

By: Troxclair

H. B. No. 4799

A BILL TO BE ENTITLED

1 AN ACT

2 relating to the creation and operations of a health care provider
3 participation program in certain counties.

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

5 SECTION 1. Subtitle D, Title 4, Health and Safety Code, is
6 amended by adding Chapter 292E to read as follows:

CHAPTER 292E. COUNTY HEALTH CARE PROVIDER PARTICIPATION PROGRAM IN

CERTAIN COUNTIES

SUBCHAPTER A. GENERAL PROVISIONS

10 Sec. 292E.001. DEFINITIONS. In this chapter:

18 Sec. 292E.002. APPLICABILITY. This chapter applies only to
19 a county that:

24 (3) is adjacent to the county containing the state

1 capital.

2 Sec. 292E.003. COUNTY HEALTH CARE PROVIDER PARTICIPATION
3 PROGRAM; PARTICIPATION IN PROGRAM. (a) A county health care
4 provider participation program authorizes a county to collect a
5 mandatory payment from each institutional health care provider
6 located in the county to be deposited in a local provider
7 participation fund established by the county. Money in the fund may
8 be used by the county as provided by Section 292E.103(c).

9 (b) The commissioners court of a county may adopt an order
10 authorizing the county to participate in the program, subject to
11 the limitations provided by this chapter.

12 SUBCHAPTER B. POWERS AND DUTIES OF COMMISSIONERS COURT

13 Sec. 292E.051. LIMITATION ON AUTHORITY TO REQUIRE MANDATORY
14 PAYMENTS. The commissioners court of a county may require a
15 mandatory payment under this chapter by an institutional health
16 care provider in the county only in the manner provided by this
17 chapter.

18 Sec. 292E.052. MAJORITY VOTE REQUIRED. The commissioners
19 court of a county may not authorize the county to collect a
20 mandatory payment under this chapter without an affirmative vote of
21 a majority of the members of the commissioners court.

22 Sec. 292E.053. RULES AND PROCEDURES. After the
23 commissioners court of a county has voted to require a mandatory
24 payment authorized under this chapter, the commissioners court may
25 adopt rules relating to the administration of the program,
26 including the collection of a mandatory payment, expenditures, an
27 audit, and any other administrative aspect of the program.

1 Sec. 292E.054. INSTITUTIONAL HEALTH CARE PROVIDER

2 REPORTING. If the commissioners court of a county authorizes the
3 county to participate in a program under this chapter, the
4 commissioners court shall require each institutional health care
5 provider to submit to the county a copy of any financial and
6 utilization data required by and reported to the Department of
7 State Health Services under Sections 311.032 and 311.033 and any
8 rules adopted by the executive commissioner of the Health and Human
9 Services Commission to implement those sections.

10 SUBCHAPTER C. GENERAL FINANCIAL PROVISIONS

11 Sec. 292E.101. HEARING. (a) In each year that the
12 commissioners court of a county authorizes a mandatory payment
13 under this chapter, the commissioners court shall hold a public
14 hearing on the amounts of any mandatory payments that the county
15 intends to require during the year and how the revenue derived from
16 those payments is to be spent.

17 (b) Not later than the fifth day before the date of the
18 hearing required under Subsection (a), the commissioners court
19 shall publish notice of the hearing in a newspaper of general
20 circulation in the county and provide written notice of the hearing
21 to each institutional health care provider located in the county.

22 (c) A representative of a paying provider is entitled to
23 appear at the public hearing and be heard regarding any matter
24 related to the mandatory payments authorized under this chapter.

25 Sec. 292E.102. DEPOSITORY. (a) The commissioners court of
26 a county that requires a mandatory payment under this chapter shall
27 designate one or more banks as the depository for the county's local

1 provider participation fund.

2 (b) All income received by a county under this chapter shall
3 be deposited with the depository designated under Subsection (a) in
4 the county's local provider participation fund and may be withdrawn
5 only as provided by this chapter.

6 (c) All money collected under this chapter shall be secured
7 in the manner provided for securing other county money.

8 Sec. 292E.103. LOCAL PROVIDER PARTICIPATION FUND;
9 AUTHORIZED USES OF MONEY. (a) A county that requires a mandatory
10 payment under this chapter shall create a local provider
11 participation fund.

12 (b) The local provider participation fund of a county
13 consists of:

14 (1) all revenue received by the county attributable to
15 mandatory payments authorized under this chapter;

16 (2) money received from the Health and Human Services
17 Commission as a refund of an intergovernmental transfer described
18 by Subsection (c)(1), provided that the intergovernmental transfer
19 does not receive a federal matching payment; and

20 (3) the earnings of the fund.

21 (c) Money deposited to a county's local provider
22 participation fund may be used only to:

23 (1) fund intergovernmental transfers from the county
24 to the state to provide the nonfederal share of Medicaid payments
25 for:

26 (A) uncompensated care payments to nonpublic
27 hospitals authorized under the Texas Healthcare Transformation and

1 Quality Improvement Program waiver issued under Section 1115 of the
2 federal Social Security Act (42 U.S.C. Section 1315), or a
3 successor waiver program authorizing similar Medicaid supplemental
4 payment programs;

1 (5) transfer funds to the Health and Human Services
2 Commission if the county is legally required to transfer the funds
3 to address a disallowance of federal matching funds with respect to
4 any program for which intergovernmental transfers described by
5 Subdivision (1) were made.

6 (d) Money in the local provider participation fund may not
7 be commingled with other county money.

8 (e) Notwithstanding any other provision of this chapter,
9 with respect to an intergovernmental transfer of funds described by
10 Subsection (c)(1) made by the county, any funds received by the
11 state, county, or other entity as a result of the transfer may not
12 be used by the state, county, or other entity to expand Medicaid
13 eligibility under the Patient Protection and Affordable Care Act
14 (Pub. L. No. 111-148) as amended by the Health Care and Education
15 Reconciliation Act of 2010 (Pub. L. No. 111-152).

16 SUBCHAPTER D. MANDATORY PAYMENTS

17 Sec. 292E.151. MANDATORY PAYMENTS BASED ON PAYING PROVIDER
18 NET PATIENT REVENUE. (a) Except as provided by Subsection (f), if
19 the commissioners court of a county authorizes a program under this
20 chapter, the commissioners court may require an annual mandatory
21 payment to be assessed on the net patient revenue of each
22 institutional health care provider located in the county. The
23 commissioners court may provide for the mandatory payment to be
24 assessed quarterly. In the first year in which the mandatory
25 payment is required, the mandatory payment is assessed on the net
26 patient revenue of an institutional health care provider as
27 determined by the data reported to the Department of State Health

1 Services under Sections 311.032 and 311.033 in the most recent
2 fiscal year for which that data was reported. If the institutional
3 health care provider did not report any data under those sections,
4 the provider's net patient revenue is the amount of that revenue as
5 contained in the provider's Medicare cost report submitted for the
6 most recent fiscal year for which the provider submitted the
7 Medicare cost report. If the mandatory payment is required, the
8 commissioners court shall update the amount of the mandatory
9 payment on an annual basis.

10 (b) The commissioners court of a county that requires a
11 mandatory payment under this chapter shall provide each
12 institutional health care provider on which the payment will be
13 assessed written notice of an assessment under this chapter. The
14 institutional health care provider must pay the assessment not
15 later than the 30th day after the date the provider receives the
16 written notice.

17 (c) The amount of a mandatory payment authorized under this
18 chapter must be uniformly proportionate with the amount of net
19 patient revenue generated by each paying provider in the
20 administering county. A program may not hold harmless any
21 institutional health care provider, as required under 42 U.S.C.
22 Section 1396b(w) and 42 C.F.R. Section 433.68.

23 (d) The commissioners court of a county that requires a
24 mandatory payment under this chapter shall set the amount of the
25 mandatory payment. The aggregate amount of the mandatory payment
26 required of all paying providers in the county may not exceed six
27 percent of the aggregate net patient revenue from hospital services

1 provided by all paying providers in the county.

2 (e) Subject to Subsection (d), the commissioners court of a
3 county that requires a mandatory payment under this chapter shall
4 set the mandatory payments in amounts that in the aggregate will
5 generate sufficient revenue to cover the administrative expenses of
6 the county for activities under this chapter and to fund an
7 intergovernmental transfer described by Section 292E.103(c)(1).
8 The annual amount of revenue from mandatory payments that may be
9 used to pay the administrative expenses of the county for
10 activities under this chapter may not exceed \$20,000, plus the cost
11 of collateralization of deposits, regardless of actual expenses.

12 (f) A paying provider may not add a mandatory payment
13 required under this section as a surcharge to a patient.

14 (g) A mandatory payment assessed under this chapter is not a
15 tax for hospital purposes for purposes of Section 4, Article IX,
16 Texas Constitution.

17 Sec. 292E.152. ASSESSMENT AND COLLECTION OF MANDATORY
18 PAYMENTS. (a) The county may collect or contract for the assessment
19 and collection of mandatory payments authorized under this chapter.

20 (b) The person charged by the county with the assessment and
21 collection of mandatory payments shall charge and deduct from the
22 mandatory payments collected for the county a collection fee in an
23 amount not to exceed the person's usual and customary charges for
24 like services.

25 (c) If the person charged with the assessment and collection
26 of mandatory payments is an official of the county, any revenue from
27 a collection fee charged under Subsection (b) shall be deposited in

1 the county general fund and, if appropriate, shall be reported as
2 fees of the county.

3 Sec. 292E.153. PURPOSE; CORRECTION OF INVALID PROVISION OR
4 PROCEDURE; LIMITATION OF AUTHORITY. (a) The purpose of this
5 chapter is to authorize a county to establish a program to enable
6 the county to collect mandatory payments from institutional health
7 care providers to fund the nonfederal share of certain Medicaid
8 programs as described by Section 292E.103(c)(1).

9 (b) To the extent any provision or procedure under this
10 chapter causes a mandatory payment authorized under this chapter to
11 be ineligible for federal matching funds, the commissioners court
12 of the county administering the program may provide by rule for an
13 alternative provision or procedure that conforms to the
14 requirements of the federal Centers for Medicare and Medicaid
15 Services. A rule adopted under this section may not create, impose,
16 or materially expand the legal or financial liability or
17 responsibility of the county or an institutional health care
18 provider located in the county beyond the provisions of this
19 chapter. This section does not require the commissioners court of a
20 county to adopt a rule.

21 (c) A county administering a program may only assess and
22 collect a mandatory payment authorized under this chapter if a
23 waiver program, uniform rate enhancement, or reimbursement
24 described by Section 292E.103(c)(1) is available to the county.

25 (d) This chapter does not authorize a county administering a
26 program to collect mandatory payments for the purpose of raising
27 general revenue or any amount in excess of the amount reasonably

1 necessary to fund the nonfederal share of a Medicaid supplemental
2 payment program or Medicaid managed care rate enhancements for
3 nonpublic hospitals and to cover the administrative expenses of the
4 county associated with activities under this chapter.

5 SECTION 2. If before implementing any provision of this Act
6 a state agency determines that a waiver or authorization from a
7 federal agency is necessary for implementation of that provision,
8 the agency affected by the provision shall request the waiver or
9 authorization and may delay implementing that provision until the
10 waiver or authorization is granted.

11 SECTION 3. This Act takes effect immediately if it receives
12 a vote of two-thirds of all the members elected to each house, as
13 provided by Section 39, Article III, Texas Constitution. If this
14 Act does not receive the vote necessary for immediate effect, this
15 Act takes effect September 1, 2025.