

BILL ANALYSIS

Senate Research Center

C.S.H.B. 2977
By: Coleman (Lucio)
Intergovernmental Relations
5/25/2015
Committee Report (Substituted)

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

Every session, numerous bills are filed that make various changes to statute impacting specific counties, political subdivisions, and other governmental entities. In addition to these bills, other revisions to general laws impacting the governance of counties, political subdivisions, and other governmental entities are filed, including those that modify provisions impacting officials, courts, and their employees or agents or impose fees or court costs.

C.S.H.B. 2977 seeks to continue the practice of revising both general and specific statute to ensure they are keeping with accepted practices, and makes numerous revisions to various laws impacting the state, counties, political subdivisions, and other governmental entities.

C.S.H.B. 2977 amends current law relating to issues affecting counties and certain other governmental entities and authorizes fees.

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 Subchapter B, Chapter 1, Family Code, by adding Section 1.109, as follows:

Sec. 1.109. CERTAIN MARRIAGE LICENSES AND DECLARATIONS OF INFORMAL MARRIAGE PROHIBITED. (a) Prohibits this state or a political subdivision of this state from using any funds to issue, enforce, or recognize a marriage license or declaration of informal marriage for a union other than a union between one man and one woman.

(b) Prohibits an employee or official of this state or a political subdivision of this state from issuing, enforcing, or recognizing a marriage license or declaration of informal marriage for a union other than a union between one man and one woman.

(c) Prohibits this state or a political subdivision of this state from using any funds to enforce an order requiring the issuance, enforcement, or recognition of a marriage license or declaration of informal marriage for a union other than a union between one man and one woman.

SECTION 2. Amends Subchapter H, Chapter 51, Government Code, effective September 1, 2015, by adding Section 51.712, as follows:

Sec. 51.712. ADDITIONAL FILING FEE FOR CIVIL CASES IN KAUFMAN COUNTY. (a) Provides that this section applies only to district courts, statutory probate courts, county courts at law, and justice courts in Kaufman County.

(b) Requires the clerk of a court, except as otherwise provided by this section and in addition to all other fees authorized or required by other law, to collect a filing fee of not more than \$15 in each civil case filed in the court to be used for the construction, renovation, or improvement of the facilities that house the Kaufman courts collecting the fee.

(c) Requires that court fees due under this section be collected in the same manner as other fees, fines, or costs are collected in the case.

(d) Requires the clerk to send the fees collected under this section to the county treasurer or to any other official who discharges the duties commonly assigned to the county treasurer at least as frequently as monthly. Requires the treasurer or other official to deposit the fees in a special account in the county treasury dedicated to the construction, renovation, or improvement of the facilities that house the courts collecting the fee.

(e) Provides that this section applies only to fees for a 12-month period beginning July 1, if the commissioners court:

(1) adopts a resolution authorizing a fee of not more than \$15; and

(2) files the resolution with the county treasurer or with any other official who discharges the duties commonly assigned to the county treasurer not later than June 1 immediately preceding the first 12-month period during which the fees are to be collected.

(f) Provides that a resolution adopted under Subsection (e) continues from year to year until July 1, 2030, allowing the county to collect fees under the terms of this section until the resolution is rescinded.

(g) Authorizes the commissioners court to rescind a resolution adopted under Subsection (e) by adopting a resolution rescinding the resolution and submitting the rescission resolution to the county treasurer or to any other official who discharges the duties commonly assigned to the county treasurer not later than June 1 preceding the beginning of the first day of the county fiscal year. Authorizes the commissioners court to adopt an additional resolution in the manner provided by Subsection (e) after rescinding a previous resolution under that subsection.

(h) Provides that a fee established under a particular resolution is abolished on the earlier of:

(1) the date a resolution adopted under Subsection (e) is rescinded as provided by Subsection (g); or

(2) July 1, 2030.

SECTION 3. Amends Subchapter D, Chapter 101, Government Code, effective September 1, 2015, by adding Section 101.061193, as follows:

Sec. 101.061193. ADDITIONAL DISTRICT COURT FEES FOR COURT FACILITIES: GOVERNMENT CODE. Requires the clerk of a district court in Kaufman

County to collect an additional filing fee of not more than \$15 under Section 51.712, Government Code, in civil cases to fund the construction, renovation, or improvement of court facilities, if authorized by the county commissioners court.

SECTION 4. Amends Subchapter E, Chapter 101, Government Code, effective September 1, 2015, by adding Section 101.081196, as follows:

Sec. 101.081196. ADDITIONAL STATUTORY COUNTY COURT FEES FOR COURT FACILITIES: GOVERNMENT CODE. Requires the clerk of a statutory county court in Kaufman County to collect an additional filing fee of not more than \$15 under Section 51.712, Government Code, in civil cases to fund the construction, renovation, or improvement of court facilities, if authorized by the county commissioners court.

SECTION 5. Amends Subchapter F, Chapter 101, Government Code, effective September 1, 2015, by adding Section 101.101191, as follows:

Sec. 101.101191. ADDITIONAL STATUTORY PROBATE COURT FEES FOR COURT FACILITIES: GOVERNMENT CODE. Requires the clerk of a statutory probate court in Kaufman County to collect an additional filing fee of not more than \$15 under Section 51.712, Government Code, in civil cases to fund the construction, renovation, or improvement of court facilities, if authorized by the county commissioners court.

SECTION 6. Amends Subchapter H, Chapter 101, Government Code, effective September 1, 2015, by adding Section 101.143, as follows:

Sec. 101.143. ADDITIONAL JUSTICE COURT FEE FOR COURT FACILITIES COLLECTED BY CLERK. Requires the clerk of a justice court in Kaufman County to collect an additional filing fee of not more than \$15 under Section 51.712, Government Code, in civil cases to fund the construction, renovation, or improvement of court facilities, if authorized by the county commissioners court.

SECTION 7. Amends Section 1502.056, Government Code, by adding Subsection (a-1), as follows:

(a-1) Provides that, for a municipality in a county that contains an international border and borders the Gulf of Mexico, the first lien against the revenue of a municipally owned utility system that secures the payment of public securities issued or obligations incurred under this chapter also applies to funding, as a necessary operations expense, for a bill payment assistance program for the utility system's customers who:

- (1) have been determined by the municipality to be low-income customers;
- (2) are military veterans who have significantly decreased abilities to regulate their bodies' core temperatures because of severe burns received in combat; or
- (3) are elderly and low-income customers as determined by the municipality.

SECTION 8. Amends Section 194.001, Health and Safety Code, by adding Subsection (c), as follows:

(c) Prohibits a county clerk from filing, and the vital statistics unit from entering into the vital statistics system, a document copy described by Subsection (a) (requiring the county clerk to file with the bureau of vital statistics a copy of each completed marriage license application and a copy of any affidavit of an absent applicant submitted with an application) or (b) (requiring the county clerk to file with the bureau of vital statistics a

copy of each declaration of informal marriage executed under Section 1.92, Family Code) that is associated with a union other than a union between one man and one woman. Requires the vital statistics unit to provide the document copy to the attorney general if the vital statistics unit determines that the document copy is associated with a union other than a union between one man and one woman.

SECTION 9. Amends Section 285.101, Health and Safety Code, by amending Subsection (a) and adding Subsection (b-1), as follows:

(a) Provides that this subchapter applies only to a hospital, hospital district, or authority created and operated under Article IX (Counties), Texas Constitution, under a special law, or under this title.

Deletes existing text providing that this subchapter applies only to a hospital, hospital district, or authority created and operated under Article IX, Texas Constitution, under a special law, or under this title that is located in a county with a population of 35,000 or less, those portions of extended municipalities that the federal census bureau has determined to be rural, or an area that is not delineated as an urbanized area by the federal census bureau.

(b-1) Authorizes a facility or service under Subsection (b) (relating to a hospital, hospital district, or authority covered by this subchapter) to be located or offered, as applicable, in any location that the governing body of the hospital, hospital district, or authority considers to be in the best interest of the hospital, hospital district, or authority, subject to any limitation imposed by:

(1) a rule of the Department of State Health Services (DSHS); or

(2) an order of the commissioners court of a county in which any part of the facility will be located or the service will be offered, if the county in which any part of the facility will be located or the service will be offered does not have a public hospital, hospital district, or hospital authority.

SECTION 10. Amends Section 288.001(4), Health and Safety Code, to redefine "institutional health care provider."

SECTION 11. Amends Subtitle D, Title 4, Health and Safety Code, by adding Chapter 291, as follows:

CHAPTER 291. COUNTY HEALTH CARE PROVIDER PARTICIPATION PROGRAM IN CERTAIN COUNTIES BORDERING ARKANSAS

SUBCHAPTER A. GENERAL PROVISIONS

Sec. 291.001. DEFINITIONS. Defines "institutional health care provider," "paying hospital," and "program."

Sec. 291.002. APPLICABILITY. Provides that this chapter applies only to a county that:

(1) is not served by a hospital district or a public hospital;

(2) is located on the state border with Arkansas; and

(3) has a population of more than 90,000.

Sec. 291.003. COUNTY HEALTH CARE PROVIDER PARTICIPATION PROGRAM; PARTICIPATION IN PROGRAM. (a) Provides that a county health care provider participation program authorizes a county to collect a mandatory payment from each institutional health care provider located in the county to be deposited in a local provider participation fund established by the county. Authorizes money in the fund to be used by the county to fund certain intergovernmental transfers and indigent care programs as provided by this chapter.

(b) Authorizes the commissioners court to adopt an order authorizing a county to participate in the program, subject to the limitations provided by this chapter.

SUBCHAPTER B. POWERS AND DUTIES OF COMMISSIONERS COURT

Sec. 291.051. LIMITATION ON AUTHORITY TO REQUIRE MANDATORY PAYMENT. Authorizes the commissioners court of a county to require a mandatory payment authorized under this chapter by an institutional health care provider in the county only in the manner provided by this chapter.

Sec. 291.052. MAJORITY VOTE REQUIRED. Prohibits the commissioners court of a county from authorizing the county to collect a mandatory payment authorized under this chapter without an affirmative vote of a majority of the members of the commissioners court.

Sec. 291.053. RULES AND PROCEDURES. Authorizes the commissioners court, after the commissioners court has voted to require a mandatory payment authorized under this chapter, to adopt rules relating to the administration of the mandatory payment.

Sec. 291.054. INSTITUTIONAL HEALTH CARE PROVIDER REPORTING; INSPECTION OF RECORDS. (a) Requires the commissioners court of a county that collects a mandatory payment authorized under this chapter to require each institutional health care provider to submit to the county a copy of any financial and utilization data required by and reported to DSHS under Sections 311.032 (Department Administration of Hospital Reporting and Collection System) and 311.033 (Financial and Utilization Data Required) and any rules adopted by the executive commissioner of the Health and Human Services Commission (executive commissioner) (HHSC) to implement those sections.

(b) Authorizes the commissioners court of a county that collects a mandatory payment authorized under this chapter to inspect the records of an institutional health care provider to the extent necessary to ensure compliance with the requirements of Subsection (a).

SUBCHAPTER C. GENERAL FINANCIAL PROVISIONS

Sec. 291.101. HEARING. (a) Requires the commissioners court of a county that collects a mandatory payment authorized under this chapter each year to hold a public hearing on the amounts of any mandatory payments that the commissioners court intends to require during the year and how the revenue derived from those payments is to be spent.

(b) Requires the commissioners court of the county, not later than the 10th day before the date of the hearing required under Subsection (a), to publish notice of the hearing in a newspaper of general circulation in the county.

(c) Entitles a representative of a paying hospital to appear at the time and place designated in the public notice and to be heard regarding any matter related to the mandatory payments authorized under this chapter.

Sec. 291.102. DEPOSITORY. (a) Requires the commissioners court of each county that collects a mandatory payment authorized under this chapter by resolution to designate one or more banks located in the county as the depository for mandatory payments received by the county. Provides that a bank designated as a depository serves for two years or until a successor is designated.

(b) Requires that all income received by a county under this chapter, including the revenue from mandatory payments remaining after discounts and fees for assessing and collecting the payments are deducted, be deposited with the county depository in the county's local provider participation fund and may be withdrawn only as provided by this chapter.

(c) Requires that all funds under this chapter be secured in the manner provided for securing county funds.

Sec. 291.103. LOCAL PROVIDER PARTICIPATION FUND; AUTHORIZED USES OF MONEY. (a) Requires each county that collects a mandatory payment authorized under this chapter to create a local provider participation fund.

(b) Provides that the local provider participation fund of a county consists of:

(1) all revenue received by the county attributable to mandatory payments authorized under this chapter, including any penalties and interest attributable to delinquent payments;

(2) money received from HHSC as a refund of an intergovernmental transfer from the county to the state for the purpose of providing the nonfederal share of Medicaid supplemental payment program payments, provided that the intergovernmental transfer does not receive a federal matching payment; and

(3) the earnings of the fund.

(c) Provides that money deposited to the local provider participation fund may be used only to:

(1) fund intergovernmental transfers from the county to the state to provide:

(A) the nonfederal share of a Medicaid supplemental payment program authorized under the state Medicaid plan, the Texas Healthcare Transformation and Quality Improvement Program (program) waiver issued under Section 1115 of the federal Social Security Act (42 U.S.C. Section 1315), or a successor waiver program authorizing similar Medicaid supplemental payment programs; or

(B) payments to Medicaid managed care organizations that are dedicated for payment to hospitals;

(2) subsidize indigent programs;

(3) pay the administrative expenses of the county solely for activities under this chapter;

(4) refund a portion of a mandatory payment collected in error from a paying hospital; and

(5) refund to paying hospitals the proportionate share of money received by the county from HHSC that is not used to fund the nonfederal share of Medicaid supplemental payment program payments.

(d) Prohibits money in the local provider participation fund from being commingled with other county funds.

(e) Prohibits an intergovernmental transfer of funds described by Subsection (c)(1) and any funds received by the county as a result of an intergovernmental transfer described by that subsection from being used by the county or any other entity to expand Medicaid eligibility under the Patient Protection and Affordable Care Act (ACA) (Pub. L. No. 111-148) as amended by the Health Care and Education Reconciliation Act of 2010 (Pub. L. 10 No. 111-152).

SUBCHAPTER D. MANDATORY PAYMENTS

Sec. 291.151. MANDATORY PAYMENTS BASED ON PAYING HOSPITAL NET PATIENT REVENUE. (a) Authorizes the commissioners court of a county that collects a mandatory payment authorized under this chapter, except as provided by Subsection (e), to require an annual mandatory payment to be assessed on the net patient revenue of each institutional health care provider located in the county. Authorizes the commissioners court to provide for the mandatory payment to be assessed quarterly. Provides that the mandatory payment, in the first year in which the mandatory payment is required, is assessed on the net patient revenue of an institutional health care provider as determined by the data reported to DSHS under Sections 311.032 and 311.033 in the fiscal year ending in 2013 or, if the institutional health care provider did not report any data under those sections in that fiscal year, as determined by the institutional health care provider's Medicare cost report submitted for the 2013 fiscal year or for the closest subsequent fiscal year for which the provider submitted the Medicare cost report. Requires the county to update the amount of the mandatory payment on an annual basis.

(b) Requires that the amount of a mandatory payment authorized under this chapter be uniformly proportionate with the amount of net patient revenue generated by each paying hospital in the county. Prohibits a mandatory payment authorized under this chapter from holding harmless any institutional health care provider, as required under 42 U.S.C. Section 1396b(w).

(c) Requires the commissioners court of a county that collects a mandatory payment authorized under this chapter to set the amount of the mandatory payment. Prohibits the amount of the mandatory payment required of each paying hospital from exceeding an amount that, when added to the amount of the mandatory payments required from all other paying hospitals in the county, equals an amount of revenue that exceeds six percent of the aggregate net patient revenue of all paying hospitals in the county.

(d) Requires the commissioners court of a county that collects a mandatory payment authorized under this chapter, subject to the maximum amount prescribed by Subsection (c), to set the mandatory payments in amounts that in the aggregate will generate sufficient revenue to cover the administrative expenses of the county for activities under this chapter, to fund an intergovernmental transfer described by Section 291.103(c)(1), and to pay for indigent programs, except that the amount of revenue from mandatory payments used for administrative expenses of the county for activities under this chapter in

a year may not exceed the lesser of four percent of the total revenue generated from the mandatory payment or \$20,000.

(e) Prohibits a paying hospital from adding a mandatory payment required under this section as a surcharge to a patient.

Sec. 291.152. ASSESSMENT AND COLLECTION OF MANDATORY PAYMENTS.

(a) Requires the county tax assessor-collector, except as provided by Subsection (b), to collect the mandatory payment authorized under this chapter. Requires the county tax assessor-collector to charge and deduct from mandatory payments collected for the county a fee for collecting the mandatory payment in an amount determined by the commissioners court of the county, not to exceed the county tax assessor-collector's usual and customary charges.

(b) Authorizes the commissioners court to contract for the assessment and collection of mandatory payments in the manner provided by Title 1 (Property Tax Code), Tax Code, for the assessment and collection of ad valorem taxes if determined by the commissioners court to be appropriate.

(c) Requires that revenue from a fee charged by a county tax assessor-collector for collecting the mandatory payment be deposited in the county general fund and, if appropriate, be reported as fees of the county tax assessor-collector.

Sec. 291.153. INTEREST, PENALTIES, AND DISCOUNTS. Provides that interest, penalties, and discounts on mandatory payments required under this chapter are governed by the law applicable to county ad valorem taxes.

Sec. 291.154. PURPOSE; CORRECTION OF INVALID PROVISION OR PROCEDURE. (a) Provides that the purpose of this chapter is to generate revenue by collecting from institutional health care providers a mandatory payment to be used to provide the nonfederal share of a Medicaid supplemental payment program.

(b) Authorizes the county, to the extent any provision or procedure under this chapter causes a mandatory payment authorized under this chapter to be ineligible for federal matching funds, to provide by rule for an alternative provision or procedure that conforms to the requirements of the federal Centers for Medicare and Medicaid Services.

SECTION 12. Amends Subtitle D, Title 4, Health and Safety Code, by adding Chapter 293, as follows:

CHAPTER 293. COUNTY HEALTH CARE PROVIDER PARTICIPATION PROGRAM IN CERTAIN COUNTIES IN THE TEXAS-LOUISIANA BORDER REGION

SUBCHAPTER A. GENERAL PROVISIONS

Sec. 293.001. DEFINITIONS. Defines "institutional health care provider," "paying hospital" and "program."

Sec. 293.002. APPLICABILITY. Provides that this chapter applies only to a county that:

(1) is not served by a hospital district;

(2) is located in the Texas-Louisiana border region, as that region is defined by Section 2056.002 (Strategic Plans), Government Code; and

(3) has a population of more than 100,000 but less than 200,000.

Sec. 293.003. COUNTY HEALTH CARE PROVIDER PARTICIPATION PROGRAM; PARTICIPATION IN PROGRAM. (a) Provides that a county health care provider participation program authorizes a county to collect a mandatory payment from each institutional health care provider located in the county to be deposited in a local provider participation fund established by the county. Authorizes money in the fund to be used by the county to fund certain intergovernmental transfers and indigent care programs as provided by this chapter.

(b) Authorizes the commissioners court to adopt an order authorizing a county to participate in the program, subject to the limitations provided by this chapter.

SUBCHAPTER B. POWERS AND DUTIES OF COMMISSIONERS COURT

Sec. 293.051. LIMITATION ON AUTHORITY TO REQUIRE MANDATORY PAYMENT. Authorizes the commissioners court of a county to require a mandatory payment authorized under this chapter by an institutional health care provider in the county only in the manner provided by this chapter.

Sec. 293.052. MAJORITY VOTE REQUIRED. Prohibits the commissioners court of a county from authorizing the county to collect a mandatory payment authorized under this chapter without an affirmative vote of a majority of the members of the commissioners court.

Sec. 293.053. RULES AND PROCEDURES. Authorizes the commissioners court to adopt rules relating to the administration of the mandatory payment after the commissioners court has voted to require a mandatory payment authorized under this chapter.

Sec. 293.054. INSTITUTIONAL HEALTH CARE PROVIDER REPORTING; INSPECTION OF RECORDS. (a) Requires the commissioners court of a county that collects a mandatory payment authorized under this chapter to require each institutional health care provider to submit to the county a copy of any financial and utilization data required by and reported to DSHS under Sections 311.032 and 311.033 and any rules adopted by the executive commissioner to implement those sections.

(b) Authorizes the commissioners court of a county that collects a mandatory payment authorized under this chapter to inspect the records of an institutional health care provider to the extent necessary to ensure compliance with the requirements of Subsection (a).

SUBCHAPTER C. GENERAL FINANCIAL PROVISIONS

Sec. 293.101. HEARING. (a) Requires the commissioners court of a county that collects a mandatory payment authorized under this chapter to each year hold a public hearing on the amounts of any mandatory payments that the commissioners court intends to require during the year and how the revenue derived from those payments is to be spent.

(b) Requires the commissioners court of the county, not later than the 10th day before the date of the hearing required under Subsection (a), to publish notice of the hearing in a newspaper of general circulation in the county.

(c) Entitles a representative of a paying hospital to appear at the time and place designated in the public notice and to be heard regarding any matter related to the mandatory payments authorized under this chapter.

Sec. 293.102. DEPOSITORY. (a) Requires the commissioners court of each county that collects a mandatory payment authorized under this chapter by resolution to designate one or more banks located in the county as the depository for mandatory payments received by the county. Provides that a bank designated as a depository serves for two years or until a successor is designated.

(b) Requires that all income received by a county under this chapter, including the revenue from mandatory payments remaining after discounts and fees for assessing and collecting the payments are deducted, be deposited with the county depository in the county's local provider participation fund and may be withdrawn only as provided by this chapter.

(c) Requires that all funds under this chapter be secured in the manner provided for securing county funds.

Sec. 293.103. LOCAL PROVIDER PARTICIPATION FUND; AUTHORIZED USES OF MONEY. (a) Requires each county that collects a mandatory payment authorized under this chapter to create a local provider participation fund.

(b) Provides that the local provider participation fund of a county consists of:

(1) all revenue received by the county attributable to mandatory payments authorized under this chapter, including any penalties and interest attributable to delinquent payments;

(2) money received from HHSC as a refund of an intergovernmental transfer from the county to the state for the purpose of providing the nonfederal share of Medicaid supplemental payment program payments, provided that the intergovernmental transfer does not receive a federal matching payment; and

(3) the earnings of the fund.

(c) Provides that money deposited to the local provider participation fund may be used only to:

(1) fund intergovernmental transfers from the county to the state to provide the nonfederal share of a Medicaid supplemental payment program authorized under the state Medicaid plan, the program waiver issued under Section 1115 of the federal Social Security Act (42 U.S.C. Section 1315), or a successor waiver program authorizing similar Medicaid supplemental payment programs;

(2) subsidize indigent programs;

(3) pay the administrative expenses of the county solely for activities under this chapter;

(4) refund a portion of a mandatory payment collected in error from a paying hospital; and

(5) refund to paying hospitals the proportionate share of money received by the county from HHSC that is not used to fund the nonfederal share of Medicaid supplemental payment program payments.

(d) Prohibits money in the local provider participation fund from being commingled with other county funds.

(e) Prohibits an intergovernmental transfer of funds described by Subsection (c)(1) and any funds received by the county as a result of an intergovernmental transfer described by that subsection from being used by the county or any other entity to expand Medicaid eligibility under the ACA (Pub. L. No. 111-148) as amended by the Health Care and Education Reconciliation Act of 2010 (Pub. L. 11 No. 111-152).

SUBCHAPTER D. MANDATORY PAYMENTS

Sec. 293.151. MANDATORY PAYMENTS BASED ON PAYING HOSPITAL NET PATIENT REVENUE. (a) Authorizes the commissioners court of a county that collects a mandatory payment authorized under this chapter, except as provided by Subsection (e), to require an annual mandatory payment to be assessed on the net patient revenue of each institutional health care provider located in the county. Authorizes the commissioners court to provide for the mandatory payment to be assessed quarterly. Provides that, in the first year in which the mandatory payment is required, the mandatory payment is assessed on the net patient revenue of an institutional health care provider as determined by the data reported to DSHS under Sections 311.032 and 311.033 in the fiscal year ending in 2013 or, if the institutional health care provider did not report any data under those sections in that fiscal year, as determined by the institutional health care provider's cost report submitted for the 2013 fiscal year or for the closest subsequent fiscal year for which the provider submitted the cost report. Requires the county to update the amount of the mandatory payment on an annual basis.

(b) Requires that the amount of a mandatory payment authorized under this chapter be uniformly proportionate with the amount of net patient revenue generated by each paying hospital in the county. Prohibits a mandatory payment authorized under this chapter from holding harmless any institutional health care provider, as required under 42 U.S.C. Section 1396b(w).

(c) Requires the commissioners court of a county that collects a mandatory payment authorized under this chapter to set the amount of the mandatory payment. Prohibits the amount of the mandatory payment required of each paying hospital from exceeding an amount that, when added to the amount of the mandatory payments required from all other paying hospitals in the county, equals an amount of revenue that exceeds six percent of the aggregate net patient revenue of all paying hospitals in the county.

(d) Requires the commissioners court of a county that collects a mandatory payment authorized under this chapter, subject to the maximum amount prescribed by Subsection (c), to set the mandatory payments in amounts that in the aggregate will generate sufficient revenue to cover the administrative expenses of the county for activities under this chapter, to fund the nonfederal share of a Medicaid supplemental payment program, and to pay for indigent programs, except that the amount of revenue from mandatory payments used for administrative expenses of the county for activities under this chapter in a year may not exceed the lesser of four percent of the total revenue generated from the mandatory payment or \$20,000.

(e) Prohibits a paying hospital from adding a mandatory payment required under this section as a surcharge to a patient.

Sec. 293.152. ASSESSMENT AND COLLECTION OF MANDATORY PAYMENTS.

(a) Requires the county tax assessor-collector, except as provided by Subsection (b), to collect the mandatory payment authorized under this chapter. Requires the county tax assessor-collector to charge and deduct from mandatory payments collected for the county a fee for collecting the mandatory payment in an amount determined by the commissioners court of the county, not to exceed the county tax assessor-collector's usual and customary charges.

(b) Authorizes the commissioners court, if determined by the commissioners court to be appropriate, to contract for the assessment and collection of mandatory payments in the manner provided by Title 1, Tax Code, for the assessment and collection of ad valorem taxes.

(c) Requires that revenue from a fee charged by a county tax assessor-collector for collecting the mandatory payment be deposited in the county general fund and, if appropriate, be reported as fees of the county tax assessor-collector.

Sec. 293.153. INTEREST, PENALTIES, AND DISCOUNTS. Provides that interest, penalties, and discounts on mandatory payments required under this chapter are governed by the law applicable to county ad valorem taxes.

Sec. 293.154. PURPOSE; CORRECTION OF INVALID PROVISION OR PROCEDURE. (a) Provides that the purpose of this chapter is to generate revenue by collecting from institutional health care providers a mandatory payment to be used to provide the nonfederal share of a Medicaid supplemental payment program.

(b) Authorizes the county to provide by rule for an alternative provision or procedure that conforms to the requirements of the federal Centers for Medicare and Medicaid Services to the extent any provision or procedure under this chapter causes a mandatory payment authorized under this chapter to be ineligible for federal matching funds.

SECTION 13. Amends Subtitle D, Title 4, Health and Safety Code, by adding Chapter 294, as follows:

CHAPTER 294. COUNTY HEALTH CARE PROVIDER PARTICIPATION PROGRAM IN CERTAIN COUNTIES CONTAINING A PRIVATE UNIVERSITY

SUBCHAPTER A. GENERAL PROVISIONS

Sec. 294.001. DEFINITIONS. Defines "institutional health care provider," "paying hospital," and "program."

Sec. 294.002. APPLICABILITY. Provides that this chapter applies only to a county that:

- (1) is not served by a hospital district or a public hospital;
- (2) contains a private institution of higher education with a student enrollment of more than 12,000; and
- (3) has a population of less than 250,000.

Sec. 294.003. COUNTY HEALTH CARE PROVIDER PARTICIPATION PROGRAM; PARTICIPATION IN PROGRAM. (a) Provides that a county health care provider participation program authorizes a county to collect a mandatory payment from each institutional health care provider located in the county to be deposited in a local provider

participation fund established by the county. Authorizes money in the fund to be used by the county to fund certain intergovernmental transfers and indigent care programs as provided by this chapter.

(b) Authorizes the commissioners court to adopt an order authorizing a county to participate in the program, subject to the limitations provided by this chapter.

SUBCHAPTER B. POWERS AND DUTIES OF COMMISSIONERS COURT

Sec. 294.051. LIMITATION ON AUTHORITY TO REQUIRE MANDATORY PAYMENT. Authorizes the commissioners court of a county to require a mandatory payment authorized under this chapter by an institutional health care provider in the county only in the manner provided by this chapter.

Sec. 294.052. MAJORITY VOTE REQUIRED. Prohibits the commissioners court of a county from authorizing the county to collect a mandatory payment authorized under this chapter without an affirmative vote of a majority of the members of the commissioners court.

Sec. 294.053. RULES AND PROCEDURES. Authorizes the commissioners court to adopt rules relating to the administration of the mandatory payment after the commissioners court has voted to require a mandatory payment authorized under this chapter.

Sec. 294.054. INSTITUTIONAL HEALTH CARE PROVIDER REPORTING; INSPECTION OF RECORDS. (a) Requires the commissioners court of a county that collects a mandatory payment authorized under this chapter to require each institutional health care provider to submit to the county a copy of any financial and utilization data required by and reported to DSHS under Sections 311.032 and 311.033 and any rules adopted by the executive commissioner to implement those sections.

(b) Authorizes the commissioners court of a county that collects a mandatory payment authorized under this chapter to inspect the records of an institutional health care provider to the extent necessary to ensure compliance with the requirements of Subsection (a).

SUBCHAPTER C. GENERAL FINANCIAL PROVISIONS

Sec. 294.101. HEARING. (a) Requires the commissioners court of a county that collects a mandatory payment authorized under this chapter to each year hold a public hearing on the amounts of any mandatory payments that the commissioners court intends to require during the year and how the revenue derived from those payments is to be spent.

(b) Requires the commissioners court of the county, not later than the 10th day before the date of the hearing required under Subsection (a), to publish notice of the hearing in a newspaper of general circulation in the county.

(c) Entitles a representative of a paying hospital to appear at the time and place designated in the public notice and to be heard regarding any matter related to the mandatory payments authorized under this chapter.

Sec. 294.102. DEPOSITORY. (a) Requires the commissioners court of each county that collects a mandatory payment authorized under this chapter by resolution to designate one or more banks located in the county as the depository for mandatory payments received by the county. Provides that a bank designated as a depository serves for two years or until a successor is designated.

(b) Requires that all income received by a county under this chapter, including the revenue from mandatory payments remaining after discounts and fees for assessing and collecting the payments are deducted, be deposited with the county depository in the county's local provider participation fund and provides that it may be withdrawn only as provided by this chapter.

(c) Requires that all funds under this chapter be secured in the manner provided for securing county funds.

Sec. 294.103. LOCAL PROVIDER PARTICIPATION FUND; AUTHORIZED USES OF MONEY. (a) Requires each county that collects a mandatory payment authorized under this chapter to create a local provider participation fund.

(b) Provides that the local provider participation fund of a county consists of:

(1) all revenue received by the county attributable to mandatory payments authorized under this chapter, including any penalties and interest attributable to delinquent payments;

(2) money received from HHSC as a refund of an intergovernmental transfer from the county to the state for the purpose of providing the nonfederal share of Medicaid supplemental payment program payments, provided that the intergovernmental transfer does not receive a federal matching payment; and

(3) the earnings of the fund.

(c) Provides that money deposited to the local provider participation fund may be used only to:

(1) fund intergovernmental transfers from the county to the state to provide the nonfederal share of a Medicaid supplemental payment program authorized under the state Medicaid plan, the program waiver issued under Section 1115 of the federal Social Security Act (42 U.S.C. Section 1315), or a successor waiver program authorizing similar Medicaid supplemental payment programs;

(2) subsidize indigent programs;

(3) pay the administrative expenses of the county solely for activities under this chapter;

(4) refund a portion of a mandatory payment collected in error from a paying hospital; and

(5) refund to paying hospitals the proportionate share of money received by the county from HHSC that is not used to fund the nonfederal share of Medicaid supplemental payment program payments.

(d) Prohibits money in the local provider participation fund from being commingled with other county funds.

(e) Prohibits an intergovernmental transfer of funds described by Subsection (c)(1) and any funds received by the county as a result of an intergovernmental transfer described by that subsection from being used by the county or any other entity to expand Medicaid eligibility under the ACA (Pub. L. No. 111-148) as

amended by the Health Care and Education Reconciliation Act of 2010 (Pub. L. 111 No. 111-152).

SUBCHAPTER D. MANDATORY PAYMENTS

Sec. 294.151. MANDATORY PAYMENTS BASED ON PAYING HOSPITAL NET PATIENT REVENUE. (a) Authorizes the commissioners court of a county that collects a mandatory payment authorized under this chapter, except as provided by Subsection (e), to require an annual mandatory payment to be assessed quarterly on the net patient revenue of each institutional health care provider located in the county. Provides that, in the first year in which the mandatory payment is required, the mandatory payment is assessed on the net patient revenue of an institutional health care provider as determined by the data reported to DSHS under Sections 311.032 and 311.033 in the fiscal year ending in 2014. Requires the county to update the amount of the mandatory payment on an annual basis.

(b) Requires that the amount of a mandatory payment authorized under this chapter be uniformly proportionate with the amount of net patient revenue generated by each paying hospital in the county. Prohibits a mandatory payment authorized under this chapter from holding harmless any institutional health care provider, as required under 42 U.S.C. Section 1396b(w).

(c) Requires the commissioners court of a county that collects a mandatory payment authorized under this chapter to set the amount of the mandatory payment. Prohibits the amount of the mandatory payment required of each paying hospital from exceeding an amount that, when added to the amount of the mandatory payments required from all other paying hospitals in the county, equals an amount of revenue that exceeds six percent of the aggregate net patient revenue of all paying hospitals in the county.

(d) Requires the commissioners court of a county that collects a mandatory payment authorized under this chapter, subject to the maximum amount prescribed by Subsection (c), to set the mandatory payments in amounts that in the aggregate will generate sufficient revenue to cover the administrative expenses of the county for activities under this chapter, to fund the nonfederal share of a Medicaid supplemental payment program, and to pay for indigent programs, except that the amount of revenue from mandatory payments used for administrative expenses of the county for activities under this chapter in a year may not exceed the lesser of four percent of the total revenue generated from the mandatory payment or \$20,000.

(e) Prohibits a paying hospital from adding a mandatory payment required under this section as a surcharge to a patient.

Sec. 294.152. ASSESSMENT AND COLLECTION OF MANDATORY PAYMENTS.

(a) Requires the county tax assessor-collector, except as provided by Subsection (b), to collect the mandatory payment authorized under this chapter. Requires the county tax assessor-collector to charge and deduct from mandatory payments collected for the county a fee for collecting the mandatory payment in an amount determined by the commissioners court of the county, not to exceed the county tax assessor-collector's usual and customary charges.

(b) Authorizes the commissioners court to contract for the assessment and collection of mandatory payments in the manner provided by Title 1, Tax Code, for the assessment and collection of ad valorem taxes if determined by the commissioners court to be appropriate.

(c) Requires that revenue from a fee charged by a county tax assessor-collector for collecting the mandatory payment be deposited in the county general fund and, if appropriate, be reported as fees of the county tax assessor-collector.

Sec. 294.153. INTEREST, PENALTIES, AND DISCOUNTS. Provides that interest, penalties, and discounts on mandatory payments required under this chapter are governed by the law applicable to county ad valorem taxes.

Sec. 294.154. PURPOSE; CORRECTION OF INVALID PROVISION OR PROCEDURE. (a) Provides that the purpose of this chapter is to generate revenue by collecting from institutional health care providers a mandatory payment to be used to provide the nonfederal share of a Medicaid supplemental payment program.

(b) Authorizes the county, to the extent any provision or procedure under this chapter causes a mandatory payment authorized under this chapter to be ineligible for federal matching funds, to provide by rule for an alternative provision or procedure that conforms to the requirements of the federal Centers for Medicare and Medicaid Services.

SECTION 14. Amends Subtitle D, Title 4, Health and Safety Code, by adding Chapter 296, as follows:

CHAPTER 296. COUNTY HEALTH CARE PROVIDER PARTICIPATION PROGRAM IN CERTAIN COUNTIES

SUBCHAPTER A. GENERAL PROVISIONS

Sec. 296.001. DEFINITIONS. Defines “institutional health care provider,” “paying hospital,” and “program.”

Sec. 296.002. APPLICABILITY. Provides that this chapter applies only to a county that:

(1) is not served by a hospital district or a public hospital; and

(2) has a population of less than 200,000 and contains two municipalities both with populations of 75,000 or more.

Sec. 296.003. COUNTY HEALTH CARE PROVIDER PARTICIPATION PROGRAM; PARTICIPATION IN PROGRAM. (a) Provides that a county health care provider participation program authorizes a county to collect a mandatory payment from each institutional health care provider located in the county to be deposited in a local provider participation fund established by the county. Authorizes money in the fund to be used by the county to fund certain intergovernmental transfers and indigent care programs as provided by this chapter.

(b) Authorizes the commissioners court to adopt an order authorizing a county to participate in the program, subject to the limitations provided by this chapter.

SUBCHAPTER B. POWERS AND DUTIES OF COMMISSIONERS COURT

Sec. 296.051. LIMITATION ON AUTHORITY TO REQUIRE MANDATORY PAYMENT. Authorizes the commissioners court of a county to require a mandatory payment authorized under this chapter by an institutional health care provider in the county only in the manner provided by this chapter.

Sec. 296.052. MAJORITY VOTE REQUIRED. Prohibits the commissioners court of a county from authorizing the county to collect a mandatory payment authorized under this chapter without an affirmative vote of a majority of the members of the commissioners court.

Sec. 296.053. RULES AND PROCEDURES. Authorizes the commissioners court to adopt rules relating to the administration of the mandatory payment after the commissioners court has voted to require a mandatory payment authorized under this chapter.

Sec. 296.054. INSTITUTIONAL HEALTH CARE PROVIDER REPORTING; INSPECTION OF RECORDS. (a) Requires the commissioners court of a county that collects a mandatory payment authorized under this chapter to require each institutional health care provider to submit to the county a copy of any financial and utilization data required by and reported to DSHS under Sections 311.032 and 311.033 and any rules adopted by the executive commissioner to implement those sections.

(b) Authorizes the commissioners court of a county that collects a mandatory payment authorized under this chapter to inspect the records of an institutional health care provider to the extent necessary to ensure compliance with the requirements of Subsection (a).

SUBCHAPTER C. GENERAL FINANCIAL PROVISIONS

Sec. 296.101. HEARING. (a) Requires the commissioners court of a county that collects a mandatory payment authorized under this chapter to each year hold a public hearing on the amounts of any mandatory payments that the commissioners court intends to require during the year and how the revenue derived from those payments is to be spent.

(b) Requires the commissioners court of the county to publish notice of the hearing in a newspaper of general circulation in the county not later than the 10th day before the date of the hearing required under Subsection (a).

(c) Entitles a representative of a paying hospital to appear at the time and place designated in the public notice and to be heard regarding any matter related to the mandatory payments authorized under this chapter.

Sec. 296.102. DEPOSITORY. (a) Requires the commissioners court of each county that collects a mandatory payment authorized under this chapter by resolution to designate one or more banks located in the county as the depository for mandatory payments received by the county. Provides that a bank designated as a depository serves for two years or until a successor is designated.

(b) Requires that all income received by a county under this chapter, including the revenue from mandatory payments remaining after discounts and fees for assessing and collecting the payments are deducted, be deposited with the county depository in the county's local provider participation fund and provides that it may be withdrawn only as provided by this chapter.

(c) Requires that all funds under this chapter be secured in the manner provided for securing county funds.

Sec. 296.103. LOCAL PROVIDER PARTICIPATION FUND; AUTHORIZED USES OF MONEY. (a) Requires each county that collects a mandatory payment authorized under this chapter create a local provider participation fund.

(b) Provides that the local provider participation fund of a county consists of:

(1) all revenue received by the county attributable to mandatory payments authorized under this chapter, including any penalties and interest attributable to delinquent payments;

(2) money received from HHSC as a refund of an intergovernmental transfer from the county to the state for the purpose of providing the nonfederal share of Medicaid supplemental payment program payments, provided that the intergovernmental transfer does not receive a federal matching payment; and

(3) the earnings of the fund.

(c) Authorizes money deposited to the local provider participation fund to be used only to:

(1) fund intergovernmental transfers from the county to the state to provide the nonfederal share of a Medicaid supplemental payment program authorized under the state Medicaid plan, the program waiver issued under Section 1115 of the federal Social Security Act (42 U.S.C. Section 1315), or a successor waiver program authorizing similar Medicaid supplemental payment programs;

(2) subsidize indigent programs;

(3) pay the administrative expenses of the county solely for activities under this chapter;

(4) refund a portion of a mandatory payment collected in error from a paying hospital; and

(5) refund to paying hospitals the proportionate share of money received by the county from HHSC that is not used to fund the nonfederal share of Medicaid supplemental payment program payments.

(d) Prohibits money in the local provider participation fund from being commingled with other county funds.

(e) Prohibits an intergovernmental transfer of funds described by Subsection (c)(1) and any funds received by the county as a result of an intergovernmental transfer described by that subsection from being used by the county or any other entity to expand Medicaid eligibility under ACA (Pub. L. No. 111-148) as amended by the Health Care and Education Reconciliation Act of 2010 (Pub. L. 5 No. 111-152).

SUBCHAPTER D. MANDATORY PAYMENTS

Sec. 296.151. MANDATORY PAYMENTS BASED ON PAYING HOSPITAL NET PATIENT REVENUE. (a) Authorizes the commissioners court of a county that collects a mandatory payment authorized under this chapter, except as provided by Subsection (e), to require an annual mandatory payment to be assessed on the net patient revenue of each institutional health care provider located in the county. Authorizes the commissioners court to provide for the mandatory payment to be assessed quarterly. Provides that, in the first year in which the mandatory payment is required, the mandatory payment is assessed on the net patient revenue of an institutional health care provider as determined by the

data reported to DSHS under Sections 311.032 and 311.033 in the fiscal year ending in 2013 or, if the institutional health care provider did not report any data under those sections in that fiscal year, as determined by the institutional health care provider's Medicare cost report submitted for the 2013 fiscal year or for the closest subsequent fiscal year for which the provider submitted the Medicare cost report. Requires the county to update the amount of the mandatory payment on an annual basis.

(b) Requires that the amount of a mandatory payment authorized under this chapter be uniformly proportionate with the amount of net patient revenue generated by each paying hospital in the county. Prohibits a mandatory payment authorized under this chapter from holding harmless any institutional health care provider, as required under 42 U.S.C. Section 1396b(w).

(c) Requires the commissioners court of a county that collects a mandatory payment authorized under this chapter to set the amount of the mandatory payment. Prohibits the amount of the mandatory payment required of each paying hospital from exceeding an amount that, when added to the amount of the mandatory payments required from all other paying hospitals in the county, equals an amount of revenue that exceeds six percent of the aggregate net patient revenue of all paying hospitals in the county.

(d) Requires the commissioners court of a county that collects a mandatory payment authorized under this chapter, subject to the maximum amount prescribed by Subsection (c), to set the mandatory payments in amounts that in the aggregate will generate sufficient revenue to cover the administrative expenses of the county for activities under this chapter, to fund an intergovernmental transfer described by Section 296.103(c)(1), and to pay for indigent programs, except that the amount of revenue from mandatory payments used for administrative expenses of the county for activities under this chapter in a year may not exceed the lesser of four percent of the total revenue generated from the mandatory payment or \$20,000.

(e) Prohibits a paying hospital from adding a mandatory payment required under this section as a surcharge to a patient.

Sec. 296.152. ASSESSMENT AND COLLECTION OF MANDATORY PAYMENTS.

(a) Requires the county tax assessor-collector, except as provided by Subsection (b), to collect the mandatory payment authorized under this chapter. Requires the county tax assessor-collector to charge and deduct from mandatory payments collected for the county a fee for collecting the mandatory payment in an amount determined by the commissioners court of the county, not to exceed the county tax assessor-collector's usual and customary charges.

(b) Authorizes the commissioners court, if determined by the commissioners court to be appropriate, to contract for the assessment and collection of mandatory payments in the manner provided by Title 1, Tax Code, for the assessment and collection of ad valorem taxes.

(c) Requires that revenue from a fee charged by a county tax assessor-collector for collecting the mandatory payment be deposited in the county general fund and, if appropriate, be reported as fees of the county tax assessor-collector.

Sec. 296.153. INTEREST, PENALTIES, AND DISCOUNTS. Provides that interest, penalties, and discounts on mandatory payments required under this chapter are governed by the law applicable to county ad valorem taxes.

Sec. 296.154. PURPOSE; CORRECTION OF INVALID PROVISION OR PROCEDURE. (a) Provides that the purpose of this chapter is to generate revenue by collecting from institutional health care providers a mandatory payment to be used to provide the nonfederal share of a Medicaid supplemental payment program.

(b) Authorizes the county to provide by rule for an alternative provision or procedure that conforms to the requirements of the federal Centers for Medicare and Medicaid Services to the extent any provision or procedure under this chapter causes a mandatory payment authorized under this chapter to be ineligible for federal matching funds.

SECTION 15. Amends Subtitle D, Title 4, Health and Safety Code, by adding Chapter 297, as follows:

CHAPTER 297. COUNTY HEALTH CARE PROVIDER PARTICIPATION PROGRAM IN CERTAIN COUNTIES CONTAINING A MILITARY BASE

SUBCHAPTER A. GENERAL PROVISIONS

Sec. 297.001. DEFINITIONS. Defines “institutional health care provider,” “paying hospital,” and “program.”

Sec. 297.002. APPLICABILITY. Provides that this chapter applies only to a county:

- (1) that is not served by a hospital district or a public hospital;
- (2) on which a military base with more than 30,000 military personnel is partially located; and
- (3) that has a population of more than 300,000.

Sec. 297.003. COUNTY HEALTH CARE PROVIDER PARTICIPATION PROGRAM; PARTICIPATION IN PROGRAM. (a) Provides that a county health care provider participation program authorizes a county to collect a mandatory payment from each institutional health care provider located in the county to be deposited in a local provider participation fund established by the county. Authorizes money in the fund to be used by the county to fund certain intergovernmental transfers and indigent care programs as provided by this chapter.

(b) Authorizes the commissioners court to adopt an order authorizing a county to participate in the program, subject to the limitations provided by this chapter.

SUBCHAPTER B. POWERS AND DUTIES OF COMMISSIONERS COURT

Sec. 297.051. LIMITATION ON AUTHORITY TO REQUIRE MANDATORY PAYMENT. Authorizes the commissioners court of a county to require a mandatory payment authorized under this chapter by an institutional health care provider in the county only in the manner provided by this chapter.

Sec. 297.052. MAJORITY VOTE REQUIRED. Prohibits the commissioners court of a county from authorizing the county to collect a mandatory payment authorized under this chapter without an affirmative vote of a majority of the members of the commissioners court.

Sec. 297.053. RULES AND PROCEDURES. Authorizes the commissioners court to adopt rules relating to the administration of the mandatory payment after the

commissioners court has voted to require a mandatory payment authorized under this chapter.

Sec. 297.054. INSTITUTIONAL HEALTH CARE PROVIDER REPORTING; INSPECTION OF RECORDS. (a) Requires the commissioners court of a county that collects a mandatory payment authorized under this chapter to require each institutional health care provider to submit to the county a copy of any financial and utilization data required by and reported to DSHS under Sections 311.032 and 311.033 and any rules adopted by the executive commissioner to implement those sections.

(b) Authorizes the commissioners court of a county that collects a mandatory payment authorized under this chapter to inspect the records of an institutional health care provider to the extent necessary to ensure compliance with the requirements of Subsection (a).

SUBCHAPTER C. GENERAL FINANCIAL PROVISIONS

Sec. 297.101. HEARING. (a) Requires the commissioners court of a county that collects a mandatory payment authorized under this chapter to each year hold a public hearing on the amounts of any mandatory payments that the commissioners court intends to require during the year and how the revenue derived from those payments is to be spent.

(b) Requires the commissioners court of the county to publish notice of the hearing in a newspaper of general circulation in the county not later than the 10th day before the date of the hearing required under Subsection (a).

(c) Entitles a representative of a paying hospital to appear at the time and place designated in the public notice and to be heard regarding any matter related to the mandatory payments authorized under this chapter.

Sec. 297.102. DEPOSITORY. (a) Requires the commissioners court of each county that collects a mandatory payment authorized under this chapter by resolution to designate one or more banks located in the county as the depository for mandatory payments received by the county. Provides that a bank designated as a depository serves for two years or until a successor is designated.

(b) Requires that all income received by a county under this chapter, including the revenue from mandatory payments remaining after discounts and fees for assessing and collecting the payments are deducted, be deposited with the county depository in the county's local provider participation fund and may be withdrawn only as provided by this chapter.

(c) Requires that all funds under this chapter be secured in the manner provided for securing county funds.

Sec. 297.103. LOCAL PROVIDER PARTICIPATION FUND; AUTHORIZED USES OF MONEY. (a) Requires each county that collects a mandatory payment authorized under this chapter to create a local provider participation fund.

(b) Provides that the local provider participation fund of a county consists of:

(1) all revenue received by the county attributable to mandatory payments authorized under this chapter, including any penalties and interest attributable to delinquent payments;

(2) money received from HHSC as a refund of an intergovernmental transfer from the county to the state for the purpose of providing the nonfederal share of Medicaid supplemental payment program payments, provided that the intergovernmental transfer does not receive a federal matching payment; and

(3) the earnings of the fund.

(c) Provides that money deposited to the local provider participation fund may be used only to:

(1) fund intergovernmental transfers from the county to the state to provide the nonfederal share of a Medicaid supplemental payment program authorized under the state Medicaid plan, the program waiver issued under Section 1115 of the federal Social Security Act (42 U.S.C. Section 1315), or a successor waiver program authorizing similar Medicaid supplemental payment programs;

(2) subsidize indigent programs;

(3) pay the administrative expenses of the county solely for activities under this chapter;

(4) refund a portion of a mandatory payment collected in error from a paying hospital; and

(5) refund to paying hospitals the proportionate share of money received by the county from HHSC that is not used to fund the nonfederal share of Medicaid supplemental payment program payments.

(d) Prohibits money in the local provider participation fund from being commingled with other county funds.

(e) Prohibits an intergovernmental transfer of funds described by Subsection (c)(1) and any funds received by the county as a result of an intergovernmental transfer described by that subsection from being used by the county or any other entity to expand Medicaid eligibility under the ACA (Pub. L. No. 111-148) as amended by the Health Care and Education Reconciliation Act of 2010 (Pub. L. 5 No. 111-152).

SUBCHAPTER D. MANDATORY PAYMENTS

Sec. 297.151. MANDATORY PAYMENTS BASED ON PAYING HOSPITAL NET PATIENT REVENUE. (a) Authorizes the commissioners court of a county that collects a mandatory payment authorized under this chapter, except as provided by Subsection (e), to require an annual mandatory payment to be assessed quarterly on the net patient revenue of each institutional health care provider located in the county. Provides that, in the first year in which the mandatory payment is required, the mandatory payment is assessed on the net patient revenue of an institutional health care provider as determined by the data reported to DSHS under Sections 311.032 and 311.033 in the fiscal year ending in 2013. Authorizes the county to update the amount of the mandatory payment on an annual basis based on data reported to DSHS in a more recent fiscal year.

(b) Requires that the amount of a mandatory payment authorized under this chapter be uniformly proportionate with the amount of net patient revenue generated by each paying hospital in the county. Prohibits a mandatory payment

authorized under this chapter from holding harmless any institutional health care provider, as required under 42 U.S.C. Section 1396b(w).

(c) Requires the commissioners court of a county that collects a mandatory payment authorized under this chapter to set the amount of the mandatory payment. Prohibits the amount of the mandatory payment required of each paying hospital from exceeding an amount that, when added to the amount of the mandatory payments required from all other paying hospitals in the county, equals an amount of revenue that exceeds six percent of the aggregate net patient revenue of all paying hospitals in the county.

(d) Requires the commissioners court of a county that collects a mandatory payment authorized under this chapter, subject to the maximum amount prescribed by Subsection (c), to set the mandatory payments in amounts that in the aggregate will generate sufficient revenue to cover the administrative expenses of the county for activities under this chapter, to fund the nonfederal share of a Medicaid supplemental payment program, and to pay for indigent programs, except that the amount of revenue from mandatory payments used for administrative expenses of the county for activities under this chapter in a year may not exceed the lesser of four percent of the total revenue generated from the mandatory payment or \$20,000.

(e) Prohibits a paying hospital from adding a mandatory payment required under this section as a surcharge to a patient.

Sec. 297.152. ASSESSMENT AND COLLECTION OF MANDATORY PAYMENTS.

(a) Requires the county tax assessor-collector, except as provided by Subsection (b), to collect the mandatory payment authorized under this chapter. Requires the county tax assessor-collector to charge and deduct from mandatory payments collected for the county a fee for collecting the mandatory payment in an amount determined by the commissioners court of the county, not to exceed the county tax assessor-collector's usual and customary charges.

(b) Authorizes the commissioners court, if determined by the commissioners court to be appropriate, to contract for the assessment and collection of mandatory payments in the manner provided by Title 1, Tax Code, for the assessment and collection of ad valorem taxes.

(c) Requires that revenue from a fee charged by a county tax assessor-collector for collecting the mandatory payment be deposited in the county general fund and, if appropriate, be reported as fees of the county tax assessor-collector.

Sec. 297.153. INTEREST, PENALTIES, AND DISCOUNTS. Provides that interest, penalties, and discounts on mandatory payments required under this chapter are governed by the law applicable to county ad valorem taxes.

Sec. 297.154. PURPOSE; CORRECTION OF INVALID PROVISION OR PROCEDURE. (a) Provides that the purpose of this chapter is to generate revenue by collecting from institutional health care providers a mandatory payment to be used to provide the nonfederal share of a Medicaid supplemental payment program.

(b) Authorizes the county to provide by rule for an alternative provision or procedure that conforms to the requirements of the federal Centers for Medicare and Medicaid Services to the extent any provision or procedure under this chapter causes a mandatory payment authorized under this chapter to be ineligible for federal matching funds.

SECTION 16. Amends Sections 775.0355(b) and (c), Health and Safety Code, as follows:

(b) Provides that this section applies only to a district located wholly or partly in a county with a population of more than three million, rather than wholly in a county with a population of more than three million; wholly in a county with a population of more than 200,000 that borders Lake Palestine; or wholly in a county with a population of less than 200,000 that borders another state and the Gulf Intracoastal Waterway.

(c) Provides that a person is disqualified from serving as an emergency services commissioner if that person is related within the third degree of affinity or consanguinity to a person who is an employee or volunteer of an emergency services organization providing emergency services to the district unless the emergency services are provided under a mutual aid agreement under Chapter 418 (Emergency Management), Government Code. Makes no further change to this subsection.

SECTION 17. Amends Section 775.0821, Health and Safety Code, effective September 1, 2015, by amending Subsection (a) and adding Subsection (e), as follows:

(a) Provides that this section applies only to a district to which Section 775.082 (Audit of District in Less Populous Counties), Health and Safety Code, applies that did not have any outstanding bonds secured by ad valorem taxes or any outstanding liabilities secured by ad valorem taxes having a term of more than one year during the previous fiscal year. Makes no further change to this subsection.

(e) Requires a district that files compiled financial statements in accordance with Subsection (b) (relating to authorizing a district to which this section applies to file compiled financial statements with the commissioners court of each county in which any part of the district is located) and that maintains an Internet website to have posted on the district's website the compiled financial statements for the most recent three years.

SECTION 18. Amends Section 1001.201, Health and Safety Code, effective September 1, 2015, as added by Chapter 1306 (H.B. 3793), Acts of the 83rd Legislature, Regular Session, 2013, by adding Subdivisions (4) and (5), to define "school district employee" and "school resource officer."

SECTION 19. Amends Sections 1001.203(a) and (c), Health and Safety Code, effective September 1, 2015, as added by Chapter 1306 (H.B. 3793), Acts of the 83rd Legislature, Regular Session, 2013, by changing a reference to educators to school district employees and school resource officers.

SECTION 20. Amends Section 1001.205, Health and Safety Code, as added by Chapter 1306 (H.B. 3793), Acts of the 83rd Legislature, Regular Session, 2013, effective September 1, 2015, as follows:

Sec. 1001.205. REPORTS. (a) Requires a local mental health authority, not later than August 31, rather than July 1, of each year, to provide to the department (DSHS) the number of:

(1) employees and contractors of the authority who were trained as mental health first aid trainers under Section 1001.202 during the preceding calendar year;

(2) educators, school district employees other than educators, and school resource officers who completed a mental health first aid training program

offered by the authority under Section 1001.203 during the preceding calendar year; and

(3) individuals who are not school district employees or school resource officers, rather than educators, who completed a mental health first aid training program offered by the authority during the preceding calendar year.

(b) Requires DSHS, not later than September 30, rather than August 1, of each year, to compile the information submitted by local mental health authorities as required by Subsection (a) and submit a report to the legislature containing the number of:

(1) authority employees and contractors trained as mental health first aid trainers during the preceding calendar year;

(2) educators, school district employees other than educators, and school resource officers who completed a mental health first aid training program provided by an authority during the preceding calendar year; and

(3) individuals who are not school district employees or school resource officers, rather than educators, who completed a mental health first aid training program provided by an authority during the preceding calendar year.

SECTION 21. Amends Subchapter B, Chapter 32, Human Resources Code, effective September 1, 2015, by adding Section 32.0264, as follows:

Sec. 32.0264. SUSPENSION, TERMINATION, AND AUTOMATIC REINSTATEMENT OF ELIGIBILITY FOR INDIVIDUALS CONFINED IN COUNTY JAILS. (a) Defines “county jail” in this section.

(b) Requires HHSC, if an individual is confined in a county jail because the individual has been charged with but not convicted of an offense, to suspend the individual's eligibility for medical assistance during the period the individual is confined in the county jail.

(c) Requires HHSC, if an individual is confined in a county jail because the individual has been convicted of an offense, to, as appropriate:

(1) terminate the individual's eligibility for medical assistance; or

(2) suspend the individual's eligibility during the period the individual is confined in the county jail.

(d) Requires HHSC, not later than 48 hours after HHSC is notified of the release from a county jail of an individual whose eligibility for medical assistance has been suspended under this section, to reinstate the individual's eligibility, provided the individual's eligibility certification period has not elapsed. Provides that, following the reinstatement, the individual remains eligible until the expiration of the period for which the individual was certified as eligible.

SECTION 22. Amends Section 118.018, Local Government Code, by adding Subsection (d), as follows:

(d) Requires the county clerk, if a state agency determines that a marriage license fee was collected for a marriage license that is associated with a union other than a union between one man and one woman, to remit \$30 to the comptroller of public account of the State of Texas (comptroller). Requires the comptroller to deposit funds remitted under this subsection into the general revenue fund.

SECTION 23. Amends Section 118.019, Local Government Code, as follows:

Sec. 118.019. DECLARATION OF INFORMAL MARRIAGE. (a) Creates this subsection from existing text. Provides that the fee for "Declaration of Informal Marriage" under Section 118.011 (Fee Schedule) is for all services rendered in connection with the execution of a declaration of informal marriage under Section 2.402 (Declaration and Registration of Informal Marriage), rather than Section 1.92, Family Code. Requires that the fee be collected at the time the service is rendered.

(b) Requires the county clerk to remit \$12.50 to the comptroller if a state agency determines that a declaration of informal marriage fee was collected for a declaration of informal marriage that is associated with a union other than a union between one man and one woman. Requires the comptroller to deposit funds remitted under this subsection into the general revenue fund.

SECTION 24. Amends Section 263.152, Local Government Code, effective September 1, 2015, by adding Subsection (c) to authorize disposal under Subsection (a)(3) (relating to authorizing the commissioners court of a county to order any of the surplus or salvage property to be destroyed or otherwise disposed of as worthless if the commissioners court undertakes to sell that property under Subdivision (1) and is unable to do so because no bids are made) to be accomplished through a recycling program under which the property is collected, separated, or processed and returned to use in the form of raw materials in the production of new products.

SECTION 25. Amends Subchapter C, Chapter 351, Local Government Code, effective September 1, 2015, by adding Section 351.046, as follows:

Sec. 351.046. NOTICE TO CERTAIN GOVERNMENTAL ENTITIES. (a) Authorizes the sheriff of a county to notify HHSC:

(1) on the confinement in the county jail of an individual who is receiving medical assistance benefits under Chapter 32 (Medical Assistance Program), Human Resources Code; and

(2) on the conviction of a prisoner who, immediately before the prisoner's confinement in the county jail, was receiving medical assistance benefits.

(b) Requires the sheriff to provide the notices electronically or by other appropriate means as soon as possible and not later than the 30th day after the date of the individual's confinement or prisoner's conviction, as applicable, if the sheriff of a county chooses to provide the notices described by Subsection (a).

(c) Authorizes the sheriff of a county to notify:

(1) the United States Social Security Administration of the release or discharge of a prisoner who, immediately before the prisoner's confinement in the county jail, was receiving:

(A) Supplemental Security Income (SSI) benefits under 42 U.S.C. Section 1381 et seq.; or

(B) Social Security Disability Insurance (SSDI) benefits under 42 U.S.C. Section 401 et seq.; and

(2) HHSC of the release or discharge of a prisoner who, immediately before the prisoner's confinement in the county jail, was receiving medical assistance benefits.

(d) Requires the sheriff to provide the notices electronically or by other appropriate means not later than 48 hours after the prisoner's release or discharge from custody, if the sheriff of a county chooses to provide the notices described by Subsection (c).

(e) Requires the sheriff, if the sheriff of a county chooses to provide the notices described by Subsection (c), at the time of the prisoner's release or discharge, to provide the prisoner with a written copy of each applicable notice and a phone number at which the prisoner may contact HHSC regarding confirmation of or assistance relating to reinstatement of the individual's eligibility for medical assistance benefits, if applicable.

(f) Requires HHSC to establish a means by which the sheriff of a county, or an employee of the county or sheriff, may determine whether an individual confined in the county jail is or was, as appropriate, receiving medical assistance benefits under Chapter 32, Human Resources Code, for purposes of this section.

(g) Provides that the county or sheriff, or an employee of the county or sheriff, is not liable in a civil action for damages resulting from a failure to comply with this section.

SECTION 26. Amends Section 501.106(b), Local Government Code, to provide that, for a corporation to which this section applies, in this subtitle, "project" includes the land, buildings, facilities, infrastructure, and improvements that the corporation's board of directors finds are required or suitable for the development or promotion of new or expanded business enterprises through transportation facilities including airports, hangars, railports, rail switching facilities, maintenance and repair facilities, cargo facilities, marine ports, inland ports, mass commuting facilities, parking facilities, and related infrastructure located on or adjacent to an airport or railport facility, rather than suitable for the development or expansion of airport facilities. Makes no further change to this subsection.

SECTION 27. Amends Section 501.160(d), Local Government Code, as follows:

(d) Provides that a corporation has all the powers necessary to own and operate a project as a business if:

(1) Creates this subdivision from existing text and makes no further change; or

(2) the project is authorized under Section 501.106 (Airport Facilities or Other Projects by Corporations Authorized by Certain Border Municipalities), Local Government Code.

SECTION 28. Amends Section 52.025, Natural Resources Code, effective September 1, 2015, as follows:

Sec. 52.025. DISPOSITION OF LEASE PAYMENTS. (a) Creates this subsection from existing text. Provides an exception by Subsection (b).

(b) Requires the comptroller, to the extent permissible under the Texas Constitution, to remit to a county the amount received from land owned in fee simple by the county. Requires that money remitted to a county under this section

be deposited to the credit of the county road and bridge fund of the county and provides that it may be used by the county only for road maintenance purposes.

SECTION 29. Amends Subchapter E, Chapter 1054, Special District Local Laws Code, by adding Section 1054.2025, as follows:

Sec. 1054.2025. GENERAL OBLIGATION BOND ELECTION. (a) Authorizes the Lynn County Hospital District (district) to issue general obligation bonds only if the bonds are authorized by a majority of the district voters voting at an election held for that purpose.

(b) Requires that the order calling the election provide for clerks as in county elections and specify certain information set forth in this subsection.

(c) Requires that notice of a bond election be given as provided by Section 1251.003 (Conduct of Election), Government Code.

SECTION 30. Amends Section 11.1825, Tax Code, effective January 1, 2016, by amending Subsections (s) and (v) and adding Subsection (z), as follows:

(s) Provides that, unless otherwise provided by the governing body of a taxing unit any part of which is located in a county with a population of at least 1.8 million under Subsection (x) (relating to the governing body approving exemption requests) or as provided by Subsection (z), for property described by Subsection (f)(1), the amount of the exemption under this section from taxation is 50 percent of the appraised value of the property.

(v) Prohibits an organization, except as provided by Subsection (z), notwithstanding any other provision of this section, from receiving an exemption from taxation of property described by Subsection (f)(1) by a taxing unit any part of which is located in a county with a population of at least 1.8 million unless the exemption is approved by the governing body of the taxing unit in the manner provided by law for official action.

(z) Entitles an owner of real property described by Subsection (f)(1) or (2), notwithstanding any other provision of this section, to an exemption under this section from taxation of 100 percent of the appraised value of the property regardless of whether the owner meets the requirements of Subsection (b) (relating to the entitlement of an organization to an exemption from taxation of improved or unimproved real property it owns) or of Subsections (c) (relating to prohibiting property owned by the organization from being exempted under Subsection (b) after the third anniversary of the date the organization acquires the property unless the organization is offering to rent or is renting the property without profit to a low-income or moderate-income individual or family satisfying the organization's eligibility requirements) and (d) (providing that a multifamily rental property consisting of 36 or more dwelling units owned by the organization that is exempted under Subsection (b) may not be exempted in a subsequent tax year) if:

(1) the owner is exempt from federal income taxation under Section 501(a), Internal Revenue Code of 1986, by being listed as an exempt entity under Section 501(c)(3) of that code and the owner otherwise qualifies for an exemption for the property under this section;

(2) the property was previously owned by a local government corporation created by a municipality under Chapter 431 (Texas Transportation Corporation Act), Transportation Code, or Chapter 394 (Housing Finance Corporations in Municipalities and Counties), Local Government Code, or a predecessor statute

for purposes that include promoting, developing, encouraging, and maintaining affordable housing in a tax increment financing reinvestment zone created by the municipality under Chapter 311 (Tax Increment Financing Act), Tax Code; and

(3) the property is located in a county with a population of at least four million.

SECTION 31. Amends Subchapter A, Chapter 311, Transportation Code, effective September 1, 2015, by adding Section 311.009, as follows:

Sec. 311.009. COUNTY REQUEST FOR CLOSING OF ALLEY IN CERTAIN MUNICIPALITIES. (a) Provides that this section applies only to a municipality with a population of more than 10,000 but less than 25,000 that has land area of less than four square miles and is located wholly within a county that has a population of more than 2.3 million and a total area of less than 1,000 square miles.

(b) Requires a municipality that receives a request for the abandonment of an alley located in any portion of the county, if not otherwise restricted by a county, to, not later than the 30th day after the date the request was submitted, issue a final decision to grant or deny the request.

(c) Provides that a request for which a final decision is not issued in the period described by Subsection (b) is considered to be granted.

(d) Authorizes a decision of the municipality under Subsection (b) to be appealed to a district or county court.

SECTION 32. Amends Subchapter A, Chapter 623, Transportation Code, effective September 1, 2015, by adding Section 623.004, as follows:

Sec. 623.004. ADMINISTRATION AND OVERSIGHT OF OVERWEIGHT CORRIDORS. (a) Defines "overweight corridor."

(b) Requires the Texas Department of Transportation (TxDOT) to, after receiving input from local officials:

(1) set minimum requirements for determining the feasibility, viability, and economic impact of additional overweight corridors that take into consideration traffic volume, safety concerns, ability to recover costs, and the role of overweight corridors within a statewide plan for freight mobility;

(2) use the requirements set under Subdivision (1) to periodically develop recommendations for additional overweight corridors that would benefit the state;

(3) include any recommendations developed under Subdivision (2) in the plan described by Section 201.6011 (International Trade Corridor Plan), Transportation Code; and

(4) create a pavement management plan for each operational overweight corridor.

(c) Requires TxDOT, in consultation with interested parties, to:

(1) establish performance measures for each operational overweight corridor; and

(2) include in the plan described by Section 201.6011 the results of an evaluation using the performance measures disaggregated by overweight corridor.

(d) Requires an entity issuing overweight corridor permits under this chapter to:

(1) report information necessary for an evaluation using performance measures established under Subsection (c) to TxDOT; and

(2) in setting a fee for the permit, consider the pavement management plan created under Subsection (b)(4) for the overweight corridor.

(e) Authorizes TxDOT to:

(1) issue overweight corridor permits on behalf of an entity authorized to issue the permits under this chapter; and

(2) establish and charge a fee for issuing a permit under Subdivision (1) in an amount sufficient to recover the actual cost of issuance.

(f) Requires that a fee collected under Subsection (e)(2) be sent to the comptroller for deposit to the credit of the Texas Department of Motor Vehicles (TxDMV) fund and provides that it may be appropriated only to TxDMV for the administration of this section.

SECTION 33. Amends Subchapter E, Chapter 13, Water Code, by adding Section 13.1461, as follows:

Sec. 13.1461. CORRECTIONAL FACILITY COMPLIANCE WITH CONSERVATION MEASURES. Authorizes a retail public utility to require the operator of a correctional facility, as defined by Section 1.07(14) (defining "correctional facility"), Penal Code, that receives retail water or sewer utility service from the retail public utility to comply with uniform water conservation measures adopted or implemented by the retail public utility. Provides that this section does not authorize a retail public utility to require a correctional facility to:

(1) alter or remove facilities installed on or before September 1, 2015; or

(2) install devices that the correctional facility determines may disrupt the operation of the correctional facility.

SECTION 34. Amends Subchapter G, Chapter 13, Water Code, effective September 1, 2015, by adding Section 13.2541, as follows:

Sec. 13.2541. REVOCATION OF CERTIFICATE FOR CERTAIN MAJOR VIOLATORS. (a) Requires Public Utility Commission of Texas (PUC) staff to file a petition to revoke an investor-owned water utility's certificate of public convenience and necessity if the staff has reason to believe:

(1) the utility has committed repeated or continuous major violations of one or more Texas Commission on Environmental Quality (TCEQ) rules related to safe drinking water for at least six years before the petition is filed;

(2) none of the owners of the utility have borrowed money from a federally insured lending institution to use to remedy a violation of one or more TCEQ rules related to safe drinking water;

- (3) the utility serves more than 1,000 connections but is made up of less than five public water systems;
- (4) the utility does not serve customers who are located in a municipality; and
- (5) the utility is located in a county with a population of more than four million.

(b) Authorizes PUC to revoke the investor-owned water utility's certificate on or before the 90th day after the date the petition is filed if, after notice and hearing, PUC finds that the facts alleged in the petition are true.

(c) Requires PUC, at the time PUC revokes the certificate, to appoint a temporary manager and temporarily transfer the certificate to the temporary manager. Provides that, on accepting the transfer, the temporary manager has all the powers necessary to operate and manage the utility until PUC certifies another retail public utility.

(d) Requires PUC, not more than 12 months after the date PUC appoints a temporary manager under Subsection (c), to offer at auction any property that PUC determines is rendered useless or valueless to the decertified investor-owned water utility as a result of the decertification.

(e) Authorizes any person, including public and private water utilities and the temporary manager appointed under Subsection (c), to apply for approval to bid on the decertified utility's assets and property. Requires PUC to review each application and approve applicants that it determines have the financial, managerial, and technical ability to provide safe, adequate, and continuous water service to the decertified utility's customers. Authorizes only approved applicants to bid in the auction. Requires PUC to request proposals from all approved bidders.

(f) Requires PUC and the temporary manager before the auction to:

- (1) make the books and records of the decertified utility available to all approved bidders; and
- (2) provide an opportunity for all approved bidders to inspect the decertified utility's assets and property.

(g) Requires that each bid:

- (1) estimate the rates the bidder would charge for service during the first five years following the date of the sale; and
- (2) agree that the bidder, if the bidder purchases the assets and property, will consider making improvements to remedy and prevent damages from previous violations of TCEQ rules related to safe drinking water before the third anniversary of the purchase date.

(h) Requires PUC to select the bidder that has the best plan to remedy previous violations of TCEQ rules, as determined by PUC, and, on completion of the sale to the selected bidder and payment to the decertified utility, transfer the certificate of public convenience and necessity from the temporary manager to the selected bidder.

(i) Provides that this section expires December 31, 2019.

SECTION 35. Amends Section 60.039(a), Water Code, effective September 1, 2015, as follows:

(a) Authorizes the navigation and canal commission (commission) to lease the surface of land for not more than 50, rather than 30, years by the entry of an order on the minutes of the commission and the execution of a lease in the manner provided by the original order. Prohibits the lease from being extended beyond the 50-year period, rather than 30-year period, by renewal, extension, or otherwise, except that the commission may extend a lease beyond a 50-year period for residential property located in a district in which at least 50 percent of the property is residential property.

SECTION 36. Amends Section 60.040, Water Code, effective September 1, 2015, as follows:

Sec. 60.040. New heading: PUBLICATION OF NOTICE FOR SALES AND LEASES IN EXCESS OF 50 YEARS. Requires the commission to publish a notice in the manner provided in Section 60.035 (Notice of Oil, Gas, and Mineral Lease), Water Code, before making a sale or lease of land for more than 50, rather than 30, years.

SECTION 37. Amends Section 60.041, Water Code, effective September 1, 2015, as follows:

Sec. 60.041. New heading: SECURITY FOR BIDS ON LAND TO BE SOLD OR LEASED FOR MORE THAN 50 YEARS. Requires that each bid submitted on land to be sold or leased for more than 50, rather than 30, years be accompanied by a certified check, cashier's check, or bidder's bond with a responsible corporate surety authorized to do business in Texas. Requires that the check or bond be in an amount equal to the bid for the land or for the first rental payment under the lease and guarantee that the bidder will perform the terms of the bid, rather than his bid, if it is accepted by the commission.

SECTION 38. Amends the heading to Section 60.042, Water Code, effective September 1, 2015, to read as follows:

Sec. 60.042. AWARD AND EXECUTION OF DEED OR LEASE IN EXCESS OF 50 YEARS.

SECTION 39. Provides that, effective September 1, 2015, the following sections of the Health and Safety Code are repealed:

Repealer: Section 262.034 (Facilities and Services for Elderly and Disabled), Health and Safety Code.

Repealer: Section 285.101(d) (providing that this section does not authorize a hospital, hospital district, or authority to issue revenue bonds or other notes in accordance with this chapter to construct, acquire, own, enlarge, improve, furnish, or equip certain facilities or services if a private provider of the facility or service is available and accessible in the service area of the hospital, hospital district, or authority), Health and Safety Code.

Repealer: Section 288.0032 (Expiration of Chapter; Distribution of Funds on Expiration), Health and Safety Code.

SECTION 40. Provides that, except as otherwise provided by this section, Section 194.001(c), Health and Safety Code, and Sections 118.018(d) and 118.019(b), Local Government Code, as added by this Act, apply only to a marriage license issued or declaration of informal marriage recorded on or after the effective date of this Act. Provides that, if this Act takes effect before June 1, 2015, Section 194.001(c), Health and Safety Code, and Sections 118.018(d) and 118.019(b), Local Government Code, as added by this Act, do not apply to a marriage license issued or declaration of informal marriage recorded before that date.

SECTION 41. Provides that Sections 32.0264(a)-(c), Human Resources Code, and Section 351.046(a), Local Government Code, as added by this Act, apply to an individual whose period

of confinement in a county jail begins on or after the effective date of this Act, regardless of the date the individual was determined eligible for medical assistance under Chapter 32, Human Resources Code.

SECTION 42. Provides that Section 32.0264(d), Human Resources Code, and Section 351.046(c), Local Government Code, as added by this Act, apply to the release or discharge of a prisoner from a county jail that occurs on or after the effective date of this Act, regardless of the date the prisoner was initially confined in the county jail.

SECTION 43. Provides that Section 1054.2025, Special District Local Laws Code, as added by this Act, applies only to general obligation bonds issued by the Lynn County Hospital District on or after the effective date of this Act.

SECTION 44. Provides that Section 11.1825, Tax Code, as amended by this Act, applies only to ad valorem taxes imposed for a tax year beginning on or after January 1, 2016.

SECTION 45. Provides that Sections 60.039, 60.040, 60.041, and 60.042, Water Code, as amended by this Act, apply only to a lease entered into on or after September 1, 2015. Provides that a lease entered into before September 1, 2015, is governed by the law in effect on the date the lease was entered into, and the former law is continued in effect for that purpose.

SECTION 46. Requires a state agency, if necessary for implementation of a provision of this Act, to request a waiver or authorization from a federal agency, and authorizes delay of implementation until such a waiver or authorization is granted.

SECTION 47. Effective date: upon passage or September 1, 2015.