

## **BILL ANALYSIS**

C.S.H.B. 1621  
By: Moody  
County Affairs  
Committee Report (Substituted)

### **BACKGROUND AND PURPOSE**

In 2019, legislation was passed that allowed the El Paso County Hospital District to temporarily establish a health care provider participation program. Without legislative action, the program will expire on December 31, 2023. C.S.H.B. 1621 seeks to address this issue by postponing the program's expiration until December 31, 2027.

### **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**

C.S.H.B. 1621 amends the Health and Safety Code to postpone from December 31, 2023, to December 31, 2027, the expiration of the authority of the El Paso County Hospital District to administer and operate a health care provider participation program and the expiration of related statutory provisions. The bill authorizes the district to impose and collect interest and penalties on delinquent mandatory payments assessed under the program in any amount that does not exceed the maximum amount authorized for other delinquent payments owed to the district.

### **EFFECTIVE DATE**

On passage, or, if the bill does not receive the necessary vote, September 1, 2023.

### **COMPARISON OF INTRODUCED AND SUBSTITUTE**

While C.S.H.B. 1621 may differ from the introduced in minor or nonsubstantive ways, the following summarizes the substantial differences between the introduced and committee substitute versions of the bill.

The substitute omits provisions from the introduced that did the following:

- revised a requirement relating to financial and utilization data reporting by an institutional health care provider to the district;
- specified that the proportionate share of certain money that may be refunded to a paying provider from the district's local provider participation fund is in an amount that is proportionate to the mandatory payments made by the provider during the 12 months preceding the date of the refund; and

- changed the nature of the program's mandatory payment from being assessed on net patient revenue to being assessed on a qualifying assessment basis, provided for the determination of that basis, and made related changes, including those relating to the frequency with which the amount of a mandatory payment is updated, the determination of such an amount, and the maximum aggregate amount of those payments.