BOARD OF MANAGERS
Legislative Committee - Regular Meeting
Tuesday, November 17, 2026 at 11:00 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 2027 Budget ("FY27 Budget") has been duly adopted by the Board and approved by the Commissioners Court. The Committee may discuss the FY27 Budget at this meeting. The adopted FY27 Budget and the required taxpayer impact statement for Fiscal Year 2027 are available for public review on the District's official website at: https://www.nchdcc.org.

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 October 27, 2026. 4

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, discuss, and consider recommending information from Legislative Consultants in the 90th Texas Legislative Session. ***(ACTION)***

B. Discuss and consider recommending action on consulting services to represent the Hospital District's interests before the 90th Texas Legislature. ***(ACTION)***

C. Discuss and consider recommending approval of a Personal Services Contract with Joel J. Romo for consulting services to represent the Hospital District's interests before the 90th Texas Legislature; contract term January 1 - June 30, 2027. ***(ACTION)*** 8

D. Receive, discuss, and consider recommending briefing on potential use of the Texas Health and Human Services Commission's Community Partner Program to additionally support enrollment in the Nueces Aid Program. ***(ACTION)*** 22

E. Discuss and consider recommending action on 90th Texas Legislative Session Draft Agenda. ***(ACTION)*** 26

9. **ADMINISTRATOR'S BRIEFING:**

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

1. Next Meeting: Tuesday, December 15, 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. 35

DRAFT

BOARD OF MANAGERS
NUECES COUNTY HOSPITAL DISTRICT
LEGISLATIVE MEETING
OCTOBER 27, 2026

The Nueces County Hospital District Board of Managers met at 11:00 a.m., October 27, 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 – via Zoom
Donna Littlefield	Director, Accounting & Finance
Mary Esther Guerra	Assistant County Attorney
John B. Martinez	General Counsel
Adam Robison	Legal Counsel
Melissa Quintanilla	Executive Assistant/Human Resources
Carmina Hernandez Moreno	Administrative Assistant

OTHERS PRESENT:

Mark Hendrix	NC MHID – via Zoom
Patricia Shipton	Lobbyist – via Zoom
read.ai meeting notes	- via Zoom

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 2027 Budget ("FY27 Budget") has been duly adopted by the Board and approved by the Commissioners Court. The Committee may discuss the FY27 Budget at this meeting. The adopted FY27 Budget and the required taxpayer impact statement for Fiscal Year 2027 are available for public review on the District's official website at: https://www.nchdcc.org.

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.

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 August 17, 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:

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

Patricia Shipton updated board on Legislative Matters.

10. 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)***

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

No Action taken today on Item 8. 10 & 11.
Motion by Karen O'Connor Urban and seconded by Georgia Neblett. Noted per Georgia Neblett, Chair, "But needs to take action in November 2026 Meeting." Executive Summary and report from Patricia in order to take action. MOTION CARRIED.

12. Consider legislative services contracts with Patricia A. Shipton and Joel J. Romo for the 90th Texas Legislative Session (January 1 – June 30, 2027). ***(INFORMATION)***

13. **ADMINISTRATOR'S BRIEFING:**

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

1. Next Meeting: Tuesday, November 17, 2026, 11:00 AM in NCHD Board of Managers Meeting Room at 555 North Carancahua Street, Room 950-A, Corpus Christi, Texas 78401.

14. **ADJOURN**

Motion to adjourn by Georgia Neblett, Chair.
Meeting adjourned at 11:23 a.m.

PERSONAL SERVICES CONTRACT

THIS CONTRACT FOR PERSONAL SERVICES is made by and between Nueces County Hospital District (the "Hospital District" or "District") and Joel J. Romo, (the "Contractor") for the purpose of contracting for certain personal services.

WITNESSETH

WHEREAS, the Hospital District is a body politic and corporate and a political subdivision of the State of Texas, established and created pursuant to the Texas Constitution, Article IX, Section 4 and the Texas Health and Safety Code (the "Health Code"), Chapter 281, and operated in accordance with the Health Code and other applicable laws of the State of Texas;

WHEREAS, pursuant to the collective authorities of the Health Code, §281.047 and §281.048, the Board of Managers of the Hospital District (the "Board") has, and at the time of approval or ratification of this Contract had, full power and authority to manage, control, administer, and to adopt rules governing operation of the District;

WHEREAS, pursuant to Health Code, §281.026, the Hospital District's Administrator (the "Administrator") performs duties required by the Board and supervises the work and activities of the Hospital District;

WHEREAS, Local Government Code, §262.024, provides for the procurement of personal services;

WHEREAS, the Hospital District desires to contract for personal legislative services during the 90th Texas Legislative Session as described in the scope of work, Attachment B; and

WHEREAS, "personal legislative services" refer to a range of activities performed to influence legislative and administrative outcomes, shape policy, and advocate for the Hospital District's specific interests before lawmakers, government officials, and agencies.

NOW, THEREFORE, the Hospital District and the Contractor, in consideration of the mutual covenants and agreements herein contained, do hereby mutually agree as follows:

[THIS SPACE INTENTIONALLY LEFT BLANK]

AGREEMENT

ARTICLE 1
SCOPE OF SERVICES TO BE PROVIDED BY HOSPITAL DISTRICT AND CONTRACTOR

Hospital District hereby agrees to perform those tasks and services described in Attachment A, which is attached hereto and incorporated into and made part of this Contract.

Contractor hereby agrees to perform those tasks and services described in Attachment B, which is also attached hereto and incorporated into and made part of this Contract.

ARTICLE 2
CONTRACT PERIOD

This Contract shall begin on January 01, 2027 and terminate at the close of business on June 30, 2027, unless extended by supplemental agreement duly executed by the Contractor and the Hospital District prior to the date of termination, as provided in Article 9 - Supplemental Agreements, or otherwise terminated, as provided in Article 16 - Termination. Any work performed or cost incurred after the date of termination shall be ineligible for reimbursement.

ARTICLE 3
COMPENSATION AND METHOD OF PAYMENT

The maximum amount payable under this Contract shall not exceed Thirty Thousand Dollars ($30,000), unless modified by a supplemental agreement executed in accordance with Article 9. This amount constitutes the total compensation payable for all services and expenses under this Contract. No expenses shall be reimbursed separately.

Payments will be made monthly in the amount of Five Thousand Dollars ($5,000) for each full month of authorized services through June 30, 2027, subject to the terms of this Contract.

The Contractor shall submit monthly invoices and progress reports by electronic mail to the Administrator. Each progress report shall describe work accomplished, significant legislative and administrative developments affecting the District, legislative measures monitored or addressed, material activities undertaken, and matters requiring District attention or action.

The Contractor shall execute and submit all necessary accounting and/or legal reporting forms (i.e., Internal Revenue Form W-9 Request for Taxpayer Identification Number, Texas Ethics Commission Form 1295-Certificate of Interested Parties, etc.) as statutorily required or requested by Hospital District, prior to the remittance of any payments by the Hospital District for work.

The Hospital District reserves the right to withhold payment pending verification of satisfactory work.

The Hospital District will NOT pay expenses incurred relative to the Contractor's duties, including travel expense, long distance telephone calls, special mailing, or delivery expenses.

The Hospital District assumes no liability for work performed or costs incurred prior to the effective date of this Contract, or during periods when work is suspended, or after the Contract completion date.

ARTICLE 4
WORK AUTHORIZATIONS

[Specifically Excluded]

ARTICLE 5
PROGRESS

The Contractor shall, from time to time during the progress of the work, confer with the Hospital District. The Contractor shall prepare and present such information as may be pertinent and necessary, or as may be requested by the District to evaluate features of the work. Upon request by the District, the Contractor shall make presentations to the Board, District staff, and as otherwise directed by the District.

At the request of the Hospital District or the Contractor, conferences shall be held at the Contractor's office, the District's office, or at other locations as may be designated by the District. These conferences shall also include an evaluation of the Contractor's services and work when requested by the District.

The Contractor shall report to the Administrator for purposes of this Contract. If the Contractor has questions on directions, or on any of the tasks and services to be performed in Attachment A or B, the Contractor should seek clarity through the Administrator.

The Contractor shall promptly advise the Hospital District, through the Administrator, in writing of events which have a significant impact upon the progress of work, including:

1. problems, delays, or adverse conditions which will materially affect the ability to attain Contract objectives, prevent the meeting of time schedules and goals, or preclude the attainment of project work units by established time periods; this disclosure will be accompanied by a statement of the action taken, or contemplated, and any District assistance needed to resolve the situation; and

2. favorable developments or events which would enable meeting the work schedule goals sooner than anticipated.

ARTICLE 6
SUSPENSION

The Hospital District may suspend the work, but not terminate the Contract, by giving written notice a minimum of two (2) calendar days prior to the date of suspension. The two (2) day notice may be waived if approved in writing by the parties.

The work will be reinstated and resumed in full force and effect within ten (10) calendar days of receipt of written notice from the Hospital District to resume the work. The ten (10) day notice may be waived if approved in writing by both parties. During any District-directed suspension, Contractor shall not perform services and shall not be entitled to compensation for the period of suspension; monthly compensation shall be prorated accordingly.

If the Hospital District suspends the work, the Contract period, as determined in Article 2 - Contract Period, is not affected and the Contract will terminate on the date specified unless the Contract is amended as provided in Article 9 - Supplemental Agreements.

ARTICLE 7
ADDITIONAL WORK

If the Contractor determines that any work it has been directed to perform is beyond the scope of this Contract and constitutes extra work, it shall promptly notify the Hospital District through the Administrator in writing. In the event the District determines that such work constitutes extra work and exceeds the maximum amount payable, the District shall so advise the Contractor, and a supplemental agreement may be executed, as provided in Article 9 - Supplemental Agreements.

The Contractor shall not perform any additional work or incur any additional costs prior to the execution, by all parties, of a supplemental agreement. The Hospital District shall not be responsible for actions by the Contractor or any costs incurred by the Contractor relating to additional work not directly associated with the performance of the work authorized in this Contract or as amended.

ARTICLE 8
CHANGES IN WORK

If the Hospital District finds it necessary to request changes to previously satisfactorily completed work or parts thereof which involve changes to the original scope of services or character of work under the Contract, the Contractor shall make such revisions if requested and as directed by the

District. This will be considered additional work and paid for as specified under Article 7- Additional Work.

The Contractor shall make such revisions to the work to correct errors appearing therein, when required to do so by the Hospital District. No additional compensation will be paid for the correction of errors.

ARTICLE 9
SUPPLEMENTAL AGREEMENTS

The terms of this Contract may be modified by supplemental agreement if the Hospital District determines that there has been a significant change in the scope, complexity, or character of the service to be performed, or the duration of the work. Additional compensation, if appropriate, shall be identified as provided in Article 3 - Compensation and Method of Payment.

Any supplemental agreement must be executed by both parties within the Contract period specified in Article 2 -Contract Period.

No claim for extra work done shall be made by the Contractor until full execution of the supplemental agreement and authorization to proceed is issued by the Hospital District. The District reserves the right to withhold payment pending verification of satisfactory work performed.

ARTICLE 10
PUBLIC INFORMATION ACT

All data, and other documents created or collected under the terms of this Contract are the exclusive property of the Hospital District and shall be furnished to the District upon request. All documents prepared by the Contractor and all documents furnished to the Contractor by the District shall be delivered to the Administrator upon completion or termination of this Contract. The Contractor, at its own expense, may retain copies of such documents or any other data which it has furnished the District under this Contract. Release of information will be in accordance with the Texas Public Information Act.

ARTICLE 11
SUBCONTRACTING

The Contractor shall not assign, subcontract, or transfer any portion of the work under this Contract. All work under this Contract shall be performed by Contractor personally.

ARTICLE 12
EVALUATION OF WORK

The Hospital District and its authorized representatives shall have the right at all reasonable times to review or otherwise evaluate the work performed or being performed hereunder. If a review or evaluation is being made on the premises of the Contractor, the Contractor shall provide all reasonable facilities and assistance for the safety and convenience of the District representatives in the performance of their duties. If funds by other agencies or entities are to be used for payment of the services under this Contract, the Contractor's services and work may be subject to periodic review and approval by other agencies or entities, including city, county, state, and/or federal agencies.

ARTICLE 13
SUBMISSION OF REPORTS

All applicable study reports shall be submitted in preliminary form for review by the Hospital District before a final report is issued. The District's comments on the Contractor's preliminary report shall be addressed in the final report.

All reports, whether preliminary or final, shall be submitted to the Administrator via electronic mail. The Administrator is responsible for disseminating the information to the Board and as appropriate within the Hospital District.

Contractor shall comply with the Texas Open Meetings Act, Chapter 551, Texas Government Code, and shall not knowingly participate in, facilitate, or serve as an intermediary for communications among Board members that would constitute a prohibited deliberation or meeting under applicable law.

Communications concerning District business shall ordinarily be directed to the Administrator, who shall coordinate distribution to the Board, as appropriate and consistent with applicable law.

ARTICLE 14
COMPUTER DOCUMENTS AND INFORMATION EXCHANGE

All computer files must be compatible with the Hospital District's computer systems without conversion or modifications.

All graphics media provided by the Contractor shall be delivered to the Hospital District.

ARTICLE 15
VIOLATION OF CONTRACT TERMS/BREACH OF CONTRACT

Violation of the Contract terms or breach of Contract by the Contractor shall be grounds for termination of the Contract and any increased cost arising from the Contractor's default, breach of Contract, or violation of Contract terms shall be paid by the Contractor. This Contract shall not be considered as specifying the exclusive remedy for any default, but all remedies existing at law and in equity may be availed of by either party and shall be cumulative.

ARTICLE 16
TERMINATION

This Contract shall terminate at the close of business on June 30, 2027 unless extended as provided in Article 9 - Supplemental Agreements.

This Contract may be terminated before the stated termination date by any of the following conditions:

1. By mutual agreement and consent, in writing, of all parties;

2. By the Hospital District, by notice in writing to the Contractor as a consequence of failure by the Contractor to perform the services set forth herein in a satisfactory manner;

3. By any party, upon the failure of the other party to fulfill its obligations as set forth herein;

4. By the Hospital District, for reasons of its own and not subject to the mutual consent of the Contractor upon not less than thirty (30) calendar days written notice to the Contractor; and

5. By written notice from the Hospital District upon satisfactory completion of all services and obligations described herein.

Upon termination, Contractor shall be entitled to compensation only for services satisfactorily performed through the effective date of termination, prorated using the monthly compensation specified in Article 3. No compensation shall be payable for services not performed or for periods following termination. The Hospital District may withhold payment for services not satisfactorily performed, subject to applicable law.

If the Contractor defaults in the performance of this Contract or if the Hospital District terminates this Contract for fault on the part of the Contractor, the District will give consideration to the actual costs incurred by the Contractor in performing the work to the date of default, the amount of work which was satisfactorily completed to the date of default, the value of the work which is usable to the District, the cost to the District of employing another to complete the work required and the

time required to do so, and other factors which affect the value to the District of the work performed at the time of default.

The termination of this Contract and payment of an amount in settlement as prescribed above shall extinguish all rights, duties, and obligations of the Hospital District and the Contractor under this Contract, except the obligations set forth in Articles 10, 12, 17, 18, 19, and 20 of this Contract. If the termination of this Contract is due to the failure of the Contractor to fulfill its Contract obligations, the District may take over the project and prosecute the work to completion. In such case, the Contractor shall be liable to the District for any additional cost occasioned to the District.

ARTICLE 17
COMPLIANCE WITH LAWS

The Contractor shall comply with all applicable Federal, State, and local laws, statutes, codes, ordinances, rules, and regulations, and the orders and decrees of any court, or administrative bodies or tribunals, in any manner affecting the performance of this Contract, including, without limitation licensing laws and regulations. Contractor represents he/she shall comply with Chapter 305 of the Texas Government Code, including reporting requirements regarding conflict of interest. When required, the Contractor shall furnish the Hospital District with satisfactory proof of its compliance.

It is expressly understood by the Contractor, that from the date of award of this Contract to one (1) year after termination or expiration of Contract's term, the Contractor is prohibited from providing gifts of any form to any Board member, the Administrator, any District official, or any District employee.

ARTICLE 18
INDEMNIFICATION

THE CONTRACTOR SHALL SAVE HARMLESS THE HOSPITAL DISTRICT AND ITS OFFICERS AND EMPLOYEES FROM ALL CLAIMS AND LIABILITY DUE TO ACTIVITIES OF ITSELF, ITS AGENTS, OR EMPLOYEES PERFORMED UNDER THIS CONTRACT AND WHICH ARE CAUSED BY OR RESULT FROM ERROR, OMISSION, OR NEGLIGENT ACT OF THE CONTRACTOR OR OF ANY PERSON EMPLOYED BY THE CONTRACTOR. THE CONTRACTOR SHALL ALSO SAVE HARMLESS THE HOSPITAL DISTRICT FROM ANY AND ALL EXPENSE, INCLUDING, BUT NOT LIMITED TO, ATTORNEY FEES WHICH MAY BE INCURRED BY THE HOSPITAL DISTRICT IN LITIGATION OR OTHERWISE RESISTING SAID CLAIM OR LIABILITIES WHICH MAY BE IMPOSED ON THE HOSPITAL DISTRICT AS A RESULT OF SUCH ERROR, OMISSION, OR NEGLIGENT ACTIVITY BY THE CONTRACTOR.

ARTICLE 19
CONTRACTOR'S RESPONSIBILITY

The Contractor shall be responsible for the accuracy of its work and shall promptly make necessary revisions or corrections resulting from its errors, omissions, or negligent acts without compensation.

ARTICLE 20
RETENTION, AVAILABILITY OF RECORDS AND AUDIT REQUIREMENTS

The Contractor shall maintain all books, documents, papers, accounting records, and other evidence pertaining to cost incurred and shall make such materials available at its office during the Contract period and for four (4) years from the date of final payment under this Contract or until pending litigation has been completely and fully resolved, whichever occurs last. The Hospital District or any of its duly authorized representatives shall have access during normal business hours to any and all books, documents, papers, and records of the Contractor which are directly pertinent to this Contract for the purpose of making audits, examinations, excerpts, transcriptions, and for checking the amount of work performed by the Contractor.

ARTICLE 21
SUCCESSORS AND ASSIGNS

The Contractor and the Hospital District do hereby bind themselves, their successors, executors, administrators, and assigns to each other party of this Contract and to the successors, executors, administrators, and assigns of such other party in respect to all covenants of this Contract.

The prohibition on assignment, subcontracting, and transfer in Article 11 shall govern this Contract.

ARTICLE 22
SEVERABILITY

In the event any one or more of the provisions contained in this Contract, for any reason, shall be held to be invalid, illegal, or unenforceable in any respect, such invalidity, illegality, or unenforceability shall not affect any other provision thereof and; this Contract shall be construed as if such invalid, illegal, or unenforceable provision had never been contained herein.

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ARTICLE 23
PRIOR CONTRACT SUPERSEDED

This Contract constitutes the sole agreement of the parties hereto and supersedes any prior understandings or written or oral contracts between the parties respecting the subject matter defined herein.

ARTICLE 24
AUTHORITY TO ACT AS LOBBYIST

Contractor warrants that he is registered as a lobbyist as required under Chapter 305 of the Texas Government Code; that Contractor is authorized by law to act as a lobbyist for the Hospital District; that there is no legal or ethical impediment to Contractor acting as a lobbyist for the District; and that Contractor shall immediately communicate to the District in writing any change in Contractor's' status as a registered lobbyist or authority to lawfully and ethically act as a lobbyist for the District. Contractor shall represent only positions authorized by the District and shall not make commitments or bind the District without prior authorization from the Administrator or Board, as applicable.

ARTICLE 25
CONFIDENTIALITY

During and after the Term of this Contract, Contractor agrees to strictly maintain the confidentiality of all information pertaining to the Hospital District and its personnel not open to the public under the Texas Public Information Act (Tex. Gov't Code Ann., Chapter 552) and will not use any such information to the detriment of the District or its officers or employees at any time. ln the event any member of the public or media requests information pertaining to the District or its personnel from the Contractor, Contractor shall immediately direct the requesting party to the custodian of public information designated by the District and shall also immediately notify the District of the request.

ARTICLE 26
CONFLICT OF INTEREST

Contractor affirms and warrants that he has no conflict of interest regarding the services to be provided under this Contract that would affect the representation undertaken herein. Contractor warrants that all representation within the last three (3) calendar years, by Contractor of an interest adverse to or conflicting with any interest of the Hospital District or any of its departments, boards, employees or appointed and officials, has been fully disclosed in writing to the District. Contractor must provide the District with a list of any clients or business associates of the Contractor or any of Contractor's employees or subcontractors which may have any interest in District projects or legislation covered under this Contract. This list shall include the nature of the interest the client

or business has in the District project or legislation. Contractor has an obligation to update the list as new clients, associates or interests which develop. Such notice should be given 3 business days after Contractor obtains the additional information.

ARTICLE 27
INDEPENDENT CONTRACTOR RELATIONSHIP

Nothing herein shall be construed as creating a relationship of employer and employee between the Parties. The Contractor shall be deemed at all times to be an independent contractor. The Hospital District shall not be subject to any obligations or liabilities of the Contractor incurred in the performance of this Contract. The Contractor expressly agrees to indemnify and hold harmless the District, its agents, officers, and employees, for any and all liabilities and obligations incurred due to any breach of contract or negligent acts or omissions or other defalcations on the part of Contractor.

ARTICLE 28
NOTICES

All notices from one party to another, required under this Contract, shall be personally delivered or mailed to such party at the following respective address:

HOSPITAL DISTRICT

Jonny F. Hipp, Administrator
Nueces County Hospital District
555 N. Carancahua, Suite 950
Corpus Christi, TX 78401
jonnyhipp@nchdcc.org

CONTRACTOR

Joel J. Romo
P. O. Box 114
Chappell Hill, Texas 77426

Joel.Romo@texanapublicaffairs.com

ARTICLE 29
VENUE AND GOVERNING LAW

Venue shall be in Nueces County, Texas. This Contract shall be construed under and in accord with the law of the State of Texas.

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IN WITNESS WHEREOF, this Contract is effective January 01, 2027.

NUECES COUNTY HOSPITAL DISTRICT	**CONTRACTOR**
By: _____.	By: _____.
Jonny F. Hipp Administrator/CEO	Joel J. Romo
Date: _____.	Date: _____.

List of Attachments
Attachment A – Services to be provided by Hospital District
Attachment B – Services to be provided by Contractor

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ATTACHMENT A
SERVICES TO BE PROVIDED BY HOSPITAL DISTRICT

- Provide overall project direction and day-to-day prioritization, coordination, clarification, and information about the Hospital District's legislative goals and objectives during the 90th Texas Legislative Session.

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ATTACHMENT B
SERVICES TO BE PROVIDED BY CONTRACTOR

During the 90th Texas Legislative Session, provide personal legislative services to influence legislative outcomes, shape policy, and advocate for Hospital District's interests before lawmakers, governmental officials, and agencies, including, but not limited to: Contractor shall provide timely notice to the Administrator of significant bills, amendments, hearings, budget provisions, or agency developments materially affecting the District and shall assist in developing and advancing District-authorized legislative priorities.

1. Policy analysis and research.
2. Drafting legislation or amendments.
3. Providing analysis of legislation.
4. Communicating with legislators and their staff and agency officials.
5. Preparing briefing materials and position papers.
6. Attending and participating in legislative and budget hearings.
7. Strategic planning for legislative initiatives.
8. Coordinating with trade and advocacy groups, and stakeholders.
9. Providing advice and counsel on legislative matters.
10. Monitor legislation and budget developments relating to the Hospital District and other urban Texas hospital districts, including, but not limited to:
    a. Indigent Health Care;
    b. Mental Health and Intellectual Disabilities;
    c. Public Health;
    d. Correctional Health Care;
    e. Emergency Medical Services;
    f. Legislative Expansions and Mandates;
    g. Intergovernmental Transfers;
    h. Property Taxes;
    i. Property Appraisals;
    j. District Finances;
    k. Use of District Funds;
    l. Eminent Domain;
    m. Board appointments, terms, qualifications for office, and removal;
    n. Medicaid;
    o. Medicaid Supplemental Payment Programs, including Medicaid managed care directed payments, intergovernmental transfers, local provider participation funds, and related state and federal financing requirements;
    p. Tax Increment Financing;
    q. Bonds and Certificates of Obligation; and
    r. Alternative Financing Methods.

NUECES COUNTY HOSPITAL DISTRICT

BRIEFING MEMORANDUM

TO: Board of Managers

FROM: Jonny Hipp

DATE: November 12, 2026

SUBJECT: Texas Health and Human Services Commission — Community Partner Program

I. PURPOSE

This memorandum examines the Texas Health and Human Services Commission (HHSC) Community Partner Program (CPP) principally as a potential network of additional community access venues through which indigent Nueces County residents could learn about, be referred to, and receive assistance enrolling in the Hospital District's Nueces Aid Indigent Healthcare Program. The District's interest is not primarily to administer HHSC benefits; it is to explore whether organizations already assisting applicants for SNAP, Medicaid, CHIP, and other benefits can also identify residents who may need Nueces Aid and facilitate an appropriate, voluntary referral or application pathway.

II. BACKGROUND

The CPP is a statewide initiative through which HHSC collaborates with community organizations to help Texas residents apply for, renew, and manage public benefits using the Your Texas Benefits system. It addresses barriers such as limited internet access, unfamiliarity with online applications, language difficulties, and challenges with eligibility documentation and renewals.

Programs supported include Medicaid, the Children's Health Insurance Program (CHIP), Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), and certain other HHSC-administered benefits, as applicable. Community Partners assist applicants; they do not determine eligibility or administer benefits independently.

III. COMMUNITY PARTNER PROGRAM STRUCTURE

Level 1 — Self-Service Access

Organizations provide computers and internet connectivity for individuals to use Your Texas Benefits independently.

Level 2 — Application Assistance

Trained personnel assist with accounts, applications, documentation, changes, and renewals.

Level 3 — Enhanced Assistance

Organizations may receive additional authorized case-information and account-support capabilities, subject to consent and confidentiality controls.

Level 4 — Contracted Services

Separate contractual arrangements may involve requirements and financial terms distinct from ordinary community partnerships.

The District's preferred approach may be to collaborate with existing CPP sites rather than itself become a CPP merely to advertise Nueces Aid. HHSC must confirm whether its CPP agreements, site workflows, and branding rules permit independent Nueces Aid outreach, referral materials, or application assistance at participating sites. CPP status alone does not authorize a partner to enroll applicants in Nueces Aid or exchange HHSC applicant information with the District.

IV. ORGANIZATIONAL PARTICIPATION REQUIREMENTS

Enrollment generally involves an agreement with HHSC, commonly a nonfinancial Memorandum of Understanding (MOU) for ordinary Community Partners. Such participation ordinarily does not provide HHSC compensation for application assistance. HHSC should confirm the current agreement term and enrollment conditions.

- Signature authority: an official authorized to execute the agreement.
- Site manager: an individual responsible for coordinating activities and supervising authorized personnel.
- Navigators: employees or volunteers who provide permitted application and renewal assistance.

Applicable training, certification, background screening, and operational requirements should be reviewed with HHSC before implementation.

V. CONFIDENTIALITY AND INFORMATION SECURITY

Benefits applications can contain sensitive household, financial, and health-related information. HHSC Form H0926, Sharing Facts About Me and My Case with a Community Partner, provides a mechanism for applicants and recipients to authorize specified disclosures and assistance. Access depends on consent and the partner's approved permissions.

District procedures would need to address confidentiality, access controls, training, secure handling and retention of records, and incident response. Existing technology and administrative safeguards should be evaluated against applicable HHSC requirements.

VI. NUECES AID ENROLLMENT ACCESS THROUGH COMMUNITY PARTNERS

Potentially overlapping applicant populations

Residents seeking Medicaid or CHIP assistance may include uninsured adults, families with limited incomes, and individuals whose eligibility differs by program or household member. A person who does not qualify for an HHSC health coverage program may still warrant screening under Nueces Aid's separate residency, income, resource, and other eligibility rules; conversely, receiving SNAP or Medicaid does not establish Nueces Aid eligibility.

SNAP and other benefit encounters as referral opportunities

SNAP applicants often disclose household size, income, and other circumstances relevant to identifying financial hardship. Food assistance encounters may therefore provide a practical occasion to offer

information about Nueces Aid and ask whether the person wants a referral. TANF encounters may reach families with limited resources; Medicaid/CHIP encounters may reach households with coverage gaps or mixed eligibility. These are plausible overlaps in populations and service needs—not evidence that a particular CPP client is eligible for Nueces Aid.

Community coordination

Identify CPP organizations, including food banks and community service providers, whose clients may include uninsured or underinsured Nueces County residents. Explore opt-in referral arrangements, staff orientation, printed or digital Nueces Aid information, and warm handoffs to District enrollment staff. Coordinate with existing District outreach agreements to avoid duplicate efforts.

Broader assistance

The District would use encounters involving SNAP, TANF, Medicaid, CHIP, and other HHSC services as potential outreach touchpoints, not as substitutes for District eligibility screening. Any application for Nueces Aid would remain governed by the District's own procedures and authorized staff or contractors.

These are proposed outreach and referral uses, not demonstrated local conversion rates. No verified evidence was located establishing how many Nueces County CPP visitors are uninsured, meet Nueces Aid criteria, or would enroll after referral. The District should collect baseline and pilot data before estimating enrollment effects.

Evidence and eligibility distinctions

HHSC describes the CPP as a network helping residents apply for and manage HHSC benefits. Its 2025 self-evaluation identifies food banks, faith-based groups, and nonprofits among SNAP outreach partners. This supports the feasibility of outreach through established community assistance venues; it does not quantify the overlap with Nueces Aid. Nueces Aid's published eligibility policy separately requires Nueces County residency and applicable household income and resource qualifications. A referral should trigger independent screening, not presumptive qualification.

Practical referral model

A feasible initial model would be: (1) provide participating CPP sites with District-approved Nueces Aid materials and screening contact information; (2) invite residents to request a referral voluntarily; (3) transmit only minimum necessary contact information with documented permission; (4) have District personnel conduct Nueces Aid screening and application processing; and (5) report aggregate referral and enrollment outcomes. No direct access to HHSC case records, automated matching, or transfer of benefits applications should be assumed.

VII. FINANCIAL AND ADMINISTRATIVE CONSIDERATIONS

The principal proposed benefit is additional access points for Nueces Aid enrollment. Potential costs include partner training, outreach materials, referral protocols, District application support, accessible communications, secure intake and consent procedures, and monitoring. The District should compare a referral-only pilot at existing CPP sites with more resource-intensive co-located application assistance or District CPP enrollment. HHSC CPP participation ordinarily does not itself finance Nueces Aid outreach.

Measures should include partner sites engaged, Nueces Aid information contacts, voluntary referrals, completed applications, eligibility determinations, new enrollments, processing time, and cost per completed enrollment. SNAP participation or HHSC case status should not be used as an automatic eligibility proxy. Fiscal effects and incremental enrollment remain uncertain until tested.

VIII. RELATIONSHIP TO OTHER HEALTH CARE FINANCING PROGRAMS

The CPP is distinct from Nueces Aid, Medicaid supplemental payment arrangements, and the District's Health Care Provider Participation Program. Your Texas Benefits is an HHSC benefits platform; it does not currently establish an approved Nueces Aid application channel. Any proposed integration, link, data exchange, or joint intake requires separate HHSC and District review and authorization. The Board has previously considered the potential use of YourTexasBenefits.com to facilitate Nueces Aid enrollment (August 17 and October 27, 2026 agendas).

IX. CONCLUSION

The District's central interest in the CPP is to expand the number and accessibility of places where indigent Nueces County residents encounter information and assistance concerning Nueces Aid. SNAP, TANF, Medicaid, and CHIP service settings may reach people experiencing financial hardship or health coverage gaps, but benefit participation alone does not establish Nueces Aid eligibility. A voluntary, privacy-protective referral pathway through existing CPP organizations may be explored without assuming that CPP membership provides access to HHSC case data or authority to process Nueces Aid applications.

This matter is presented for the Board's information. Staff could identify existing CPP sites in Nueces County; consult HHSC about permissible referrals and site activities; review the District's authority and current enrollment procedures; and propose a limited, measurable referral pilot with participating organizations before requesting approval of any formal arrangement.

NUECES COUNTY HOSPITAL DISTRICT
90th Texas Legislative Session Agenda
November 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.~~

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

		~~statewide eligibility mandate~~	
~~**Gov't Code §531.0255 [NEW]**~~	~~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~~
~~**Gov't Code §531.0256 [NEW]**~~	~~Standardized applicant consent~~	~~Affirmative opt-in; consent neutral to benefit eligibility; 5-year retention~~	~~All administrators~~
~~**H&S Code §285.092 [NEW]**~~	~~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~~
~~**Sept. 1, 2027**~~	~~Act takes effect~~
~~**Oct. 1, 2027**~~	~~HHSC notifies all program administrators (counties, hospital districts, public hospitals) of Act provisions and implementation timeline~~
~~**Jan. 1, 2028**~~	~~HHSC applies for any required federal waivers or approvals; completes and publishes statewide service area mapping~~
~~**Mar. 1, 2028**~~	~~HHSC adopts implementing rules (portal designation, documentation standards, data use agreement template, consent form)~~
~~**Sept. 1, 2028**~~	~~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 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.

Kara Sands

Nueces County Clerk
901 Leopard St #201
Corpus Christi, TX 78401

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Change Due $0.00

NUECES COUNTY HOSPITAL

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VG-12-2026-2026000579

Nueces County
Kara Sands
Nueces County Clerk

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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

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Kara Sands

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Nueces County Hospital District

NOTICE OF PUBLIC MEETING

BOARD OF MANAGERS

Legislative Committee - Regular Meeting
Tuesday, November 17, 2026 at 11:00 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=T2RVWFBpZGJYdHYyQmp1VUdZeUc3Zz09
Meeting ID: **574 676 5992**
Passcode: **195957**

Telephone:
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BOARD OF MANAGERS
Legislative Committee - Regular Meeting
Tuesday, November 17, 2026 at 11:00 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 2027 Budget ("FY27 Budget") has been duly adopted by the Board and approved by the Commissioners Court. The Committee may discuss the FY27 Budget at this meeting. The adopted FY27 Budget and the required taxpayer impact statement for Fiscal Year 2027 are available for public review on the District's official website at: https://www.nchdcc.org.

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 October 27, 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, discuss, and consider recommending information from Legislative Consultants in the 90th Texas Legislative Session. ***(ACTION)***

B. Discuss and consider recommending action on consulting services to represent the Hospital District's interests before the 90th Texas Legislature. ***(ACTION)***

C. Discuss and consider recommending approval of a Personal Services Contract with Joel J. Romo for consulting services to represent the Hospital District's interests before the 90th Texas Legislature; contract term January 1 - June 30, 2027. ***(ACTION)***

D. Receive, discuss, and consider recommending briefing on potential use of the Texas Health and Human Services Commission's Community Partner Program to additionally support enrollment in the Nueces Aid Program. ***(ACTION)***

E. Discuss and consider recommending action on 90th Texas Legislative Session Draft 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, December 15, 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.