

By: Frank

H.B. No. 4928

A BILL TO BE ENTITLED

AN ACT

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

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

SECTION 1. Section 292C.001, Health and Safety Code, is amended by adding Subdivision (4) to read as follows:

(4) "Qualifying assessment basis" means any basis consistent with 42 U.S.C. Section 1396b(w) on which the commissioners court of a county requires mandatory payment to be assessed under this chapter.

SECTION 2. Section 292C.004, Health Safety Code, is amended to read as follows:

The authority of a county to administer and operate a program under this chapter expires December 31, 2027 ~~[2023]~~.

SECTION 3. Section 292C.054, Health and Safety Code, is amended by amending subsection (a) to read as follows:

(a) The commissioners court of a county that collects a mandatory payment authorized under this chapter may ~~[shall]~~ require each institutional health care provider located in the county to submit to the county a copy of any financial and utilization data as reported in:

(1) a report required by ~~[and reported to]~~ the Department of State Health Services under Sections 311.032 and 311.033 and any rules adopted by the executive commissioner of the

Health and Human Services Commission to implement those sections;

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

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

SECTION 4. Subtitle D, Title 4, Health and Safety Code, Chapter 292C, Subchapter B is amended by adding Section 292C.055 to read as follows:

Sec. 292C.055 REQUEST FOR CERTAIN RELIEF. (a) The commissioners court of a county may request that the Health and Human Services Commission submit a request to the Centers for Medicare and Medicaid Services for relief under 42 C.F.R. Section 433.72 for purposes of assuring the program is administered efficiently, transparently, and in a manner that complies with federal law.

(b) If the request for relief under Subsection (a) is granted, the commissioners court of a county may act in compliance with the terms of such relief. To the extent of a conflict between the terms of the relief and any law, including a provision of this subtitle, requiring mandatory payments to be assessed in a uniform or broad-based manner, the terms of the relief prevail.

Sec. 299.055. PROHIBITION ON IMPOSITION OF TAXES. This Chapter does not authorize the commissioners court of a county to impose a bed tax or any other tax under the laws of this state.

SECTION 5. The heading to Section 292C.151, Health and Safety Code, is amended to read as follows:

Sec. 292C.151. MANDATORY PAYMENTS [~~BASED ON PAYING HOSPITAL NET PATIENT REVENUE~~].

SECTION 6. Section 292C.151, Health and Safety Code, is amended by amending Subsections (a) and (b) and adding Subsections (a-1), (a-2) and (f) to read as follows:

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

(a-1) Except as otherwise provided by this Subsection, the qualifying assessment basis must be determined by the commissioners court using data reported to the Department of State Health Services under Section 311.032 and 311.033 by an institutional health care provider for the most recent fiscal year the provider reported data, or if the provider provider did not report any data under those sections, the provider's Medicare cost report for the most recent fiscal year for which the provider submitted a report. If neither the data reported under Sections 311.032 and 311.033 nor the Medicare cost report contain information necessary to determine

the qualifying assessment basis, the qualifying assessment basis
may be determined by the commissioner court using information
contained in another report the commissioners court considers
reliable that is submitted by or to the provider for the most recent
fiscal year. To the extent practicable, the commissioners court
shall use the same type of report to determine the qualifying
assessment basis for each paying hospital in the district. ~~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 the Department of State Health Services under Sections~~
~~311.032 and 311.033 in the fiscal year ending in 2017 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 2017 fiscal year or for the closest subsequent~~
~~fiscal year for which the provider submitted the Medicare cost~~
~~report.~~

(a-2) The county shall update the amount of the mandatory payment on an annual basis.

(b) The amount of a mandatory payment authorized under this chapter must be determined in a manner that ensures that the revenue generated qualifies for federal matching funds under federal law, consistent with ~~[uniformly proportionate with the amount of net 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]~~

1 42 U.S.C. Section 1396b(w).

2 SECTION 7. This Act takes effect immediately if it receives
3 a vote of two-thirds of all the members elected to each house, as
4 provided by Section 39, Article III, Texas Constitution. If this
5 Act does not receive the vote necessary for immediate effect, this
6 Act takes effect September 1, 2023.