

BILL ANALYSIS

C.S.H.B. 4140
By: Coleman
County Affairs
Committee Report (Substituted)

BACKGROUND AND PURPOSE

There are a wide variety of issues affecting county government that need to be addressed. C.S.H.B. 4140 seeks to help address issues related to the following in order to provide for the passage of good public policy:

- the administration of certain mental health grant programs established by the Health and Human Services Commission;
- the Harris County Board of Resources for Children and Adults;
- the Harris County Hospital District health care provider participation program; and
- quarantine leave for fire fighters, peace officers, detention officers, and emergency medical technicians.

CRIMINAL JUSTICE IMPACT

It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision.

RULEMAKING AUTHORITY

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

ANALYSIS

Administration of Certain Mental Health Grant Programs Established by the Health and Human Services Commission

C.S.H.B. 4140 amends the Government Code to set out provisions relating to the administration of certain mental health grant programs established by the Health and Human Services Commission (HHSC). The bill includes, among those provisions, changes regarding the amount of leveraged funds required for specified programs from applicable grant recipients.

Community Mental Health Programs

C.S.H.B. 4140, with respect to the program established for the purpose of supporting community mental health programs providing services and treatment to individuals, changes the population thresholds triggering the requirement for the community to leverage funds in an amount equal to 50 percent of the grant amount for a program located in a county with a population of less than 250,000. The bill provides instead that an applicable community must leverage an amount at least equal to the following:

- 25 percent of the grant amount if the community mental health program is located in a county with a population of less than 100,000; or
- 50 percent of the grant amount if the community mental health program is located in a county with a population of 100,000 or more but less than 250,000.

In addition, the bill does the following with respect to such a program:

- retains the statutory requirement for the matching funds to be equal to the percentage of the grant amount otherwise required for the largest county in which an applicable community mental health program is located if such a program is located in more than one county;
- changes from each calendar year to each even-numbered year the frequency with which the executive commissioner of HHSC must submit to the governor, the lieutenant governor, and each member of the legislature a report evaluating the success of the grant program; and
- authorizes a reasonable amount not to exceed five percent of the money appropriated by the legislature for the purposes of the program to be used by HHSC to pay administrative costs of implementing the applicable provisions.

Veterans Community Mental Health Programs

Veterans Programs in a Single County

C.S.H.B. 4140, with respect to the programs that are established for the purpose of supporting community mental health programs providing services and treatment to veterans and their families in a single county, changes the population thresholds triggering the requirement for the potential grant recipient to leverage funds from non-state sources in an amount at least equal to 50 percent of the grant amount for a program provides services and treatment in a county with a population of less than 250,000. The bill provides instead that HHSC must condition each grant on a potential grant recipient providing funds from non-state sources in a total amount at least equal to the following:

- 25 percent of the grant amount if the community mental health program to be supported by the grant provides services and treatment in a county with a population of less than 100,000; or
- 50 percent of the grant amount if the community program to be supported by the grant provides services and treatment in a county with a population of 100,000 or more but less than 250,000.

In addition, the bill does the following with respect to such a program providing services and treatment in a single county:

- retains the statutory requirement for the matching funds from non-state sources for such a program to be equal to 100 percent of the grant amount if the program to be supported provides services and treatment in a county with a population of 250,000 or more; and
- authorizes a reasonable amount not to exceed five percent of the money appropriated by the legislature for the purposes of the program to be used by HHSC to pay administrative costs of implementing the applicable provisions.

Veterans Programs in More than One County

C.S.H.B. 4140, with respect to the programs established for the purpose of supporting community mental health programs providing services and treatment to veterans and their families in more than one county, changes the population thresholds triggering the requirement for the potential grant recipient to leverage funds from non-state sources in a total amount at least equal to 50 percent of the grant amount if the largest county in which the program to be supported by the grant provides services and treatment has a population of less than 250,000 to provide. The bill provides instead that HHSC must condition each grant on a potential grant recipient providing funds from non-state sources in a total amount at least equal to the following:

- 25 percent of the grant amount if the county with the largest population in which the community mental health program to be supported by the grant provides services and treatment has a population of less than 100,000; or
- 50 percent of the grant amount if the county with the largest population in which the community mental health program to be supported by the grant provides services and treatment has a population of 100,000 or more but less than 250,000.

In addition, the bill does the following with respect to such a program providing services and treatment in more than one county:

- retains the statutory requirement for the matching funds from non-state sources for such a program to be equal to 100 percent of the grant amount if the county with the largest population in which the program to be supported provides services and treatment has a population of 250,000 or more; and
- authorizes a reasonable amount not to exceed five percent of the money appropriated by the legislature for the purposes of the program to be used by HHSC to pay administrative costs of implementing the applicable provisions.

Community Collaboratives

Grants for Collaboratives to Reduce Recidivism, Arrest, and Incarceration

C.S.H.B. 4140 sets out provisions regarding the grant programs for community collaboratives established to reduce recidivism, arrest, and incarceration among individuals with mental illness and to reduce the wait time for forensic commitment. The bill changes the population thresholds triggering the requirement for a collaborative to leverage funds from non-state sources in a total amount at least equal to 50 percent of the grant amount if the collaborative includes a county with a population of less than 250,000. The bill provides instead that HHSC must condition each grant on a collaborative providing funds from non-state sources in a total amount at least equal to the following:

- 25 percent of the grant amount if the collaborative includes a county with a population of less than 100,000; or
- 50 percent of the grant amount if the collaborative includes a county with a population of 100,000 or more but less than 250,000.

In addition, the bill does the following with respect to this type of collaborative:

- retains the statutory requirement for the matching funds from non-state sources for such a collaborative to be equal to the following:
 - 100 percent of the grant amount if the collaborative includes a county with a population of 250,000 or more; and
 - if the collaborative includes more than one county, the percentage of the grant amount otherwise required for the largest county included in the collaborative; and
- authorizes a reasonable amount not to exceed five percent of the money appropriated by the legislature for the purposes of this type of collaborative to be used by HHSC to pay administrative costs of implementing the applicable provisions.

Grants for the Establishment and Expansion of Community Collaboratives

C.S.H.B. 4140 sets out provisions with respect to grants for the establishment and expansion of community collaboratives to provide the following:

- rather than being required to leverage additional funding or in-kind contributions from only private sources in an amount that is at least equal to the amount of the awarded grant, an entity awarded a grant to establish or expand a community collaborative must instead leverage the funding or contributions from private contributors or local governments, excluding state or federal funds; and
- rather than being required to leverage additional funding from private sources in an amount equal to one-quarter of the amount of the grant to be awarded for the establishment of a community health program in a county with a population of less than 250,000, an entity otherwise meeting the statutory requirements who is awarded a grant must instead leverage the funding or contributions from private contributors or local governments, excluding state or federal funds.

C.S.H.B. 4140, with respect to the acceptable uses of grant money by a community collaborative, the reduction and cessation of funding for a community collaborative, and a cap on certain implementation costs, does the following:

- removes from the provision establishing the acceptable uses of grant money for a community collaborative the condition for an entity to use money received from a Department of State Health Services grant that the collaborative be self-sustaining within seven years;
- removes from the provision establishing the reasons for reducing or ceasing funding to an entity that the entity is not self-sustaining after seven years; and
- authorizes a reasonable amount not to exceed five percent of the money appropriated by the legislature for applicable purposes, as specified by the bill, to be used by the HHSC to pay administrative costs of implementing certain provisions, as specified by the bill.

Harris County Board of Resources for Children and Adults

C.S.H.B. 4140 amends the Human Resources Code to redesignate the Harris County Board of Protective Services for Children and Adults as the Harris County Board of Resources for Children and Adults.

C.S.H.B. 4140 expands the scope of the board's powers with respect to disbursing funds, accepting and using gifts or grants, and spending funds to benefit children by including those activities with respect to eligible adults with disabilities and eligible elderly persons. The bill extends the applicability of the board's power to accept and disburse fees and contributions from parents, guardians, and relatives of applicable individuals to those individuals who are in the county guardianship program, in the county representative payee program, or receiving services from the county Senior Justice Assessment Center. The bill specifies that the funds, grants, and assistance available from a federal or state department or agency that the board may use for certain purposes are funds, grants, and assistance available to the board or the county.

C.S.H.B. 4140 authorizes the board to collaborate with state agencies to provide services for eligible adults with disabilities and eligible elderly persons who are county residents, who may be in need of a guardianship or assistance from a representative payee, or who have been exploited, abused, or neglected.

Harris County Hospital District Health Care Provider Participation Program

C.S.H.B. 4140 amends the Health and Safety Code to change the basis on which the board of hospital managers of the Harris County Hospital District may assess a mandatory payment against an institutional health care provider under the district's health care provider participation program. Rather than making such an assessment on the basis of the provider's net patient revenue, the board instead may assess on a qualifying assessment basis of a health care item, health care service, or other health care-related basis that is consistent with the requirements of specified federal law. The bill makes related changes, including the following:

- requiring the qualifying assessment basis to be the same for each institutional health care provider in the district;
- setting out provisions regarding the determination of the qualifying assessment basis; and
- raising the cap on the aggregate amount of the mandatory payments required of all paying providers in the district from four percent to six percent of the aggregate net patient revenue from hospital services provided by all paying providers in the district.

C.S.H.B. 4140 changes, as follows, the provision requiring the district's board to require that, under the health care provider participation program, each institutional health care provider submit to the district a copy of any financial and utilization data that is reported in the provider's applicable Medicare cost report:

- the board is authorized, rather than required, to require the submission of the financial and utilization data; and
- the provider may submit a copy of its financial and utilization data reported in a report other than the provider's Medicare cost report that:
 - the board considers reliable; and
 - is submitted by or to the provider for the most recent fiscal year.

C.S.H.B. 4140 specifies that the proportionate amount of certain money that may be refunded to a paying provider from the district's local provider participation fund is an amount that is proportionate to the mandatory payments made by the provider during the 12 months preceding the date of the refund.

C.S.H.B. 4140 authorizes the district's board, if certain federal law is revised or interpreted in a manner that impedes the operations of the district's health care provider participation program and the operations may be improved by a request for relief under specified federal law, to request HHSC to submit a request to the Centers for Medicare and Medicaid Services for the relief and requires HHSC to submit the request if requested.

C.S.H.B. 4140 postpones the expiration of the district's health care provider participation program from December 31, 2021, to December 31, 2023.

Quarantine Leave for Fire Fighters, Peace Officers, Detention Officers, and Emergency Medical Technicians

C.S.H.B. 4140 amends the Local Government Code to require a political subdivision to place on paid quarantine leave a fire fighter, peace officer, detention officer, or emergency medical technician employed by the political subdivision and ordered by a supervisor or a health authority to quarantine or isolate due to a possible or known exposure to a communicable disease while on duty. The bill requires a political subdivision to provide the following to a fire fighter, peace officer, detention officer, or emergency medical technician on quarantine leave:

- all employment benefits and compensation, including leave accrual, pension benefits, and health benefit plan benefits; and
- costs related to the quarantine, including lodging, medical, and transportation costs.

The bill prohibits a political subdivision from reducing a fire fighter's, peace officer's, detention officer's, or emergency medical technician's sick leave balance, vacation leave balance, holiday leave balance, or other paid leave balance in connection with the quarantine leave. The bill defines "detention officer," "emergency medical technician," "fire fighter," and "peace officer" for purposes of these provisions of the bill.

EFFECTIVE DATE

On passage, or, if the bill does not receive the necessary vote, September 1, 2021.

COMPARISON OF ORIGINAL AND SUBSTITUTE

While C.S.H.B. 4140 may differ from the original in minor or nonsubstantive ways, the following summarizes the substantial differences between the introduced and committee substitute versions of the bill.

The substitute includes provisions, which are not in the original, relating to the following:

- the administration of certain mental health grant programs established by the Health and Human Services Commission;
- the Harris County Board of Resources for Children and Adults;
- the Harris County Hospital District health care provider participation program; and
- quarantine leave for fire fighters, peace officers, detention officers, and emergency medical technicians.

The substitute does not include any provisions from the original, which related to the following:

- county hospital authorities;
- county health care provider participation programs in certain counties bordering or including the Sam Rayburn Reservoir;
- emergency services districts;
- local governmental entity purchases of devices that utilize electronic capture;
- a county judge as the presiding officer of a commissioners court; and
- graffiti removal.