

## **BILL ANALYSIS**

S.B. 2117  
By: Seliger  
County Affairs  
Committee Report (Unamended)

### **BACKGROUND AND PURPOSE**

Interested parties contend that a health care provider participation program for the City of Amarillo Hospital District could allow the district to maximize money received for indigent care. S.B. 2117 seeks to address this issue by providing for such a program.

### **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**

S.B. 2117 amends the Health and Safety Code to provide for a City of Amarillo 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. 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 that provides inpatient hospital services.

S.B. 2117 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 creation, composition, and use of a local provider participation fund.

S.B. 2117 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 and sets out provisions relating to such rules.

### **EFFECTIVE DATE**

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