AN ACT
relating to the creation and operations of health care provider
participation programs in certain counties.
BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:
SECTION 1. Subtitle D, Title 4, Health and Safety Code, is
amended by adding Chapter 294 to read 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. In this chapter:
(1) "Institutional health care provider" means a
nonpublic hospital licensed under Chapter 241.
(2) "Paying hospital" means an institutional health
care provider required to make a mandatory payment under this
chapter.
(3) "Program" means the county health care provider
participation program authorized by this chapter.
Sec. 294.002. APPLICABILITY. 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.

1 Sec. 294.003. COUNTY HEALTH CARE PROVIDER PARTICIPATION PROGRAM; PARTICIPATION IN PROGRAM. (a) A county health care 2 3 provider participation program authorizes a county to collect a mandatory payment from each institutional health care provider 4 5 located in the county to be deposited in a local provider participation fund established by the county. Money in the fund may 6 7 be used by the county to fund certain intergovernmental transfers 8 and indigent care programs as provided by this chapter. 9 (b) The commissioners court may adopt an order authorizing a 10 county to participate in the program, subject to the limitations provided by this chapter. 11 12 SUBCHAPTER B. POWERS AND DUTIES OF COMMISSIONERS COURT Sec. 294.051. LIMITATION ON AUTHORITY TO REQUIRE MANDATORY 13 14 The commissioners court of a county may require a PAYMENT.

15 <u>mandatory payment authorized under this chapter by an institutional</u> 16 <u>health care provider in the county only in the manner provided by</u> 17 this chapter.

18 <u>Sec. 294.052. MAJORITY VOTE REQUIRED. The commissioners</u>
19 <u>court of a county may not authorize the county to collect a</u>
20 <u>mandatory payment authorized under this chapter without an</u>
21 <u>affirmative vote of a majority of the members of the commissioners</u>
22 <u>court.</u>

23 <u>Sec. 294.053.</u> RULES AND PROCEDURES. After the 24 <u>commissioners court has voted to require a mandatory payment</u> 25 <u>authorized under this chapter, the commissioners court may adopt</u> 26 <u>rules relating to the administration of the mandatory payment.</u> 27 Sec. 294.054. INSTITUTIONAL HEALTH CARE PROVIDER

REPORTING; INSPECTION OF RECORDS. (a) The commissioners court of a 1 2 county that collects a mandatory payment authorized under this chapter shall require each institutional health care provider to 3 submit to the county a copy of any financial and utilization data 4 5 required by and reported to the Department of State Health Services under Sections 311.032 and 311.033 and any rules adopted by the 6 7 executive commissioner of the Health and Human Services Commission 8 to implement those sections. 9 The commissioners court of a county that collects a (b) mandatory payment authorized under this chapter may inspect the 10 records of an institutional health care provider to the extent 11 12 necessary to ensure compliance with the requirements of Subsection 13 (a). SUBCHAPTER C. GENERAL FINANCIAL PROVISIONS 14 15 Sec. 294.101. HEARING. (a) Each year, the commissioners court of a county that collects a mandatory payment authorized 16 17 under this chapter shall hold a public hearing on the amounts of any mandatory payments that the commissioners court intends to require 18 19 during the year and how the revenue derived from those payments is to be spent. 20 21 (b) Not later than the 10th day before the date of the hearing required under Subsection (a), the commissioners court of 22 the county shall publish notice of the hearing in a newspaper of 23 24 general circulation in the county. 25 (c) A representative of a paying hospital is entitled to 26 appear at the time and place designated in the public notice and to 27 be heard regarding any matter related to the mandatory payments

H.B. No. 2809 1 authorized under this chapter. 2 Sec. 294.102. DEPOSITORY. (a) The commissioners court of 3 each county that collects a mandatory payment authorized under this chapter by resolution shall designate one or more banks located in 4 5 the county as the depository for mandatory payments received by the county. A bank designated as a depository serves for two years or 6 7 until a successor is designated. 8 (b) All income received by a county under this chapter, including the revenue from mandatory payments remaining after 9 discounts and fees for assessing and collecting the payments are 10 deducted, shall be deposited with the county depository in the 11 12 county's local provider participation fund and may be withdrawn 13 only as provided by this chapter. 14 (c) All funds under this chapter shall be secured in the 15 manner provided for securing county funds. Sec. 294.103. LOCAL PROVIDER PARTICIPATION 16 FUND; 17 AUTHORIZED USES OF MONEY. (a) Each county that collects a mandatory payment authorized under this chapter shall create a 18 19 local provider participation fund. (b) The local provider participation fund of a county 20 consists of: 21 22 (1) all revenue received by the county attributable to mandatory payments authorized under this chapter, including any 23 24 penalties and interest attributable to delinquent payments; 25 (2) money received from the Health and Human Services 26 Commission as a refund of an intergovernmental transfer from the county to the state for the purpose of providing the nonfederal 27

	H.B. No. 2809
1	share of Medicaid supplemental payment program payments, provided
2	that the intergovernmental transfer does not receive a federal
3	matching payment; and
4	(3) the earnings of the fund.
5	(c) Money deposited to the local provider participation
6	fund may be used only to:
7	(1) fund intergovernmental transfers from the county
8	to the state to provide the nonfederal share of a Medicaid
9	supplemental payment program authorized under the state Medicaid
10	plan, the Texas Healthcare Transformation and Quality Improvement
11	Program waiver issued under Section 1115 of the federal Social
12	Security Act (42 U.S.C. Section 1315), or a successor waiver
13	program authorizing similar Medicaid supplemental payment
14	programs;
15	(2) subsidize indigent programs;
16	(3) pay the administrative expenses of the county
17	solely for activities under this chapter;
18	(4) refund a portion of a mandatory payment collected
19	in error from a paying hospital; and
20	(5) refund to paying hospitals the proportionate share
21	of money received by the county from the Health and Human Services
22	Commission that is not used to fund the nonfederal share of Medicaid
23	supplemental payment program payments.
24	(d) Money in the local provider participation fund may not
25	be commingled with other county funds.
26	(e) An intergovernmental transfer of funds described by

27 <u>Subsection (c)(1) and any funds received by the county as a result</u>

H.B. No. 2809 1 of an intergovernmental transfer described by that subsection may 2 not be used by the county or any other entity to expand Medicaid 3 eligibility under the Patient Protection and Affordable Care Act (Pub. L. No. 111-148) as amended by the Health Care and Education 4 5 Reconciliation Act of 2010 (Pub. L. No. 111-152). 6 SUBCHAPTER D. MANDATORY PAYMENTS 7 Sec. 294.151. MANDATORY PAYMENTS BASED ON PAYING HOSPITAL 8 NET PATIENT REVENUE. (a) Except as provided by Subsection (e), the commissioners court of a county that collects a mandatory payment 9 10 authorized under this chapter may require an annual mandatory payment to be assessed quarterly on the net patient revenue of each 11 12 institutional health care provider located in the county. In the first year in which the mandatory payment is required, the 13 mandatory payment is assessed on the net patient revenue of an 14 15 institutional health care provider as determined by the data reported to the Department of State Health Services under Sections 16 17 311.032 and 311.033 in the fiscal year ending in 2014. The county shall update the amount of the mandatory payment on an annual basis. 18 19 (b) The amount of a mandatory payment authorized under this chapter must be uniformly proportionate with the amount of net 20 patient revenue generated by each paying hospital in the county. A 21 22 mandatory payment authorized under this chapter may not hold 23 harmless any institutional health care provider, as required under 24 42 U.S.C. Section 1396b(w). 25 (c) The commissioners court of a county that collects a

26 <u>mandatory payment authorized under this chapter shall set the</u> 27 <u>amount of the mandatory payment.</u> The amount of the mandatory

1 payment required of each paying hospital may not exceed an amount 2 that, when added to the amount of the mandatory payments required 3 from all other paying hospitals in the county, equals an amount of revenue that exceeds six percent of the aggregate net patient 4 5 revenue of all paying hospitals in the county. 6 (d) Subject to the maximum amount prescribed by Subsection 7 (c), the commissioners court of a county that collects a mandatory 8 payment authorized under this chapter shall set the mandatory payments in amounts that in the aggregate will generate sufficient 9 10 revenue to cover the administrative expenses of the county for activities under this chapter, to fund the nonfederal share of a 11 12 Medicaid supplemental payment program, and to pay for indigent programs, except that the amount of revenue from mandatory payments 13 used for administrative expenses of the county for activities under 14 this chapter in a year may not exceed the lesser of four percent of 15 16 the total revenue generated from the mandatory payment or \$20,000. 17 (e) A paying hospital may not add a mandatory payment required under this section as a surcharge to a patient. 18 Sec. 294.152. ASSESSMENT AND COLLECTION OF 19 MANDATORY PAYMENTS. (a) Except as provided by Subsection (b), the county tax 20 assessor-collector shall collect the mandatory payment authorized 21 22 under this chapter. The county tax assessor-collector shall charge

H.B. No. 2809

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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

(b) If determined by the commissioners court to

assessor-collector's usual and customary charges.

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1	appropriate, the commissioners court may contract for the
2	assessment and collection of mandatory payments in the manner
3	provided by Title 1, Tax Code, for the assessment and collection of
4	ad valorem taxes.
5	(c) Revenue from a fee charged by a county tax
6	assessor-collector for collecting the mandatory payment shall be
7	deposited in the county general fund and, if appropriate, shall be
8	reported as fees of the county tax assessor-collector.
9	Sec. 294.153. INTEREST, PENALTIES, AND DISCOUNTS.
10	Interest, penalties, and discounts on mandatory payments required
11	under this chapter are governed by the law applicable to county ad
12	valorem taxes.
13	Sec. 294.154. PURPOSE; CORRECTION OF INVALID PROVISION OR
14	PROCEDURE. (a) The purpose of this chapter is to generate revenue
15	by collecting from institutional health care providers a mandatory
16	payment to be used to provide the nonfederal share of a Medicaid
17	supplemental payment program.
18	(b) To the extent any provision or procedure under this
19	chapter causes a mandatory payment authorized under this chapter to
20	be ineligible for federal matching funds, the county may provide by
21	rule for an alternative provision or procedure that conforms to the
22	requirements of the federal Centers for Medicare and Medicaid
23	Services.
24	SECTION 2. If before implementing any provision of this Act

25 a state agency determines that a waiver or authorization from a 26 federal agency is necessary for implementation of that provision, 27 the agency affected by the provision shall request the waiver or

1 authorization and may delay implementing that provision until the 2 waiver or authorization is granted.

H.B. No. 2809

3 SECTION 3. This Act takes effect immediately if it receives 4 a vote of two-thirds of all the members elected to each house, as 5 provided by Section 39, Article III, Texas Constitution. If this 6 Act does not receive the vote necessary for immediate effect, this 7 Act takes effect September 1, 2015.

President of the Senate

Speaker of the House

I certify that H.B. No. 2809 was passed by the House on April 23, 2015, by the following vote: Yeas 136, Nays 3, 2 present, not voting.

Chief Clerk of the House

I certify that H.B. No. 2809 was passed by the Senate on May 15, 2015, by the following vote: Yeas 30, Nays 1.

Secretary of the Senate

APPROVED:

Date

Governor