

1-1 By: VanDeaver, et al. (Senate Sponsor - Perry, et al.) H.B. No. 18
 1-2 (In the Senate - Received from the House April 24, 2025;
 1-3 April 28, 2025, read first time and referred to Committee on Health
 1-4 & Human Services; May 19, 2025, reported adversely, with favorable
 1-5 Committee Substitute by the following vote: Yeas 6, Nays 1;
 1-6 May 19, 2025, sent to printer.)

1-7 COMMITTEE VOTE

	Yea	Nay	Absent	PNV
1-8				
1-9	X			
1-10	X			
1-11	X			
1-12			X	
1-13	X			
1-14	X			
1-15			X	
1-16		X		
1-17	X			

1-18 COMMITTEE SUBSTITUTE FOR H.B. No. 18 By: Hancock

1-19 A BILL TO BE ENTITLED
 1-20 AN ACT

1-21 relating to the establishment and administration of certain
 1-22 programs and services providing health care services to rural
 1-23 counties.

1-24 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-25 SECTION 1. This Act may be cited as the Rural Health
 1-26 Stabilization and Innovation Act.

1-27 SECTION 2. Sections 526.0301(b) and (c), Government Code,
 1-28 are amended to read as follows:

1-29 (b) The strategic plan must include:

1-30 (1) a proposal for using at least one of the following
 1-31 methods to ensure access to hospital services in the rural areas of
 1-32 this state:

1-33 (A) an enhanced cost reimbursement methodology
 1-34 for the payment of rural hospitals participating in the Medicaid
 1-35 managed care program in conjunction with a supplemental payment
 1-36 program for rural hospitals to cover costs incurred in providing
 1-37 services to recipients;

1-38 (B) a hospital rate enhancement program
 1-39 applicable only to rural hospitals;

1-40 (C) a reduction of punitive actions under
 1-41 Medicaid that require reimbursement for Medicaid payments made to a
 1-42 rural hospital provider, a reduction of the frequency of payment
 1-43 reductions under Medicaid made to rural hospitals, and an
 1-44 enhancement of payments made under merit-based programs or similar
 1-45 programs for rural hospitals;

1-46 (D) a reduction of state regulatory-related
 1-47 costs related to the commission's review of rural hospitals; or

1-48 (E) in accordance with rules the Centers for
 1-49 Medicare and Medicaid Services adopts, the establishment of a
 1-50 minimum fee schedule that applies to payments made to rural
 1-51 hospitals by Medicaid managed care organizations; ~~and~~

1-52 (2) target dates for achieving goals related to the
 1-53 proposal described by Subdivision (1); and

1-54 (3) a rural hospital financial needs assessment and
 1-55 financial vulnerability index quantifying the likelihood that a
 1-56 rural hospital, during the next two-year period, will be able to:

1-57 (A) maintain the types of patient services the
 1-58 hospital currently offers at the same level of service;

1-59 (B) meet the hospital's current financial
 1-60 obligations; and

2-1 (C) remain operational.

2-2 (c) Not later than December [~~November~~] 1 of each

2-3 even-numbered year, the State Office of Rural Hospital Finance

2-4 established under Section 526.0304 [~~commission~~] shall submit a

2-5 report regarding the [~~commission's~~] development and implementation

2-6 of the strategic plan to:

2-7 (1) the legislature;

2-8 (2) the governor; and

2-9 (3) the Legislative Budget Board.

2-10 SECTION 3. Subchapter G, Chapter 526, Government Code, is

2-11 amended by adding Sections 526.0304 and 526.0305 to read as

2-12 follows:

2-13 Sec. 526.0304. STATE OFFICE OF RURAL HOSPITAL FINANCE. The

2-14 commission shall establish and maintain the State Office of Rural

2-15 Hospital Finance within the commission to provide technical

2-16 assistance for rural hospitals and health care systems in rural

2-17 areas of this state that participate or are seeking to participate

2-18 in state or federal financial programs, including Medicaid.

2-19 Sec. 526.0305. TEXAS RURAL HOSPITAL OFFICERS ACADEMY. (a)

2-20 In this section:

2-21 (1) "Institution of higher education" has the meaning

2-22 assigned by Section 61.003, Education Code.

2-23 (2) "Rural county" means a county with a population of

2-24 68,750 or less.

2-25 (3) "Rural hospital" has the meaning assigned by

2-26 Section 548.0351.

2-27 (b) To the extent money is appropriated to the commission

2-28 for the purpose, the commission shall contract with at least two but

2-29 not more than four institutions of higher education to administer

2-30 an academy to provide professional development and continuing

2-31 education programs for the officers of rural hospitals and other

2-32 health care providers located in rural counties. The academy must

2-33 offer at least 100 hours of coursework each year that consists of

2-34 courses and technical training on matters that impact the financial

2-35 stability of rural hospitals and rural health care systems,

2-36 including:

2-37 (1) relevant state and federal regulations;

2-38 (2) relevant state and federal financial programs;

2-39 (3) business administration, including revenue

2-40 maximization;

2-41 (4) organizational management; and

2-42 (5) other topics applicable to the financial stability

2-43 of rural hospitals and rural health care systems.

2-44 (b-1) The commission shall establish an interagency

2-45 advisory committee to oversee the development of the academy's

2-46 curriculum. The advisory committee is composed of the following

2-47 members appointed by the executive commissioner:

2-48 (1) a representative of the commission;

2-49 (2) a representative of two or more institutions of

2-50 higher education;

2-51 (3) a representative of the Department of State Health

2-52 Services;

2-53 (4) a representative of the Texas Department of

2-54 Insurance;

2-55 (5) a representative of the state auditor's office;

2-56 (6) a representative of a rural hospital; and

2-57 (7) a representative of any state agency the executive

2-58 commissioner determines is appropriate.

2-59 (b-2) The advisory committee established under Subsection

2-60 (b-1) is abolished on the earlier of:

2-61 (1) the date the advisory committee adopts a

2-62 curriculum; or

2-63 (2) September 1, 2027.

2-64 (b-3) This subsection and Subsections (b-1) and (b-2)

2-65 expire September 1, 2028.

2-66 (c) The commission shall establish criteria for the

2-67 screening and selection of applicants for admission to an academy

2-68 and include the criteria in each contract entered into under

2-69 Subsection (b). An institution of higher education that receives a

3-1 contract to administer an academy under Subsection (b) shall notify
3-2 the commission when the institution completes the applicant
3-3 selection process and provide information to the commission
3-4 regarding the qualifications of the applicants.

3-5 (d) Participation in an academy is limited to individuals
3-6 who are responsible for, or who anticipate becoming responsible
3-7 for, the financial stability of a rural hospital or rural health
3-8 care system in this state.

3-9 (e) An institution of higher education that receives a
3-10 contract to administer an academy under Subsection (b):

3-11 (1) shall accept new participants for the academy each
3-12 year;

3-13 (2) shall offer to reimburse academy participants for
3-14 travel and related expenses; and

3-15 (3) may not claim or charge a participant for
3-16 admission to or participation in the academy or any associated
3-17 services.

3-18 SECTION 4. Chapter 526, Government Code, as effective April
3-19 1, 2025, is amended by adding Subchapter G-1 to read as follows:

3-20 SUBCHAPTER G-1. GRANT PROGRAMS FOR RURAL HOSPITALS, HOSPITAL
3-21 DISTRICTS, AND HOSPITAL AUTHORITIES

3-22 Sec. 526.0321. DEFINITIONS. In this subchapter:

3-23 (1) "Hospital district" means a hospital district
3-24 created under the authority of Sections 4 through 11, Article IX,
3-25 Texas Constitution.

3-26 (2) "Office" means the State Office of Rural Hospital
3-27 Finance established under Section 526.0304.

3-28 (3) "Rural county" means a county with a population of
3-29 68,750 or less.

3-30 (4) "Rural hospital" has the meaning assigned by
3-31 Section 548.0351.

3-32 (5) "Rural hospital authority" means a hospital
3-33 authority located in a rural county.

3-34 (6) "Rural hospital district" means a hospital
3-35 district located in a rural county.

3-36 (7) "Rural hospital organization" means a statewide
3-37 nonprofit organization that provides services to rural hospitals.

3-38 Sec. 526.0322. FINANCIAL STABILIZATION GRANT PROGRAM. (a)
3-39 The commission shall establish a financial stabilization grant
3-40 program to award grants to support and improve the financial
3-41 stability of rural hospitals, rural hospital districts, and rural
3-42 hospital authorities that are determined to be at a moderate or high
3-43 risk of financial instability.

3-44 (b) The determination of whether a grant applicant is at a
3-45 moderate or high risk of financial instability shall be made using
3-46 the hospital financial needs assessment and financial
3-47 vulnerability index developed as part of the strategic plan
3-48 required under Section 526.0301.

3-49 (b-1) Notwithstanding Subsection (b), for a grant
3-50 application received before December 1, 2026, the office shall
3-51 determine whether the applicant is at a moderate or high risk of
3-52 financial instability by evaluating data published by the
3-53 commission regarding the financial stability of rural hospitals,
3-54 rural hospital districts, and rural hospital authorities. This
3-55 subsection expires September 1, 2027.

3-56 (c) The office shall develop a formula to allocate the money
3-57 available to the commission for grants under this section to rural
3-58 hospitals, rural hospital districts, and rural hospital
3-59 authorities that are determined to be at a moderate or high risk of
3-60 financial instability. The formula may consider:

3-61 (1) the degree of financial vulnerability of the
3-62 applicant as determined using the hospital financial needs
3-63 assessment and financial vulnerability index developed under
3-64 Section 526.0301;

3-65 (2) whether the applicant is the sole provider of
3-66 hospital services in the county in which the applicant is located;

3-67 (3) whether a hospital is located within 35 miles of
3-68 the applicant's facilities; and

3-69 (4) any other factors the office determines are

4-1 relevant to assessing the financial stability of rural hospitals,
4-2 rural hospital districts, and rural hospital authorities.

4-3 Sec. 526.0323. EMERGENCY HARDSHIP GRANT PROGRAM. (a) The
4-4 commission shall establish an emergency hardship grant program.

4-5 (b) The office may award emergency hardship grants to rural
4-6 hospitals, rural hospital districts, and rural hospital
4-7 authorities that have experienced:

4-8 (1) a man-made or natural disaster resulting in a loss
4-9 of assets; or

4-10 (2) an unforeseeable or unmitigable circumstance
4-11 likely to result in:

4-12 (A) the closure of the entity's facilities during
4-13 the 180-day period beginning on the date the entity submits an
4-14 application for a grant under this section; or

4-15 (B) an inability to fund payroll expenditures for
4-16 the entity's staff during the 180-day period beginning on the date
4-17 the entity submits an application for a grant under this section.

4-18 Sec. 526.0324. INNOVATION GRANT PROGRAM. (a) The
4-19 commission shall establish an innovation grant program to provide
4-20 support to rural hospitals, rural hospital districts, and rural
4-21 hospital authorities that undertake initiatives:

4-22 (1) to provide access to health care and improve the
4-23 quality of health care provided to residents of a rural county;

4-24 (2) that are likely to improve the financial stability
4-25 of the grant recipient; and

4-26 (3) that are estimated to become sustainable and be
4-27 maintained without additional state funding after the award of a
4-28 grant under this section.

4-29 (b) In awarding grants under this section, the office shall
4-30 prioritize initiatives focused on improving health care facilities
4-31 or services for:

4-32 (1) women who are pregnant or recently gave birth;

4-33 (2) individuals under the age of 20;

4-34 (3) older adults residing in a rural county; or

4-35 (4) individuals who are uninsured.

4-36 Sec. 526.0325. RURAL HOSPITAL SUPPORT GRANT PROGRAM. The
4-37 commission shall establish a rural hospital support grant program
4-38 to award support grants to rural hospitals, rural hospital
4-39 districts, rural hospital authorities, and rural hospital
4-40 organizations to improve the financial stability, continue the
4-41 operations, and support the long-term viability of the grant
4-42 recipient.

4-43 Sec. 526.0326. GENERAL GRANT PROVISIONS. (a) Chapter 783
4-44 does not apply to the solicitation of applicants for a grant under
4-45 this subchapter.

4-46 (b) To the extent practicable, the office shall award a
4-47 grant under this subchapter not later than the 180th day after the
4-48 date the office receives the recipient's grant application.

4-49 (c) A Medicaid provider's receipt of a grant under this
4-50 subchapter does not affect any legal or contractual duty of the
4-51 provider to comply with any applicable Medicaid requirements.

4-52 (d) The office shall administer the grant programs
4-53 established under this subchapter.

4-54 (e) The office may award a grant under this subchapter only
4-55 in accordance with the terms of a contract between the office and
4-56 the grant recipient. The contract must include provisions under
4-57 which the office is granted sufficient control to ensure that:

4-58 (1) the grant funds are spent in a manner that is
4-59 consistent with the public purpose of providing adequate access to
4-60 quality health care; and

4-61 (2) both this state and the grant recipient are
4-62 benefited by the award of the grant.

4-63 (f) The office shall develop an application process and
4-64 eligibility and selection criteria for persons applying for a grant
4-65 under this subchapter.

4-66 (g) A grant recipient may not use the proceeds of a grant
4-67 awarded under this subchapter to:

4-68 (1) reimburse an expense or pay a cost that another
4-69 source, including Medicaid, is obligated to reimburse or pay by law

5-1 or under a contract; or
 5-2 (2) supplant, or be used as a substitute for, money
 5-3 awarded to the recipient from a non-Medicaid federal funding
 5-4 source, including a federal grant.

5-5 Sec. 526.0327. LIMITATION ON CONTROL OF FUNDS BY HOSPITAL
 5-6 SYSTEM. (a) For purposes of this section:

5-7 (1) "Control" includes the ability to make decisions
 5-8 regarding the time and manner in which to spend grant money awarded
 5-9 under this subchapter.

5-10 (2) "Hospital system" means a system of two or more
 5-11 hospitals under the common governance of a single corporate parent.

5-12 (b) To ensure that grant money awarded under this subchapter
 5-13 is used for the benefit of residents of rural counties, money
 5-14 awarded to a hospital that is part of a hospital system:

5-15 (1) may not be retained or otherwise controlled by:

5-16 (A) the corporate parent of the hospital system;

5-17 or

5-18 (B) the hospital system; and

5-19 (2) must be under the control of an individual who is
 5-20 present on the premises of the hospital, or an administrative
 5-21 office of the hospital that is located within five miles of the
 5-22 hospital, at least two days per week.

5-23 Sec. 526.0328. APPROPRIATION CONTINGENCY. The commission
 5-24 is required to implement a provision of this subchapter only if the
 5-25 legislature appropriates money specifically for that purpose.

5-26 SECTION 5. Section 532.0155, Government Code, is amended by
 5-27 amending Subsection (b) and adding Subsection (g) to read as
 5-28 follows:

5-29 (b) To the extent allowed by federal law [~~and subject to~~
 5-30 ~~limitations on appropriations~~], the executive commissioner by rule
 5-31 shall adopt a prospective reimbursement methodology for the payment
 5-32 of rural hospitals participating in Medicaid that ensures the rural
 5-33 hospitals are reimbursed on an individual basis for providing
 5-34 inpatient and general outpatient services to recipients by using
 5-35 the hospitals' most recent cost information concerning the costs
 5-36 incurred for providing the services. The commission shall
 5-37 calculate the prospective cost-based reimbursement rates once
 5-38 every two years.

5-39 (g) To the extent allowed by federal law, the executive
 5-40 commissioner, in addition to the cost-based reimbursement rate
 5-41 calculated by the executive commissioner under Subsection (b),
 5-42 shall develop and calculate an add-on reimbursement rate for rural
 5-43 hospitals that have a department of obstetrics and gynecology. The
 5-44 executive commissioner shall calculate the rate required by this
 5-45 subsection annually.

5-46 SECTION 6. Section 548.0351, Government Code, is amended by
 5-47 adding Subdivisions (6-a) and (6-b) to read as follows:

5-48 (6-a) "Rural health clinic" has the meaning assigned
 5-49 by Section 113.0001, Health and Safety Code.

5-50 (6-b) "Rural hospital" means a health care facility
 5-51 licensed under Chapter 241, Health and Safety Code, that:

5-52 (A) is located in a county with a population of
 5-53 68,750 or less; or

5-54 (B) has been designated by the Centers for
 5-55 Medicare and Medicaid Services as a critical access hospital, rural
 5-56 referral center, or sole community hospital and:

5-57 (i) is not located in a metropolitan
 5-58 statistical area; or

5-59 (ii) if the hospital has 100 or fewer beds,
 5-60 is located in a metropolitan statistical area.

5-61 SECTION 7. Section 548.0352, Government Code, is amended to
 5-62 read as follows:

5-63 Sec. 548.0352. ESTABLISHMENT OF PEDIATRIC
 5-64 TELE-CONNECTIVITY RESOURCE PROGRAM FOR RURAL TEXAS. The commission
 5-65 with any necessary assistance of pediatric tele-specialty
 5-66 providers shall establish a pediatric tele-connectivity resource
 5-67 program for rural Texas to award grants to rural hospitals and rural
 5-68 health clinics [~~nonurban health care facilities~~] to connect the
 5-69 hospitals and clinics [~~the facilities~~] with pediatric specialists

6-1 and pediatric subspecialists who provide telemedicine medical
 6-2 services or with an institution of higher education that is a member
 6-3 of the Texas Child Mental Health Care Consortium established under
 6-4 Chapter 113, Health and Safety Code.

6-5 SECTION 8. Section 548.0353, Government Code, is amended to
 6-6 read as follows:

6-7 Sec. 548.0353. USE OF PROGRAM GRANT. A rural hospital or
 6-8 rural health clinic [~~nonurban health care facility~~] awarded a grant
 6-9 under this subchapter may use grant money to:

6-10 (1) purchase equipment necessary for implementing a
 6-11 telemedicine medical service;

6-12 (2) modernize the hospital's or clinic's [~~facility's~~]
 6-13 information technology infrastructure and secure information
 6-14 technology support to ensure an uninterrupted two-way video signal
 6-15 that is compliant with the Health Insurance Portability and
 6-16 Accountability Act of 1996 (Pub. L. No. 104-191);

6-17 (3) pay a service fee to a pediatric tele-specialty
 6-18 provider under an annual contract with the provider; or

6-19 (4) pay for other activities, services, supplies,
 6-20 facilities, resources, and equipment the commission determines
 6-21 necessary for the hospital or clinic [~~facility~~] to use a
 6-22 telemedicine medical service.

6-23 SECTION 9. Section 548.0354, Government Code, is amended to
 6-24 read as follows:

6-25 Sec. 548.0354. SELECTION OF PROGRAM GRANT RECIPIENTS. (a)
 6-26 The commission [~~with any necessary assistance of pediatric~~
 6-27 ~~tele-specialty providers~~] may select [~~an~~] eligible rural hospitals
 6-28 and rural health clinics [~~nonurban health care facility~~] to receive
 6-29 a grant under this subchapter.

6-30 (b) To be eligible for a grant, a rural hospital or rural
 6-31 health clinic [~~nonurban health care facility~~] must maintain [~~have:~~

6-32 [~~(1) a quality assurance program that measures the~~
 6-33 ~~compliance of the facility's health care providers with the~~
 6-34 ~~facility's medical protocols;~~

6-35 [~~(2) on staff at least one full-time equivalent~~
 6-36 ~~physician who has training and experience in pediatrics and one~~
 6-37 ~~individual who is responsible for ongoing nursery and neonatal~~
 6-38 ~~support and care;~~

6-39 [~~(3) a designated neonatal intensive care unit or an~~
 6-40 ~~emergency department;~~

6-41 [~~(4) a commitment to obtaining neonatal or pediatric~~
 6-42 ~~education from a tertiary facility to expand the facility's depth~~
 6-43 ~~and breadth of telemedicine medical service capabilities; and~~

6-44 [~~(5) the capability of maintaining~~] records and
 6-45 produce [~~producing~~] reports that measure the effectiveness of a
 6-46 [~~the~~] grant received by the hospital or clinic under this
 6-47 subchapter [~~facility would receive~~].

6-48 (c) To the extent practicable, the commission shall award a
 6-49 program grant to a grant recipient not later than the 180th day
 6-50 after the date the commission receives the recipient's program
 6-51 grant application under this section.

6-52 (d) Chapter 783 does not apply to the solicitation of
 6-53 applicants for a program grant award under this subchapter.

6-54 SECTION 10. Section 548.0357, Government Code, is amended
 6-55 to read as follows:

6-56 Sec. 548.0357. BIENNIAL REPORT. Not later than December 1
 6-57 of each even-numbered year, the commission shall submit a report to
 6-58 the governor and members of the legislature regarding the
 6-59 activities of the program and grant recipients under the program,
 6-60 including the results and outcomes of grants awarded under this
 6-61 subchapter. The commission may combine the report required by this
 6-62 section with the report submitted by the State Office of Rural
 6-63 Hospital Finance under Section 526.0301.

6-64 SECTION 11. Section 113.0001, Health and Safety Code, is
 6-65 amended by adding Subdivisions (4), (5), and (6) to read as follows:

6-66 (4) "Rural health clinic" means a rural health clinic,
 6-67 as defined by 42 C.F.R. Section 491.2, that is:

6-68 (A) accredited by an accreditation organization,
 6-69 a participant in the federal Medicare program, or both; and

7-1 (B) located in a county that does not contain a
7-2 general hospital or special hospital, as those terms are defined by
7-3 Section 241.003.

7-4 (5) "Rural hospital" has the meaning assigned by
7-5 Section 548.0351, Government Code.

7-6 (6) "Rural hospital organization" has the meaning
7-7 assigned by Section 526.0321, Government Code.

7-8 SECTION 12. Chapter 113, Health and Safety Code, is amended
7-9 by adding Subchapter D-1 to read as follows:

7-10 SUBCHAPTER D-1. RURAL PEDIATRIC MENTAL HEALTH CARE ACCESS PROGRAM

7-11 Sec. 113.0181. MENTAL HEALTH CARE ACCESS PROGRAM FOR RURAL
7-12 HOSPITALS AND RURAL HEALTH CLINICS. (a) Using the network of
7-13 comprehensive child psychiatry access centers established under
7-14 Section 113.0151, the consortium shall establish or expand provider
7-15 consultation programs to assist health care practitioners
7-16 providing services at rural hospitals or rural health clinics to:

7-17 (1) identify and assess the behavioral health needs of
7-18 pediatric and perinatal patients seeking services at the hospital
7-19 or clinic; and

7-20 (2) identify necessary mental health care services to
7-21 improve access to mental health care services for pediatric and
7-22 perinatal patients seeking services at the hospital or clinic.

7-23 (b) The consortium, in collaboration with a rural hospital
7-24 organization, shall develop a plan to establish, under the
7-25 authority provided in Section 113.0151(b) and not later than
7-26 September 1, 2026, telemedicine or telehealth programs to identify
7-27 and assess behavioral health needs and provide access to mental
7-28 health care services for pediatric patients seeking services at
7-29 rural hospitals or rural health clinics. The plan may include
7-30 limitations on the hours of the day during which services provided
7-31 by the telemedicine or telehealth programs are available. The plan
7-32 shall provide access to mental health care services for pediatric
7-33 patients seeking services at the rural hospital or rural health
7-34 clinic at the same or a substantially similar level as the mental
7-35 health care services provided to students attending school in a
7-36 school district for which the consortium has made available mental
7-37 health care services under this chapter.

7-38 (c) On or after September 1, 2026, and subject to available
7-39 appropriations, the consortium shall establish a program
7-40 establishing or expanding telemedicine or telehealth programs to
7-41 identify and assess behavioral health needs and provide access to
7-42 mental health care services for pediatric patients seeking services
7-43 at rural hospitals or rural health clinics.

7-44 Sec. 113.0182. CONSENT REQUIRED FOR SERVICES TO MINOR. (a)
7-45 A person may provide mental health care services to a child younger
7-46 than 18 years of age through a program established under this
7-47 subchapter only if the person obtains the written consent of the
7-48 parent or legal guardian of the child or, if the parent or legal
7-49 guardian is not known or available, the adult with whom the child
7-50 primarily resides.

7-51 (b) The consortium shall develop and post on the
7-52 consortium's Internet website a model form for a person to provide
7-53 consent under this section.

7-54 (c) Written consent obtained under Subsection (a) is not
7-55 valid if the consent authorizes the provision of a mental health
7-56 care service to a child that affirms the child's perception of the
7-57 child's gender if that perception is inconsistent with the child's
7-58 biological sex.

7-59 SECTION 13. Section 113.0251, Health and Safety Code, is
7-60 amended to read as follows:

7-61 Sec. 113.0251. BIENNIAL REPORT. Not later than December 1
7-62 of each even-numbered year, the consortium shall prepare and submit
7-63 to the governor, the lieutenant governor, the speaker of the house
7-64 of representatives, ~~and~~ the standing committee of each house of
7-65 the legislature with primary jurisdiction over behavioral health
7-66 issues, and the Legislative Budget Board and post on its Internet
7-67 website a written report that outlines:

- 7-68 (1) the activities and objectives of the consortium;
- 7-69 (2) the health-related institutions of higher

8-1 education listed in Section 113.0052(1) that receive funding by the
8-2 executive committee;
8-3 (3) the rural hospitals and rural health clinics to
8-4 which the program established under Section 113.0181 provided
8-5 mental health access services;
8-6 (4) the cost to maintain the mental health care access
8-7 program established under Subchapter D-1; and
8-8 (5) [~~3~~] any legislative recommendations based on
8-9 the activities and objectives described by Subdivision (1).

8-10 SECTION 14. The following provisions of the Government Code
8-11 are repealed:

- 8-12 (1) Section 548.0351(1); and
- 8-13 (2) Section 548.0356.

8-14 SECTION 15. If before implementing any provision of this
8-15 Act a state agency determines that a waiver or authorization from a
8-16 federal agency is necessary for implementation of that provision,
8-17 the agency affected by the provision shall request the waiver or
8-18 authorization and may delay implementing that provision until the
8-19 waiver or authorization is granted.

8-20 SECTION 16. (a) Not later than December 1, 2025, the Health
8-21 and Human Services Commission shall contract with institutions of
8-22 higher education to administer an academy under Section 526.0305,
8-23 Government Code, as added by this Act.

8-24 (b) Not later than January 1, 2026, the executive
8-25 commissioner of the Health and Human Services Commission shall
8-26 appoint the members of the interagency advisory committee as
8-27 required by Section 526.0305, Government Code, as added by this
8-28 Act.

8-29 SECTION 17. This Act takes effect immediately if it
8-30 receives a vote of two-thirds of all the members elected to each
8-31 house, as provided by Section 39, Article III, Texas Constitution.
8-32 If this Act does not receive the vote necessary for immediate
8-33 effect, this Act takes effect September 1, 2025.

8-34 * * * * *