By: Delisi H.C.R. No. 206

HOUSE CONCURRENT RESOLUTION

WHEREAS, In January 2007 the Centers for Medicare and Medicaid Services (CMS) proposed a new regulation that would radically alter the method by which the federal government determines its contribution to state Medicaid providers; if implemented, this rule would threaten Texas' health care safety net and jeopardize the solvency of facilities that provide crucial but unprofitable services, including trauma centers, rural emergency departments, university research hospitals, nursing homes, and school-based clinics; and

WHEREAS, The proposed rule, CMS-2258-P, includes a number of provisions with potentially devastating consequences to the state's health care system; the rule seeks to narrow the definition of a "unit of government," thereby prohibiting the care provided by certain entities from being used to calculate a state's Medicaid contribution, to restrict the way a state is permitted to use federal matching funds, and to limit the amount a state can attribute to a particular service provided under Medicaid for purposes of determining the federal reimbursement; and

WHEREAS, Texas is particularly vulnerable to the limitations of the new definition; many of the state's health care providers operate under contractual agreements with the state, county governments, or hospital districts, but under the new rule services provided by these entities would no longer be permitted to contribute to the state's share of the Medicaid program; the

1 consequence of this new limitation is most troubling for rural

2 Texas, where access to care is already inadequate; and

WHEREAS, Moreover, the many public hospitals in Texas that perform a critical dual purpose by delivering costly, highly specialized treatment such as trauma care, neonatal intensive care, and burn patient care, while also providing Medicaid services to the severely disabled, aged, indigent, and uninsured, depend on the federal allocation under Medicaid to remain financially viable; the new restriction on the use of federal matching funds proposed under CMS-2258-P would jeopardize these hospitals' solvency and further strain their capacity to serve as the state's health care safety net while also providing essential emergency medical services to the community at large; and

WHEREAS, Unfortunately, the ill effects of the new rule also extend to non-hospital providers such as nursing homes, intermediate care facilities, community health centers, and school-based health clinics for which Medicaid reimbursement and supplemental payments are a vital source of funding; these entities are essential components of the state's health care delivery system, and the loss of federal funds currently used in their operation would require the state to find alternative sources, shifting money from other state priorities; and

WHEREAS, The Texas Health and Human Services Commission estimates the implementation of CMS-2258-P will cost Texas \$788 million annually in combined state and federal funds, not including the considerable administrative costs associated with the rule's new documentation and auditing requirements; and

WHEREAS, The potential impact of CMS-2258-P has raised broad bipartisan objection to its implementation; in the 109th United States Congress, 300 members of the house of representatives and 55 members of the senate wrote to the secretary of the United States Department of Health and Human Services (HHS) with the request that the agency abandon plans to approve a similar rule; and

WHEREAS, Since CMS-2258-P was proposed in January, a vast majority of the United States Congress has once again expressed opposition to adoption of the policy; likewise, states across the nation have communicated their concerns about the measure, and the National Governors Association has requested that the rule be withdrawn; and

WHEREAS, The Texas Health and Human Services Commission has also written the secretary of HHS to emphasize the consequences of the rule to the state's health care system and to request that the rule be withdrawn; given the significance of CMS-2258-P to health care providers across the country, concerns of state Medicaid administrators relating to the ambiguities of the rule, the overwhelming bipartisan congressional opposition to its adoption, and the fact that the adoption of the rule would permit CMS to overstep its statutory authority as prescribed by congress, it is fitting that congress intervene at this time; now, therefore, be it

RESOLVED, That the 80th Legislature of the State of Texas hereby respectfully request the United States Congress to direct the secretary of the United States Department of Health and Human Services to withdraw proposed rule CMS-2258-P, published on pages 2236 through 2258, volume 72, number 11, of the Federal Register,

- 1 relating to 42 Code of Federal Regulations Parts 433, 447, and 457;
- 2 and, be it further
- RESOLVED, That the Texas secretary of state forward official copies of this resolution to the president of the United States, the speaker of the house of representatives and the president of the senate of the United States Congress, the secretary of the United States Department of Health and Human Services, and all members of the Texas delegation to the congress with the request that this resolution be officially entered in the Congressional Record as a
- 10 memorial to the Congress of the United States of America.