

BILL ANALYSIS

Senate Research Center
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C.S.S.B. 809
By: Kolkhorst et al.
Health & Human Services
3/26/2021
Committee Report (Substituted)

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 institutions 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 understanding of the type and amount of federal funds that have flowed to health care institutions 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.

Committee Substitute Changes

Adds federal funds received under the American Rescue Plan Act of 2021.

Clarifies that the first report should include money received by the institutions from January 31, 2020, to August 31, 2021.

The substitute changes the focus from health care providers to health care institutions. This alleviates concerns from the medical community that the bill as introduced would target individual nurses and doctors. The substitute instead uses "health care institutions" as defined by Section 74.001, Civil Practice and Remedies Code.

Makes clear that no one is required to report funds received from the paycheck protection program.

Requires HHSC to the greatest extent possible to avoid the duplication of reporting by institutions for information they are already required to report to the federal government.

C.S.S.B. 809 amends current law relating to health care institution 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

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

Sec. 81A.002. HEALTH CARE INSTITUTION REPORT. (a) Requires a health care institution, except as provided by Subsection (b), and subject to Subsection (d), that receives federal money for assisting health care institutions 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.), the Consolidated Appropriations Act, 2021 (Pub. L. No. 116-260), and the American Rescue Plan Act of 2021 (Pub. L. No. 117-2), to report the money received to the Health and Human Services Commission (HHSC) on a monthly basis. Requires that a health care institution's initial report to HHSC include all federal money received by the institution during the period beginning January 31, 2020, and ending August 31, 2021.

(b) Provides that a health care institution is not required to report federal money received as a loan during the coronavirus disease public health emergency from the United States Small Business Administration as part of a paycheck protection program.

(c) 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 Texas 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.

(d) Requires HHSC to establish procedures for health care institutions to report the information required under Subsection (a). Requires HHSC, in establishing the procedures, to the extent practicable, to minimize duplication of reporting by institutions to HHSC, and to avoid requiring institutions to report information that is duplicative of information that institutions are required to report to the federal government.

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

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

SECTION 2. Effective date: September 1, 2021.