# **BILL ANALYSIS**

Senate Research Center 87R5259 EAS-D S.B. 809 By: Kolkhorst et al. Health & Human Services 3/15/2021 As Filed

# AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

#### Statement of Purpose

To understand the flow of federal healthcare funds that in a non-emergency would go through the budget process.

#### Background

During the COVID-19 public health emergency, the federal government provided billions of dollars in additional funds to assist health care providers. Ordinarily, these federal funds might flow through and/or be identified during the traditional state budget process. However, due to the emergency nature that these funds were distributed in, the state does not currently have an adequate picture of the amount of federal funding that has been provided to Texas health care providers since the onset of the pandemic. S.B. 809 requires health care providers to report federal money received under the CARES Act and the Consolidated Appropriations Act, 2021 on a monthly basis. The goal is to achieve a better idea of the type and amount of federal funds that have flowed to health care providers during the COVID-19 public health emergency.

#### Key Provisions

On a monthly basis, a public health provider must report federal funds received under the CARES Act and the Consolidated Appropriations Act, 2021 to the Health and Human Services Commission (HHSC).

Each quarter of the fiscal year, HHSC will compile the information received from health care providers and draft a report.

These quarterly reports must be provided to the lieutenant governor, the speaker of the house of representatives, the Legislative Budget Board, and the standing committees of the legislature with primary jurisdiction over state finance and public health.

The appropriate licensing authority may take disciplinary action against a health care provider should the requirements of this bill not be followed.

As proposed, S.B. 809 amends current law relating to health care provider reporting of federal money received for the coronavirus disease public health emergency.

## **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 Subtitle D, Title 2, Health and Safety Code, by adding Chapter 81A, as follows:

#### CHAPTER 81A. CORONAVIRUS DISEASE PUBLIC HEALTH EMERGENCY REPORTING

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Sec. 81A.001. DEFINITIONS. Defines "coronavirus disease public health emergency" and "health care provider."

Sec. 81A.002. HEALTH CARE PROVIDER REPORT. (a) Requires a health care provider that receives federal money for assisting health care providers during the coronavirus disease public health emergency, including money received under the Coronavirus Aid, Relief, and Economic Security Act (15 U.S.C. Section 9001 et seq.) and the Consolidated Appropriations Act, 2021 (Pub. L. No. 116-260), to report the money received to the Health and Human Services Commission (HHSC) on a monthly basis.

(b) Requires HHSC to compile the information described by Subsection (a) into a written report each quarter provided to the governor, lieutenant governor, and speaker of the house of representatives; to the Legislative Budget Board; and to the standing committees of the legislature with primary jurisdiction over state finance and public health.

Sec. 81A.003. DISCIPLINARY ACTION BY LICENSING AUTHORITY. Authorizes the appropriate licensing authority to take disciplinary action against a health care provider that violates this chapter as if the provider violated an applicable licensing law.

Sec. 81A.004. EXPIRATION. Provides that this chapter expires September 1, 2023.

SECTION 2. Effective date: September 1, 2021.