

By: Lambert

H.B. No. 4143

A BILL TO BE ENTITLED

AN ACT

relating to the operations of certain local health care provider participation programs.

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

SECTION 1. Section 293C.001, Health and Safety Code, is amended by adding Subdivision (4) to read as follows:

(4) "Qualifying assessment basis" means the health care item, health care service, or other health care-related basis consistent with 42 U.S.C. Section 1396b(w) on which the commissioners court of a county requires mandatory payments to be assessed under this chapter.

SECTION 2. Section 293C.002, Health and Safety Code, is amended to read as follows:

Sec. 293C.002. APPLICABILITY. This chapter applies only to a county that:

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

(2) has a population of more than 140,000 [~~125,000~~] and less than 155,000 [~~140,000~~]; and

(3) is not adjacent to a county with a population of 1.2 [~~one~~] million or more.

SECTION 3. Section 293C.054(a), Health and Safety Code, is amended to read as follows:

(a) The commissioners court of a county that collects a

1 mandatory payment authorized under this chapter may [~~shall~~] require
2 each institutional health care provider located in the county to
3 submit to the county a copy of any financial and utilization data as
4 reported in:

5 (1) a report required by [~~and reported to~~] the
6 Department of State Health Services under Sections 311.032 and
7 311.033 and any rules adopted by the executive commissioner of the
8 Health and Human Services Commission to implement those sections;

9 (2) the provider's Medicare cost report for the most
10 recent fiscal year for which the provider submitted the Medicare
11 cost report; or

12 (3) a report other than a report described by
13 Subdivision (1) or (2) that the commissioners court considers
14 reliable and is submitted by or to the provider for the most recent
15 fiscal year.

16 SECTION 4. Subchapter B, Chapter 293C, Health and Safety
17 Code, is amended by adding Section 293C.055 to read as follows:

18 Sec. 293C.055. REQUEST FOR CERTAIN RELIEF. (a) The
19 commissioners court of a county may request that the Health and
20 Human Services Commission submit a request to the Centers for
21 Medicare and Medicaid Services for relief under 42 C.F.R. Section
22 433.72 for purposes of assuring the program is administered
23 efficiently, transparently, and in a manner that complies with
24 federal law.

25 (b) If the request for relief under Subsection (a) is
26 granted, the commissioners court of a county may act in compliance
27 with the terms of the relief. To the extent of a conflict between

1 the terms of the relief and any law, including a provision of this
2 subtitle, requiring mandatory payments be assessed in a uniform or
3 broad-based manner, the terms of the relief prevail.

4 SECTION 5. The heading to Section 293C.151, Health and
5 Safety Code, is amended to read as follows:

6 Sec. 293C.151. MANDATORY PAYMENTS [~~BASED ON PAYING HOSPITAL~~
7 ~~NET PATIENT REVENUE~~].

8 SECTION 6. Section 293C.151, Health and Safety Code, is
9 amended by amending Subsections (a) and (b) and adding Subsections
10 (a-1), (a-2), and (f) to read as follows:

11 (a) Except as provided by Subsection (e), the commissioners
12 court of a county that collects a mandatory payment authorized
13 under this chapter may require an annual mandatory payment to be
14 assessed against each institutional health care provider located in
15 the county on a qualifying assessment basis [~~the net patient~~
16 ~~revenue of each institutional health care provider located in the~~
17 ~~county~~]. The qualifying assessment basis must be the same for each
18 institutional health care provider located in the county. The
19 commissioners court may provide for the mandatory payment to be
20 assessed quarterly.

21 (a-1) Except as otherwise provided by this subsection, the
22 qualifying assessment basis must be determined by the commissioners
23 court using data reported to the Department of State Health
24 Services under Sections 311.032 and 311.033 by an institutional
25 health care provider for the most recent fiscal year the provider
26 reported the data, or if the provider did not report any data under
27 those sections, the provider's Medicare cost report for the most

1 recent fiscal year for which the provider submitted the report. If
 2 neither the data reported under Sections 311.032 and 311.033 nor
 3 the Medicare cost report contain information necessary to determine
 4 the qualifying assessment basis, the qualifying assessment basis
 5 may be determined by the commissioners court using information
 6 contained in another report the commissioners court considers
 7 reliable that is submitted by or to the provider for the most recent
 8 fiscal year. To the extent practicable, the commissioners court
 9 shall use the same type of report to determine the qualifying
 10 assessment basis for each paying hospital in the county.

11 (a-2) [In the first year in which the mandatory payment is
 12 required, the mandatory payment is assessed on the net patient
 13 revenue of an institutional health care provider as determined by
 14 the data reported to the Department of State Health Services under
 15 Sections 311.032 and 311.033 in the fiscal year ending in 2017 or,
 16 if the institutional health care provider did not report any data
 17 under those sections in that fiscal year, as determined by the
 18 institutional health care provider's Medicare cost report
 19 submitted for the 2017 fiscal year or for the closest subsequent
 20 fiscal year for which the provider submitted the Medicare cost
 21 report.] The county shall update the amount of the mandatory
 22 payment on an annual basis.

23 (b) The amount of a mandatory payment authorized under this
 24 chapter must be determined in a manner that ensures the revenue
 25 generated qualifies for federal matching funds under federal law,
 26 consistent with ~~[uniformly proportionate with the amount of net~~
 27 ~~patient revenue generated by each paying hospital in the county. A~~

~~mandatory payment authorized under this chapter may not hold
harmless any institutional health care provider, as required under]~~
42 U.S.C. Section 1396b(w).

(f) This section does not authorize the commissioners court
of a county to assess a mandatory payment that would qualify as a
bed tax or any other tax under the laws of this state.

SECTION 7. 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, 2023.