



**BOARD OF MANAGERS  
Legislative Committee - Regular Meeting  
Monday, August 17, 2026 at 11:30 AM**

**AGENDA**

**1. WELCOME**

**2. ROLL CALL OF COMMITTEE MEMBERS**

\_\_\_ Georgia Neblett, Chair  
\_\_\_ Karen O'Connor Urban  
\_\_\_ Mariana Garza

**3. CALL TO ORDER, ESTABLISHMENT OF QUORUM, MEETING POSTING  
CONFIRMATION, AND CLOSED MEETING NOTICE**

A. Call to order.

B. Establish quorum.

C. Confirm posting of Meeting's public notice in accordance with Texas Open Meetings Act, Texas Government Code, Chapter 551.

D. Public notice is hereby given that the Committee may elect to go into Closed Meeting session(s) at any time during the meeting to discuss any matter(s) listed on the agenda when so authorized by the provisions of the Open Meetings Act, Texas Government Code, Chapter 551.

**4. NOTICE REGARDING BUDGET.** The Hospital District's Fiscal Year 2026 Budget ("FY26 Budget") has been duly adopted by the Board and approved by the Commissioners Court. The Committee may discuss the FY26 Budget at this meeting. The adopted FY26 Budget and the required taxpayer impact statement for Fiscal Year 2026 are available for public review on the District's official website at:  
[[https://www.nchdcc.org/public\\_notices/finance.php](https://www.nchdcc.org/public_notices/finance.php)]([https://www.nchdcc.org/public\\_notices/finance.php](https://www.nchdcc.org/public_notices/finance.php)).

The Hospital District's Fiscal Year 2027 Budget ("FY27 Budget") is currently under

development and may be discussed by the Committee at this meeting. Because the FY27 Budget has not yet been adopted, a taxpayer impact statement for Fiscal Year 2027 is not currently available.

**5. ANNOUNCEMENT ON DISCLOSURE OF CONFLICTS OF INTEREST.** Any Conflicts of Interest or Appearance of a Conflict of Interest with items on this agenda shall be declared at this time. Members with conflicts will refrain from voting and are asked to refrain from discussion on such items. Conflicts discovered later in the meeting shall be disclosed at that time.

**6. PUBLIC COMMENT** - This section provides the public the opportunity to address the Committee on any issues within its authority. Persons attending in-person and wishing to comment on any item(s) on the agenda or any subject within the Committee's responsibilities must sign-in on the "Agenda Item Request to Speak" form provided at the entrance of the Committee meeting room at least five (5) minutes prior to commencement of the meeting. Persons attending via audio or video conference and wishing to comment on any item(s) on the agenda or any subject within the Committee's responsibilities must verbally notify the presiding officer of their desire to comment when the officer calls for public comment from those attending via audio and video conference. Commenters shall limit their comments to three (3) minutes, except that commenters addressing the Committee through a translator shall limit their comments to six (6) minutes. The presiding officer may, if he/she deems it necessary, limit both the number of commenters and the time allotted to each commenter. Under the law, the Committee may only take action on items specifically listed on the agenda. Subject matter presented which is not part of the agenda will be referred to District staff for review if appropriate. Materials submitted to the Committee during public comment will not be returned. At least ten (10) copies of any document to be used by any commenter should be available for distribution to the Committee. The commenter is responsible for preparation of the copies. The commenter's name and, if applicable, meeting agenda item number should be clearly marked on such documents.

**7. CONSENT AGENDA** - The Consent Agenda consists of those agenda items which are routine, administrative in nature, not in need of separate attention, and which a Committee member has not requested be discussed separately. If requested to be discussed separately, that agenda item will be removed from the Consent Agenda by the presiding officer to the Regular Agenda and discussed as a part of the Regular Agenda at the appropriate time. All remaining items listed under the Consent Agenda will be voted upon in a single vote:

A. Approve Legislative Committee Regular Meeting minutes of June 23, 2026.

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**8. REGULAR AGENDA** - The Regular Agenda consists of those agenda items which are non-routine, not administrative in nature, or otherwise in need of separate attention. Each

Regular Agenda item will be voted upon separately if action is required:

A. Receive information from Legislative Consultants on 90th Texas Session Legislative Agenda. **(INFORMATION)**

B. Receive a briefing on, discuss, and consider recommending action regarding the potential use of the YourTexasBenefits.com website, operated by the Texas Health and Human Services Commission to additionally facilitate enrollment in the Nueces Aid Program. **(ACTION)** 8

C. Discuss and consider recommending action on proposed amendments to the Nueces County Hospital District's Draft 90th Texas Legislative Session Agenda. **(ACTION)** 18

**9. ADMINISTRATOR'S BRIEFING:**

A. Next scheduled regular Committee meeting (meeting's date, time, and location subject to change):

1. Next Meeting: Tuesday, September 22, 2026, 11:00 AM in NCHD Board of Managers Meeting Room at 555 North Carancahua Street, Room 950-A, Corpus Christi, Texas 78401.

**10. ADJOURN**

11. Public Notice posting receipt. 44

**BOARD OF MANAGERS  
NUECES COUNTY HOSPITAL DISTRICT  
LEGISLATIVE MEETING  
JUNE 23, 2026**

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The Nueces County Hospital District Board of Managers met at 11:00 a.m., June 23, 2026 in the NCHD Board Room at 555 N. Carancahua, Suite 950 – A Corpus Christi, Texas.

**HOSPITAL DISTRICT REPRESENTATIVES:**

|                          |                                      |
|--------------------------|--------------------------------------|
| Jonny F. Hipp            | Administrator/CEO                    |
| Belinda Espinoza         | Asst. Administrator, Admin. Services |
| Donna Littlefield        | Director, Accounting & Finance       |
| Mary Esther Guerra       | Assistant County Attorney – via Zoom |
| John B. Martinez         | General Counsel                      |
| Adam Robison             | Legal Counsel                        |
| Melissa Quintanilla      | Executive Assistant/Human Resources  |
| Carmina Hernandez Moreno | Administrative Assistant             |

**OTHERS PRESENT:**

|                       |                     |
|-----------------------|---------------------|
| Patricia Shipton      | Lobbyist – via Zoom |
| Joel Romo             | Lobbyist – via Zoom |
| read ai meeting notes | - via Zoom          |

**BOARD OF MANAGER  
LEGISLATIVE MEETING  
MINUTES  
JUNE 23, 2023**

**1. WELCOME**

**2. ROLL CALL OF COMMITTEE MEMBERS**

☐ Y\_\_ Georgia Neblett, Chair  
☐ Y\_\_ Karen O'Connor Urban  
☒ X\_\_ Mariana Garza

**3. CALL TO ORDER, ESTABLISHMENT OF QUORUM, MEETING POSTING  
CONFIRMATION, AND CLOSED MEETING NOTICE**

A. Call to order – Georgia Neblett, Chair.

The meeting was called to order by Georgia Neblett at 11:01 a.m.

B. Establish quorum – Georgia Neblett, Chair.

A quorum was present with two members in attendance.

**Georgia Neblett, Chair – PRESENT**

**Karen O'Connor Urban, Member – PRESENT**

**Mariana Garza, Member – ABSENT**

C. Confirm posting of Meeting's public notice in accordance with Texas Open Meetings Act, Texas Government Code, Chapter 551.

D. Public notice is hereby given that the Committee may elect to go into Closed Meeting session(s) at any time during the meeting to discuss any matter(s) listed on the agenda when so authorized by the provisions of the Open Meetings Act, Texas Government Code, Chapter 551.

**4. NOTICE REGARDING BUDGET.** The Hospital District's Fiscal Year 2026 budget has been duly adopted by the Board and approved by Commissioners Court. At this meeting, the Committee may discuss the budget. The budget and the required taxpayer impact statement for Fiscal Year 2026 are available for public review on the District's official website at: [https://www.nchdcc.org/public\\_notices/finance.php](https://www.nchdcc.org/public_notices/finance.php).

**5. ANNOUNCEMENT ON DISCLOSURE OF CONFLICTS OF INTEREST.** Any Conflicts of Interest or Appearance of a Conflict of Interest with items on this agenda shall be declared at this time. Members with conflicts will refrain from voting and are asked to refrain from discussion on such items. Conflicts discovered later in the meeting shall be

**BOARD OF MANAGER  
LEGISLATIVE MEETING  
MINUTES  
JUNE 23, 2023**

disclosed at that time.

**6. PUBLIC COMMENT** - This section provides the public the opportunity to address the Committee on any issues within its authority. Persons attending in-person and wishing to comment on any item(s) on the agenda or any subject within the Committee's responsibilities must sign-in on the "Agenda Item Request to Speak" form provided at the entrance of the Committee meeting room at least five (5) minutes prior to commencement of the meeting. Persons attending via audio or video conference and wishing to comment on any item(s) on the agenda or any subject within the Committee's responsibilities must verbally notify the presiding officer of their desire to comment when the officer calls for public comment from those attending via audio and video conference. Commenters shall limit their comments to three (3) minutes, except that commenters addressing the Committee through a translator shall limit their comments to six (6) minutes. The presiding officer may, if he/she deems it necessary, limit both the number of commenters and the time allotted to each commenter. Under the law, the Committee may only take action on items specifically listed on the agenda. Subject matter presented which is not part of the agenda will be referred to District staff for review if appropriate. Materials submitted to the Committee during public comment will not be returned. At least ten (10) copies of any document to be used by any commenter should be available for distribution to the Committee. The commenter is responsible for preparation of the copies. The commenter's name and, if applicable, meeting agenda item number should be clearly marked on such documents.

**No one to speak in Public Comment.**

**7. CONSENT AGENDA** - The Consent Agenda consists of those agenda items which are routine, administrative in nature, not in need of separate attention, and which a Committee member has not requested be discussed separately. If requested to be discussed separately, that agenda item will be removed from the Consent Agenda by the presiding officer to the Regular Agenda and discussed as a part of the Regular Agenda at the appropriate time. All remaining items listed under the Consent Agenda will be voted upon in a single vote:

A. Approve Legislative Committee Regular Meeting minutes of April 28, 2026.

**Consent Agenda Approved. Motion by Karen O'Connor Urban  
and seconded by Georgia Neblett. MOTION CARRIED**

**8. REGULAR AGENDA** - The Regular Agenda consists of those agenda items which are non-routine, not administrative in nature, or otherwise in need of separate attention. Each Regular Agenda item will be voted upon separately if action is required:

**BOARD OF MANAGER  
LEGISLATIVE MEETING  
MINUTES  
JUNE 23, 2023**

A. Discuss and recommend receipt of information relating to the upcoming 90th Texas Legislative Session:

**Joel Romo and Patricia Shipton updated board on  
Legislative Matters.**

1. Reports from Legislative Consultants; and
2. Information on interim matters. (*ACTION*)

**No action taken, item was informational.**

**9. ADMINISTRATOR'S BRIEFING:**

A. Next scheduled regular Committee meeting (meeting's date, time, and location subject to change):

1. Next Meeting: July 28, 2026, 11:00 AM in NCHD Board of Managers Meeting Room at 555 North Carancahua Street, Room 950-A, Corpus Christi, Texas 78401.

**10. ADJOURN**

**Georgia Neblett, Chair motion to adjourn.  
Meeting adjourned at 11:18 a.m.**

# **NUECES COUNTY HOSPITAL DISTRICT**

## **Briefing Paper**

**SUBJECT:** Potential Use of YourTexasBenefits.com to Facilitate Enrollment in the Nueces Aid Program

### **Purpose**

To brief the Board of Managers regarding the potential use of the Texas Health and Human Services Commission's YourTexasBenefits.com integrated benefits portal as an additional pathway to facilitate enrollment in the Nueces Aid Program.

### **Background**

The Nueces Aid Program is the District's local indigent health care program for Nueces County residents who do not qualify for other state or federal medical assistance. The program operates as the District's implementation of the County Indigent Health Care Program under Chapter 61 of the Texas Health and Safety Code and provides hospital, clinical, pharmacy, and primary care services to eligible residents.

Enrollment is currently administered independently by the District through its own online and paper application processes. Applicants must provide information and documentation concerning residency, household composition, income, resources, other coverage, and identity. Eligibility is determined after the required documentation is received.

### **Current Enrollment Process**

The District currently accepts Nueces Aid applications through its online enrollment system and by paper application. Applicants are responsible for separately gathering and submitting supporting documentation even when similar information has previously been provided to or verified by another governmental benefits program.

There is presently no direct connection between YourTexasBenefits.com and the Nueces Aid Program. Consequently, an individual who applies for Medicaid through the state portal and is denied must separately identify the Nueces Aid Program and initiate another enrollment process with the District.

### **Potential YourTexasBenefits.com Pathway**

YourTexasBenefits.com is the State's integrated benefits portal for programs including Medicaid, SNAP, CHIP, and TANF. A Medicaid application submitted through the portal collects substantially the same applicant information used in determining Nueces Aid eligibility, including identity and address, county of residence, household composition, income, assets and resources, insurance status, Social Security number, and Medicaid eligibility status.

The briefing identifies photo identification as the principal Nueces Aid documentation requirement not collected through YourTexasBenefits.com. This requirement could be addressed through a supplemental verification step rather than requiring an applicant to repeat the entire application process.

### **Enrollment Pathway Models**

The briefing identifies three potential approaches for using YourTexasBenefits.com information to facilitate Nueces Aid enrollment. The first would provide for automatic referral following a Medicaid denial, with applicant consent, allowing verified eligibility information to be transmitted to the District and used to initiate a Nueces Aid application.

A second approach would establish a direct County Indigent Health Care Program intake pathway within YourTexasBenefits.com, allowing an applicant to initiate a Nueces Aid application through the state portal without first completing a Medicaid application.

A third approach would use an administrative coordination arrangement under existing authority. Under this approach, the District could accept income, household, and other information already verified through

a YourTexasBenefits.com Medicaid application to satisfy corresponding Nueces Aid documentation requirements. Unlike the first two approaches, this model would not depend upon an automated data-transfer system.

## **Potential Administrative Benefits**

Use of verified YourTexasBenefits.com information could reduce duplication in the enrollment process by allowing information already collected and verified by HHSC to be used for Nueces Aid eligibility purposes. This could reduce the amount of documentation applicants must submit separately and lessen administrative processing associated with collecting and verifying duplicative information.

The approach could also provide a more direct connection between Medicaid ineligibility and the local indigent health care program. Medicaid-denied Nueces County residents whose income and resources fall within Nueces Aid standards could be more readily identified and directed to the District's enrollment process.

## **Eligibility Considerations**

The Nueces Aid Program maintains eligibility standards established by the District under its statutory authority, including an income limit of 150 percent of the Federal Poverty Guidelines and a resource limit established by the District. These standards differ from the minimum eligibility requirements applicable to County Indigent Health Care Programs generally.

Use of YourTexasBenefits.com would therefore function as an enrollment and information-sharing pathway rather than as a replacement for the District's eligibility standards or responsibility for making final Nueces Aid eligibility determinations.

## **Legal and Operational Considerations**

Implementation of the more integrated enrollment approaches would require coordination with HHSC and, for the automatic-referral and direct-portal models described in the briefing, statutory changes contemplated as part of a broader County Indigent Health Care Program streamlining framework.

Any data-sharing arrangement would require applicant consent. The briefing contemplates affirmative authorization for the sharing of applicant information with the applicable local program administrator and provides that refusal to consent would not affect eligibility for other benefit programs.

Operational issues would include establishing data-transfer or documentation procedures, confirming how previously verified information would be accepted by the District, addressing the remaining photo-identification requirement, coordinating referral and applicant-contact processes, and maintaining the District's responsibility for final eligibility determinations.

## **Potential Phased Approach**

The briefing identifies a phased approach under which the District could initially pursue administrative coordination using existing authority while more integrated portal and automatic-referral mechanisms are considered through the legislative and state implementation processes.

Such an approach could allow the District to begin reducing duplicative documentation and enrollment barriers without waiting for development of a fully integrated state-local data pathway.

## **Fiscal and Administrative Impact**

The briefing does not establish a specific fiscal impact or funding requirement. Potential effects would depend upon the enrollment model ultimately pursued, the extent of HHSC coordination or system development required, implementation arrangements, and any changes in enrollment volume or administrative workload.

Potential administrative benefits include reduced duplicative data collection and verification, a more streamlined application process, and improved identification of individuals who may qualify for the Nueces Aid Program following Medicaid denial.

## **Board Consideration**

The Board is being asked to receive and discuss the briefing regarding the potential use of YourTexasBenefits.com to further facilitate enrollment in the Nueces Aid Program. The briefing provides a framework for considering administrative coordination under existing authority as well as potential future integration with the state benefits portal.

## **Summary**

YourTexasBenefits.com collects much of the information required to determine Nueces Aid eligibility and therefore presents an opportunity to streamline enrollment by reusing verified applicant information and reducing duplicative documentation. The briefing identifies administrative and potential statutory pathways ranging from immediate coordination using existing authority to future automatic referral and direct portal integration. Under any approach, the District would retain its eligibility standards and responsibility for determining enrollment in the Nueces Aid Program.

# NUECES COUNTY HOSPITAL DISTRICT

## BRIEFING PAPER

### YourTexasBenefits.com as an Enrollment Pathway for the Nueces Aid Program

August 17, 2026

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#### Executive Summary

The Nueces Aid Program is NCHD's local indigent health care program serving Nueces County residents who do not qualify for any other state or federal medical assistance. Currently, enrollment requires a paper or online application submitted directly to NCHD, supported by documentation of residency, income, resources, and identity — a process administered entirely independent of the state benefits system.

This briefing examines whether and how YourTexasBenefits.com — the Texas Health and Human Services Commission's statewide integrated benefits portal used to apply for Medicaid, SNAP, CHIP, and TANF — could be used to facilitate enrollment in the Nueces Aid Program, reducing barriers for applicants and administrative burden for NCHD.

**Key Finding:** *The Nueces Aid Program occupies a unique dual position: it is both NCHD's CIHCP program under Chapter 61, Health and Safety Code, and a locally branded program with its own eligibility standards and service structure. The YourTexasBenefits.com portal pathway developed in the CIHCP streamlining framework is directly applicable to the Nueces Aid Program. With the right combination of administrative action and statutory authorization, Medicaid denials through YourTexasBenefits.com could trigger automatic Nueces Aid Program referrals — turning what is currently a disconnected two-step process into a seamless single application experience.*

#### Part I: The Nueces Aid Program — Current Structure

##### What the Nueces Aid Program Is

The Nueces Aid Program is NCHD's branded implementation of the County Indigent Health Care Program (CIHCP) under Chapter 61, Health and Safety Code, Subchapter C, which applies to persons residing in the service area of a public hospital or hospital district. As a Chapter 281 hospital district, NCHD bears full statutory responsibility for furnishing medical and hospital care to indigent and needy persons residing in Nueces County under §281.046.

The program provides hospital services, clinical services, pharmacy benefits, and primary care access to enrolled Nueces County residents. Enrollment is managed through NCHD Enrollment Services offices at four locations in Corpus Christi and Robstown, in addition to an online application portal available through the NCHD website.

## Current Eligibility Requirements

Nueces Aid Program eligibility is more generous than the statutory CIHCP floor in one important respect — income. While Chapter 61's minimum income threshold is 21% of the federal poverty level, NCHD has exercised its §61.052 less restrictive authority to raise that ceiling substantially:

| Eligibility Factor | Chapter 61 Minimum                                  | Nueces Aid Program Standard                                                      |
|--------------------|-----------------------------------------------------|----------------------------------------------------------------------------------|
| Income limit       | 21% of Federal Poverty Level                        | 150% of Federal Poverty Guidelines                                               |
| Resource limit     | Set by HHSC rule (~\$2,000)                         | \$5,571.37 (personal property & homestead exempt; one auto per household exempt) |
| Residency          | Nueces County resident                              | Nueces County resident (proof required)                                          |
| Other coverage     | Must be ineligible for other state/federal programs | Must not qualify for any other state or federal medical assistance program       |

**Significance:** *The Nueces Aid Program's income ceiling of 150% FPL is dramatically higher than the CIHCP statutory floor of 21% FPL. This means the program serves a substantially larger share of low-income Nueces County residents than a bare-minimum CIHCP program would. It also means the overlap with the Medicaid-denial population is broader — more Medicaid applicants will fall within Nueces Aid income limits upon denial than would qualify under a 21% FPL program.*

## Current Application Process

The Nueces Aid Program currently offers two application pathways:

- Online application through the NCHD website ([nchdcc.org](http://nchdcc.org)) — applicants set up a username and password, receive a validation code, and complete the application through NCHD's own portal
- Paper application — downloadable from the NCHD website; can be mailed or uploaded to NCHD

Required supporting documentation includes: proof of Nueces County residency (house payment receipts, lease agreement, or utility bill); proof of resources (bank statements, vehicle list, property tax statement); proof of income (pay stubs for three months, tax returns, or benefit award letters for SSI, workers' compensation, child support, AFDC, or food stamps); and identification (Social Security card plus photo ID).

NCHD determines eligibility within 14 business days from the date all required documentation is received. Applicants must report changes in address, income, resources, or household composition — and any application for or receipt of SSI, TANF, or Medicaid — within 14 days of the change.

**Current Gap:** *There is no connection between the state's [YourTexasBenefits.com](http://YourTexasBenefits.com) portal and the Nueces Aid Program application. A person who applies for Medicaid through [YourTexasBenefits.com](http://YourTexasBenefits.com) and is denied must independently discover the Nueces Aid Program, locate an enrollment office or the NCHD website, and begin a separate application — even though much of the same information has already been collected and verified by the state.*

## Part II: How YourTexasBenefits.com Could Facilitate Nueces Aid Enrollment

### The Core Opportunity

YourTexasBenefits.com collects, at the point of a Medicaid application, virtually all of the information required for Nueces Aid Program enrollment. The table below maps YourTexasBenefits.com data fields to Nueces Aid Program documentation requirements:

| Nueces Aid Requirement           | YourTexasBenefits.com Data Field                  | Coverage                          |
|----------------------------------|---------------------------------------------------|-----------------------------------|
| Full name and address            | Applicant identity and address                    | Full                              |
| Nueces County residency          | County of residence field                         | Full                              |
| Household composition and size   | Household members and relationships               | Full                              |
| Proof of income (all sources)    | Income verification across all household members  | Full                              |
| Liquid assets and resources      | Asset verification (accounts, property, vehicles) | Full                              |
| Insurance/other coverage status  | Insurance and coverage questions                  | Full                              |
| Ineligibility for other programs | Medicaid denial (establishes ineligibility)       | Full — denial itself is the proof |
| Social Security number           | SSN collected for Medicaid application            | Full                              |
| Photo identification             | Not collected by YourTexasBenefits.com            | Gap — requires supplemental step  |

The only Nueces Aid documentation requirement not captured by the YourTexasBenefits.com application is photo identification. This gap is narrow and operationally manageable — NCHD could satisfy this requirement through a brief in-person or remote verification step without requiring a full re-application.

### Three Enrollment Pathway Models

#### Model 1 — Auto-Referral Upon Medicaid Denial (Primary Model)

Under this model, when a Nueces County applicant applies for Medicaid through YourTexasBenefits.com and is denied, HHSC automatically transmits the applicant's verified eligibility data to NCHD's enrollment system — with the applicant's consent — triggering a Nueces Aid Program application. The denial date serves as the application date. NCHD then contacts the applicant to complete the photo identification step and complete enrollment.

This model directly mirrors the auto-referral mechanism in proposed new §61.0047 of the Health and Safety Code, which is the central innovation of the CIHCP streamlining framework developed for NCHD's board consideration. Because the Nueces Aid Program is NCHD's implementation of CIHCP, §61.0047's auto-referral, once enacted, would apply directly to the Nueces Aid Program by operation of law.

The operational flow would be:

- Applicant applies for Medicaid at YourTexasBenefits.com

- Applicant is denied Medicaid; income and resources verified as within Nueces Aid limits
- With applicant's consent, HHSC transmits verified data to NCHD Enrollment Services
- NCHD contacts applicant within 5 business days to request photo ID verification
- NCHD completes eligibility determination within 14 business days of receiving referral
- Applicant enrolled in Nueces Aid Program — single seamless process from initial Medicaid application

### **Model 2 — Direct CIHCP Intake Pathway on YourTexasBenefits.com**

Under proposed new §531.0255 of the Government Code, HHSC would be required to build a CIHCP intake pathway directly into the YourTexasBenefits.com portal. For Nueces County applicants, this pathway would route directly to the Nueces Aid Program — allowing applicants to apply without first going through a Medicaid application. An applicant who knows they are Medicaid-ineligible (or has already been denied) could begin a Nueces Aid application directly, with their data transmitted to NCHD upon completion.

This model is more operationally ambitious than Model 1, as it requires HHSC to build and maintain a county-specific routing mechanism for each of the 143 CIHCP program administrators statewide. The statewide service area mapping required by §531.0255 would identify Nueces County as served by NCHD under Subchapter C of Chapter 61, directing all Nueces County applicants in the portal to the Nueces Aid Program.

### **Model 3 — Administrative Coordination Agreement (No Legislation Required)**

Under this model, NCHD enters into a voluntary coordination agreement with HHSC under existing authority. The agreement would provide that NCHD accepts income and household data verified through the YourTexasBenefits.com Medicaid application as satisfying the corresponding Nueces Aid Program documentation requirements — effectively treating the Medicaid application as a pre-screening tool. Applicants who are denied Medicaid and referred to NCHD (through outreach, clinic encounters, or HHSC staff) could complete a streamlined Nueces Aid enrollment using their existing YourTexasBenefits.com record.

This model is available today under §61.053's application procedure discretion and §61.052's less restrictive eligibility standards authority. It does not create a data pipeline or automated referral — it requires the applicant to bring their YourTexasBenefits.com documentation to NCHD — but it would eliminate duplicative data collection for those who do.

**Bottom Line on Models:** *Models 1 and 2 require the statutory amendments contemplated in the CIHCP streamlining framework. Model 3 is available now under existing authority. A phased approach — implementing Model 3 immediately while Models 1 and 2 are pursued through the legislative process — provides the fastest path to reducing enrollment barriers while building toward the most durable solution.*

## Part III: Legal and Operational Considerations

### Why the Nueces Aid Program's Income Standard Is a Strength Here

The Nueces Aid Program's income limit of 150% FPL is far higher than the 21% FPL CIHCP floor. This has an important practical consequence for the portal pathway: a much larger share of Medicaid-denied applicants will fall within Nueces Aid income limits than would qualify under a bare-minimum CIHCP program. In other words, the auto-referral trigger will generate more viable Nueces Aid referrals per Medicaid denial than it would for a district operating at the statutory floor — making the portal pathway proportionally more valuable for NCHD than for most other CIHCP administrators statewide.

### The §281.071 Financial Inquiry and Nueces Aid Enrollment

As analyzed in prior briefings, §281.071 of the Health and Safety Code requires the NCHD administrator to inquire into a patient's financial circumstances when admitted to district facilities. New §285.092, proposed in the CIHCP Integration Bill, provides that portal-verified eligibility data transmitted under §61.0046 satisfies that inquiry obligation for CIHCP (Nueces Aid) eligibility purposes, while preserving NCHD's cost recovery authority. This provision is directly relevant to Nueces Aid Program enrollment: once §285.092 is enacted, a Nueces Aid enrollee whose data has come through the YourTexasBenefits.com pathway will not require a duplicative §281.071 financial inquiry for enrollment purposes.

### Data Sharing and Consent

All three models require applicant consent for HHSC to share YourTexasBenefits.com data with NCHD. Under proposed new §531.0256, the integrated benefits portal application would include a standardized consent authorization informing applicants that their data may be shared with the applicable CIHCP program administrator — for Nueces County applicants, identified specifically as the Nueces Aid Program administered by NCHD. Consent is affirmative and opt-in; refusal does not affect eligibility for any other program.

### Photo Identification Gap

The only Nueces Aid Program requirement not covered by YourTexasBenefits.com data is photo identification. NCHD has several options for addressing this efficiently:

- Accept photo ID verification at the time of first clinical encounter (effectively using the care visit as the verification touchpoint)
- Allow telehealth or video-verified ID submission through NCHD's enrollment portal
- Accept school ID, state ID, or other available identification at a brief enrollment appointment, which could be combined with the photo ID verification requirement
- For applicants with a Texas Driver's License or State ID, explore whether DPS data sharing agreements could satisfy the ID requirement without requiring a separate in-person step

## Part IV: Comparison with the Current Application

The table below compares the current Nueces Aid enrollment experience with the proposed portal pathway experience:

| Factor                                | Current Process                                                                           | Portal Pathway                                                                                                                                      |
|---------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| Entry point                           | NCHD website, NCHD enrollment office, or clinic referral                                  | YourTexasBenefits.com (same portal used for Medicaid, SNAP, TANF)                                                                                   |
| Application form                      | Separate NCHD-specific paper or online application                                        | Medicaid application data re-used; no separate Nueces Aid form for most applicants                                                                  |
| Income/resource verification          | Applicant must separately provide 3 months of pay stubs, bank statements, benefit letters | Already verified by HHSC; transmitted to NCHD with consent                                                                                          |
| Medicaid ineligibility proof          | Applicant must obtain and submit Medicaid denial documentation                            | Medicaid denial is the trigger; proof is built into the process                                                                                     |
| Photo ID                              | Required at application                                                                   | Single supplemental step; all other data pre-populated                                                                                              |
| Time from first contact to enrollment | Variable; depends on document collection, which can take weeks                            | Reduced significantly; data already verified; NCHD contacts applicant within 5 business days of referral                                            |
| Language access                       | NCHD provides English and Spanish materials                                               | YourTexasBenefits.com supports English, Spanish, and additional languages                                                                           |
| Eligible population reached           | Only those who proactively find and contact NCHD                                          | All Medicaid-denied Nueces County applicants whose income/resources are within Nueces Aid limits — systematically identified at the point of denial |

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### Statutory and Program References

- Texas Health and Safety Code §61.052 — General Eligibility Provisions (less restrictive standards authority)
- Texas Health and Safety Code §61.053 — Application Procedure (hospital districts and public hospitals)
- Texas Health and Safety Code §61.0046 [proposed] — Commission Data Sharing with Program Administrators
- Texas Health and Safety Code §61.0047 [proposed] — Automatic Referral to Program Administrator Upon Medicaid Denial
- Texas Health and Safety Code §281.046 — District Responsibility for Medical Aid and Hospital Care
- Texas Health and Safety Code §281.071 — Payment and Support (financial inquiry obligation)
- Texas Health and Safety Code §285.092 [proposed] — Satisfaction of Patient Financial Inquiry Requirement Through Integrated Benefits Portal Data

- Texas Government Code §531.0255 [proposed] — Integrated Benefits Portal — County Indigent Health Care Program
- Texas Government Code §531.0256 [proposed] — Consent Authorization for CIHCP Data Sharing
- NCHD Nueces Aid Program Eligibility Standards — [nchdcc.org/nueces\\_aid/nchd\\_eligibility.php](http://nchdcc.org/nueces_aid/nchd_eligibility.php) (current as of August 2026)

###

# **NUECES COUNTY HOSPITAL DISTRICT**

## **Briefing Paper**

**SUBJECT:** Proposed 90th Texas Legislative Session Agenda — Advocacy Positions and Legislative Pursuits

### **Purpose**

To brief the Board of Managers regarding the District's preliminary agenda for the 90th Texas Legislature and to distinguish between matters presented as Advocacy Positions and matters identified as a Legislative Pursuit.

### **Overview**

The proposed agenda identifies four healthcare priorities intended to strengthen medical education, expand healthcare workforce capacity, improve access to behavioral health services, and streamline access to indigent health care services in South Texas.

The working document places the first three priorities—Graduate Medical Education, Medical Workforce Development, and Regional Behavioral Health Infrastructure—under the heading “Advocacy Position.” The fourth priority—CIHCP Streamlining through YourTexasBenefits.com—is expressly identified as a “Legislative Pursuit.” This distinction reflects a difference in the specificity and intended method of pursuing the respective priorities.

### **Distinction Between Advocacy Positions and Legislative Pursuits**

For purposes of the proposed agenda, an Advocacy Position expresses a policy, funding, or programmatic objective that the District supports and may advance with legislators, State agencies, healthcare organizations, and other stakeholders. An Advocacy Position establishes the outcome or direction the District favors without necessarily committing the District to seek enactment of a particular bill or specified statutory language.

A Legislative Pursuit is more specific. It identifies an objective for which changes to State law are proposed and describes the statutory provisions, new authorities, or implementation requirements that would be sought through legislation. A Legislative Pursuit therefore contemplates active development, sponsorship, introduction, or support of legislation designed to accomplish the identified changes.

The distinction does not mean that an Advocacy Position could never result in legislation. Legislative action, appropriations, budget riders, or statutory authority may ultimately be necessary to accomplish an advocacy objective. Rather, the distinction describes the current level of specificity and commitment in the working agenda: Advocacy Positions identify outcomes the District supports, while a Legislative Pursuit identifies a defined statutory initiative the District proposes to advance.

### **Advocacy Position I — Graduate Medical Education**

The District's first Advocacy Position supports increased investment in Graduate Medical Education to expand physician training and retention. The agenda calls for increased Medicaid GME supplemental payments, funding for existing and new residency slots, incentives for expansion of training slots, support for teaching hospitals, and additional funding through General Revenue and budget riders.

This priority is appropriately characterized as an Advocacy Position because it identifies funding and policy outcomes the District supports rather than a specific amendment to State law. The District could advocate for these objectives through the State appropriations process, budget riders, agency funding decisions, or legislation developed by other parties.

## Advocacy Position II — Medical Workforce Development

The second Advocacy Position seeks authority and tools for the District to address shortages in essential medical specialties based on local community health needs. The agenda identifies potential financial incentives, professional protections, recruitment assistance, and minimum service commitments.

Although portions of this objective—particularly new District authority or liability protections—could require legislation, the working agenda presently describes the desired policy framework rather than identifying specific code sections or proposed statutory amendments. It therefore remains classified as an Advocacy Position at this stage. If the District later develops specific statutory language to confer or clarify these authorities, that portion of the priority could appropriately become a Legislative Pursuit.

## Advocacy Position III — Regional Behavioral Health Infrastructure

The third Advocacy Position supports expansion of regional behavioral health infrastructure and planning for a State-supported mental health facility in the Coastal Bend. The agenda supports State-supported regional facilities, services for adults, children, and justice-involved populations, partnerships with local mental health authorities and community providers, integration of inpatient, crisis, and outpatient services, and a State appropriation for a feasibility study.

This priority is framed primarily as advocacy for State investment, planning, and regional infrastructure rather than as a request for specified statutory amendments. The District could pursue the objective through appropriations, budget riders, agency planning, legislative studies, and support for related legislation without necessarily sponsoring a stand-alone statutory proposal.

## Legislative Pursuit IV — CIHCP Streamlining and Integrated Benefits Portal Access

The fourth priority is expressly identified as a Legislative Pursuit because it proposes defined changes to State law to integrate the County Indigent Health Care Program with YourTexasBenefits.com and the State's existing eligibility infrastructure.

The proposed pursuit includes amendments to Chapter 61 of the Health and Safety Code to establish the portal as an authorized CIHCP application pathway; new statutory authority for HHSC to share eligibility data; automatic referral of qualifying Medicaid denials; amendments to Chapter 531 of the Government Code to expand the integrated eligibility mandate and require development of a CIHCP intake pathway and statewide service-area mapping; and a new provision in Chapter 285 addressing hospital district reliance on portal-verified financial information.

Unlike the three Advocacy Positions, the CIHCP initiative identifies specific existing statutes to amend, new statutory sections to create, duties to impose on HHSC, and an implementation schedule. It therefore represents a defined legislative proposal rather than a general policy or funding position.

## Practical Differences

| Characteristic                          | Advocacy Position                                                                                          | Legislative Pursuit                                                                               |
|-----------------------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| Primary purpose                         | State the policy, funding, or program outcome the District supports.                                       | Seek a defined change in State law or statutory authority.                                        |
| Level of specificity                    | Broad to moderately specific objectives.                                                                   | Specific statutory changes, new provisions, or mandated actions.                                  |
| Method of advancement                   | Advocacy, appropriations, budget riders, agency engagement, coalitions, or support of related legislation. | Bill development, legislative sponsorship, statutory amendments, and direct legislative advocacy. |
| Need for District-sponsored legislation | Not necessarily.                                                                                           | Generally contemplated by the proposal.                                                           |
| Current agenda items                    | GME; Medical Workforce Development; Regional Behavioral Health Infrastructure.                             | CIHCP Streamlining — Integrated Benefits Portal Access.                                           |

## **Potential Evolution of Agenda Items**

The classifications need not be permanent. An Advocacy Position may evolve into a Legislative Pursuit if the District determines that a specific statutory change is necessary and develops a defined legislative proposal. Conversely, the District may continue to advance an Advocacy Position through appropriations, agency action, stakeholder partnerships, or support for legislation initiated by others without developing its own bill.

This distinction allows the Board to support broad healthcare policy priorities while separately identifying those matters for which the District intends to pursue specific legislation.

## **Fiscal and Administrative Considerations**

The preliminary agenda does not itself appropriate District funds or establish a specific fiscal commitment. Fiscal and administrative effects would depend on the particular advocacy activities undertaken, legislation ultimately pursued or enacted, State appropriations, program design, and any local participation requirements.

A Legislative Pursuit may require a more focused implementation effort, including development and review of statutory language, legislative sponsorship, stakeholder coordination, testimony or other legislative support, and subsequent implementation planning if enacted. Advocacy Positions may involve similar external engagement but do not necessarily require development of District-specific legislation.

## **Board Consideration**

The Board is being asked to receive and discuss the preliminary legislative agenda and the distinction between the District's Advocacy Positions and its Legislative Pursuit. The Board may use these classifications to clarify which priorities represent general policy and funding objectives supported by the District and which priorities are intended to be advanced through specific changes to State law.

## **Summary**

The proposed agenda contains three Advocacy Positions and one Legislative Pursuit. Graduate Medical Education, Medical Workforce Development, and Regional Behavioral Health Infrastructure are presented as Advocacy Positions reflecting policy, funding, and program objectives the District supports. CIHCP Streamlining through YourTexasBenefits.com is presented as a Legislative Pursuit because it proposes specific amendments and additions to State law and defined implementation requirements. The distinction provides a practical framework for communicating both the District's broader legislative priorities and the particular statutory initiative it intends to pursue.

**NUECES COUNTY HOSPITAL DISTRICT**  
**90th Texas Legislative Session Agenda**  
August 17, 2026

**Summary**

The Nueces County Hospital District supports targeted legislative action to strengthen medical education, expand healthcare workforce capacity, improve access to behavioral health services, and streamline access to indigent health care services in South Texas.

**Countywide Benefits**

- Increased physician retention.
  - Improved behavioral health access.
  - Complemented medical infrastructure.
  - Strengthened medical education pipelines.
  - Enhanced healthcare resilience.
  - Expanded access to indigent health care services through streamlined CIHCP eligibility determination.
- 

**I. Graduate Medical Education (GME)**

Support increased investment in GME to expand physician training and retention.

**Advocacy Position:**

- Increase Medicaid GME supplemental payments
- Fund existing and new residency slots
- Incentivize expansion of training slots
- Support teaching hospitals
- Expand funding through General Revenue and budget riders

**Data Point:**

Nueces County faces persistent physician shortages in primary care and specialty fields, limiting access to care.

**Impact on Nueces County:**

- Expanded local residency and fellowship opportunities.
  - Improved long-term physician retention.
  - Reduced reliance on temporary providers.
  - Enhanced capacity at local teaching hospitals.
  - Greater continuity of care.
  - Stabilized medical workforce pipeline.
-

## II. Medical Workforce Development

Authorize NCHD to address shortages in essential specialties.

### **Advocacy Position:**

- Allow local designation based on community health needs assessments
- Financial incentives: loan repayment, housing support, income guarantees
- Professional protections: malpractice limits and liability protections
- Recruitment supports: relocation and startup assistance
- Require minimum service commitments

### **Data Point:**

Several high-need specialties remain underrepresented in coastal South Texas.

### **Impact on Nueces County:**

- Improved recruitment in shortage specialties.
  - Increased access to essential services.
  - Greater competitiveness for healthcare talent.
  - Reduced patient outmigration.
  - Strengthened provider networks.
  - Enhanced sustainability of service lines.
- 

## III. Regional Behavioral Health Infrastructure

Expand access to mental health services and support planning for a state-supported mental health facility in the Coastal Bend.

### **Advocacy Position:**

- Establish state-supported regional facilities
- Serve adults, children, and justice-involved populations
- Partner with LMHAs and community providers
- Integrate inpatient, crisis, and outpatient services
- Request state appropriation to fund a feasibility study for establishing a state-supported mental health facility in the Coastal Bend region

### **Data Point:**

Behavioral health wait times in South Texas frequently exceed recommended standards, and the Coastal Bend region lacks a state-supported inpatient mental health facility, requiring patients to travel long distances for acute psychiatric care.

### **Impact on Nueces County:**

- Expanded access to behavioral health services.
- Reduced emergency department boarding.
- Shorter wait times for treatment.

- Improved system coordination.
  - Better outcomes for high-risk populations.
  - Reduced strain on hospitals and first responders.
  - Potential establishment of a regional mental health facility, reducing patient transfer distances and improving access to acute psychiatric care in the Coastal Bend.
- 

#### **IV. CIHCP Streamlining — Integrated Benefits Portal Access**

Streamline eligibility determination for the County Indigent Health Care Program (CIHCP) by extending the state’s YourTexasBenefits.com integrated benefits portal to all program administrators, including hospital districts.

##### **Legislative Pursuit:**

- Amend Chapter 61, Health and Safety Code, to designate YourTexasBenefits.com as an authorized CIHCP application pathway for counties, public hospitals, and hospital districts
- Authorize HHSC to share Medicaid eligibility data with all CIHCP program administrators (new §61.0046)
- Require automatic referral of income-eligible Medicaid denials to the appropriate CIHCP administrator within three business days of denial (new §61.0047)
- Amend Chapter 531, Government Code, to extend the integrated eligibility mandate to county CIHCP programs and hospital districts, and require HHSC to build and maintain a CIHCP intake pathway and county-to-administrator service area mapping on YourTexasBenefits.com
- Add new §285.092 to Chapter 285, Health and Safety Code, clarifying that portal-verified eligibility data satisfies the financial inquiry requirement applicable to all hospital district types under Chapters 281, 282, 283, and 286

##### **Data Point:**

CIHCP serves Texans at or below 21% of the federal poverty level who are ineligible for Medicaid and have no other health coverage — among the most economically vulnerable residents served by hospital districts. The current application process is administered independently by each of 143 county programs and hospital districts, with no uniform portal, inconsistent documentation requirements, and no automatic referral pathway. Applicants must first be denied Medicaid and then separately locate and apply to their local CIHCP administrator — a duplicative burden that causes eligible individuals to go without care. The proposed legislation eliminates that duplication while preserving local program administration.

##### **Impact on Nueces County:**

- Reduced administrative burden on NCHD CIHCP intake staff through automatic electronic referrals from HHSC upon Medicaid denial.
- Elimination of duplicative income and household verification for patients already screened through YourTexasBenefits.com.

Preliminary Draft – Not Final; For Discussion Purposes Only

- Explicit statutory clarification (new §285.092) that portal-verified data satisfies NCHD’s financial inquiry obligation under its creating statute, reducing legal ambiguity.
- Increased identification of eligible uninsured residents who would otherwise fall through the gap between Medicaid and NCHD’s charity care programs.
- Alignment of NCHD intake procedures with a statewide standardized process, reducing training costs and error rates.
- Preservation of NCHD’s authority to conduct independent financial inquiries for non-CIHCP services and cost recovery.

**Proposed Statutory Changes:**

| Code                               | Provision                                                        | What It Does                                                                                                                | Applies To                            |
|------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| <b>H&amp;S Code §61.002(5)</b>     | New definition: “program administrator”                          | Covers counties, public hospitals & hospital districts under one term throughout Ch. 61                                     | All administrators                    |
| <b>H&amp;S Code §61.006(c)</b>     | YourTexasBenefits.com as authorized portal pathway               | Directs HHSC rulemaking; portal data satisfies documentation requirements                                                   | All administrators                    |
| <b>H&amp;S Code §61.007(b)</b>     | Portal data satisfies applicant information requirements         | Limits supplemental requests to residency verification only                                                                 | All administrators                    |
| <b>H&amp;S Code §61.0046 [NEW]</b> | HHSC data-sharing authorization                                  | Permits sharing of 6 data categories with appropriate program administrator; data use agreement required                    | All administrators                    |
| <b>H&amp;S Code §61.0047 [NEW]</b> | Auto-referral upon Medicaid denial                               | Within 3 business days; routes to Sub. B county or Sub. C hospital district/public hospital; denial date = application date | All administrators                    |
| <b>H&amp;S Code §61.024</b>        | County application procedure (Sub. B)                            | Adds portal pathway as explicit option; county public notice duty                                                           | Counties                              |
| <b>H&amp;S Code §61.053</b>        | Hospital district/public hospital application procedure (Sub. C) | Parallel to §61.024: portal pathway option; notice duty; referral opt-in                                                    | Hospital districts & public hospitals |
| <b>Gov’t Code §531.002(b)</b>      | HHSC integrated eligibility mandate expanded                     | Adds county CIHCP, hospital districts, and public hospitals to HHSC’s                                                       | Foundational authority                |

|                                    |                                                  |                                                                                                                                           |                        |
|------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
|                                    |                                                  | statewide eligibility mandate                                                                                                             |                        |
| <b>Gov't Code §531.0255 [NEW]</b>  | HHSC portal build-out and county mapping         | Requires CIHCP intake pathway on YTB.com; Sub. B/C routing; statewide service-area map; electronic interface; Sept. 1, 2027 deadline      | All administrators     |
| <b>Gov't Code §531.0256 [NEW]</b>  | Standardized applicant consent                   | Affirmative opt-in; consent neutral to benefit eligibility; 5-year retention                                                              | All administrators     |
| <b>H&amp;S Code §285.092 [NEW]</b> | Hospital district financial inquiry satisfaction | Portal-verified data satisfies Ch. 281/282/283/286 financial inquiry obligations for CIHCP eligibility; preserves cost recovery authority | All hospital districts |

#### Background and Analytical Basis:

This proposal emerged from a comparative analysis of the CIHCP and SNAP application processes that identified significant structural disparities. Key findings:

- CIHCP applicants must first be denied Medicaid (establishing a precondition), then independently locate their county or hospital district CIHCP administrator, then complete a separate application — with no statewide online option and no automatic connection between the two processes.
- The SNAP application through YourTexasBenefits.com already collects substantially all information required for CIHCP eligibility determination (income, household composition, county of residence, assets, insurance status), but no legal mechanism currently permits HHSC to share that data with county or hospital district CIHCP administrators.
- CIHCP's income threshold (21% of FPL) and SNAP's threshold (165% of FPL) serve largely non-overlapping populations; the bill therefore focuses on the Medicaid denial pathway rather than SNAP cross-referral as the primary trigger.
- Existing law (§61.024(b)) already permits counties to use less restrictive procedures than HHSC's baseline, meaning some elements of this reform could be adopted by individual administrators without legislation. However, the critical data-sharing authorization and auto-referral trigger require explicit statutory change.
- Chapter 281 hospital districts (including NCHD) face a specific interpretive risk: §281.071 requires the administrator to independently inquire into a patient's financial circumstances. New §285.092 resolves this by providing that portal-verified data satisfies that obligation for CIHCP purposes across all hospital district types under a single Chapter 285 provision.

**Key Implementation Dates (as proposed):**

| Date                 | Milestone                                                                                                                                  |
|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Sept. 1, 2027</b> | Act takes effect                                                                                                                           |
| <b>Oct. 1, 2027</b>  | HHSC notifies all program administrators (counties, hospital districts, public hospitals) of Act provisions and implementation timeline    |
| <b>Jan. 1, 2028</b>  | HHSC applies for any required federal waivers or approvals; completes and publishes statewide service-area mapping                         |
| <b>Mar. 1, 2028</b>  | HHSC adopts implementing rules (portal designation, documentation standards, data use agreement template, consent form)                    |
| <b>Sept. 1, 2028</b> | HHSC completes deployment of CIHCP intake pathway on YourTexasBenefits.com; all data use agreements executed; legislative report submitted |

# **NUECES COUNTY HOSPITAL DISTRICT**

## **Briefing Paper**

**SUBJECT:** Proposed Legislation to Integrate County Indigent Health Care Program Applications with the State Integrated Benefits Portal

### **Purpose**

To brief the Board of Managers regarding preliminary proposed legislation for the 90th Texas Legislature that would streamline County Indigent Health Care Program (CIHCP) eligibility determination and application procedures through the State's integrated benefits portal, currently known as YourTexasBenefits.com.

### **Background**

The proposed legislation is a preliminary draft for discussion purposes. It addresses the application and eligibility processes used under Chapter 61, Texas Health and Safety Code, for county-administered indigent health care programs and for public hospitals and hospital districts.

The draft is based on the premise that the State's integrated benefits portal already collects substantially the same eligibility information required for CIHCP determinations, including identity, household composition, county of residence, income, assets, and insurance information. It proposes using that existing State process to reduce duplicative applications and documentation while preserving local administration of indigent health care programs.

### **Integrated Application Pathway**

The legislation would designate the integrated benefits portal as an authorized CIHCP application pathway for counties, public hospitals, and hospital districts. Information collected and verified through the portal in connection with a Medicaid application generally would satisfy corresponding CIHCP information and documentation requirements.

The proposed pathway would allow an applicant to proceed through the existing Medicaid application flow and, when appropriate, complete CIHCP-specific consent and supplemental information. It also contemplates allowing an individual to apply directly for CIHCP through the portal without first submitting a Medicaid application when the applicant indicates a prior Medicaid denial or categorical ineligibility.

### **HHSC Data Sharing**

The proposed legislation would authorize the Texas Health and Human Services Commission (HHSC), with applicant consent and subject to applicable confidentiality requirements, to transmit specified eligibility information to the appropriate local program administrator. Information potentially shared would include county of residence, household composition, verified income and resources, Medicaid denial information, and the absence of qualifying health coverage.

Program administrators receiving information would be required to execute a data use agreement with HHSC governing permissible uses, confidentiality safeguards, and data destruction procedures. Shared information could be used only for CIHCP eligibility purposes and would remain subject to applicable privacy protections.

### **Automatic Referral Following Medicaid Denial**

A central feature of the draft is automatic referral of certain Medicaid-denied applicants to the appropriate CIHCP administrator. When an applicant's verified income and resources fall within the statutory CIHCP thresholds and the applicant has consented to data sharing, HHSC would electronically transmit the eligibility information to the applicable county, public hospital, or hospital district.

The Medicaid denial date would serve as the CIHCP application date. The receiving program administrator would be required to notify the applicant that an application had been initiated, request any permitted supplemental documentation, and make an eligibility determination within the timeframes established in the proposed legislation.

## **Application Routing and Local Administration**

The proposed legislation would require HHSC to determine the appropriate program administrator based on the applicant's county of residence and whether the area is served under the county-administered provisions of Chapter 61 or by a public hospital or hospital district.

The draft preserves local administration and eligibility decision-making. Counties, public hospitals, and hospital districts would remain responsible for final CIHCP eligibility determinations while being permitted to rely on eligibility information already collected and verified through the State portal.

## **Hospital District Provisions**

The draft specifically addresses public hospitals and hospital districts under Subchapter C of Chapter 61. A hospital district could use the integrated portal application, documentation, and verification procedures or continue to use a less restrictive local process.

The proposed legislation also adds a provision applicable to hospital districts under Chapter 285. When a hospital district receives portal-verified eligibility data, its obligation to inquire into a patient's financial circumstances for Chapter 61 indigent health care eligibility would be satisfied to the extent the transmitted information covers the relevant income, asset, household, and insurance categories. The district would retain authority to verify residency and to conduct financial inquiries for other purposes authorized by law.

## **Applicant Consent and Confidentiality**

The integrated portal would include a standardized consent authorization explaining the proposed sharing of eligibility information with the applicable local program administrator. Consent would require an affirmative opt-in and could not be inferred merely from completion of the State benefits application.

An applicant could decline consent without affecting eligibility for other HHSC-administered benefit programs and would retain the ability to apply directly with the appropriate CIHCP administrator. HHSC would maintain records of consent authorizations as provided in the draft.

## **Technology and State Implementation**

The legislation would direct HHSC to develop a secure electronic interface connecting the integrated benefits portal with program administrators. The interface would transmit standardized eligibility data, provide notification of incoming applications and referrals, support reporting of eligibility determinations, and comply with applicable data-security requirements.

HHSC would also maintain a statewide mapping identifying the applicable Chapter 61 program administrator for each county so that applications and referrals could be routed appropriately. The portal pathway would be accessible through internet-connected devices and would include a telephone-assisted application option.

## **Implementation Schedule**

The preliminary draft establishes a phased implementation schedule. HHSC would notify program administrators and provide technical assistance by October 1, 2027; complete statewide service-area mapping by January 1, 2028; and adopt implementing rules by March 1, 2028.

Development and deployment of the CIHCP portal intake pathway and associated data-use arrangements would be completed by September 1, 2028. The proposed Act would take effect September 1, 2028.

## **Fiscal and Administrative Considerations**

The proposed legislation does not itself make an appropriation. To the extent State expenditures are necessary, the draft directs HHSC to seek implementation through specifically appropriated funds, existing appropriations, available federal matching funds, or eligible grants.

For local program administrators, the proposal is intended to reduce duplicative collection and verification of eligibility information and establish a more direct pathway between Medicaid denial and local indigent health care enrollment. Implementation would nevertheless require data use agreements, local coordination with HHSC, appropriate information-security practices, and operational integration with local eligibility processes.

## **Potential Effect on the District**

For the District, the proposed framework could provide an additional application pathway for its indigent health care program and permit reliance on eligibility information already collected and verified through YourTexasBenefits.com. It could also result in automatic referrals of Medicaid-denied Nueces County residents who meet the applicable statutory income and resource criteria.

The legislation would not transfer final eligibility authority to HHSC. The District would continue to administer its program and make eligibility determinations while potentially using State-verified information to reduce duplicative applicant documentation and financial inquiry requirements.

## **Board Consideration**

The Board is being asked to receive and discuss the preliminary proposed legislation and its potential implications for the District's indigent health care enrollment and eligibility processes. The draft provides a legislative framework for integrating State benefits information with locally administered Chapter 61 programs while retaining local program administration.

## **Summary**

The preliminary legislation would expand YourTexasBenefits.com to serve as an authorized CIHCP application and referral pathway for counties, public hospitals, and hospital districts. It would authorize consent-based eligibility data sharing, establish automatic referral following certain Medicaid denials, create standardized State-local data interfaces and routing procedures, and permit hospital districts to rely on portal-verified financial information for Chapter 61 eligibility purposes. The proposal is structured for implementation during 2027 and 2028, with an effective date of September 1, 2028.

90th LEGISLATURE — REGULAR SESSION

**PROPOSED LEGISLATION**

**AN ACT**

relating to streamlining eligibility determination and application procedures for the County Indigent Health Care Program through the state integrated benefits portal for counties, hospital districts, and public hospitals, and authorizing the Health and Human Services Commission to share eligibility data with program administrators.

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

**LEGISLATIVE FINDINGS AND PURPOSE**

**The Legislature finds that:**

- (1) The County Indigent Health Care Program (CIHCP) serves the most economically vulnerable Texans — those with net household incomes at or below 21 percent of the federal poverty level who are ineligible for Medicaid and have no other source of health coverage;
- (2) Chapter 61, Health and Safety Code, creates two parallel delivery structures for indigent health care: Subchapter B, which imposes obligations on counties for residents not served by a public hospital or hospital district; and Subchapter C, which governs health care for residents in the service area of a public hospital or hospital district. Both structures serve the same population of indigent Texans and collect equivalent eligibility information from applicants;
- (3) The state-administered YourTexasBenefits.com portal collects substantially the same eligibility information required for CIHCP determination — including identity, household composition, county of residence, income, and assets — from applicants for Medicaid, SNAP, TANF, and CHIP;
- (4) A person who applies for Medicaid through YourTexasBenefits.com and receives a denial has already provided, under oath, the information necessary to establish CIHCP eligibility under either Subchapter B or Subchapter C of Chapter 61;
- (5) Requiring an indigent resident to separately locate and complete a distinct county, hospital district, or public hospital application constitutes an unreasonable duplication of burden that defeats the purpose of the state's integrated eligibility mandate under Texas Government Code Chapter 531;
- (6) The purpose of this Act is to authorize HHSC to extend the YourTexasBenefits.com integrated eligibility portal to include CIHCP intake for counties, hospital districts, and public hospitals; permit the sharing of eligibility data with all program administrators; and require automatic referral of income-eligible Medicaid applicants to the appropriate CIHCP administrator upon denial, thereby reducing administrative burden while preserving local program administration.

## **ARTICLE 1. AMENDMENTS TO TEXAS HEALTH AND SAFETY CODE, CHAPTER 61**

### **SECTION 1.01. Amendment of Section 61.002, Health and Safety Code**

Section 61.002, Health and Safety Code, is amended by adding Subdivision (5) to read as follows:

(5) "Program administrator" means a county administering indigent health care under Subchapter B, or a public hospital or hospital district administering indigent health care under Subchapter C, as applicable to the service area in which an eligible resident resides.

### **SECTION 1.02. Amendment of Section 61.006, Health and Safety Code**

Section 61.006, Health and Safety Code, is amended by adding Subsection (c) to read as follows:

(c) The executive commissioner shall by rule designate the integrated benefits portal operated by the commission under Section 531.0055, Government Code — currently known as YourTexasBenefits.com — as an authorized application pathway for the County Indigent Health Care Program for all program administrators under this chapter, including counties under Subchapter B and public hospitals and hospital districts under Subchapter C. Rules adopted under this subsection shall:

- (1) specify the elements of a completed YourTexasBenefits.com application that satisfy the documentation and verification requirements of this chapter for income, household composition, county of residence, identity, assets, and insurance coverage;
- (2) designate a Medicaid denial issued through the integrated benefits portal as satisfying the requirement that an applicant establish ineligibility for Medicaid as a condition of eligibility under this chapter;
- (3) require that the YourTexasBenefits.com application include, upon submission, a consent authorization permitting the commission to transmit the applicant's eligibility information to the appropriate program administrator in accordance with Section 61.0046; and
- (4) ensure that the application pathway is accessible through both internet-connected devices and a state telephone hotline staffed by commission personnel capable of completing an application on behalf of a caller.

### **SECTION 1.03. Amendment of Section 61.007, Health and Safety Code**

Section 61.007, Health and Safety Code, is amended to read as follows:

Sec. 61.007. INFORMATION PROVIDED BY APPLICANT. (a) The executive commissioner by rule shall require each applicant to provide at least the following information:

- (1) the applicant's full name and address;
- (2) the applicant's social security number, if available;
- (3) the number of persons in the applicant's household, excluding persons receiving Temporary Assistance for Needy Families, Supplemental Security Income, or Medicaid benefits;
- (4) the applicant's county of residence;
- (5) the existence of insurance coverage or other hospital or health care benefits for which the applicant is eligible;
- (6) any transfer of title to real property that the applicant has made in the preceding 24 months;
- (7) the applicant's annual household income, excluding the income of any household member receiving Temporary Assistance for Needy Families, Supplemental Security Income, or Medicaid benefits; and
- (8) the amount of the applicant's liquid assets and the equity value of the applicant's car and real property.

(b) If an applicant submits a CIHCP application through the integrated benefits portal designated under Section 61.006(c), information collected through that portal in connection with the applicant's Medicaid application shall be deemed to satisfy the requirements of Subsection (a) of this section to the extent such information was collected and verified. The program administrator may request supplemental documentation only to verify the applicant's county of residence or service area if the information provided through the portal is insufficient for that purpose.

#### **SECTION 1.04. Addition of Section 61.0046, Health and Safety Code**

Chapter 61, Health and Safety Code, is amended by adding Section 61.0046 to read as follows:

Sec. 61.0046. COMMISSION DATA SHARING WITH PROGRAM ADMINISTRATORS.

(a) In this section, "program administrator" has the meaning assigned by Section 61.002.

(b) Notwithstanding any other provision of this chapter, and subject to applicable federal law including 42 U.S.C. § 1396a(a)(7) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the commission is authorized to share with the appropriate program administrator the following eligibility information collected through the integrated benefits portal, provided the applicant has consented under Section 61.006(c)(3):

- (1) the applicant's full name and county of residence;

- (2) household size and composition as collected;
- (3) household income as verified;
- (4) liquid assets and resource values as verified;
- (5) the fact of a Medicaid denial and the stated basis for that denial; and
- (6) absence of qualifying insurance or other health coverage.

(c) The commission shall determine the appropriate program administrator by reference to the applicant's county of residence and whether that county is served by a public hospital or hospital district under Subchapter C or is a county-administered area under Subchapter B. If an applicant's county of residence is served by both a county CIHCP program and a public hospital or hospital district operating under Subchapter C, the commission shall transmit information to the entity with primary service area responsibility under this chapter.

(d) Information shared under this section:

- (1) is subject to the same confidentiality protections that apply to eligibility information under Medicaid program rules and HIPAA;
- (2) may be used by the program administrator only for the purpose of determining the applicant's eligibility under this chapter; and
- (3) may not be further disclosed by the program administrator to any person or entity except as authorized by this chapter or other applicable law.

(e) Each program administrator that receives information under this section must execute a data use agreement with the commission that specifies:

- (1) the permissible uses of the data;
- (2) the safeguards required to protect confidentiality; and
- (3) the procedures for destruction of data when no longer required for eligibility purposes.

(f) The commission shall develop a standard form data use agreement for use under Subsection (e). A program administrator that is party to a qualifying data use agreement under this section shall be deemed to satisfy applicable documentation requirements for the purpose of receiving state assistance funds under Subchapter B of this chapter or discharging obligations under Subchapter C of this chapter.

## **SECTION 1.05. Addition of Section 61.0047, Health and Safety Code**

Chapter 61, Health and Safety Code, is amended by adding Section 61.0047 to read as follows:

Sec. 61.0047. AUTOMATIC REFERRAL TO PROGRAM ADMINISTRATOR UPON MEDICAID DENIAL.

- (a) In this section, "program administrator" has the meaning assigned by Section 61.002.
- (b) If a person applying for Medicaid through the integrated benefits portal designated under Section 61.006(c) is denied Medicaid and:
- (1) the applicant's verified household income does not exceed 21 percent of the federal poverty level as established under Section 61.006(b); and
  - (2) the applicant's verified household resources do not exceed the resource limits established by the executive commissioner under Section 61.008;
- then the commission shall, with the applicant's consent provided under Section 61.006(c)(3), electronically transmit the applicant's eligibility information to the appropriate program administrator for the applicant's county of residence not later than the third business day after the date the Medicaid denial is issued.
- (c) The commission shall determine the appropriate program administrator under Subsection (b) as follows:
- (1) if the applicant resides in the service area of a public hospital or hospital district operating under Subchapter C, the commission shall transmit the referral to that public hospital or hospital district; or
  - (2) if the applicant does not reside in the service area of a public hospital or hospital district, the commission shall transmit the referral to the county CIHCP administrator for the applicant's county of residence under Subchapter B.
- (d) Transmission under Subsection (b) constitutes an application for purposes of Section 61.024 (for counties) or Section 61.053 (for public hospitals and hospital districts). The date of the Medicaid denial through the integrated benefits portal shall serve as the date of the CIHCP application for purposes of computing any applicable deadlines.
- (e) Upon receiving a referral under this section, the program administrator shall:
- (1) notify the applicant in writing or by electronic communication not later than the fifth business day after receiving the referral that a CIHCP application has been initiated on the applicant's behalf;
  - (2) request any supplemental documentation required under Section 61.007(b) not later than that same notification; and
  - (3) make a determination of eligibility not later than 14 business days after the date the referral is received or, if supplemental documentation is requested, not later than 14 business days after the date that documentation is received.
- (f) If an applicant declines to provide consent under Section 61.006(c)(3), the commission shall inform the applicant of the option to apply directly with the applicable program administrator and shall provide the applicant with the contact information for that administrator.

(g) An applicant referred under this section retains the right to apply directly to the program administrator and to appeal an adverse eligibility determination under applicable program rules.

#### **SECTION 1.06. Amendment of Section 61.024, Health and Safety Code (Subchapter B — Counties)**

Section 61.024, Health and Safety Code, is amended by amending Subsections (b) and (d) and adding Subsection (g) to read as follows:

(b) The county may use the application, documentation, and verification procedures established by the department under Sections 61.006 and 61.007, the integrated benefits portal pathway designated under Section 61.006(c), or may use a less restrictive application, documentation, or verification procedure.

(d) The county shall furnish an applicant with written application forms and shall prominently post information about the integrated benefits portal pathway on any county website and in county offices where CIHCP services or applications are available.

(g) A county that elects to accept applications through the integrated benefits portal pathway designated under Section 61.006(c) shall notify the commission of that election not later than the 30th day before the beginning of the state fiscal year in which the county intends to use that pathway. The election shall remain in effect for subsequent fiscal years unless the county provides notice of withdrawal on the same timeline. A county that has not affirmatively elected the portal pathway may still receive automatic referrals under Section 61.0047, provided the county has executed a data use agreement under Section 61.0046(e).

#### **SECTION 1.07. Amendment of Section 61.053, Health and Safety Code (Subchapter C — Public Hospitals and Hospital Districts)**

Section 61.053, Health and Safety Code, is amended by adding Subsections (d), (e), and (f) to read as follows:

(d) A public hospital or hospital district may use the application, documentation, and verification procedures established by the executive commissioner under Sections 61.006 and 61.007, the integrated benefits portal pathway designated under Section 61.006(c), or may use a less restrictive application, documentation, or verification procedure.

(e) A public hospital or hospital district shall prominently post information about the integrated benefits portal pathway on any entity website and in locations where CIHCP services or applications are available to the public.

(f) A public hospital or hospital district that elects to accept applications through the integrated benefits portal pathway designated under Section 61.006(c) shall notify the commission of that election not later than the 30th day before the beginning of the entity's fiscal year in which it intends to use that pathway. The election shall remain in effect for subsequent fiscal years unless the entity provides notice of withdrawal on the same timeline. A public hospital or hospital district that has not affirmatively elected the portal pathway

may still receive automatic referrals under Section 61.0047, provided the entity has executed a data use agreement under Section 61.0046(e).

## **ARTICLE 2. AMENDMENTS TO TEXAS GOVERNMENT CODE, CHAPTER 531**

### **SECTION 2.01. Amendment of Section 531.002, Government Code**

Section 531.002(b), Government Code, is amended to read as follows:

(b) The commission is the state agency with primary responsibility for ensuring the delivery of state health and human services in a manner that:

- (1) uses an integrated system to determine client eligibility, including eligibility for programs administered by counties, public hospitals, and hospital districts under Chapter 61, Health and Safety Code;
- (2) maximizes the use of federal, state, and local funds; and
- (3) emphasizes coordination, flexibility, and decision-making at the local level.

### **SECTION 2.02. Addition of Section 531.0255, Government Code**

Subchapter B, Chapter 531, Government Code, is amended by adding Section 531.0255 to read as follows:

Sec. 531.0255. INTEGRATED BENEFITS PORTAL — COUNTY INDIGENT HEALTH CARE PROGRAM.

(a) In this section:

- (1) "CIHCP" means the County Indigent Health Care Program established under Chapter 61, Health and Safety Code.
- (2) "Integrated benefits portal" means the electronic system operated by the commission, currently known as YourTexasBenefits.com, through which residents of this state may apply for benefits under programs administered by the commission.
- (3) "Program administrator" has the meaning assigned by Section 61.002, Health and Safety Code, and includes counties administering indigent health care under Subchapter B of Chapter 61 and public hospitals and hospital districts administering indigent health care under Subchapter C of Chapter 61.

(b) The commission shall expand the integrated benefits portal to include a CIHCP intake pathway. The pathway shall:

- (1) be integrated into the existing application flow so that a person applying for Medicaid who appears income-eligible for CIHCP is automatically prompted to provide CIHCP-specific consent and complete any supplemental information required under Section 61.007, Health and Safety Code;
- (2) allow an applicant to apply for CIHCP directly, without first applying for Medicaid, if the applicant affirmatively indicates they have previously been denied Medicaid or believe themselves to be categorically ineligible;
- (3) identify, based on the applicant's county of residence, whether the applicant falls within the service area of a county program (Subchapter B) or a public hospital or hospital district (Subchapter C), and route the application accordingly;
- (4) generate an electronic record of application that satisfies the requirements of Section 61.024 (for counties) or Section 61.053 (for public hospitals and hospital districts), Health and Safety Code, including notation of the date of application;
- (5) automatically route completed CIHCP intake information to the commission's data sharing system for transmission to the appropriate program administrator under Section 61.0046, Health and Safety Code; and
- (6) be accessible in English and Spanish and in additional languages as determined by the commission to reflect the languages spoken by significant portions of the CIHCP-eligible population.

(c) The commission shall develop and maintain a secure electronic data interface between the integrated benefits portal and all program administrators. The interface shall:

- (1) transmit eligibility data authorized under Section 61.0046, Health and Safety Code, in a standardized electronic format compatible with program administrator case management systems;
- (2) provide program administrators with real-time or near-real-time notification of incoming referrals and applications;
- (3) include a tracking mechanism allowing program administrators to report eligibility determinations back to the commission for purposes of program monitoring and reporting under Section 61.041, Health and Safety Code; and
- (4) comply with all applicable state and federal data security standards, including those established under HIPAA and applicable provisions of Title 1, Texas Administrative Code.

(d) The commission shall maintain and make publicly available a mapping of each Texas county indicating whether residents in that county are served under Subchapter B or Subchapter C of Chapter 61, Health and Safety Code, and identifying the applicable program administrator. The mapping shall be integrated into the portal to facilitate accurate routing of applications and referrals.

(e) Not later than September 1, 2028, the commission shall:

- (1) complete development and deployment of the CIHCP intake pathway on the integrated benefits portal;

- (2) execute data use agreements with all program administrators subject to automatic referral under Section 61.0047, Health and Safety Code; and
  - (3) submit a report to the legislature on the implementation status, the number and type of program administrators participating, and any legal or technical barriers identified.
- (f) The commission may enter into interagency contracts, data sharing agreements, and memoranda of understanding with program administrators as necessary to implement this section. Program administrators shall not be required to pay a fee to the commission for access to the data interface established under this section.

### **SECTION 2.03. Addition of Section 531.0256, Government Code**

Subchapter B, Chapter 531, Government Code, is amended by adding Section 531.0256 to read as follows:

Sec. 531.0256. CONSENT AUTHORIZATION FOR CIHCP DATA SHARING.

- (a) The commission shall incorporate into the integrated benefits portal application a standardized consent authorization for CIHCP data sharing. The authorization shall:
- (1) inform the applicant in plain language that:
    - (A) the information provided in the application may be shared with the program administrator for the applicant's county of residence — which may be a county CIHCP office, a public hospital, or a hospital district, depending on where the applicant resides — for the purpose of determining CIHCP eligibility;
    - (B) if the applicant's Medicaid application is denied and the applicant's income and resources appear to fall within CIHCP eligibility thresholds, the commission will transmit the application information to the appropriate program administrator unless the applicant declines consent;
    - (C) the program administrator is bound by confidentiality requirements at least as protective as those applicable to the commission; and
    - (D) the applicant may decline consent and still apply directly to the applicable program administrator;
  - (2) require an affirmative opt-in by the applicant — consent shall not be inferred from completion of the application; and
  - (3) remain effective for the duration of the eligibility determination and any related appeals, and shall be renewed upon application for renewal of CIHCP benefits.
- (b) The commission shall maintain a record of each consent authorization provided under this section for a period of not less than five years from the date the authorization is given.

(c) A person's consent or refusal to consent under this section shall not be used as a factor in determining eligibility for any benefit program administered by the commission.

## **ARTICLE 3. IMPLEMENTATION PROVISIONS**

### **SECTION 3.01. Rulemaking Deadline**

Not later than March 1, 2028, the executive commissioner of the Health and Human Services Commission shall adopt rules necessary to implement the changes made by this Act, including:

- (1) rules designating the integrated benefits portal as an authorized application pathway under Section 61.006(c), Health and Safety Code, as added by this Act, applicable to all program administrators under Chapter 61;
- (2) rules specifying what portal-collected information satisfies Sections 61.007 and the parallel requirements under Subchapter C, Health and Safety Code, as amended by this Act;
- (3) a standard form data use agreement for use by all program administrators under Section 61.0046, Health and Safety Code, as added by this Act;
- (4) technical specifications for the data interface and county-to-Subchapter mapping required under Section 531.0255, Government Code, as added by this Act; and
- (5) the standardized consent authorization required under Section 531.0256, Government Code, as added by this Act.

### **SECTION 3.02. Program Administrator Notification**

Not later than October 1, 2027, the Health and Human Services Commission shall:

- (1) notify all program administrators — including county CIHCP administrators, public hospitals, and hospital districts — of the provisions of this Act and the timeline for implementation;
- (2) provide technical assistance to all program administrators in preparing for integration with the data interface; and
- (3) make available a model data use agreement for program administrators to review before the rulemaking required by Section 3.01 of this Act is complete.

### **SECTION 3.03. Service Area Mapping**

Not later than January 1, 2028, the Health and Human Services Commission shall complete and publish a statewide mapping identifying, for each Texas county, whether residents are served under Subchapter B or Subchapter C of Chapter 61, Health and Safety Code, and identifying the applicable program administrator. The commission shall

update this mapping annually and whenever a change in hospital district boundaries, public hospital status, or county CIHCP administration occurs.

#### **SECTION 3.04. Federal Law Compliance**

To the extent any provision of this Act requires a waiver or approval from a federal agency in order to be implemented, the Health and Human Services Commission shall apply for the waiver or approval not later than January 1, 2028, and shall notify the legislature of any denial or delay in granting such approval.

#### **SECTION 3.05. Appropriation Authority**

This Act does not make an appropriation. A provision of this Act that requires an expenditure from the state treasury does not take effect unless the legislature appropriates money specifically for that purpose. To the extent funding is necessary for implementation, the commission shall seek to utilize existing appropriations, federal matching funds under Medicaid administrative authorities, or grants available for health information technology and safety net coordination.

#### **SECTION 3.06. Severability**

If any provision of this Act or its application to any person or circumstance is held invalid, the invalidity does not affect other provisions or applications of this Act that can be given effect without the invalid provision or application, and to this end the provisions of this Act are severable.

#### **SECTION 3.07. Effective Date**

This Act takes effect September 1, 2028.

### **ARTICLE 4. AMENDMENT TO TEXAS HEALTH AND SAFETY CODE, CHAPTER 285**

#### **SECTION 4.01. Addition of Section 285.092, Health and Safety Code**

Subchapter H, Chapter 285, Health and Safety Code, is amended by adding Section 285.092 to read as follows:

Sec. 285.092. SATISFACTION OF PATIENT FINANCIAL INQUIRY REQUIREMENT THROUGH INTEGRATED BENEFITS PORTAL DATA.

(a) This section applies to a hospital district created under general or special law, including a hospital district created under Chapter 281, 282, 283, or 286 of this code.

(b) In this section:

(1) "Integrated benefits portal" has the meaning assigned by Section 531.0255, Government Code.

(2) "Portal-verified eligibility data" means income, asset, household composition, and insurance coverage information collected and verified through the integrated benefits portal in connection with an applicant's Medicaid application and transmitted to a hospital district under Section 61.0046, Health and Safety Code.

(c) If a hospital district receives portal-verified eligibility data for a patient under Section 61.0046, Health and Safety Code, the hospital district's obligation to inquire into the patient's financial circumstances for purposes of determining eligibility for indigent health care under Chapter 61, Health and Safety Code — including any inquiry required by the statute creating the district — is satisfied to the extent that the transmitted data covers the relevant categories of income, assets, household composition, and insurance coverage. The hospital district is not required to conduct an independent financial inquiry as to those categories for CIHCP eligibility purposes.

(d) This section does not limit the authority of a hospital district to:

(1) conduct a financial inquiry for the purpose of determining a patient's ability to pay for services not covered under Chapter 61, Health and Safety Code;

(2) seek reimbursement from a patient or the patient's legally responsible relatives for the cost of care in accordance with applicable law; or

(3) request supplemental documentation from a patient solely to verify the patient's residency within the district's service area, if the portal-verified eligibility data is insufficient for that purpose.

(e) A hospital district that relies on portal-verified eligibility data under this section shall retain a record of that data as part of the patient's eligibility file in accordance with the data use agreement executed under Section 61.0046(e), Health and Safety Code, and applicable records retention requirements.

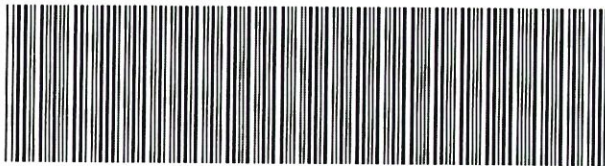
## BILL SECTION REFERENCE TABLE

*The following table summarizes each section of this Act, the existing statutory provision affected, and the policy purpose served.*

Preliminary Draft – Not Final; For Discussion Purposes Only

| Section   | Provision                        | Summary                                                                                                                                                                                                                                       | Applies To                                       |
|-----------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| 1.01      | H&S Code §61.002(5) [NEW]        | Adds "program administrator" definition covering counties (Sub. B) and public hospitals/hospital districts (Sub. C)                                                                                                                           | All administrators                               |
| 1.02      | H&S Code §61.006(c) [NEW]        | Designates YourTexasBenefits.com as authorized portal pathway for all program administrators; rulemaking required                                                                                                                             | All administrators                               |
| 1.03      | H&S Code §61.007 [AMENDED]       | Portal-collected data satisfies application information requirements; limits supplemental documentation requests                                                                                                                              | All administrators                               |
| 1.04      | H&S Code §61.0046 [NEW]          | Authorizes HHSC data sharing with all program administrators; routing logic for Sub. B vs Sub. C; data use agreement requirement                                                                                                              | All administrators                               |
| 1.05      | H&S Code §61.0047 [NEW]          | Auto-referral trigger upon Medicaid denial; routes to county (Sub. B) or public hospital/hospital district (Sub. C); denial date = application date                                                                                           | All administrators                               |
| 1.06      | H&S Code §61.024 [AMENDED]       | Adds portal pathway as option for county CIHCP programs; county notification duty; Sub. B election and referral opt-in                                                                                                                        | Counties (Sub. B)                                |
| 1.07      | H&S Code §61.053 [AMENDED]       | Parallel to §61.024: adds portal pathway for public hospitals and hospital districts; notification duty; Sub. C election and referral opt-in                                                                                                  | Public hospitals & hospital districts (Sub. C)   |
| 2.01      | Gov't Code §531.002(b) [AMENDED] | Expands HHSC integrated eligibility mandate to include county, public hospital, and hospital district CIHCP programs                                                                                                                          | Foundational authority                           |
| 2.02      | Gov't Code §531.0255 [NEW]       | Requires portal CIHCP pathway; Sub. B / Sub. C routing logic; statewide county-to-administrator mapping; interface for all program administrator types; Sept. 1, 2028 deadline                                                                | All administrators                               |
| 2.03      | Gov't Code §531.0256 [NEW]       | Standardized consent for all program administrator types; opt-in required; consent neutral to benefit eligibility                                                                                                                             | All administrators                               |
| 3.01–3.07 | Implementation Provisions        | Rulemaking; program administrator notification (all types); service area mapping; federal compliance; appropriation authority; severability; effective date                                                                                   | All administrators                               |
| 4.01      | H&S Code §285.092 [NEW]          | Adds §285.092 to Chapter 285 (Special Provisions — all hospital district types): portal-verified eligibility data satisfies financial inquiry requirement for CIHCP eligibility; preserves cost recovery and residency verification authority | All hospital districts (Chs. 281, 282, 283, 286) |

— *END OF PROPOSED LEGISLATION* —



\*VG-12-2026-2026000399\*

Nueces County  
Kara Sands  
Nueces County Clerk

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Instrument Number: 2026000399

Public Notice

PUBLIC NOTICES

Recorded On: August 11, 2026 11:00 AM

Number of Pages: 6

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" Examined and Charged as Follows: "

Total Recording: \$0.00



STATE OF TEXAS  
Nueces County

I hereby certify that this Instrument was filed in the File Number sequence on the date/time printed hereon, and was duly recorded in the Official Records of Nueces County, Texas

Kara Sands  
Nueces County Clerk  
Nueces County, TX

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## Kara Sands

Nueces County Clerk  
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Corpus Christi, TX 78401

**Main:** (361)888-0580

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| 1                         |                       |                       |                | \$0.00       |
| <b>Total Payments</b> (1) |                       |                       |                | \$0.00       |
| <b>Change Due</b>         |                       |                       |                | \$0.00       |

NUECES COUNTY HOSPITAL DISTRICT

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AUG 11 2026

KARA SANDS  
CLERK OF THE COUNTY COURT  
NUECES COUNTY, TEXAS



## Nueces County Hospital District

### NOTICE OF PUBLIC MEETING

#### BOARD OF MANAGERS

**Legislative Committee - Regular Meeting  
Monday, August 17, 2026 at 11:30 AM**

**Location:**

**Board of Managers Meeting Room, 555 N. Carancahua Street, Room 950-A, Corpus Christi, Texas 78401**

The Nueces County Hospital District ("NCHD") Board of Managers or a Committee thereof as specified above will hold a meeting on the date and at the time and location shown above. The agenda item(s) for the meeting are set forth on the accompanying page(s). Agenda item(s) are not necessarily considered in the order listed.

The specified NCHD Board of Managers meeting will be held in-person and via videoconference call. Public participation will be available in-person as well as via videoconference call as allowed under the Texas Open Meetings Act ("Act"). It is the intent that a quorum of the Board of Managers or Committee as required for the specified meeting will be physically present at the meeting location posted in this meeting notice. It is also the intent that the Board member presiding over the meeting be physically present for the specified meeting at the meeting location posted in this meeting notice. Any member of the Board of Managers participating by videoconference call will be visible and audible to the public whenever the member is speaking; Board member participation by audio-only is not permitted. Any member of the public wishing to observe or participate in the meeting via videoconference call may do so through the videoconference call meeting Internet link shown on this meeting notice below and via NCHD's BoardBook meeting management system at <https://meetings.boardbook.org/Public/Organization/1886>.

The Act defines a "videoconference call" as a communication conducted between two or more persons in which one or more of the participants communicate with the other participants through duplex audio and video signals transmitted over a telephone network, a data network, or the Internet. NCHD will use Zoom to conduct the meeting via videoconference call; Zoom is a cloud-based communications platform that allows users to connect with video, audio, phone, and chat. Using Zoom requires an Internet connection and a supported device.

The agenda for this meeting and its supporting materials are available at: <https://meetings.boardbook.org/Public/Organization/1886>.

The Meeting may be attended in-person or via videoconference call:

**Videoconference Call:**

Click the link below or copy and paste the link into a supported web browser address bar.

<https://nchdcc-org.zoom.us/j/5746765992?pwd=T2RVWFBBpZGJYdHYyQmp1VUdZeUc3Zz09>

Meeting ID: 574 676 5992

Passcode: 195957

**Telephone:**

Dial any telephone number below and enter the Meeting ID and Passcode above if required.

One tap mobile:

+13462487799,,5746765992# US (Houston)

+16699006833,,5746765992# US (San Jose)

Dial by your location (United States):

+1 346 248 7799 (Houston)

+1 719 359 4580

+1 253 205 0468

+1 253 215 8782 (Tacoma)

+1 669 444 9171

+1 669 900 6833 (San Jose)

+1 929 205 6099 (New York)

+1 301 715 8592 (Washington DC)

+1 305 224 1968

+1 309 205 3325

+1 312 626 6799 (Chicago)

+1 360 209 5623

+1 386 347 5053

+1 507 473 4847

+1 564 217 2000

+1 646 931 3860

+1 689 278 1000

Find your local number: <https://nchdcc-org.zoom.us/j/5746765992?pwd=T2RVWFBBpZGJYdHYyQmp1VUdZeUc3Zz09>



**BOARD OF MANAGERS**  
**Legislative Committee - Regular Meeting**  
**Monday, August 17, 2026 at 11:30 AM**

**AGENDA**

**1. WELCOME**

**2. ROLL CALL OF COMMITTEE MEMBERS**

\_\_\_ Georgia Neblett, Chair  
\_\_\_ Karen O'Connor Urban  
\_\_\_ Mariana Garza

**3. CALL TO ORDER, ESTABLISHMENT OF QUORUM, MEETING POSTING  
CONFIRMATION, AND CLOSED MEETING NOTICE**

A. Call to order.

B. Establish quorum.

C. Confirm posting of Meeting's public notice in accordance with Texas Open Meetings Act, Texas Government Code, Chapter 551.

D. Public notice is hereby given that the Committee may elect to go into Closed Meeting session(s) at any time during the meeting to discuss any matter(s) listed on the agenda when so authorized by the provisions of the Open Meetings Act, Texas Government Code, Chapter 551.

**4. NOTICE REGARDING BUDGET.** The Hospital District's Fiscal Year 2026 Budget ("FY26 Budget") has been duly adopted by the Board and approved by the Commissioners Court. The Committee may discuss the FY26 Budget at this meeting. The adopted FY26 Budget and the required taxpayer impact statement for Fiscal Year 2026 are available for public review on the District's official website at:  
[[https://www.nchdcc.org/public\\_notices/finance.php](https://www.nchdcc.org/public_notices/finance.php)]([https://www.nchdcc.org/public\\_notices/finance.php](https://www.nchdcc.org/public_notices/finance.php)).

The Hospital District's Fiscal Year 2027 Budget ("FY27 Budget") is currently under

development and may be discussed by the Committee at this meeting. Because the FY27 Budget has not yet been adopted, a taxpayer impact statement for Fiscal Year 2027 is not currently available.

**5. ANNOUNCEMENT ON DISCLOSURE OF CONFLICTS OF INTEREST.** Any Conflicts of Interest or Appearance of a Conflict of Interest with items on this agenda shall be declared at this time. Members with conflicts will refrain from voting and are asked to refrain from discussion on such items. Conflicts discovered later in the meeting shall be disclosed at that time.

**6. PUBLIC COMMENT** - This section provides the public the opportunity to address the Committee on any issues within its authority. Persons attending in-person and wishing to comment on any item(s) on the agenda or any subject within the Committee's responsibilities must sign-in on the "Agenda Item Request to Speak" form provided at the entrance of the Committee meeting room at least five (5) minutes prior to commencement of the meeting. Persons attending via audio or video conference and wishing to comment on any item(s) on the agenda or any subject within the Committee's responsibilities must verbally notify the presiding officer of their desire to comment when the officer calls for public comment from those attending via audio and video conference. Commenters shall limit their comments to three (3) minutes, except that commenters addressing the Committee through a translator shall limit their comments to six (6) minutes. The presiding officer may, if he/she deems it necessary, limit both the number of commenters and the time allotted to each commenter. Under the law, the Committee may only take action on items specifically listed on the agenda. Subject matter presented which is not part of the agenda will be referred to District staff for review if appropriate. Materials submitted to the Committee during public comment will not be returned. At least ten (10) copies of any document to be used by any commenter should be available for distribution to the Committee. The commenter is responsible for preparation of the copies. The commenter's name and, if applicable, meeting agenda item number should be clearly marked on such documents.

**7. CONSENT AGENDA** - The Consent Agenda consists of those agenda items which are routine, administrative in nature, not in need of separate attention, and which a Committee member has not requested be discussed separately. If requested to be discussed separately, that agenda item will be removed from the Consent Agenda by the presiding officer to the Regular Agenda and discussed as a part of the Regular Agenda at the appropriate time. All remaining items listed under the Consent Agenda will be voted upon in a single vote:

A. Approve Legislative Committee Regular Meeting minutes of June 23, 2026.

**8. REGULAR AGENDA** - The Regular Agenda consists of those agenda items which are non-routine, not administrative in nature, or otherwise in need of separate attention. Each Regular Agenda item will be voted upon separately if action is required:

A. Receive information from Legislative Consultants on 90th Texas Session Legislative Agenda. *(INFORMATION)*

B. Receive a briefing on, discuss, and consider recommending action regarding the potential use of the YourTexasBenefits.com website, operated by the Texas Health and Human Services Commission to additionally facilitate enrollment in the Nueces Aid Program. *(ACTION)*

C. Discuss and consider recommending action on proposed amendments to the Nueces County Hospital District's Draft 90th Texas Legislative Session Agenda. *(ACTION)*

**9. ADMINISTRATOR'S BRIEFING:**

A. Next scheduled regular Committee meeting (meeting's date, time, and location subject to change):

1. Next Meeting: Tuesday, September 22, 2026, 11:00 AM in NCHD Board of Managers Meeting Room at 555 North Carancahua Street, Room 950-A, Corpus Christi, Texas 78401.

**10. ADJOURN**

11. Public Notice posting receipt.