

By: VanDeaver, Lambert, et al.

H.B. No. 18

Substitute the following for H.B. No. 18:

By: VanDeaver

C.S.H.B. No. 18

A BILL TO BE ENTITLED

1 AN ACT

2 relating to the establishment and administration of certain
3 programs and services providing health care services to rural
4 counties.

5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

6 SECTION 1. This Act may be cited as the Rural Health
7 Stabilization and Innovation Act.

8 SECTION 2. Sections 526.0301(b) and (c), Government Code,
9 are amended to read as follows:

10 (b) The strategic plan must include:

11 (1) a proposal for using at least one of the following
12 methods to ensure access to hospital services in the rural areas of
13 this state:

14 (A) an enhanced cost reimbursement methodology
15 for the payment of rural hospitals participating in the Medicaid
16 managed care program in conjunction with a supplemental payment
17 program for rural hospitals to cover costs incurred in providing
18 services to recipients;

19 (B) a hospital rate enhancement program
20 applicable only to rural hospitals;

21 (C) a reduction of punitive actions under
22 Medicaid that require reimbursement for Medicaid payments made to a
23 rural hospital provider, a reduction of the frequency of payment
24 reductions under Medicaid made to rural hospitals, and an

1 enhancement of payments made under merit-based programs or similar
2 programs for rural hospitals;

3 (D) a reduction of state regulatory-related
4 costs related to the commission's review of rural hospitals; or

5 (E) in accordance with rules the Centers for
6 Medicare and Medicaid Services adopts, the establishment of a
7 minimum fee schedule that applies to payments made to rural
8 hospitals by Medicaid managed care organizations; [and]

9 (2) target dates for achieving goals related to the
10 proposal described by Subdivision (1); and

11 (3) a rural hospital financial needs assessment and
12 financial vulnerability index quantifying the likelihood that a
13 rural hospital, during the next two-year period, will be able to:

14 (A) maintain the types of patient services the
15 hospital currently offers at the same level of service;

16 (B) meet the hospital's current financial
17 obligations; and

18 (C) remain operational.

19 (c) Not later than December [November] 1 of each
20 even-numbered year, the State Office of Rural Hospital Finance
21 established under Section 526.0304 [commission] shall submit a
22 report regarding the [commission's] development and implementation
23 of the strategic plan to:

24 (1) the legislature;

25 (2) the governor; and

26 (3) the Legislative Budget Board.

27 SECTION 3. Subchapter G, Chapter 526, Government Code, is

1 amended by adding Sections 526.0304 and 526.0305 to read as
2 follows:

3 Sec. 526.0304. STATE OFFICE OF RURAL HOSPITAL FINANCE. The
4 commission shall establish and maintain the State Office of Rural
5 Hospital Finance within the commission to provide technical
6 assistance for rural hospitals and health care systems in rural
7 areas of this state that participate or are seeking to participate
8 in state or federal financial programs, including Medicaid.

9 Sec. 526.0305. TEXAS RURAL HOSPITAL OFFICERS ACADEMY. (a)
10 In this section:

11 (1) "Institution of higher education" has the meaning
12 assigned by Section 61.003, Education Code.

13 (2) "Rural county" means a county with a population of
14 68,750 or less.

15 (3) "Rural hospital" has the meaning assigned by
16 Section 548.0351.

17 (b) To the extent money is appropriated to the commission
18 for the purpose, the commission shall contract with at least two but
19 not more than four institutions of higher education to administer
20 an academy to provide professional development and continuing
21 education programs for the officers of rural hospitals and other
22 health care providers located in rural counties. The academy must
23 offer at least 100 hours of coursework each year that consists of
24 courses and technical training on matters that impact the financial
25 stability of rural hospitals and rural health care systems,
26 including:

27 (1) relevant state and federal regulations;

- (2) relevant state and federal financial programs;
- (3) business administration, including revenue maximization;
- (4) organizational management; and
- (5) other topics applicable to the financial stability of rural hospitals and rural health care systems.

7 (b-1) The commission shall establish an interagency
8 advisory committee to oversee the development of the academy's
9 curriculum. The advisory committee is composed of the following
10 members appointed by the executive commissioner:

1 expire September 1, 2028.

2 (c) The commission shall establish criteria for the
3 screening and selection of applicants for admission to an academy
4 and include the criteria in each contract entered into under
5 Subsection (b). An institution of higher education that receives a
6 contract to administer an academy under Subsection (b) shall notify
7 the commission when the institution completes the applicant
8 selection process and provide information to the commission
9 regarding the qualifications of the applicants.

10 (d) Participation in an academy is limited to individuals
11 who are responsible for, or who anticipate becoming responsible
12 for, the financial stability of a rural hospital or rural health
13 care system in this state.

23 SECTION 4. Chapter 526, Government Code, as effective April
24 1, 2025, is amended by adding Subchapter G-1 to read as follows:

25 SUBCHAPTER G-1. GRANT PROGRAMS FOR RURAL HOSPITALS, HOSPITAL

26 DISTRICTS, AND HOSPITAL AUTHORITIES

27 Sec. 526.0321. DEFINITIONS. In this subchap

16 Sec. 526.0322. FINANCIAL STABILIZATION GRANT PROGRAM. (a)

17 The commission shall establish a financial stabilization grant

18 program to award grants to support and improve the financial

19 stability of rural hospitals, rural hospital districts, and rural

20 hospital authorities that are determined to be at a moderate or high

21 risk of financial instability.

22 (b) The determination of whether a grant applicant is at a
23 moderate or high risk of financial instability shall be made using
24 the hospital financial needs assessment and financial
25 vulnerability index developed as part of the strategic plan
26 required under Section 526.0301.

27 (b-1) Notwithstanding Subsection (b), for a grant

1 application received before December 1, 2026, the office shall
2 determine whether the applicant is at a moderate or high risk of
3 financial instability by evaluating data published by the
4 commission regarding the financial stability of rural hospitals,
5 rural hospital districts, and rural hospital authorities. This
6 subsection expires September 1, 2027.

7 (c) The office shall develop a formula to allocate the money
8 available to the commission for grants under this section to rural
9 hospitals, rural hospital districts, and rural hospital
10 authorities that are determined to be at a moderate or high risk of
11 financial instability. The formula may consider:

12 (1) the degree of financial vulnerability of the
13 applicant as determined using the hospital financial needs
14 assessment and financial vulnerability index developed under
15 Section 526.0301;

16 (2) whether the applicant is the sole provider of
17 hospital services in the county in which the applicant is located;

18 (3) whether a hospital is located within 35 miles of
19 the applicant's facilities; and

20 (4) any other factors the office determines are
21 relevant to assessing the financial stability of rural hospitals,
22 rural hospital districts, and rural hospital authorities.

23 Sec. 526.0323. EMERGENCY HARDSHIP GRANT PROGRAM. (a) The
24 commission shall establish an emergency hardship grant program.

25 (b) The office may award emergency hardship grants to rural
26 hospitals, rural hospital districts, and rural hospital
27 authorities that have experienced:

1 (1) a man-made or natural disaster resulting in a loss
2 of assets; or

3 (2) an unforeseeable or unmitigable circumstance
4 likely to result in:

5 (A) the closure of the entity's facilities during
6 the 180-day period beginning on the date the entity submits an
7 application for a grant under this section; or
8 (B) an inability to fund payroll expenditures for
9 the entity's staff during the 180-day period beginning on the date
10 the entity submits an application for a grant under this section.

11 Sec. 526.0324. INNOVATION GRANT PROGRAM. (a) The
12 commission shall establish an innovation grant program to provide
13 support to rural hospitals, rural hospital districts, and rural
14 hospital authorities that undertake initiatives:

15 (1) to provide access to health care and improve the
16 quality of health care provided to residents of a rural county;
17 (2) that are likely to improve the financial stability
18 of the grant recipient; and

19 (3) that are estimated to become sustainable and be
20 maintained without additional state funding after the award of a
21 grant under this section.

22 (b) In awarding grants under this section, the office shall
23 prioritize initiatives focused on improving health care facilities
24 or services for:

25 (1) women who are pregnant or recently gave birth;
26 (2) individuals under the age of 20;
27 (3) older adults residing in a rural county; or

(4) individuals who are uninsured.

Sec. 526.0325. RURAL HOSPITAL SUPPORT GRANT PROGRAM. The commission shall establish a rural hospital support grant program to award support grants to rural hospitals, rural hospital districts, rural hospital authorities, and rural hospital organizations to improve the financial stability, continue the operations, and support the long-term viability of the grant recipient.

9 Sec. 526.0326. GENERAL GRANT PROVISIONS. (a) Chapter 783
10 does not apply to the solicitation of applicants for a grant under
11 this subchapter.

12 (b) To the extent practicable, the office shall award a
13 grant under this subchapter not later than the 180th day after the
14 date the office receives the recipient's grant application.

15 (c) A Medicaid provider's receipt of a grant under this
16 subchapter does not affect any legal or contractual duty of the
17 provider to comply with any applicable Medicaid requirements.

18 (d) The office shall administer the grant programs
19 established under this subchapter.

20 (e) The office may award a grant under this subchapter only
21 in accordance with the terms of a contract between the office and
22 the grant recipient. The contract must include provisions under
23 which the office is granted sufficient control to ensure that:

27 (2) both this state and the grant recipient are

1 benefited by the award of the grant.

2 (f) The office shall develop an application process and
3 eligibility and selection criteria for persons applying for a grant
4 under this subchapter.

5 (g) A grant recipient may not use the proceeds of a grant
6 awarded under this subchapter to:

7 (1) reimburse an expense or pay a cost that another
8 source, including Medicaid, is obligated to reimburse or pay by law
9 or under a contract; or

10 (2) supplant, or be used as a substitute for, money
11 awarded to the recipient from a non-Medicaid federal funding
12 source, including a federal grant.

13 Sec. 526.0327. APPROPRIATION CONTINGENCY. The commission
14 is required to implement a provision of this subchapter only if the
15 legislature appropriates money specifically for that purpose.

16 SECTION 5. Section 532.0155, Government Code, is amended by
17 amending Subsection (b) and adding Subsection (g) to read as
18 follows:

19 (b) To the extent allowed by federal law [~~and subject to~~
20 ~~limitations on appropriations~~], the executive commissioner by rule
21 shall adopt a prospective reimbursement methodology for the payment
22 of rural hospitals participating in Medicaid that ensures the rural
23 hospitals are reimbursed on an individual basis for providing
24 inpatient and general outpatient services to recipients by using
25 the hospitals' most recent cost information concerning the costs
26 incurred for providing the services. The commission shall
27 calculate the prospective cost-based reimbursement rates once

1 every two years.

2 (g) To the extent allowed by federal law, the executive
3 commissioner, in addition to the cost-based reimbursement rate
4 calculated by the executive commissioner under Subsection (b),
5 shall develop and calculate an add-on reimbursement rate for rural
6 hospitals that have a department of obstetrics and gynecology. The
7 executive commissioner shall calculate the rate required by this
8 subsection annually.

9 SECTION 6. Section 548.0351, Government Code, is amended by
10 adding Subdivisions (6-a) and (6-b) to read as follows:

11 (6-a) "Rural health clinic" has the meaning assigned
12 by Section 113.0001, Health and Safety Code.

13 (6-b) "Rural hospital" means a health care facility
14 licensed under Chapter 241, Health and Safety Code, that:

15 (A) is located in a county with a population of
16 68,750 or less; or

17 (B) has been designated by the Centers for
18 Medicare and Medicaid Services as a critical access hospital, rural
19 referral center, or sole community hospital and:

20 (i) is not located in a metropolitan
21 statistical area; or

22 (ii) if the hospital has 100 or fewer beds,
23 is located in a metropolitan statistical area.

24 SECTION 7. Section 548.0352, Government Code, is amended to
25 read as follows:

26 Sec. 548.0352. ESTABLISHMENT OF PEDIATRIC
27 TELE-CONNECTIVITY RESOURCE PROGRAM FOR RURAL TEXAS. The commission

1 with any necessary assistance of pediatric tele-specialty
2 providers shall establish a pediatric tele-connectivity resource
3 program for rural Texas to award grants to rural hospitals and rural
4 health clinics [~~nonurban health care facilities~~] to connect the
5 hospitals and clinics [~~the facilities~~] with pediatric specialists
6 and pediatric subspecialists who provide telemedicine medical
7 services or with an institution of higher education that is a member
8 of the Texas Child Mental Health Care Consortium established under
9 Chapter 113, Health and Safety Code.

10 SECTION 8. Section 548.0353, Government Code, is amended to
11 read as follows:

12 Sec. 548.0353. USE OF PROGRAM GRANT. A rural hospital or
13 rural health clinic [~~nonurban health care facility~~] awarded a grant
14 under this subchapter may use grant money to:

15 (1) purchase equipment necessary for implementing a
16 telemedicine medical service;

17 (2) modernize the hospital's or clinic's [~~facility's~~]
18 information technology infrastructure and secure information
19 technology support to ensure an uninterrupted two-way video signal
20 that is compliant with the Health Insurance Portability and
21 Accountability Act of 1996 (Pub. L. No. 104-191);

22 (3) pay a service fee to a pediatric tele-specialty
23 provider under an annual contract with the provider; or

24 (4) pay for other activities, services, supplies,
25 facilities, resources, and equipment the commission determines
26 necessary for the hospital or clinic [~~facility~~] to use a
27 telemedicine medical service.

1 SECTION 9. Section 548.0354, Government Code, is amended to
2 read as follows:

3 Sec. 548.0354. SELECTION OF PROGRAM GRANT RECIPIENTS. (a)
4 The commission [~~with any necessary assistance of pediatric~~
5 ~~tele-specialty providers~~] may select [~~an~~] eligible rural hospitals
6 and rural health clinics [~~nonurban health care facility~~] to receive
7 a grant under this subchapter.

8 (b) To be eligible for a grant, a rural hospital or rural
9 health clinic [~~nonurban health care facility~~] must maintain [~~have~~:

10 [~~(1) a quality assurance program that measures the~~
11 ~~compliance of the facility's health care providers with the~~
12 ~~facility's medical protocols,~~]

13 [~~(2) on staff at least one full-time equivalent~~
14 ~~physician who has training and experience in pediatrics and one~~
15 ~~individual who is responsible for ongoing nursery and neonatal~~
16 ~~support and care,~~]

17 [~~(3) a designated neonatal intensive care unit or an~~
18 ~~emergency department,~~]

19 [~~(4) a commitment to obtaining neonatal or pediatric~~
20 ~~education from a tertiary facility to expand the facility's depth~~
21 ~~and breadth of telemedicine medical service capabilities, and~~]

22 [~~(5) the capability of maintaining~~] records and
23 produce [~~producing~~] reports that measure the effectiveness of a
24 [~~the~~] grant received by the hospital or clinic under this
25 subchapter [~~facility would receive~~].

26 (c) To the extent practicable, the commission shall award a
27 program grant to a grant recipient not later than the 180th day

1 after the date the commission receives the recipient's program
2 grant application under this section.

3 (d) Chapter 783 does not apply to the solicitation of
4 applicants for a program grant award under this subchapter.

5 SECTION 10. Section 548.0357, Government Code, is amended
6 to read as follows:

7 Sec. 548.0357. BIENNIAL REPORT. Not later than December 1
8 of each even-numbered year, the commission shall submit a report to
9 the governor and members of the legislature regarding the
10 activities of the program and grant recipients under the program,
11 including the results and outcomes of grants awarded under this
12 subchapter. The commission may combine the report required by this
13 section with the report submitted by the State Office of Rural
14 Hospital Finance under Section 526.0301.

15 SECTION 11. Section 113.0001, Health and Safety Code, is
16 amended by adding Subdivisions (4), (5), and (6) to read as follows:

17 (4) "Rural health clinic" means a rural health clinic,
18 as defined by 42 C.F.R. Section 491.2, that is:

19 (A) accredited by an accreditation organization,
20 a participant in the federal Medicare program, or both; and

21 (B) located in a county that does not contain a
22 general hospital or special hospital, as those terms are defined by
23 Section 241.003.

24 (5) "Rural hospital" has the meaning assigned by
25 Section 548.0351, Government Code.

26 (6) "Rural hospital organization" has the meaning
27 assigned by Section 526.0321, Government Code.

1 SECTION 12. Chapter 113, Health and Safety Code, is amended
2 by adding Subchapter D-1 to read as follows:

3 SUBCHAPTER D-1. RURAL PEDIATRIC MENTAL HEALTH CARE ACCESS PROGRAM

4 Sec. 113.0181. MENTAL HEALTH CARE ACCESS PROGRAM FOR RURAL
5 HOSPITALS AND RURAL HEALTH CLINICS. (a) Using the network of
6 comprehensive child psychiatry access centers established under
7 Section 113.0151, the consortium shall establish or expand provider
8 consultation programs to assist health care practitioners
9 providing services at rural hospitals or rural health clinics to:

10 (1) identify and assess the behavioral health needs of
11 pediatric and perinatal patients seeking services at the hospital
12 or clinic; and

13 (2) identify necessary mental health care services to
14 improve access to mental health care services for pediatric and
15 perinatal patients seeking services at the hospital or clinic.

16 (b) The consortium, in collaboration with a rural hospital
17 organization, shall develop a plan to establish, under the
18 authority provided in Section 113.0151(b) and not later than
19 September 1, 2026, telemedicine or telehealth programs to identify
20 and assess behavioral health needs and provide access to mental
21 health care services for pediatric patients seeking services at
22 rural hospitals or rural health clinics. The plan may include
23 limitations on the hours of the day during which services provided
24 by the telemedicine or telehealth programs are available. The plan
25 shall provide access to mental health care services for pediatric
26 patients seeking services at the rural hospital or rural health
27 clinic at the same or a substantially similar level as the mental

1 health care services provided to students attending school in a
2 school district for which the consortium has made available mental
3 health care services under this chapter.

4 (c) On or after September 1, 2026, and subject to available
5 appropriations, the consortium shall establish a program
6 establishing or expanding telemedicine or telehealth programs to
7 identify and assess behavioral health needs and provide access to
8 mental health care services for pediatric patients seeking services
9 at rural hospitals or rural health clinics.

10 Sec. 113.0182. CONSENT REQUIRED FOR SERVICES TO MINOR. (a)
11 A person may provide mental health care services to a child younger
12 than 18 years of age through a program established under this
13 subchapter only if the person obtains the written consent of the
14 parent or legal guardian of the child or, if the parent or legal
15 guardian is not known or available, the adult with whom the child
16 primarily resides.

17 (b) The consortium shall develop and post on the
18 consortium's Internet website a model form for a person to provide
19 consent under this section.

20 SECTION 13. Section 113.0251, Health and Safety Code, is
21 amended to read as follows:

22 Sec. 113.0251. BIENNIAL REPORT. Not later than December 1
23 of each even-numbered year, the consortium shall prepare and submit
24 to the governor, the lieutenant governor, the speaker of the house
25 of representatives, [and] the standing committee of each house of
26 the legislature with primary jurisdiction over behavioral health
27 issues, and the Legislative Budget Board and post on its Internet

1 website a written report that outlines:

2 (1) the activities and objectives of the consortium;

3 (2) the health-related institutions of higher
4 education listed in Section 113.0052(1) that receive funding by the
5 executive committee;

6 (3) the rural hospitals and rural health clinics to
7 which the program established under Section 113.0181 provided
8 mental health access services;

9 (4) the cost to maintain the mental health care access
10 program established under Subchapter D-1; and

11 (5) ~~(3)~~ any legislative recommendations based on
12 the activities and objectives described by Subdivision (1).

13 SECTION 14. The following provisions of the Government Code
14 are repealed:

15 (1) Section 548.0351(1); and

16 (2) Section 548.0356.

17 SECTION 15. If before implementing any provision of this
18 Act a state agency determines that a waiver or authorization from a
19 federal agency is necessary for implementation of that provision,
20 the agency affected by the provision shall request the waiver or
21 authorization and may delay implementing that provision until the
22 waiver or authorization is granted.

23 SECTION 16. (a) Not later than December 1, 2025, the Health
24 and Human Services Commission shall contract with institutions of
25 higher education to administer an academy under Section 526.0305,
26 Government Code, as added by this Act.

27 (b) Not later than January 1, 2026, the executive

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1 commissioner of the Health and Human Services Commission shall
2 appoint the members of the interagency advisory committee as
3 required by Section 526.0305, Government Code, as added by this
4 Act.

5 SECTION 17. This Act takes effect immediately if it
6 receives a vote of two-thirds of all the members elected to each
7 house, as provided by Section 39, Article III, Texas Constitution.
8 If this Act does not receive the vote necessary for immediate
9 effect, this Act takes effect September 1, 2025.