

**LEGISLATIVE BUDGET BOARD**  
**Austin, Texas**

**FISCAL NOTE, 78TH LEGISLATIVE REGULAR SESSION**

**May 6, 2003**

**TO:** Honorable Jaime Capelo, Chair, House Committee on Public Health

**FROM:** John Keel, Director, Legislative Budget Board

**IN RE: SB309** by Gallegos (Relating to providing health care services without regard to a person's immigration status.), **As Engrossed**

<b>No fiscal implication to the State is anticipated.</b>
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The bill would amend Chapter 64, Health and Safety Code, to allow a municipality, county, or public hospital or a hospital district to use money from local sources to provide health care services to a person without regard to the person's immigration status. A hospital district would be required to establish a cost share system for persons receiving health care services. The bill would take effect immediately if it receives two-thirds vote in each house; otherwise, it would take effect September 1, 2003.

**Local Government Impact**

According to the Texas Hospital Association (THA) and several county hospitals contacted, hospitals already provide free or discounted emergency medical services to persons regardless of immigration status. THA provided data on the estimated fiscal impact providing emergency services to illegal immigrants had on hospitals cumulatively statewide in 2001, indicating a cost of approximately \$290 million. This figure is based on an assumption that 18.2 percent of the uncompensated care provided through hospitals in Texas in 2001 was provided to illegal immigrants. The 18.2 percent was determined using US census figures and data from reports by the U.S. Immigration and Naturalization Service.

According to THA, the bill would have no fiscal impact to hospitals regarding treatment for emergency medical services; this population is already accessing hospital services through the emergency department. THA anticipates costs associated with providing non-emergency health care services resulting from implementation of the provisions of the bill could be offset by savings in emergency care costs and through implementation of co-payments (shared costs). Harris County and Bexar County responded the same as THA.

The county of El Paso, where there is a high level of immigrants seeking medical care through hospital emergency rooms, estimates implementation of the bill would provide a savings in that county.

**Source Agencies:** 304 Comptroller of Public Accounts, 501 Department of Health

**LBB Staff:** JK, RR, EB, JB, DLBa