to such rules, and conditions the district's assessment and collection of a mandatory payment on an applicable waiver program, uniform rate enhancement, or reimbursement being available to the district.

H.B. 4300 requires the board, as soon as practicable after the expiration of the district's authority to administer and operate a health care provider participation program, to transfer to each institutional health care provider in the district that provider's proportionate share of any remaining funds in any local provider participation fund created by the district.

**EFFECTIVE DATE**

On passage, or, if the bill does not receive the necessary vote, September 1, 2017.