

BILL ANALYSIS

Senate Research Center
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H.B. 2963
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Health & Human Services
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Engrossed

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

Texas counties are required by the Indigent Health Care and Treatment Act to provide health care for residents below 21 percent of the federal poverty threshold. Counties have three options for compliance: hospital districts, public hospitals, and county indigent healthcare programs. Hospital districts, created by voters in 144 counties, provide indigent health care by levying a tax not to exceed 75 cents per \$100 in property valuation. In urban counties such as Harris, Bexar, Dallas, Tarrant, Nueces, and El Paso, these hospital districts are major care providers. Public hospitals are owned, operated, or leased by a county or municipality in 29 counties. These hospitals provide indigent health care with local property taxes and sales and use taxes, but are not separate entities from the county or municipality that owns, operates, or leases them.

Texas counties without hospital districts or public hospitals must operate county indigent health care programs coordinated by the Department of State Health Services, which maintains a state assistance fund to reimburse counties spending more than eight percent of their general revenue tax levy on indigent health care. If a county does not designate and contract with a hospital as a mandated provider for non-emergency health care for its indigent residents, any hospital that provides services to an indigent county resident may claim reimbursement from the county's indigent health care program as a payor of last resort. Payment is limited to Medicaid rates, with maximum benefits of 30 days of hospitalization or \$30,000, whichever occurs first.

The 76th Legislature, Regular Session, 1999, added provisions to the Health and Safety Code relating to information necessary to determine eligibility. Section 61.0045(a) authorized any hospital to collect and release information necessary to determine a patient's residence and eligibility for indigent health care in order to submit to the patient's county of residence a claim "for payment for the services as described in Section 61.033 or 61.060." Sections 61.033 and 61.060 describe the obligations and exemptions of counties and public hospitals or hospital districts, respectively, to pay for these services. However, Section 61.0045(b) merely states that if the patient is determined to be an eligible resident, the county, public hospital, or hospital district "shall pay the claim made by the provider in accordance with this chapter."

H.B. 2963 amends current law relating to the liability of a county, hospital district, or public hospital for the costs of health care services provided to an indigent patient.

RULEMAKING AUTHORITY

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Section 61.0045(b), Health and Safety Code, to require a county, hospital district, or public hospital that receives information obtained under Subsection (a) (relating to any provider that delivers health care services to a patient who the provider suspects is an eligible resident of the service area) to use the information to determine whether the patient to whom services were provided is an eligible resident of the service area of the county, hospital district, or public hospital and, if so, to pay the claim made by the provider to the extent that the county, hospital district, or public hospital is liable under Section 61.033 (Payment For Services) or 61.060 (Payment For Services), rather than in accordance with this chapter.

SECTION 2. Effective date: September 1, 2009.