

## **BILL ANALYSIS**

H.B. 651  
By: Springer  
County Affairs  
Committee Report (Unamended)

### **BACKGROUND AND PURPOSE**

Concerns have been raised that counties not served by a hospital district or a public hospital are unable to take advantage of mechanisms available to other counties for drawing down federal funding to finance critical health care needs. It has been suggested that additional tools to help finance this care would ease the burden on those counties and better serve county residents. H.B. 651 seeks to address these concerns by providing for the creation and operation of certain health care provider participation programs.

### **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. 651 amends the Health and Safety Code to provide for county health care provider participation programs in counties not served by a hospital district or a public hospital and to set out the purpose of its provisions. The bill authorizes the commissioners court of such a county to adopt an order authorizing the county to participate in such a program. The bill authorizes a commissioners court to require a mandatory payment by an institutional health care provider in the county under such a program, authorizes a commissioners court to adopt rules relating to the administration of the program in the county, provides for certain institutional health care provider reporting, and defines, among other terms, "institutional health care provider" as a nonpublic hospital that provides inpatient hospital services.

H.B. 651 provides for an annual public hearing on the amounts of any mandatory payments that a commissioners court intends to require during the year and how the revenue derived from those payments is to be spent. The bill provides for the creation, composition, and use of a local provider participation fund for each county that collects a mandatory payment.

H.B. 651 provides for the amount, assessment, and collection of a mandatory payment. The bill authorizes a county 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 and sets out provisions relating to such rules.

**EFFECTIVE DATE**

On passage, or, if the bill does not receive the necessary vote, September 1, 2019.