

LEGISLATIVE BUDGET BOARD  
Austin, Texas

FISCAL NOTE, 88TH LEGISLATIVE REGULAR SESSION

April 17, 2023

TO: Honorable Paul Bettencourt, Chair, Senate Committee on Local Government

FROM: Jerry McGinty, Director, Legislative Budget Board

IN RE: SB849 by Blanco (Relating to the continuation and operations of a health care provider participation program by the El Paso County Hospital District.), As Introduced

Estimated Two-year Net Impact to General Revenue Related Funds for SB849, As Introduced : a negative impact of (\$2,416,310) through the biennium ending August 31, 2025.

The bill would make no appropriation but could provide the legal basis for an appropriation of funds to implement the provisions of the bill.

General Revenue-Related Funds, Five- Year Impact:

<i>Fiscal Year</i>	<i>Probable Net Positive/(Negative) Impact to General Revenue Related Funds</i>
2024	(\$1,216,582)
2025	(\$1,199,728)
2026	(\$1,200,395)
2027	(\$1,201,070)
2028	(\$1,201,753)

All Funds, Five-Year Impact:

<i>Fiscal Year</i>	<i>Probable Savings/(Cost) from GR Match For Medicaid 758</i>	<i>Probable Savings/(Cost) from Federal Funds 555</i>	<i>Change in Number of State Employees from FY 2023</i>
2024	(\$1,216,582)	(\$1,216,582)	16.0
2025	(\$1,199,728)	(\$1,199,728)	16.0
2026	(\$1,200,395)	(\$1,201,070)	16.0
2027	(\$1,201,070)	(\$1,201,070)	16.0
2028	(\$1,201,753)	(\$1,201,753)	16.0

Fiscal Analysis

Section 1 of the bill would define qualifying assessment basis as any basis consistent with 42. U.S.C Section 1396b(w) on which the board of hospital managers requires mandatory payments to be assessed.

Section 3 removes the requirement that the board of managers of the hospital district shall require a health care provider to submit certain financial data and amends the type of data that may be collected.

Section 4 would narrow the refund to paying providers to a proportionate share made during the 12 months preceding the date of the refund.

Section 6 allows the board to assess the mandatory payment on a qualifying assessment basis.

**Methodology**

The analysis assumes the Health and Human Services Commission (HHSC) would require 16.0 Full-time Equivalents (FTE) to evaluate the collection of mandatory payments from nonpublic hospitals in a district to ensure compliance with federal regulations. The analysis assumes 1.0 Financial Examiner V, 1.0 Financial Examiner VI, 1.0 Financial Examiner VII, 1.0 Financial Analyst III, and 1.0 Financial Analyst IV would be required to conduct financial examinations to ensure the local governmental entity's basis of the mandatory payments uses credible data sources.

Additionally, 1.0 Project Manager IV, 6.0 Program Specialists VII, 1.0 Manager VII, 2.0 Attorneys IV, and 1.0 Attorney V would be required for coordination with the local entity to establish rules and apply for and negotiate a waiver of uniformity from the U.S. Department of Health and Human Services and to ensure that the assessment of mandatory payments complies with federal requirements that the funds are permissible for the non-federal share used in the Texas Medicaid program.

The nonfederal share of Texas Medicaid supplemental payments is provided largely by local public funds provided to HHSC by intergovernmental transfer. HHSC reports that there would be a significant impact to funds received through the intergovernmental transfer and federal funds for Medicaid and CHIP client services while a waiver application is pending. HHSC estimates the All Funds decrease to be \$307,359,307 in fiscal year 2024 and \$2,454,545,454 in fiscal year 2025 and on. This does not affect the state's General Revenue funds.

**Technology**

FTE-related technology costs are estimated to be \$48,207 in fiscal year 2024 and \$7,857 in each subsequent year.

**Local Government Impact**

No significant fiscal implication to units of local government is anticipated.

**Source Agencies:** 529 Health and Human Services Commission

**LBB Staff:** JMc, AF, CST, ER, NV