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

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

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

I. Graduate Medical Education (GME)
Support increased investment in GME to expand physician training and retention.

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

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

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

II. Medical Workforce Development

Authorize NCHD to address shortages in essential specialties.

Advocacy Position:

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

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

Impact on Nueces County:

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

III. Regional Behavioral Health Infrastructure

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

Advocacy Position:

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

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

Impact on Nueces County:

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

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

IV. CIHCP Streamlining — Integrated Benefits Portal Access

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

Legislative Pursuit:

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

Data Point:

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

Impact on Nueces County:

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

- 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