By:  Coleman H.B. No. 3085

A BILL TO BE ENTITLED

AN ACT

relating to health care provider participation programs in this State.

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

SECTION 1.  Title 4, Health and Safety Code, is amended by adding Subtitle D-1 before Chapter 288 as follows:

Subtitle D-1. PROVIDER PARTICIPATION PROGRAMS

SECTION 2.  Chapter 289, Health and Safety Code, is deleted and replaced by the following new Chapter 289 to read as follows:

CHAPTER 289. PROVISIONS OF GENERAL APPLICABILITY TO PROVIDER PARTICIPATION PROGRAMS

Sec. 289.0001  PURPOSE. This chapter provides provisions that apply to all provider participation programs in this Subtitle D-1, including those operated by a county health care funding district under Chapter 288.

Sec. 289.0101.  BASIS FOR MANDATORY PAYMENTS. Notwithstanding language elsewhere in this Subtitle D-1, a local government administering a program under this subtitle may utilize a basis other than the net patient revenue of each institutional health care provider to compute the mandatory payments. Specifically, a local government entity administering a program under this subtitle may utilize any basis permitted by federal law at 42 U.S.C. Section 1396b(w) and 42 C.F.R. Section 433.68.

Sec. 289.0102.  DOCUMENTATION. If the documentation, that is to be submitted by institutional health care providers to the local government as specified elsewhere in this Subtitle D-1, is insufficient for a local government to assure that all institutional health care providers are assessed a mandatory payment that is consistent with this subtitle and federal law at 42 U.S.C. Section 1396b(w) and 42 C.F.R. Section 433.68, a local government may require and use additional documentation to effectuate that purpose.

Sec. 289.0103.  AUTHORITY TO REQUEST WAIVER. If federal law at 42 U.S.C. Section 1396b(w) or 42 C.F.R. Part 433 Subpart B is revised, or interpreted by the Centers for Medicare & Medicaid Services, in ways that impede the operation of local provider participation programs, and a local government administering a program under this subtitle determines that it would be beneficial for the Health and Human Services Commission to obtain a waiver from the Centers for Medicare & Medicaid Services as permitted by 42 U.S.C. Section 1396b(w)(3) and 42 C.F.R. Section 433.68(e), then the local government may request that the Commission submit such waiver request. If a request is submitted to the Commission, the Commission shall submit such waiver request to the Centers for Medicare & Medicaid Services on behalf of the local government, along with documentation justifying that waiver request provided by the local government. If the waiver request is granted, then the local government, consistent with the terms of the waiver granted, need not comply with requirements elsewhere in this subtitle that mandatory payments be assessed on each provider and that the amount of the mandatory payment be uniformly proportionate with the amount of net patient revenue.

SECTION 3.  Chapter 290, Health and Safety Code, is deleted.

SECTION 4.  Section 298C.004, Health and Safety Code, is amended to read as follows:

Sec. 298C.004.  EXPIRATION. (a) Subject to Section 298C.153(d), the authority of the district to administer and operate a program under this chapter expires December 31, 2023 [~~2021~~].

(b)  This chapter expires December 31, 2023 [~~2021~~].

SECTION 5.  Section 298E.103(e)(2), Health and Safety Code, is amended to read as follows:

(2)  fund the nonfederal share of payments to hospitals available through [~~the Medicaid disproportionate share hospital program or~~] the delivery system reform incentive payment program.

SECTION 6.  Section 299.004, Health and Safety Code, is amended to read as follows:

Sec. 299.004.  EXPIRATION. (a) Subject to Section 299.153(d), the authority of the district to administer and operate a program under this chapter expires December 31, 2023 [~~2021~~].

(b)  This chapter expires December 31, 2023 [~~2021~~].

SECTION 7.  Section 299.151(c), Health and Safety Code, is amended to read as follows:

(c)  If the board requires a mandatory payment authorized under this chapter, the board shall set the amount of the mandatory payment, subject to the limitations of this chapter. The aggregate amount of the mandatory payments required of all paying providers in the district may not exceed six [~~four~~] percent of the aggregate net patient revenue from hospital services provided by all paying providers in the district.

SECTION 8.  This Act takes effect immediately if it receives a vote of two-thirds of all the members elected to each house, as provided by Section 39, Article III, Texas Constitution. If this Act does not receive the vote necessary for immediate effect, this Act takes effect September 1, 2021.