

SENATE JOURNAL

EIGHTY-SIXTH LEGISLATURE — REGULAR SESSION

AUSTIN, TEXAS

PROCEEDINGS

THIRTY-NINTH DAY

(Tuesday, April 16, 2019)

The Senate met at 11:00 a.m. pursuant to adjournment and was called to order by the President.

The roll was called and the following Senators were present: Alvarado, Bettencourt, Birdwell, Buckingham, Campbell, Creighton, Fallon, Flores, Hall, Hancock, Hinojosa, Huffman, Hughes, Johnson, Kolkhorst, Lucio, Menéndez, Miles, Nelson, Nichols, Paxton, Perry, Powell, Rodríguez, Schwertner, Seliger, Taylor, Watson, West, Whitmire, Zaffirini.

The President announced that a quorum of the Senate was present.

Senator West offered the invocation as follows:

Let each and every one of us, Father, clear our minds and only think of You at this moment. And when we think of You, Father, we recognize from conception to whatever age we are at this point in time that You have planned our lives and what we here on Earth can do in order to extend Your kingdom. Father, I ask that You give the leadership of this country, of this world, of this state, our local units of government, the ability to have great discernment for decisions that are made. Father, I ask that You give each Member of this body the ability to, I think, as it states in Proverbs, to get knowledge, wisdom, and understanding and apply it to decisions that we make here. I ask You also, Father, to remind us that when we are finally judged on our tombstones there will be a hyphen, that hyphen is the sum total of all the things that we have done in our life in order to do Thy will. I ask that Thy will be done today here on the Senate floor and in perpetuity until we see You again. Father, the only thing permanent in life is change and all of us know that, but ultimately we will be face to face with You. And I ask that when we come face to face with You, we will be accountable and responsible and would have done Thy will. So, I ask that Thy will be done here on Earth as it is in heaven. Amen.

Senator Whitmire moved that the reading of the Journal of the proceedings of the previous day be dispensed with and the Journal be approved as printed.

The motion prevailed without objection.

MESSAGE FROM THE HOUSE

HOUSE CHAMBER

Austin, Texas

Tuesday, April 16, 2019 - 1

The Honorable President of the Senate
Senate Chamber
Austin, Texas

Mr. President:

I am directed by the house to inform the senate that the house has taken the following action:

THE HOUSE HAS PASSED THE FOLLOWING MEASURES:

HB 1767 Murphy

Relating to the consideration of employee compensation and benefits in establishing the rates of gas utilities.

HCR 157 Craddick

Congratulating L. D. "Buddy" Sipes Jr. on his induction into the Petroleum Hall of Fame.

HCR 158 Craddick

Honoring the memory of George P. Mitchell on the occasion of his posthumous induction into the Petroleum Hall of Fame.

HCR 159 Craddick

Congratulating Arlen L. Edgar on his induction into the Petroleum Hall of Fame.

HCR 160 Craddick

Congratulating Robert C. Bledsoe of Midland on his induction into the Petroleum Hall of Fame.

HJR 5 Thompson, Senfronia

Proposing a constitutional amendment providing for the dedication of certain sales and use tax revenue to the Texas mental and behavioral health research fund established to fund research, treatment, and access to services in this state for behavioral health, mental health, and substance use and addiction issues.

Respectfully,

/s/Robert Haney, Chief Clerk
House of Representatives

PHYSICIAN OF THE DAY

Senator West was recognized and presented Dr. Thomas Shima of Dallas, accompanied by Sioned Kirkpatrick and Peyton Chapman, as the Physician of the Day.

The Senate welcomed Dr. Shima and thanked him for his participation in the Physician of the Day program sponsored by the Texas Academy of Family Physicians.

GUESTS PRESENTED

Senator Buckingham was recognized and introduced to the Senate an eighth grade class from Faith Academy of Marble Falls including Dylan Martin and Kendall Mason.

Senator Buckingham also introduced to the Senate Gideon Hock, serving today as an Honorary Senate Page.

The Senate welcomed its guests.

MESSAGE FROM THE GOVERNOR

The following Message from the Governor was read and was referred to the Committee on Nominations:

April 16, 2019
Austin, Texas

TO THE SENATE OF THE EIGHTY-SIXTH LEGISLATURE, REGULAR SESSION:

I ask the advice, consent and confirmation of the Senate with respect to the following appointment:

To be a member of the Veterans' Land Board for a term to expire December 29, 2022:

Gerald J. "Jud" Scott
Bee Cave, Texas
(replacing Andrew J. Cobos of Houston whose term expired)

Respectfully submitted,
/s/Greg Abbott
Governor

BILL SIGNED

The President announced the signing of the following enrolled bill in the presence of the Senate after the caption had been read: **SB 306**.

**INTRODUCTION OF
BILLS AND RESOLUTIONS POSTPONED**

The President announced that the introduction of bills and resolutions on first reading would be postponed until the end of today's session.

There was no objection.

GUESTS PRESENTED

Senator Nichols was recognized and introduced to the Senate a Texas Counseling Association delegation.

The Senate welcomed its guests.

SENATE RESOLUTION 591

Senator Buckingham offered the following resolution:

WHEREAS, Dr. Kyle Sheets and Bernita Sheets have set an inspiring example through their outstanding philanthropic endeavors; and

WHEREAS, An admired Lubbock physician, Dr. Sheets is the founder of Physicians Aiding Physicians Abroad; while completing his medical residency, he traveled to Zimbabwe in 1999 for a clinical rotation at Karanda Hospital, accompanied by Mrs. Sheets and their 10 young children; his experience changed his worldview profoundly, and four years later, he established PAPA Missions to offer practical assistance to doctors who want to participate in medical missions to developing countries but have no experience planning such ventures; and

WHEREAS, Since its inception, PAPA has helped hundreds of medical volunteers provide their skill and expertise in a number of different nations; by partnering with established surgical hospitals, the organization ensures that professionals are able to support continuity of care with maximum effectiveness; to date, its missions have delivered more than \$2.5 million in life-saving supplies to facilities in need around the world; in addition, the group has worked with Adonai to build a full surgical hospital in the rural mountains of Guatemala, serving Quiche Indians; and

WHEREAS, Dr. Sheets continues to share his time and expertise with the hospital in Zimbabwe for a month annually, and he and Mrs. Sheets travel to Guatemala several times a year; in 2017, he was presented with the Humanitarian Award from the American Academy of Family Physicians; and

WHEREAS, A graduate of The University of Texas Medical Branch School of Medicine at Galveston, Dr. Sheets is president and CEO of Concord Medical Group, which he founded in 2001 to meet the needs of rural hospitals in West Texas; it has since grown to serve three additional states; his work at home and abroad is made possible by the dedicated support of Mrs. Sheets; and

WHEREAS, Kyle and Bernita Sheets have made a positive impact in the lives of innumerable people around the world, and their outstanding contributions are truly worthy of special recognition; now, therefore, be it

RESOLVED, That the Senate of the 86th Texas Legislature hereby honor Dr. Kyle Sheets and Bernita Sheets for their philanthropic efforts and extend to them sincere best wishes for the future; and, be it further

RESOLVED, That an official copy of this resolution be prepared for Dr. and Mrs. Sheets as an expression of high regard by the Texas Senate.

SR 591 was read and was adopted without objection.

GUESTS PRESENTED

Senator Buckingham was recognized and introduced to the Senate Kyle and Bernita Sheets.

Senator Buckingham also introduced to the Senate Sydney Sample, serving today as an Honorary Senate Page.

The Senate welcomed its guests.

GUESTS PRESENTED

Senator Buckingham was again recognized and introduced to the Senate a delegation of Howard Payne University undergraduate students.

The Senate welcomed its guests.

HOUSE CONCURRENT RESOLUTION 9

The President laid before the Senate the following resolution:

WHEREAS, Section 17, Article III, Texas Constitution, provides that neither house of the legislature may adjourn for more than three days without the consent of the other house; now, therefore, be it

RESOLVED by the 86th Legislature of the State of Texas, That each house grant the other permission to adjourn for more than three days during the period beginning on Wednesday, April 17, 2019, and ending on Tuesday, April 23, 2019.

WHITMIRE

HCR 9 was read.

On motion of Senator Whitmire and by unanimous consent, the resolution was considered immediately and was adopted by the following vote: Yeas 31, Nays 0.

RECESS

On motion of Senator Whitmire, the Senate at 11:32 a.m. recessed until 12:00 p.m. today.

AFTER RECESS

The Senate met at 12:50 p.m. and was called to order by President Pro Tempore Watson.

CONCLUSION OF MORNING CALL

The President Pro Tempore at 12:50 p.m. announced the conclusion of morning call.

COMMITTEE SUBSTITUTE SENATE BILL 1575 ON SECOND READING

Senator Alvarado moved to suspend the regular order of business to take up for consideration **CSSB 1575** at this time on its second reading:

CSSB 1575, Relating to governmental immunity for and adjudication of claims arising from a local governmental entity's disaster recovery contract.

The motion prevailed.

Senator Hughes asked to be recorded as voting "Nay" on suspension of the regular order of business.

The bill was read second time and was passed to engrossment by a viva voce vote.

All Members are deemed to have voted "Yea" on the passage to engrossment except as follows:

Nays: Hughes.

**COMMITTEE SUBSTITUTE
SENATE BILL 1575 ON THIRD READING**

Senator Alvarado moved that Senate Rule 7.18 and the Constitutional Rule requiring bills to be read on three several days be suspended and that **CSSB 1575** be placed on its third reading and final passage.

The motion prevailed by the following vote: Yeas 30, Nays 1.

Nays: Hughes.

The bill was read third time and was passed by the following vote: Yeas 30, Nays 1. (Same as previous roll call)

**COMMITTEE SUBSTITUTE
SENATE JOINT RESOLUTION 32 ON SECOND READING**

On motion of Senator Birdwell and by unanimous consent, the regular order of business was suspended to take up for consideration **CSSJR 32** at this time on its second reading:

CSSJR 32, Proposing a constitutional amendment to allow the transfer of a law enforcement animal to a qualified caretaker in certain circumstances.

The resolution was read second time and was passed to engrossment by a viva voce vote.

All Members are deemed to have voted "Yea" on the passage to engrossment.

**COMMITTEE SUBSTITUTE
SENATE JOINT RESOLUTION 32 ON THIRD READING**

Senator Birdwell moved that Senate Rule 7.18 and the Constitutional Rule requiring bills to be read on three several days be suspended and that **CSSJR 32** be placed on its third reading and final passage.

The motion prevailed by the following vote: Yeas 31, Nays 0.

The resolution was read third time and was passed by the following vote: Yeas 31, Nays 0.

**COMMITTEE SUBSTITUTE
SENATE BILL 750 ON SECOND READING**

On motion of Senator Kolkhorst and by unanimous consent, the regular order of business was suspended to take up for consideration **CSSB 750** at this time on its second reading:

CSSB 750, Relating to maternal and newborn health care and the quality of services provided to women in this state under certain health care programs.

The bill was read second time and was passed to engrossment by a viva voce vote.

All Members are deemed to have voted "Yea" on the passage to engrossment.

**COMMITTEE SUBSTITUTE
SENATE BILL 750 ON THIRD READING**

Senator Kolkhorst moved that Senate Rule 7.18 and the Constitutional Rule requiring bills to be read on three several days be suspended and that **CSSB 750** be placed on its third reading and final passage.

The motion prevailed by the following vote: Yeas 31, Nays 0.

The bill was read third time and was passed by the following vote: Yeas 31, Nays 0.

**COMMITTEE SUBSTITUTE
SENATE BILL 37 ON SECOND READING**

Senator Zaffirini moved to suspend the regular order of business to take up for consideration **CSSB 37** at this time on its second reading:

CSSB 37, Relating to a prohibition on the use of student loan default or breach of a student loan repayment or scholarship contract as a ground for refusal to grant or renew an occupational license or other disciplinary action in relation to an occupational license.

The motion prevailed.

Senators Schwertner and Seliger asked to be recorded as voting "Nay" on suspension of the regular order of business.

The bill was read second time and was passed to engrossment by a viva voce vote.

All Members are deemed to have voted "Yea" on the passage to engrossment except as follows:

Nays: Schwertner, Seliger.

**COMMITTEE SUBSTITUTE
SENATE BILL 37 ON THIRD READING**

Senator Zaffirini moved that Senate Rule 7.18 and the Constitutional Rule requiring bills to be read on three several days be suspended and that **CSSB 37** be placed on its third reading and final passage.

The motion prevailed by the following vote: Yeas 29, Nays 2.

Yeas: Alvarado, Bettencourt, Birdwell, Buckingham, Campbell, Creighton, Fallon, Flores, Hall, Hancock, Hinojosa, Huffman, Hughes, Johnson, Kolkhorst, Lucio, Menéndez, Miles, Nelson, Nichols, Paxton, Perry, Powell, Rodríguez, Taylor, Watson, West, Whitmire, Zaffirini.

Nays: Schwertner, Seliger.

The bill was read third time and was passed by the following vote: Yeas 29, Nays 2. (Same as previous roll call)

SENATE BILL 1516 ON SECOND READING

On motion of Senator Birdwell and by unanimous consent, the regular order of business was suspended to take up for consideration **SB 1516** at this time on its second reading:

SB 1516, Relating to liability for obtaining improper unemployment compensation benefits.

The bill was read second time.

Senator Miles offered the following amendment to the bill:

Floor Amendment No. 1

Amend **SB 1516** (senate committee report) as follows:

(1) In SECTION 2 of the bill, in the recital for that section (page 1, line 28), strike "Section 214.002(b), Labor Code, is amended" and substitute "Section 214.002, Labor Code, is amended by adding Subsection (a-1) and amending Subsection (b)".

(2) In SECTION 2 of the bill, in amended Section 214.002, Labor Code (page 1, between lines 29 and 30), insert the following:

(a-1) Notwithstanding any other provision of this section, if the commission fails to notify the person of the improper benefit described by Subsection (b)(2) on or before the 120th day after the date the person obtains the benefit, the benefit is not:

(1) considered an improper benefit; and

(2) recoverable by the commission.

The amendment to **SB 1516** was read and was adopted by a viva voce vote.

All Members are deemed to have voted "Yea" on the adoption of Floor Amendment No. 1.

SB 1516 as amended was passed to engrossment by a viva voce vote.

All Members are deemed to have voted "Yea" on the passage to engrossment.

SENATE BILL 1516 ON THIRD READING

Senator Birdwell moved that Senate Rule 7.18 and the Constitutional Rule requiring bills to be read on three several days be suspended and that **SB 1516** be placed on its third reading and final passage.

The motion prevailed by the following vote: Yeas 31, Nays 0.

The bill was read third time and was passed by the following vote: Yeas 31, Nays 0.

**COMMITTEE SUBSTITUTE
SENATE BILL 1474 ON SECOND READING**

On motion of Senator Lucio and by unanimous consent, the regular order of business was suspended to take up for consideration **CSSB 1474** at this time on its second reading:

CSSB 1474, Relating to private activity bonds.

The bill was read second time and was passed to engrossment by a viva voce vote.

All Members are deemed to have voted "Yea" on the passage to engrossment.

**COMMITTEE SUBSTITUTE
SENATE BILL 1474 ON THIRD READING**

Senator Lucio moved that Senate Rule 7.18 and the Constitutional Rule requiring bills to be read on three several days be suspended and that **CSSB 1474** be placed on its third reading and final passage.

The motion prevailed by the following vote: Yeas 31, Nays 0.

The bill was read third time and was passed by the following vote: Yeas 31, Nays 0.

**COMMITTEE SUBSTITUTE
SENATE BILL 16 ON SECOND READING**

On motion of Senator Hancock and by unanimous consent, the regular order of business was suspended to take up for consideration **CSSB 16** at this time on its second reading:

CSSB 16, Relating to a student loan repayment assistance program for certain full-time peace officers in this state.

The bill was read second time and was passed to engrossment by a viva voce vote.

All Members are deemed to have voted "Yea" on the passage to engrossment.

**COMMITTEE SUBSTITUTE
SENATE BILL 16 ON THIRD READING**

Senator Hancock moved that Senate Rule 7.18 and the Constitutional Rule requiring bills to be read on three several days be suspended and that **CSSB 16** be placed on its third reading and final passage.

The motion prevailed by the following vote: Yeas 31, Nays 0.

The bill was read third time and was passed by the following vote: Yeas 31, Nays 0.

SENATE BILL 2212 ON SECOND READING

On motion of Senator Taylor and by unanimous consent, the regular order of business was suspended to take up for consideration **SB 2212** at this time on its second reading:

SB 2212, Relating to the maintenance and operation of certain projects by certain drainage districts.

The bill was read second time.

Senator Taylor offered the following amendment to the bill:

Floor Amendment No. 1

Amend **SB 2212** (senate committee printing) as follows:

(1) In SECTION 1 of the bill, in added Section 19(a), Chapter 34, Acts of the 57th Legislature, 3rd Called Session, 1962, strike Subdivision (1)(B) and Subdivision (2) (page 1, lines 34 through 39) and substitute the following:

(B) biennially submit a report to the General Land Office and the legislature on:

(i) expenditures of state money relating to a project described by this subsection; and

(ii) the extent to which additional appropriations or additional money from any other source is needed for the next biennium; and

(2) may enter into an agreement:

(A) for a public-private partnership to fund a local share of or the costs of the operation and maintenance of a project described by this subsection; or

(B) with the General Land Office to obtain funding for a local match requirement or the operation and maintenance of a project described by this subsection.

(2) In SECTION 2 of the bill, in added Section 20(a), Chapter 307, Acts of the 58th Legislature, Regular Session, 1963, strike Subdivision (1)(B) and Subdivision (2) (page 2, lines 5 through 10) and substitute the following:

(B) biennially submit a report to the General Land Office and the legislature on:

(i) expenditures of state money relating to a project described by this subsection; and

(ii) the extent to which additional appropriations or additional money from any other source is needed for the next biennium; and

(2) may enter into an agreement:

(A) for a public-private partnership to fund a local share of or the costs of the operation and maintenance of a project described by this subsection; or

(B) with the General Land Office to obtain funding for a local match requirement or the operation and maintenance of a project described by this subsection.

(3) In SECTION 3 of the bill, in added Section 14(a), Chapter 44, Acts of the 57th Legislature, 3rd Called Session, 1962, strike Subdivision (1)(B) and Subdivision (2) (page 2, lines 37 through 42) and substitute the following:

(B) biennially submit a report to the General Land Office and the legislature on:

(i) expenditures of state money relating to a project described by this subsection; and

(ii) the extent to which additional appropriations or additional money from any other source is needed for the next biennium; and

(2) may enter into an agreement:

(A) for a public-private partnership to fund a local share of or the costs of the operation and maintenance of a project described by this subsection; or

(B) with the General Land Office to obtain funding for a local match requirement or the operation and maintenance of a project described by this subsection.

The amendment to **SB 2212** was read and was adopted by a viva voce vote.

All Members are deemed to have voted "Yea" on the adoption of Floor Amendment No. 1.

SB 2212 as amended was passed to engrossment by a viva voce vote.

All Members are deemed to have voted "Yea" on the passage to engrossment.

SENATE BILL 2212 ON THIRD READING

Senator Taylor moved that Senate Rule 7.18 and the Constitutional Rule requiring bills to be read on three several days be suspended and that **SB 2212** be placed on its third reading and final passage.

The motion prevailed by the following vote: Yeas 31, Nays 0.

The bill was read third time and was passed by the following vote: Yeas 31, Nays 0.

COMMITTEE SUBSTITUTE SENATE BILL 1238 ON SECOND READING

On motion of Senator Johnson and by unanimous consent, the regular order of business was suspended to take up for consideration **CSSB 1238** at this time on its second reading:

CSSB 1238, Relating to the admission, examination, and discharge of a person for voluntary mental health services.

The bill was read second time and was passed to engrossment by a viva voce vote.

All Members are deemed to have voted "Yea" on the passage to engrossment.

COMMITTEE SUBSTITUTE SENATE BILL 1238 ON THIRD READING

Senator Johnson moved that Senate Rule 7.18 and the Constitutional Rule requiring bills to be read on three several days be suspended and that **CSSB 1238** be placed on its third reading and final passage.

The motion prevailed by the following vote: Yeas 31, Nays 0.

The bill was read third time and was passed by the following vote: Yeas 31, Nays 0.

SENATE BILL 851 ON SECOND READING

Senator Perry moved to suspend the regular order of business to take up for consideration **SB 851** at this time on its second reading:

SB 851, Relating to the award of attorney's fees and other costs in certain proceedings involving a groundwater conservation district.

The motion prevailed by the following vote: Yeas 22, Nays 9.

Yeas: Bettencourt, Birdwell, Buckingham, Campbell, Creighton, Fallon, Flores, Hall, Hancock, Hinojosa, Huffman, Hughes, Kolkhorst, Nelson, Nichols, Paxton, Perry, Schwertner, Seliger, Taylor, West, Whitmire.

Nays: Alvarado, Johnson, Lucio, Menéndez, Miles, Powell, Rodríguez, Watson, Zaffirini.

The bill was read second time and was passed to engrossment by the following vote: Yeas 22, Nays 9. (Same as previous roll call)

SENATE JOINT RESOLUTION 57 ON SECOND READING

On motion of Senator Bettencourt and by unanimous consent, the regular order of business was suspended to take up for consideration **SJR 57** at this time on its second reading:

SJR 57, Proposing a constitutional amendment authorizing the legislature to provide for a temporary exemption from ad valorem taxation of a portion of the appraised value of certain property damaged by a disaster.

The resolution was read second time and was passed to engrossment by a viva voce vote.

All Members are deemed to have voted "Yea" on the passage to engrossment.

SENATE JOINT RESOLUTION 57 ON THIRD READING

Senator Bettencourt moved that Senate Rule 7.18 and the Constitutional Rule requiring bills to be read on three several days be suspended and that **SJR 57** be placed on its third reading and final passage.

The motion prevailed by the following vote: Yeas 31, Nays 0.

The resolution was read third time and was passed by the following vote: Yeas 31, Nays 0.

SENATE BILL 1772 ON SECOND READING

On motion of Senator Bettencourt and by unanimous consent, the regular order of business was suspended to take up for consideration **SB 1772** at this time on its second reading:

SB 1772, Relating to a temporary exemption from ad valorem taxation of a portion of the appraised value of certain property damaged by a disaster.

The bill was read second time and was passed to engrossment by a viva voce vote.

All Members are deemed to have voted "Yea" on the passage to engrossment.

SENATE BILL 1772 ON THIRD READING

Senator Bettencourt moved that Senate Rule 7.18 and the Constitutional Rule requiring bills to be read on three several days be suspended and that **SB 1772** be placed on its third reading and final passage.

The motion prevailed by the following vote: Yeas 31, Nays 0.

The bill was read third time and was passed by the following vote: Yeas 31, Nays 0.

(Senator Flores in Chair)

(Senator Hancock in Chair)

**COMMITTEE SUBSTITUTE
SENATE BILL 781 ON SECOND READING**

On motion of Senator Kolkhorst and by unanimous consent, the regular order of business was suspended to take up for consideration **CSSB 781** at this time on its second reading:

CSSB 781, Relating to the regulation of child-care facilities.

The bill was read second time and was passed to engrossment by a viva voce vote.

All Members are deemed to have voted "Yea" on the passage to engrossment.

**COMMITTEE SUBSTITUTE
SENATE BILL 781 ON THIRD READING**

Senator Kolkhorst moved that Senate Rule 7.18 and the Constitutional Rule requiring bills to be read on three several days be suspended and that **CSSB 781** be placed on its third reading and final passage.

The motion prevailed by the following vote: Yeas 31, Nays 0.

The bill was read third time and was passed by the following vote: Yeas 31, Nays 0.

REMARKS ORDERED PRINTED

On motion of Senator Lucio and by unanimous consent, the remarks by Senator Watson regarding **SB 781** were ordered reduced to writing and printed in the *Senate Journal* as follows:

Members, I want to recognize Chair Kolkhorst's efforts on this bill. When we entrust children to a facility licensed and regulated by the state, there's a level of expectation that they are safe and the facility will provide quality care. It's our duty to ensure proper oversight and enforcement procedures are in place, but I know finding the best way to do this without unintentionally affecting capacity is difficult. It has to be a delicate balance: we can't afford to sacrifice safety for capacity.

I was glad to see this bill addresses the upcoming Family First Prevention Services Act by ensuring CPS makes a plan for group settings reimbursable for children in CPS care. So much of our ability to care for the children in the state's custody is tied to the budget, and Family First is a game changer for how Title IV-E dollars can be spent. The state must take a look at its current capacity, engage the right stakeholders, and consider how to take advantage of the great opportunities this Act has to offer children and families.

I do worry about the agency doing right, including honest budgeting and engaging stakeholders. This is necessary work and I just want to commend you, and I look forward to continue working with you and ensuring the right stakeholders are engaged in the process.

(Note: Prepared text)

REPORT OF COMMITTEE ON NOMINATIONS

Senator Buckingham submitted the following report from the Committee on Nominations:

We, your Committee on Nominations, to which were referred the following appointments, have had same under consideration and report them back to the Senate with a recommendation that they be confirmed:

Members, Board of Directors, Gulf Coast Authority: Lamont Edward Meaux, Chambers County; Kevin Michael Scott, Galveston County.

Members, Manufactured Housing Board: Sylvia Letitia Acuff-Guzman, Denton County; Ronald Maxie Richards, Galveston County; Keith C. Thompson, Lubbock County.

Members, Real Estate Research Advisory Committee: Troy C. Alley, Dallas County; Russell Lynn Cain, Calhoun County; Jingjing Clemence, Fort Bend County.

Member, State Soil and Water Conservation Board: Carl Ray Polk, Angelina County.

Member, Texas Higher Education Coordinating Board: Welcome Wade Wilson, Harris County.

Members, Texas Judicial Council: George Michael Bryant, Dallas County, Rachel Ann-Marie Racz, Harris County.

Members, Board of Regents, Texas State University System: Charles Epefeny Amato, Bexar County; Earl C. Austin, Harris County; Dionicio Flores, El Paso County; Veronica Rose Harle, Callahan County; William Fred Scott, Jefferson County.

Members, Board of Regents, Texas Tech University System: Marcus Ray Griffin, Lubbock County; Dustin R. Womble, Lubbock County.

Members, Board of Directors, Texas Underground Facility Notification Corporation: Joseph Wayne Costa, Dallas County; William Ogden Geise, Travis County; Marcela Navarrete, El Paso County; Christopher Scott Nowak, Harris County; Manish Seth, Fort Bend County; George Spencer, Travis County; Lester Lee Stephens, Comal County; Richard David Tesson, Harris County.

Members, Board of Regents, The University of Texas System: Christina Melton Crain, Dallas County; Jodie Lee Jiles, Harris County; Kelcy Lee Warren, Dallas County.

NOTICE OF CONSIDERATION OF NOMINATIONS

Senator Buckingham gave notice that tomorrow she would submit to the Senate for consideration nominations to agencies, boards, and commissions of the state.

COMMITTEE SUBSTITUTE SENATE BILL 1512 ON SECOND READING

On motion of Senator Flores and by unanimous consent, the regular order of business was suspended to take up for consideration **CSSB 1512** at this time on its second reading:

CSSB 1512, Relating to payment of costs related to the relocation of certain political subdivision utility facilities for state highway projects.

The bill was read second time.

Senator Watson offered the following amendment to the bill:

Floor Amendment No. 1

Amend **CSSB 1512** (senate committee report) in SECTION 1 of the bill in added Section 203.092(a-4), Transportation Code (page 1, lines 38 through 41), by striking "(3) the utility would not be able to receive a state infrastructure bank loan under Subchapter D, Chapter 222, to finance the cost of the relocation and is otherwise unable to finance that cost." and substituting the following:

(3) the utility:

(A) would not be able to receive a state infrastructure bank loan under Subchapter D, Chapter 222, to finance the cost of the relocation and is otherwise unable to finance that cost; or

(B) is a political subdivision or is owned or operated by a political subdivision that:

(i) has a population of less than 5,000; and

(ii) is located in a county that has been included in at least five disaster declarations made by the president of the United States in the six-year period preceding the proposed date of the relocation.

The amendment to **CSSB 1512** was read and was adopted by a viva voce vote.

All Members are deemed to have voted "Yea" on the adoption of Floor Amendment No. 1.

CSSB 1512 as amended was passed to engrossment by a viva voce vote.

All Members are deemed to have voted "Yea" on the passage to engrossment.

**COMMITTEE SUBSTITUTE
SENATE BILL 1512 ON THIRD READING**

Senator Flores moved that Senate Rule 7.18 and the Constitutional Rule requiring bills to be read on three several days be suspended and that **CSSB 1512** be placed on its third reading and final passage.

The motion prevailed by the following vote: Yeas 31, Nays 0.

The bill was read third time and was passed by the following vote: Yeas 31, Nays 0.

**COMMITTEE SUBSTITUTE
SENATE BILL 863 ON SECOND READING**

Senator Watson moved to suspend the regular order of business to take up for consideration **CSSB 863** at this time on its second reading:

CSSB 863, Relating to a study of costs associated with dual credit courses offered at public high schools.

The motion prevailed.

Senators Hancock and Schwertner asked to be recorded as voting "Nay" on suspension of the regular order of business.

The bill was read second time and was passed to engrossment by a viva voce vote.

All Members are deemed to have voted "Yea" on the passage to engrossment except as follows:

Nays: Hancock, Schwertner.

**COMMITTEE SUBSTITUTE
SENATE BILL 863 ON THIRD READING**

Senator Watson moved that Senate Rule 7.18 and the Constitutional Rule requiring bills to be read on three several days be suspended and that **CSSB 863** be placed on its third reading and final passage.

The motion prevailed by the following vote: Yeas 29, Nays 2.

Yeas: Alvarado, Bettencourt, Birdwell, Buckingham, Campbell, Creighton, Fallon, Flores, Hall, Hinojosa, Huffman, Hughes, Johnson, Kolkhorst, Lucio, Menéndez, Miles, Nelson, Nichols, Paxton, Perry, Powell, Rodríguez, Seliger, Taylor, Watson, West, Whitmire, Zaffirini.

Nays: Hancock, Schwertner.

The bill was read third time and was passed by the following vote: Yeas 29, Nays 2. (Same as previous roll call)

**COMMITTEE SUBSTITUTE
SENATE BILL 569 ON SECOND READING**

Senator Huffman moved to suspend the regular order of business to take up for consideration **CSSB 569** at this time on its second reading:

CSSB 569, Relating to the regulation of listed family homes.

The motion prevailed.

Senators Hall and Hughes asked to be recorded as voting "Nay" on suspension of the regular order of business.

The bill was read second time and was passed to engrossment by a viva voce vote.

All Members are deemed to have voted "Yea" on the passage to engrossment except as follows:

Nays: Hall, Hughes.

**COMMITTEE SUBSTITUTE
SENATE BILL 569 ON THIRD READING**

Senator Huffman moved that Senate Rule 7.18 and the Constitutional Rule requiring bills to be read on three several days be suspended and that **CSSB 569** be placed on its third reading and final passage.

The motion prevailed by the following vote: Yeas 29, Nays 2.

Yeas: Alvarado, Bettencourt, Birdwell, Buckingham, Campbell, Creighton, Fallon, Flores, Hancock, Hinojosa, Huffman, Johnson, Kolkhorst, Lucio, Menéndez, Miles, Nelson, Nichols, Paxton, Perry, Powell, Rodríguez, Schwertner, Seliger, Taylor, Watson, West, Whitmire, Zaffirini.

Nays: Hall, Hughes.

The bill was read third time and was passed by the following vote: Yeas 29, Nays 2. (Same as previous roll call)

SENATE BILL 1538 ON SECOND READING

Senator Menéndez moved to suspend the regular order of business to take up for consideration **SB 1538** at this time on its second reading:

SB 1538, Relating to the establishment of a career mentoring pilot program for certain students who are veterans.

The motion prevailed.

Senator Hughes asked to be recorded as voting "Nay" on suspension of the regular order of business.

The bill was read second time and was passed to engrossment by a viva voce vote.

All Members are deemed to have voted "Yea" on the passage to engrossment except as follows:

Nays: Hughes.

SENATE BILL 1538 ON THIRD READING

Senator Menéndez moved that Senate Rule 7.18 and the Constitutional Rule requiring bills to be read on three several days be suspended and that **SB 1538** be placed on its third reading and final passage.

The motion prevailed by the following vote: Yeas 30, Nays 1.

Nays: Hughes.

The bill was read third time and was passed by the following vote: Yeas 30, Nays 1. (Same as previous roll call)

SENATE BILL 1539 ON SECOND READING

Senator Menéndez moved to suspend the regular order of business to take up for consideration **SB 1539** at this time on its second reading:

SB 1539, Relating to the establishment of a pilot program for certain students who are veterans.

The motion prevailed.

Senator Hughes asked to be recorded as voting "Nay" on suspension of the regular order of business.

The bill was read second time and was passed to engrossment by a viva voce vote.

All Members are deemed to have voted "Yea" on the passage to engrossment except as follows:

Nays: Hughes.

SENATE BILL 1539 ON THIRD READING

Senator Menéndez moved that Senate Rule 7.18 and the Constitutional Rule requiring bills to be read on three several days be suspended and that **SB 1539** be placed on its third reading and final passage.

The motion prevailed by the following vote: Yeas 30, Nays 1.

Nays: Hughes.

The bill was read third time and was passed by the following vote: Yeas 30, Nays 1. (Same as previous roll call)

COMMITTEE SUBSTITUTE SENATE BILL 86 ON SECOND READING

Senator Hall moved to suspend the regular order of business to take up for consideration **CSSB 86** at this time on its second reading:

CSSB 86, Relating to the regulation of raising or keeping chickens by a municipality or a property owners' association.

The motion prevailed.

Senators Nichols and Seliger asked to be recorded as voting "Nay" on suspension of the regular order of business.

The bill was read second time and was passed to engrossment by a viva voce vote.

All Members are deemed to have voted "Yea" on the passage to engrossment except as follows:

Nays: Nichols, Seliger.

COMMITTEE SUBSTITUTE SENATE BILL 86 ON THIRD READING

Senator Hall moved that Senate Rule 7.18 and the Constitutional Rule requiring bills to be read on three several days be suspended and that **CSSB 86** be placed on its third reading and final passage.

The motion prevailed by the following vote: Yeas 29, Nays 2.

Yeas: Alvarado, Bettencourt, Birdwell, Buckingham, Campbell, Creighton, Fallon, Flores, Hall, Hancock, Hinojosa, Huffman, Hughes, Johnson, Kolkhorst, Lucio, Menéndez, Miles, Nelson, Paxton, Perry, Powell, Rodriguez, Schwertner, Taylor, Watson, West, Whitmire, Zaffirini.

Nays: Nichols, Seliger.

The bill was read third time and was passed by the following vote: Yeas 29, Nays 2. (Same as previous roll call)

SENATE JOINT RESOLUTION 47 ON SECOND READING

On motion of Senator Campbell and by unanimous consent, the regular order of business was suspended to take up for consideration **SJR 47** at this time on its second reading:

SJR 47, Proposing a constitutional amendment authorizing the legislature to provide for an exemption from ad valorem taxation of all or part of the market value of the residence homestead of the surviving spouse of a member of the armed services of the United States who is killed or fatally injured in the line of duty.

The resolution was read second time and was passed to engrossment by a viva voce vote.

All Members are deemed to have voted "Yea" on the passage to engrossment.

SENATE JOINT RESOLUTION 47 ON THIRD READING

Senator Campbell moved that Senate Rule 7.18 and the Constitutional Rule requiring bills to be read on three several days be suspended and that **SJR 47** be placed on its third reading and final passage.

The motion prevailed by the following vote: Yeas 31, Nays 0.

The resolution was read third time and was passed by the following vote: Yeas 31, Nays 0.

SENATE BILL 196 ON SECOND READING

On motion of Senator Campbell and by unanimous consent, the regular order of business was suspended to take up for consideration **SB 196** at this time on its second reading:

SB 196, Relating to an exemption from ad valorem taxation of the residence homestead of the surviving spouse of a member of the armed services of the United States who is killed or fatally injured in the line of duty.

The bill was read second time and was passed to engrossment by a viva voce vote.

All Members are deemed to have voted "Yea" on the passage to engrossment.

SENATE BILL 196 ON THIRD READING

Senator Campbell moved that Senate Rule 7.18 and the Constitutional Rule requiring bills to be read on three several days be suspended and that **SB 196** be placed on its third reading and final passage.

The motion prevailed by the following vote: Yeas 31, Nays 0.

The bill was read third time and was passed by the following vote: Yeas 31, Nays 0.

**COMMITTEE SUBSTITUTE
SENATE BILL 2200 ON SECOND READING**

On motion of Senator Kolkhorst and by unanimous consent, the regular order of business was suspended to take up for consideration **CSSB 2200** at this time on its second reading:

CSSB 2200, Relating to the authority of the Health and Human Services Commission to obtain criminal history record information.

The bill was read second time and was passed to engrossment by a viva voce vote.

All Members are deemed to have voted "Yea" on the passage to engrossment.

**COMMITTEE SUBSTITUTE
SENATE BILL 2200 ON THIRD READING**

Senator Kolkhorst moved that Senate Rule 7.18 and the Constitutional Rule requiring bills to be read on three several days be suspended and that **CSSB 2200** be placed on its third reading and final passage.

The motion prevailed by the following vote: Yeas 31, Nays 0.

The bill was read third time and was passed by the following vote: Yeas 31, Nays 0.

**COMMITTEE SUBSTITUTE
SENATE BILL 462 ON SECOND READING**

Senator Campbell moved to suspend the regular order of business to take up for consideration **CSSB 462** at this time on its second reading:

CSSB 462, Relating to ballot propositions authorizing certain political subdivisions to issue debt obligations.

The motion prevailed by the following vote: Yeas 25, Nays 6.

Yeas: Bettencourt, Birdwell, Buckingham, Campbell, Creighton, Fallon, Flores, Hall, Hancock, Hinojosa, Huffman, Hughes, Johnson, Kolkhorst, Miles, Nelson, Nichols, Paxton, Perry, Powell, Schwertner, Taylor, West, Whitmire, Zaffirini.

Nays: Alvarado, Lucio, Menéndez, Rodríguez, Seliger, Watson.

The bill was read second time and was passed to engrossment by the following vote: Yeas 24, Nays 7.

Yeas: Bettencourt, Birdwell, Buckingham, Campbell, Creighton, Fallon, Flores, Hall, Hancock, Hinojosa, Huffman, Hughes, Johnson, Kolkhorst, Miles, Nelson, Nichols, Paxton, Perry, Schwertner, Taylor, West, Whitmire, Zaffirini.

Nays: Alvarado, Lucio, Menéndez, Powell, Rodríguez, Seliger, Watson.

**COMMITTEE SUBSTITUTE
SENATE BILL 205 ON SECOND READING**

Senator Perry moved to suspend the regular order of business to take up for consideration **CSSB 205** at this time on its second reading:

CSSB 205, Relating to the use of information from the lists of noncitizens and nonresidents excused or disqualified from jury service.

The motion prevailed by the following vote: Yeas 19, Nays 12.

Yeas: Bettencourt, Birdwell, Buckingham, Campbell, Creighton, Fallon, Flores, Hall, Hancock, Huffman, Hughes, Kolkhorst, Nelson, Nichols, Paxton, Perry, Schwertner, Seliger, Taylor.

Nays: Alvarado, Hinojosa, Johnson, Lucio, Menéndez, Miles, Powell, Rodríguez, Watson, West, Whitmire, Zaffirini.

The bill was read second time and was passed to engrossment by the following vote: Yeas 19, Nays 12. (Same as previous roll call)

**SENATE RULE 5.14(a) SUSPENDED
(Intent Calendar)**

On motion of Senator Hughes and by unanimous consent, Senate Rule 5.14(a), requiring bills to be posted on the Intent Calendar by 3:00 p.m., was suspended and the time was extended to 5:00 p.m. today.

**COMMITTEE SUBSTITUTE
SENATE BILL 462 ON THIRD READING**

Senator Campbell moved that Senate Rule 7.18 and the Constitutional Rule requiring bills to be read on three several days be suspended and that **CSSB 462** be placed on its third reading and final passage:

CSSB 462, Relating to ballot propositions authorizing certain political subdivisions to issue debt obligations.

The motion prevailed by the following vote: Yeas 26, Nays 5.

Yeas: Bettencourt, Birdwell, Buckingham, Campbell, Creighton, Fallon, Flores, Hall, Hancock, Hinojosa, Huffman, Hughes, Johnson, Kolkhorst, Lucio, Miles, Nelson, Nichols, Paxton, Perry, Schwertner, Taylor, Watson, West, Whitmire, Zaffirini.

Nays: Alvarado, Menéndez, Powell, Rodríguez, Seliger.

The bill was read third time and was passed by the following vote: Yeas 24, Nays 7.

Yeas: Bettencourt, Birdwell, Buckingham, Campbell, Creighton, Fallon, Flores, Hall, Hancock, Hinojosa, Huffman, Hughes, Johnson, Kolkhorst, Miles, Nelson, Nichols, Paxton, Perry, Schwertner, Taylor, West, Whitmire, Zaffirini.

Nays: Alvarado, Lucio, Menéndez, Powell, Rodríguez, Seliger, Watson.

(President in Chair)

SENATE BILL 966 ON SECOND READING

Senator Bettencourt moved to suspend the regular order of business to take up for consideration **SB 966** at this time on its second reading:

SB 966, Relating to the location of certain temporary branch early voting polling places.

The motion prevailed by the following vote: Yeas 21, Nays 10.

Yeas: Bettencourt, Birdwell, Buckingham, Campbell, Creighton, Fallon, Flores, Hall, Hancock, Hinojosa, Huffman, Hughes, Kolkhorst, Lucio, Nelson, Nichols, Paxton, Perry, Schwertner, Seliger, Taylor.

Nays: Alvarado, Johnson, Menéndez, Miles, Powell, Rodríguez, Watson, West, Whitmire, Zaffirini.

The bill was read second time and was passed to engrossment by the following vote: Yeas 21, Nays 10. (Same as previous roll call)

COMMITTEE SUBSTITUTE SENATE BILL 29 ON SECOND READING

Senator Hall moved to suspend the regular order of business to take up for consideration **CSSB 29** at this time on its second reading:

CSSB 29, Relating to the use by a political subdivision of money for lobbying and certain other activities.

The motion prevailed by the following vote: Yeas 19, Nays 12.

Yeas: Bettencourt, Birdwell, Buckingham, Campbell, Creighton, Fallon, Flores, Hall, Hancock, Huffman, Hughes, Kolkhorst, Nelson, Nichols, Paxton, Perry, Schwertner, Taylor, Whitmire.

Nays: Alvarado, Hinojosa, Johnson, Lucio, Menéndez, Miles, Powell, Rodríguez, Seliger, Watson, West, Zaffirini.

The bill was read second time and was passed to engrossment by the following vote: Yeas 18, Nays 13. (Same as previous roll call)

SENATE BILL 746 ON SECOND READING

Senator Campbell moved to suspend the regular order of business to take up for consideration **SB 746** at this time on its second reading:

SB 746, Relating to certain procedures associated with voter approval of municipal annexation.

The motion prevailed.

Senators Johnson, Menéndez, Watson, and Zaffirini asked to be recorded as voting "Nay" on suspension of the regular order of business.

The bill was read second time and was passed to engrossment by a viva voce vote.

All Members are deemed to have voted "Yea" on engrossment except as follows:

Nays: Johnson, Menéndez, Watson, Zaffirini.

SENATE BILL 746 ON THIRD READING

Senator Campbell moved that Senate Rule 7.18 and the Constitutional Rule requiring bills to be read on three several days be suspended and that **SB 746** be placed on its third reading and final passage.

The motion prevailed by the following vote: Yeas 27, Nays 4.

Yeas: Alvarado, Bettencourt, Birdwell, Buckingham, Campbell, Creighton, Fallon, Flores, Hall, Hancock, Hinojosa, Huffman, Hughes, Kolkhorst, Lucio, Miles, Nelson, Nichols, Paxton, Perry, Powell, Rodríguez, Schwertner, Seliger, Taylor, West, Whitmire.

Nays: Johnson, Menéndez, Watson, Zaffirini.

The bill was read third time and was passed by the following vote: Yeas 27, Nays 4. (Same as previous roll call)

SENATE BILL 849 ON SECOND READING

Senator Fallon moved to suspend the regular order of business to take up for consideration **SB 849** at this time on its second reading:

SB 849, Relating to requirements for new or increased municipal fees.

The motion prevailed.

Senators Alvarado, Johnson, Miles, Rodríguez, Watson, and West asked to be recorded as voting "Nay" on suspension of the regular order of business.

The bill was read second time.

Senator Fallon offered the following amendment to the bill:

Floor Amendment No. 1

Amend **SB 849** (senate committee printing) in SECTION 7 of the bill, in added Section 109.002(a), Local Government Code (page 2, lines 66 and 67), by striking "a municipality located primarily in a county with a population of less than 30,000" and substituting "a municipality with a population of less than 20,000".

The amendment to **SB 849** was read and was adopted by a viva voce vote.

All Members are deemed to have voted "Yea" on the adoption of Floor Amendment No. 1.

SB 849 as amended was passed to engrossment by a viva voce vote.

All Members are deemed to have voted "Yea" on the passage to engrossment except as follows:

Nays: Alvarado, Johnson, Miles, Rodríguez, Watson, West.

SENATE BILL 849 ON THIRD READING

Senator Fallon moved that Senate Rule 7.18 and the Constitutional Rule requiring bills to be read on three several days be suspended and that **SB 849** be placed on its third reading and final passage.

The motion prevailed by the following vote: Yeas 26, Nays 5.

Yeas: Bettencourt, Birdwell, Buckingham, Campbell, Creighton, Fallon, Flores, Hall, Hancock, Hinojosa, Huffman, Hughes, Kolkhorst, Lucio, Menéndez, Nelson, Nichols, Paxton, Perry, Powell, Schwertner, Seliger, Taylor, West, Whitmire, Zaffirini.

Nays: Alvarado, Johnson, Miles, Rodríguez, Watson.

The bill was read third time and was passed by the following vote: Yeas 25, Nays 6.

Yeas: Bettencourt, Birdwell, Buckingham, Campbell, Creighton, Fallon, Flores, Hall, Hancock, Hinojosa, Huffman, Hughes, Kolkhorst, Lucio, Menéndez, Nelson, Nichols, Paxton, Perry, Powell, Schwertner, Seliger, Taylor, Whitmire, Zaffirini.

Nays: Alvarado, Johnson, Miles, Rodríguez, Watson, West.

**COMMITTEE SUBSTITUTE
SENATE BILL 811 ON SECOND READING**

Senator Hughes moved to suspend the regular order of business to take up for consideration **CSSB 811** at this time on its second reading:

CSSB 811, Relating to immunity from liability of public and private schools and security personnel employed by those schools for certain actions of security personnel.

The motion prevailed by the following vote: Yeas 21, Nays 10.

Yeas: Bettencourt, Birdwell, Buckingham, Campbell, Creighton, Fallon, Flores, Hall, Hancock, Hinojosa, Huffman, Hughes, Kolkhorst, Lucio, Nelson, Nichols, Paxton, Perry, Schwertner, Seliger, Taylor.

Nays: Alvarado, Johnson, Menéndez, Miles, Powell, Rodríguez, Watson, West, Whitmire, Zaffirini.

The bill was read second time and was passed to engrossment by the following vote: Yeas 21, Nays 10. (Same as previous roll call)

**COMMITTEE SUBSTITUTE
SENATE BILL 891 ON SECOND READING**

On motion of Senator Huffman and by unanimous consent, the regular order of business was suspended to take up for consideration **CSSB 891** at this time on its second reading:

CSSB 891, Relating to the operation and administration of and practice in courts in the judicial branch of state government; imposing a fee; creating a criminal offense.

The bill was read second time.

Senator Huffman offered the following amendment to the bill:

Floor Amendment No. 1

Amend **CSSB 891** (senate committee printing) as follows:

(1) Add the following appropriately numbered SECTION to ARTICLE 1 of the bill and renumber subsequent SECTIONS of ARTICLE 1 accordingly:

SECTION 1.____. (a) Section 24.140, Government Code, is amended to read as follows:

Sec. 24.140. 38TH JUDICIAL DISTRICT (~~[MEDINA,]~~ REAL~~[,]~~ AND UVALDE COUNTIES). ~~[(a)]~~ The 38th Judicial District is composed of ~~[Medina,]~~ Real~~[,]~~ and Uvalde counties.

~~[(b) The terms of the 38th District Court begin:~~

- ~~[(1) in Medina County on the first Mondays in January and June;~~
- ~~[(2) in Real County on the first Mondays in April and November; and~~
- ~~[(3) in Uvalde County on the first Mondays in February and September.]~~

(b) Subchapter C, Chapter 24, Government Code, is amended by adding Section 24.598 to read as follows:

Sec. 24.598. 454TH JUDICIAL DISTRICT (MEDINA COUNTY). The 454th Judicial District is composed of Medina County.

(c) The local administrative district judge shall transfer to the 454th District Court all cases from Medina County that are pending in the 38th District Court on the effective date of this Act.

(d) When a case is transferred as provided by Subsection (c) of this section:

(1) all processes, writs, bonds, recognizances, or other obligations issued from the 38th District Court are returnable to the 454th District Court as if originally issued by that court; and

(2) the obligees on all bonds and recognizances taken in and for the 38th District Court and all witnesses summoned to appear in the 38th District Court are required to appear before the 454th District Court as if originally required to appear before that court.

(e) The 454th Judicial District is created on September 1, 2019.

(2) In SECTION 1.03(a) of ARTICLE 1 of the bill, adding Section 24.599, Government Code (page 2, line 12), between "(a)" and "Subchapter", insert "Effective October 1, 2020,".

(3) In SECTION 1.06(a) of ARTICLE 1 of the bill, adding Section 24.60091, Government Code (page 2, line 34), between "(a)" and "Subchapter", insert "Effective January 1, 2021,".

(4) In SECTION 1.07(a) of ARTICLE 1 of the bill, adding Section 24.60092, Government Code (page 2, line 40), between "(a)" and "Subchapter", insert "Effective January 1, 2021,".

(5) In SECTION 2.02(a) of ARTICLE 2 of the bill, adding Sections 25.0381 and 25.0382, Government Code (page 3, line 19), between "(a)" and "Subchapter", insert "Effective January 1, 2021,".

(6) In ARTICLE 2 of the bill, strike SECTION 2.06 of the ARTICLE, amending Section 25.1101(a), Government Code, adding Section 25.1102(d), Government Code, and adding related transition language (page 4, lines 39-57) and renumber SECTIONS of the ARTICLE accordingly.

(7) Add the following appropriately numbered SECTIONS to ARTICLE 6 of the bill and renumber subsequent SECTIONS of ARTICLE 6 accordingly:

SECTION 6. _____. (a) Section 43.123, Government Code, is amended to read as follows:

Sec. 43.123. 38TH JUDICIAL DISTRICT. (a) The voters of the 38th Judicial District elect a district attorney.

(b) The district attorney of the 38th Judicial District also represents the state and performs the duties of the district attorney before the 454th Judicial District. This subsection expires January 1, 2021.

(b) Effective January 1, 2021, Section 44.001, Government Code, is amended to read as follows:

Sec. 44.001. ELECTION. The voters of each of the following counties elect a criminal district attorney: Anderson, Austin, Bastrop, Bexar, Bowie, Brazoria, Caldwell, Calhoun, Cass, Collin, Comal, Dallas, Deaf Smith, Denton, Eastland, Fannin, Galveston, Grayson, Gregg, Harrison, Hays, Hidalgo, Jackson, Jasper, Jefferson, Kaufman, Kendall, Lubbock, McLennan, Madison, Medina, Navarro, Newton, Panola, Polk, Randall, Rockwall, San Jacinto, Smith, Tarrant, Taylor, Tyler, Upshur, Van Zandt, Victoria, Walker, Waller, Wichita, Wood, and Yoakum.

(c) Effective January 1, 2021, Subchapter B, Chapter 44, Government Code, is amended by adding Section 44.263 to read as follows:

Sec. 44.263. MEDINA COUNTY. (a) The criminal district attorney of Medina County must meet the following qualifications:

(1) be at least 30 years old;

(2) have been a practicing attorney in this state for at least five years; and

(3) have been a resident of Medina County for at least one year before

election or appointment.

(b) The criminal district attorney has all the powers, duties, and privileges in Medina County that are conferred by law on county and district attorneys in the various counties and districts.

(c) The criminal district attorney shall attend each term and session of the district and inferior courts of Medina County, except municipal courts, held for the transaction of criminal business and shall exclusively represent the state in all criminal matters before those courts.

(d) The criminal district attorney shall represent Medina County in any court in which the county has pending business. This subsection does not require the criminal district attorney to represent the county in a delinquent tax suit or condemnation proceeding and does not prevent the county from retaining other legal counsel in a civil matter at any time it considers appropriate.

(e) The criminal district attorney shall collect the fees, commissions, and perquisites that are provided by law for similar services rendered by a district or county attorney.

(f) The criminal district attorney is entitled to receive in equal monthly installments compensation from the state equal to the amount paid by the state to district attorneys. The state compensation shall be paid by the comptroller as appropriated by the legislature. The Commissioners Court of Medina County shall pay the criminal district attorney an additional amount so that the total compensation of the criminal district attorney equals at least 90 percent of the total salary paid to the judge of the 454th District Court in Medina County. The compensation paid by the county shall be paid in semiweekly or bimonthly installments, as determined by the commissioners court.

(g) The criminal district attorney or the Commissioners Court of Medina County may accept gifts and grants from any individual, partnership, corporation, trust, foundation, association, or governmental entity for the purpose of financing or assisting effective prosecution, crime prevention or suppression, rehabilitation of offenders, substance abuse education, treatment and prevention, or crime victim assistance programs in Medina County. The criminal district attorney shall account for and report to the commissioners court all gifts or grants accepted under this subsection.

(h) The criminal district attorney, for the purpose of conducting affairs of the office, may appoint a staff composed of assistant criminal district attorneys, investigators, stenographers, clerks, and other personnel that the commissioners court may authorize. The salary of a staff member is an amount recommended by the criminal district attorney and approved by the commissioners court. The commissioners court shall pay the salaries of the staff in equal semiweekly or bimonthly installments from county funds.

(i) The criminal district attorney shall, with the advice and consent of the commissioners court, designate one or more individuals to act as an assistant criminal district attorney with exclusive responsibility for assisting the commissioners court. An individual designated as an assistant criminal district attorney under this subsection must have extensive experience in representing public entities and knowledge of the laws affecting counties, including the open meetings and open records laws under Chapters 551 and 552.

(j) Medina County is entitled to receive from the state an amount equal to the amount provided in the General Appropriations Act to district attorneys for the payment of staff salaries and office expenses.

(k) The legislature may provide for additional staff members to be paid from state funds if it considers supplementation of the criminal district attorney's staff to be necessary.

(l) The criminal district attorney and assistant criminal district attorney may not engage in the private practice of law or receive a fee for the referral of a case.

(d) Effective January 1, 2021, the office of county attorney of Medina County is abolished.

(e) Notwithstanding Section 41.010, Government Code, the initial vacancy in the office of the criminal district attorney of Medina County shall be filled by election. The office of the criminal district attorney of Medina County exists for purposes of the primary and general elections in 2020. The qualified voters of Medina County shall elect the initial criminal district attorney of Medina County at the general election in 2020 for a four-year term of office.

(f) The criminal district attorney of Medina County retains all powers, duties, and privileges in Medina County that were previously held by the office of the district attorney of the 38th Judicial District and the office of the county attorney of Medina County, including all powers, duties, and privileges in all pending matters of the county and district attorney and all pending matters before any court.

SECTION 6. _____. Effective January 1, 2021, Section 46.002, Government Code, is amended to read as follows:

Sec. 46.002. PROSECUTORS SUBJECT TO CHAPTER. This chapter applies to the state prosecuting attorney, all county prosecutors, and the following state prosecutors:

(1) the district attorneys for Kenedy and Kleberg Counties and for the 1st, 2nd, 8th, 9th, 18th, 21st, 23rd, 24th, 26th, 27th, 29th, 31st, 32nd, 33rd, 34th, 35th, 36th, 38th, 39th, 42nd, 43rd, 46th, 47th, 49th, 50th, 51st, 52nd, 53rd, 63rd, 64th, 66th, 69th, 70th, 76th, 79th, 81st, 83rd, 84th, 85th, 88th, 90th, 97th, 100th, 105th, 106th, 109th, 110th, 112th, 118th, 119th, 123rd, 132nd, 142nd, 143rd, 145th, 156th, 159th, 173rd, 196th, 198th, 216th, 220th, 229th, 235th, 253rd, 258th, 259th, 266th, 268th, 271st, 286th, 287th, 293rd, 329th, 344th, 349th, 355th, 369th, 452nd, and 506th judicial districts;

(2) the criminal district attorneys for the counties of Anderson, Austin, Bastrop, Bexar, Bowie, Brazoria, Caldwell, Calhoun, Cass, Collin, Comal, Dallas, Deaf Smith, Denton, Eastland, Fannin, Galveston, Grayson, Gregg, Harrison, Hays, Hidalgo, Jasper, Jefferson, Kaufman, Kendall, Lubbock, McLennan, Madison, Medina, Navarro, Newton, Panola, Polk, Randall, Rockwall, San Jacinto, Smith, Tarrant, Taylor, Tyler, Upshur, Van Zandt, Victoria, Walker, Waller, Wichita, Wood, and Yoakum; and

(3) the county attorneys performing the duties of district attorneys in the counties of Andrews, Aransas, Burleson, Callahan, Cameron, Castro, Colorado, Crosby, Ellis, Falls, Freestone, Gonzales, Guadalupe, Lamar, Lamb, Lampasas, Lavaca, Lee, Limestone, Marion, Milam, Morris, Ochiltree, Oldham, Orange, Rains, Red River, Robertson, Rusk, Swisher, Terry, Webb, and Willacy.

The amendment to **CSSB 891** was read and was adopted by a viva voce vote.

All Members are deemed to have voted "Yea" on the adoption of Floor Amendment No. 1.

CSSB 891 as amended was passed to engrossment by a viva voce vote.

All Members are deemed to have voted "Yea" on the passage to engrossment.

COMMITTEE SUBSTITUTE SENATE BILL 891 ON THIRD READING

Senator Huffman moved that Senate Rule 7.18 and the Constitutional Rule requiring bills to be read on three several days be suspended and that **CSSB 891** be placed on its third reading and final passage.

The motion prevailed by the following vote: Yeas 31, Nays 0.

The bill was read third time and was passed by the following vote: Yeas 31, Nays 0.

SENATE BILL 719 ON SECOND READING

On motion of Senator Fallon and by unanimous consent, the regular order of business was suspended to take up for consideration **SB 719** at this time on its second reading:

SB 719, Relating to the prosecution of the offense of capital murder.

The bill was read second time and was passed to engrossment by a viva voce vote.

All Members are deemed to have voted "Yea" on the passage to engrossment.

SENATE BILL 719 ON THIRD READING

Senator Fallon moved that Senate Rule 7.18 and the Constitutional Rule requiring bills to be read on three several days be suspended and that **SB 719** be placed on its third reading and final passage.

The motion prevailed by the following vote: Yeas 31, Nays 0.

The bill was read third time and was passed by the following vote: Yeas 31, Nays 0.

REASON FOR VOTE

Senator Lucio submitted the following reason for vote on **SB 719**:

In 2011, we had a similar bill, which raised the age of the victim from under six to under ten for capital murder. At the time, I had great concerns about how this could expand the death penalty, which is something I am deeply opposed to, and those concerns remain. However, as I did then, today I voted for SB 719 so that those who murder children are sent to prison for life. A person between the ages of ten and fourteen is still a child and we recognize that. However, I remain deeply troubled about the use of the death penalty and I have filed several bills to address that. I will always support abolishing the death penalty. As a result of SB 60 which I authored in the 79th session, Texas has had the ability of life without parole for the worst offenses. I believe that those who kill children should be imprisoned for life without parole. It is an extreme punishment for extreme offenders, and I hope that juries apply it as the harshest punishment in these cases.

LUCIO

COMMITTEE SUBSTITUTE

SENATE BILL 616 ON SECOND READING

On motion of Senator Birdwell and by unanimous consent, the regular order of business was suspended to take up for consideration **CSSB 616** at this time on its second reading:

CSSB 616, Relating to the continuation and functions of the Department of Public Safety of the State of Texas, the conditional transfer of the driver licensing program to the Texas Department of Motor Vehicles, the abolition of the Texas Private Security Board, the transfer of the motorcycle and off-highway vehicle operator training programs to the Texas Department of Licensing and Regulation, and the regulation of other programs administered by the Department of Public Safety; imposing an administrative penalty; authorizing and repealing the authorization for fees.

The bill was read second time.

Senator Menéndez offered the following amendment to the bill:

Floor Amendment No. 1

Amend **CSSB 616** (senate committee printing) as follows:

(1) In Article 2 of the bill, in SECTION 2.001 of that article, in added Section 411.055(a), Government Code (page 2, line 18), strike "January" and substitute "May".

(2) In Article 2 of the bill, in SECTION 2.001 of that article, in added Section 411.055(a)(1), Government Code (page 2, line 21), between "preceding" and "year", insert "calendar".

The amendment to **CSSB 616** was read and was adopted by a viva voce vote.

All Members are deemed to have voted "Yea" on the adoption of Floor Amendment No. 1.

Senator Watson offered the following amendment to the bill:

Floor Amendment No. 2

Amend **CSSB 616** (senate committee printing) in Article 8 of the bill as follows:

(1) In SECTION 8.001 of that article, in added Section 662.0005, Transportation Code (page 44, between lines 10 and 11), insert the following appropriately numbered subdivision and renumber the subdivisions of added Section 662.0005, Transportation Code, accordingly:

() "Institution of higher education" has the meaning assigned by Section 61.003, Education Code.

(2) In SECTION 8.001 of that article, in added Section 662.0005(3), Transportation Code (page 44, line 14), between "employee of" and "a motorcycle school", insert "or under contract with".

(3) Strike SECTION 8.004 of that article, amending Section 662.003, Transportation Code (page 44, lines 29 through 34), and renumber the SECTIONS of the article accordingly.

(4) In SECTION 8.005 of that article, strike added Section 662.0035, Transportation Code (page 44, lines 48 through 54), and substitute the following:

Sec. 662.0035. FEES. The commission may set fees in amounts reasonable and necessary to cover the costs of administering this chapter, including fees for:

(1) the issuance and renewal of a motorcycle school license and instructor license; and

(2) courses provided under the motorcycle operator training and safety program.

(5) In SECTION 8.005 of that article, in added Section 662.0037(c), Transportation Code (page 45, line 9), following the underlined period, add "The terms of three members expire September 1 of each odd-numbered year.".

(6) In SECTION 8.005 of that article, immediately following added Section 662.0037(c), Transportation Code (page 45, between lines 9 and 10), insert the following appropriately lettered subsections and reletter the subsections of added Section 662.0037, Transportation Code, accordingly:

() If a vacancy occurs on the advisory board, the presiding officer of the commission, on approval of the commission, shall appoint a replacement who meets the qualifications for the vacant position to serve for the remainder of the term.

() The presiding officer of the commission, on approval of the commission, shall designate a member of the advisory board to serve as the presiding officer of the advisory board for a one-year term. The presiding officer of the advisory board may vote on any matter before the advisory board.

() The advisory board shall meet at the call of the executive director or the presiding officer of the commission.

() An advisory board member may not receive compensation for service on the advisory board but is entitled to reimbursement for actual and necessary expenses incurred in performing the functions as a member of the advisory board, subject to the General Appropriations Act.

(7) In SECTION 8.006 of that article, in amended Section 662.005(a), Transportation Code (page 45, lines 19 and 20), strike "a motorcycle school for the school [~~qualified persons~~]" and substitute "qualified persons, including institutions of higher education,".

(8) In SECTION 8.006 of that article, strike added Section 662.005(b), Transportation Code (page 45, lines 25 through 27), and substitute the following:

(b) The department shall consult with the motorcycle safety advisory board regarding any proposed contract under this section.

(9) In SECTION 8.007 of that article, in added Section 662.006(a)(3), Transportation Code (page 45, line 37), between "employs" and "an instructor", insert "or contracts with".

(10) In SECTION 8.008 of that article, in the recital for that section (page 45, line 41), strike "662.0066,".

(11) In SECTION 8.008 of that article, in added Section 666.0062(d), Transportation Code (page 45, line 63), between "department rule" and the underlined period, insert "and who pays the required fee".

(12) In SECTION 8.008 of that article, strike added Section 662.0066, Transportation Code (page 46, lines 2 through 6).

(13) In SECTION 8.008 of that article, in added Section 662.0068, Transportation Code (page 46, line 11), following the underlined period, add "The department may develop a process that allows a motorcycle school to issue a certificate of completion to the person.".

(14) In SECTION 8.009 of that article, in amended Section 662.008(a), Transportation Code (page 46, line 16), strike "department" and substitute "executive director or commission".

(15) In SECTION 8.013 of that article, in added Section 662.0115, Transportation Code, strike added Subsection (d) of that section (page 47, lines 16 through 18) and substitute the following:

(d) The department shall consult with the motorcycle safety advisory board regarding any proposed award of a grant under this section.

(e) An institution of higher education is eligible to receive a grant awarded under this section and, if applicable, may use the grant money awarded to perform a duty imposed under Section 662.0064 or 662.013.

(16) In SECTION 8.014 of that article, in amended Section 662.012(a), Transportation Code (page 47, lines 23 through 25), strike "compile and forward to the department [agency] each month a report on the school's [provider's] programs" and substitute "report on the school's program in the form and manner prescribed by the department [~~compile and forward to the agency each month a report on the provider's programs~~]".

(17) In SECTION 8.014 of that article, strike amended Section 662.012(b), Transportation Code (page 47, lines 40 through 44), and substitute the following:

(b) The department [~~designated state agency~~] shall maintain [~~a compilation of~~] the reports submitted under Subsection (a) on a by-site basis. [~~The agency shall update the compilation as soon as practicable after the beginning of each month.~~]

(18) In SECTION 8.014 of that article, in amended Section 662.012(c), Transportation Code (page 47, lines 46 and 47), strike "compilation under Subsection (b)" and substitute "reports submitted [compilation] under Subsection (a) [~~(b)~~]".

(19) In SECTION 8.019 of that article, in amended Section 663.014, Transportation Code (page 48, line 32), between "educational organizations," and "or", insert "institutions of higher education,".

(20) In SECTION 8.021 of that article, in amended Section 663.017(a), Transportation Code (page 48, line 45), strike "department" and substitute "executive director or commission".

(21) In SECTION 8.021 of that article, in amended Section 663.017(b), Transportation Code (page 48, line 60), strike "department" and substitute "executive director or commission".

(22) In SECTION 8.024 of that article, in amended Section 663.033(d), Transportation Code (page 49, line 11), between "department" and "[~~coordinator~~]", insert "or executive director".

(23) In SECTION 8.025 of that article, in amended Section 663.037(e), Transportation Code (page 49, line 16), strike "executive director of the department [~~Department~~] and substitute "commission [~~director of the Department~~"]".

(24) In SECTION 8.026 of that article (page 49, line 20), between "Sections 662.002(b)," and "662.004,", insert "662.003,".

(25) In SECTION 8.027(b) of that article (page 49, line 29), strike "2019" and substitute "2020".

(26) In SECTION 8.027(c)(1) of that article (page 49, line 36), between "(1)" and "the department", insert "not later than February 28, 2020,".

(27) In SECTION 8.027(c)(2) of that article (page 49, line 42), between "this subsection," and "the department", insert "but not later than May 31, 2020,".

(28) In SECTION 8.027(c)(3) of that article (page 49, line 55), between "subsection," and "sell", insert "but not later than August 31, 2020,".

(29) In SECTION 8.027(d) of that article (page 49, line 58), strike "All" and substitute "Except for the fee described by Section 2175.188, Government Code, all".

(30) In SECTION 8.027(e) of that article (page 49, line 62), strike "2019" and substitute "2020".

(31) In SECTION 8.028(b) of that article (page 50, line 12), strike "2019:" and substitute "2020:".

(32) In SECTION 8.028(b)(3) of that article (page 50, line 25), strike "2019," and substitute "2020,".

(33) In SECTION 8.028(e) of that article (page 50, line 44), strike "2019" and substitute "2020".

(34) In SECTION 8.029(a) of that article (page 50, line 49), strike "2019" and substitute "2020".

The amendment to **CSSB 616** was read and was adopted by a viva voce vote.

All Members are deemed to have voted "Yea" on the adoption of Floor Amendment No. 2.

Senator Lucio offered the following amendment to the bill:

Floor Amendment No. 3

Amend **CSSB 616** (senate committee report) by adding the following appropriately numbered SECTION to ARTICLE 1 of the bill and renumbering subsequent SECTIONS of the ARTICLE accordingly:

SECTION 1. ____. The Department of Public Safety shall:

(1) develop and implement best practices for the collection, protection, and sharing of personal information held by the department; and

(2) not later than September 1, 2020, submit to the legislature a report regarding the department's development and implementation of the best practices under Subdivision (1).

The amendment to **CSSB 616** was read and was adopted by a viva voce vote.

All Members are deemed to have voted "Yea" on the adoption of Floor Amendment No. 3.

Senator Hinojosa offered the following amendment to the bill:

Floor Amendment No. 4

Amend **CSSB 616** (senate committee printing), in ARTICLE 1 of the bill, by adding the following appropriately numbered SECTION to that article and renumbering the SECTIONS of that article accordingly:

SECTION 1. ____. Subchapter A, Chapter 411, Government Code, is amended by adding Section 411.0045 to read as follows:

Sec. 411.0045. PHYSICAL FITNESS PROGRAMS. The commission shall adopt:

(1) physical fitness programs in accordance with Section 614.172; and

(2) a resolution certifying that the programs adopted under Subdivision (1) are consistent with generally accepted scientific standards and meet all applicable requirements of state and federal labor and employment law.

The amendment to **CSSB 616** was read and was adopted by a viva voce vote.

All Members are deemed to have voted "Yea" on the adoption of Floor Amendment No. 4.

Senator Johnson offered the following amendment to the bill:

Floor Amendment No. 5

Amend **CSSB 616** (Senate committee printing) as follows:

(1) In ARTICLE 5 of the bill, in SECTION 5.029 of that article, in amended Section 1702.103(a), Occupations Code, strike amended Subdivisions (4), (5), (6), (7), and (8) of that subsection (page 17, lines 33 through 39) and substitute the following:

- (4) Class F: level III training school license;
- (5) Class O: alarm level I training school license;
- (6) Class P: private business letter of authority license; and
- (7) Class X: government letter of authority license~~;~~ and
- ~~[(8) Class T: telematics license].~~

(2) In ARTICLE 5 of the bill, in SECTION 5.030 of that article, in amended Section 1702.110(a)(5), Occupations Code (page 18, line 4), strike "[~~and of the applicant's manager~~]" and substitute ", and of the applicant's manager".

(3) In ARTICLE 5 of the bill, in SECTION 5.033 of that article, in amended Section 1702.113(a), Occupations Code (page 18, lines 52 and 53), strike "[~~or the applicant's manager~~]" and substitute "or the applicant's manager".

(4) In ARTICLE 5 of the bill, in SECTION 5.034 of that article, in amended Section 1702.114, Occupations Code, strike Subsection (a) of that section (page 19, lines 4 through 10) and substitute the following:

(a) An applicant for a company license to engage in the business of an investigations company or the applicant's manager must have, before the date of the application, three consecutive years' experience in the investigative field as an employee, manager, or owner of an investigations company or satisfy other requirements set by the commission [~~board~~].

(5) In ARTICLE 5 of the bill, in SECTION 5.035 of that article, in amended Section 1702.115, Occupations Code, strike Subsection (a) of that section (page 19, lines 19 through 25) and substitute the following:

(a) An applicant for a company license to engage in the business of a security services contractor or the applicant's manager must have, before the date of the application, two consecutive years' experience in each security services field for which the person applies as an employee, manager, or owner of a security services contractor or satisfy other requirements set by the commission [~~board~~].

(6) In ARTICLE 5 of the bill, in SECTION 5.036 of that article, in amended Section 1702.117(a), Occupations Code (page 19, line 36), strike "[~~or the applicant's manager~~]" and substitute "or the applicant's manager".

(7) In ARTICLE 5 of the bill, in SECTION 5.036 of that article, in amended Section 1702.117(b), Occupations Code (page 19, line 41), strike "[~~or the applicant's manager~~]" and substitute "or the applicant's manager".

(8) In ARTICLE 5 of the bill, add the following appropriately numbered SECTIONS to the article:

SECTION 5.____. Section 1702.119, Occupations Code, is amended to read as follows:

Sec. 1702.119. **MANAGER REQUIRED.** (a) A company license holder's business shall be operated under the direction and control of one manager. A company license holder may not apply to designate more than one individual to serve as manager of the company license holder's business.

(b) An individual may not act as a manager until the individual has:

(1) demonstrated the individual's qualifications by passing the written examination required by Section 1702.117(a); and

(2) made a satisfactory showing to the department that the individual:

(A) satisfies the requirements of Section 1702.113 and meets all qualification and experience requirements set by rule for a manager of the type of company for which the individual is applying; and

(B) has not engaged in conduct regarding a violation or conviction that is grounds for disciplinary action under Section 1702.361(b) [~~or 1702.3615(a)~~].

(c) If a manager lacks the experience to qualify to manage each category of service included in a company license or application, the company license holder must designate a supervisor qualified under Subsection (b) who is responsible for each service for which the manager is not qualified.

SECTION 5. ____. Section 1702.120, Occupations Code, is amended to read as follows:

Sec. 1702.120. FALSE APPLICATION OF MANAGER. (a) An individual may not:

(1) serve as manager of an investigations company, guard company, alarm systems company, armored car company, or courier company[~~; or guard dog company~~]; and

(2) fail to maintain that supervisory position on a daily basis for that company.

(b) An individual may not apply to the department [~~board~~] to serve as manager of an investigations company, guard company, alarm systems company, armored car company, or courier company[~~; or guard dog company~~] without the intent to maintain that supervisory position on a daily basis for that company.

SECTION 5. ____. Section 1702.121(a), Occupations Code, is amended to read as follows:

(a) A company license holder shall notify the department [~~board~~] in writing not later than the 14th day after the date a manager ceases to be manager of the company license holder's business. The company license remains in effect for a reasonable period after notice is given as provided by [~~board~~] rule pending the department's [~~board's~~] determination of the qualification of another manager under this subchapter.

(9) In ARTICLE 5 of the bill, in SECTION 5.047 of that article, in amended Section 1702.130(a), Occupations Code (page 22, line 39), strike "[~~manager~~]" and substitute "manager".

(10) In ARTICLE 5 of the bill, in SECTION 5.049 of that article, in amended Section 1702.132, Occupations Code, strike Subsection (a) of that section (page 22, lines 56 through 62) and substitute the following:

(a) A written report submitted to a company license holder's employer or client may only be submitted by the company license holder or manager or a person authorized by a company license holder or manager. The person submitting the report shall exercise diligence in determining whether the information in the report is correct.

(11) In ARTICLE 5 of the bill, in SECTION 5.049 of that article, in amended Section 1702.132(b), Occupations Code (page 22, line 64), strike "[~~manager~~]" and substitute "manager".

(12) In ARTICLE 5 of the bill, in SECTION 5.050 of that article, in amended Section 1702.133(a), Occupations Code (page 23, line 2), strike "or partner~~[, or manager]~~" and substitute "partner, or manager".

(13) In ARTICLE 5 of the bill, in SECTION 5.050 of that article, in amended Section 1702.133(b), Occupations Code (page 23, lines 7 and 8), strike "or partner~~[, or manager]~~" and substitute "partner, or manager".

(14) In ARTICLE 5 of the bill, strike SECTIONS 5.062 and 5.063 (page 25, lines 14 through 37).

(15) In ARTICLE 5 of the bill, add the following appropriately numbered SECTION to that article:

SECTION 5.____. Section 1702.183, Occupations Code, is amended to read as follows:

Sec. 1702.183. APPLICATION FOR LETTER OF AUTHORITY. A security department of a private business or of a political subdivision that applies for a security officer commission for an individual employed by the security department must submit an application to the department ~~[board]~~ for a letter of authority on a form provided by the department ~~[board]~~.

(16) In ARTICLE 5 of the bill, in SECTION 5.071 of that article, in amended Section 1702.221(b)(1), Occupations Code (page 26 of the bill), strike lines 59 through 64 and substitute the following:

~~[(H)]~~ a manager or branch office manager;

(H) ~~[(H)]~~ a noncommissioned security officer;

(I) ~~[(I)]~~ a level 4 personal protection instructor;

(J) ~~[(K)]~~ a private investigator;

(K) ~~[(L)]~~ a private security consultant;

~~[(M)]~~ a security salesperson; or

(L) ~~[(N)]~~ an individual whose duties include performing another activity for which an individual license ~~[endorsement]~~ is required under Subsection (e); or

(17) In ARTICLE 5 of the bill, in SECTION 5.081 of that article, in the heading to amended Section 1702.239, Occupations Code (page 29, line 63), strike "~~[AND SECURITY SALESPERSON]~~" and substitute "AND SECURITY SALESPERSON".

(18) In ARTICLE 5 of the bill, in SECTION 5.081 of that article, in amended Section 1702.239(a), Occupations Code (page 29, line 65), strike "~~[or security salesperson]~~" and substitute "or security salesperson".

(19) In ARTICLE 5 of the bill, in SECTION 5.081 of that article, in amended Section 1702.239(d), Occupations Code (page 30, line 23), strike "~~[or a security salesperson]~~" and substitute "or a security salesperson".

(20) In ARTICLE 5 of the bill, in SECTION 5.097 of that article, in amended Section 1702.331(b), Occupations Code, strike Subdivisions (2)-(5) of that subsection (page 34, lines 29 through 37) and substitute the following:

(2) an alarm systems installer who installs, maintains, or repairs only personal emergency response systems;

(3) a manager or branch office manager of an alarm systems company described by Subdivision (1);

(4) a security salesperson who is employed by an alarm systems company described by Subdivision (1) to sell services offered by the company; and

(5) an owner~~[, officer, partner, or shareholder]~~ of an alarm systems company described by Subdivision (1).

(21) In ARTICLE 5 of the bill, in SECTION 5.099 of that article, in amended Section 1702.361(b)(1), Occupations Code (page 34, line 67), strike "[~~manager or~~]" and substitute "manager or".

(22) In ARTICLE 5 of the bill, in SECTION 5.099 of that article, in amended Section 1702.361(b)(1)(E), Occupations Code (page 35, line 15), following the semicolon, strike "or".

(23) In ARTICLE 5 of the bill, in SECTION 5.099 of that article, in amended Section 1702.361(b)(1), Occupations Code, strike amended Paragraph (G) of that subdivision (page 35, lines 26 through 28) and substitute the following:

(G) failed to qualify a new manager within the time required by [~~board~~] rule following the termination of a manager; or

(24) In ARTICLE 5 of the bill, add the following appropriately numbered SECTION to the article:

SECTION 5.____. Section 1702.362, Occupations Code, is amended to read as follows:

Sec. 1702.362. FAILURE TO FILE REQUIRED NOTICE. The commission [~~board~~] may suspend or revoke a license if the company license holder fails to notify the department [~~board~~] as required by Section 1702.121 that a manager has ceased to be the manager of the company license holder.

(25) In ARTICLE 5 of the bill, in SECTION 5.113(b) of that article, strike Subdivisions (7), (26), (27), (28), (29), (31), and (37) (page 39, line 56, and page 40, lines 6, 7, 8, 9, 11, and 17) and renumber the subdivisions of that subsection accordingly.

(26) In ARTICLE 5 of the bill, in SECTION 5.116(2) of that article (page 41, lines 7 and 8), strike "security salesperson, private security consultant," and substitute "private security consultant".

(27) Renumber the SECTIONS of ARTICLE 5 accordingly.

The amendment to **CSSB 616** was read and failed of adoption by the following vote: Yeas 11, Nays 20.

Yeas: Alvarado, Huffman, Johnson, Lucio, Menéndez, Miles, Powell, Rodríguez, West, Whitmire, Zaffirini.

Nays: Bettencourt, Birdwell, Buckingham, Campbell, Creighton, Fallon, Flores, Hall, Hancock, Hinojosa, Hughes, Kolkhorst, Nelson, Nichols, Paxton, Perry, Schwertner, Seliger, Taylor, Watson.

Senator Johnson offered the following amendment to the bill:

Floor Amendment No. 6

Amend **CSSB 616** (Senate committee printing), in ARTICLE 2 of the bill, in SECTION 2.001 of that article, by striking added Section 411.055, Government Code (page 2, lines 17 through 33), and substituting the following:

Sec. 411.055. ANNUAL REPORT ON BORDER OUTCOMES. (a) The department shall establish:

(1) objectives for the department's border security activities; and

(2) defined, measurable outcomes that directly relate to the objectives established under Subdivision (1).

(b) The outcomes established under Subsection (a) must be based on factors such as the number of apprehensions, the number of seizures of narcotics, statistics on crimes occurring in each county within a department region adjacent to the Texas-Mexico border, and any other factor directly related to an objective established under Subsection (a)(1).

(c) Not later than January 30 of each year, the department shall submit to the legislature a report on the objectives and outcomes established under Subsection (a). The report must:

(1) include information on the department's progress during the preceding calendar year toward achieving the objectives and outcomes established under Subsection (a);

(2) categorize the information described by Subdivision (1) by each factor on which an outcome is based; and

(3) include statistics, including statistics for each month of the preceding calendar year and for the entire calendar year, on the objectives, outcomes, and factors described by this section.

The amendment to **CSSB 616** was read and failed of adoption by the following vote: Yeas 10, Nays 21.

Yeas: Alvarado, Johnson, Lucio, Menéndez, Miles, Powell, Rodríguez, West, Whitmire, Zaffirini.

Nays: Bettencourt, Birdwell, Buckingham, Campbell, Creighton, Fallon, Flores, Hall, Hancock, Hinojosa, Huffman, Hughes, Kolkhorst, Nelson, Nichols, Paxton, Perry, Schwertner, Seliger, Taylor, Watson.

Senator Johnson offered the following amendment to the bill:

Floor Amendment No. 7

Amend **CSSB 616** (Senate committee printing) as follows:

(1) In ARTICLE 6 of the bill, in SECTION 6.005(b) of that article (page 43, line 19), between "to conduct a" and "study" insert "feasibility".

(2) In ARTICLE 6 of the bill, in SECTION 6.005 of that article (page 43, between lines 27 and 28), add the following appropriately lettered subsection to the section and reletter the subsections of the section accordingly:

() In conducting the study required by Subsection (b) of this section, the Department of Public Safety, the Texas Department of Motor Vehicles, or the independent, third-party contractor described by that subsection may not disclose any personal information obtained in conducting the study. In this subsection, "personal information" means information that identifies a holder of a driver's license or election identification certificate, including a name, address, date of birth, social security number, telephone number, physical characteristic, or similar identifier.

The amendment to **CSSB 616** was read and was adopted by a viva voce vote.

All Members are deemed to have voted "Yea" on the adoption of Floor Amendment No. 7.

CSSB 616 as amended was passed to engrossment by a viva voce vote.

All Members are deemed to have voted "Yea" on the passage to engrossment.

**COMMITTEE SUBSTITUTE
SENATE BILL 616 ON THIRD READING**

Senator Birdwell moved that Senate Rule 7.18 and the Constitutional Rule requiring bills to be read on three several days be suspended and that **CSSB 616** be placed on its third reading and final passage.

The motion prevailed by the following vote: Yeas 31, Nays 0.

The bill was read third time and was passed by the following vote: Yeas 31, Nays 0.

**COMMITTEE SUBSTITUTE
SENATE BILL 1154 ON SECOND READING**

On motion of Senator Perry and by unanimous consent, the regular order of business was suspended to take up for consideration **CSSB 1154** at this time on its second reading:

CSSB 1154, Relating to the powers and duties of the Texas Civil Commitment Office and to certain requirements regarding the payment of costs associated with civil commitment by persons civilly committed as sexually violent predators.

The bill was read second time and was passed to engrossment by a viva voce vote.

All Members are deemed to have voted "Yea" on the passage to engrossment.

**COMMITTEE SUBSTITUTE
SENATE BILL 1154 ON THIRD READING**

Senator Perry moved that Senate Rule 7.18 and the Constitutional Rule requiring bills to be read on three several days be suspended and that **CSSB 1154** be placed on its third reading and final passage.

The motion prevailed by the following vote: Yeas 31, Nays 0.

The bill was read third time and was passed by the following vote: Yeas 31, Nays 0.

**COMMITTEE SUBSTITUTE
SENATE BILL 1568 ON SECOND READING**

Senator Fallon moved to suspend the regular order of business to take up for consideration **CSSB 1568** at this time on its second reading:

CSSB 1568, Relating to organized election fraud activity; imposing a civil penalty.

The motion prevailed by the following vote: Yeas 26, Nays 5.

Yeas: Bettencourt, Birdwell, Buckingham, Campbell, Creighton, Fallon, Flores, Hall, Hancock, Hinojosa, Huffman, Hughes, Kolkhorst, Lucio, Menéndez, Nelson, Nichols, Paxton, Perry, Powell, Schwertner, Seliger, Taylor, West, Whitmire, Zaffirini.

Nays: Alvarado, Johnson, Miles, Rodríguez, Watson.

The bill was read second time and was passed to engrossment by a viva voce vote.

All Members are deemed to have voted "Yea" on the passage to engrossment except as follows:

Nays: Alvarado, Johnson, Miles, Rodríguez, Watson.

**COMMITTEE SUBSTITUTE
SENATE BILL 1568 ON THIRD READING**

Senator Fallon moved that Senate Rule 7.18 and the Constitutional Rule requiring bills to be read on three several days be suspended and that **CSSB 1568** be placed on its third reading and final passage.

The motion prevailed by the following vote: Yeas 26, Nays 5.

Yeas: Bettencourt, Birdwell, Buckingham, Campbell, Creighton, Fallon, Flores, Hall, Hancock, Hinojosa, Huffman, Hughes, Kolkhorst, Lucio, Menéndez, Nelson, Nichols, Paxton, Perry, Powell, Schwertner, Seliger, Taylor, West, Whitmire, Zaffirini.

Nays: Alvarado, Johnson, Miles, Rodríguez, Watson.

The bill was read third time and was passed by the following vote: Yeas 26, Nays 5. (Same as previous roll call)

**COMMITTEE SUBSTITUTE
SENATE BILL 1264 ON SECOND READING**

Senator Hancock moved to suspend the regular order of business to take up for consideration **CSSB 1264** at this time on its second reading:

CSSB 1264, Relating to consumer protections against certain medical and health care billing by certain out-of-network providers; authorizing a fee.

The motion prevailed by the following vote: Yeas 28, Nays 3.

Yeas: Alvarado, Bettencourt, Birdwell, Buckingham, Creighton, Fallon, Flores, Hall, Hancock, Hinojosa, Hughes, Johnson, Kolkhorst, Lucio, Menéndez, Miles, Nelson, Nichols, Paxton, Perry, Powell, Rodríguez, Seliger, Taylor, Watson, West, Whitmire, Zaffirini.

Nays: Campbell, Huffman, Schwertner.

The bill was read second time.

Senator Hancock offered the following amendment to the bill:

Floor Amendment No. 1

Amend **CSSB 1264** (senate committee printing) by striking all below the enacting clause and substituting the following:

ARTICLE 1. ELIMINATION OF SURPRISE BILLING FOR CERTAIN HEALTH
BENEFIT PLANS

SECTION 1.01. Subtitle G, Title 5, Insurance Code, is amended by adding Chapter 752 to read as follows:

CHAPTER 752. ENFORCEMENT OF BALANCE BILLING PROHIBITIONS

Sec. 752.0001. INJUNCTION FOR BALANCE BILLING. (a) If the attorney general believes that an individual or entity has exhibited a pattern of intentionally violating a law that prohibits the individual or entity from billing an insured, participant, or enrollee in an amount greater than an applicable copayment, coinsurance, or deductible under the insured's, participant's, or enrollee's managed care plan or that imposes a requirement related to that prohibition, the attorney general may bring a civil action in the name of the state to enjoin the individual or entity from the violation.

(b) If the attorney general prevails in an action brought under Subsection (a), the attorney general may recover reasonable attorney's fees, costs, and expenses, including court costs and witness fees, incurred in bringing the action.

Sec. 752.0002. ENFORCEMENT BY REGULATORY AGENCY. (a) An appropriate regulatory agency that licenses, certifies, or otherwise authorizes a physician, health care practitioner, health care facility, or other health care provider to practice or operate in this state may take disciplinary action against the physician, practitioner, facility, or provider if the physician, practitioner, facility, or provider violates a law that prohibits the physician, practitioner, facility, or provider from billing an insured, participant, or enrollee in an amount greater than an applicable copayment, coinsurance, or deductible under the insured's, participant's, or enrollee's managed care plan or that imposes a requirement related to that prohibition.

(b) A regulatory agency described by Subsection (a) may adopt rules as necessary to implement this section. Section 2001.0045, Government Code, does not apply to rules adopted under this subsection.

SECTION 1.02. Subchapter A, Chapter 1271, Insurance Code, is amended by adding Section 1271.008 to read as follows:

Sec. 1271.008. BALANCE BILLING PROHIBITION NOTICE. (a) A health maintenance organization shall provide written notice in accordance with this subsection in an explanation of benefits provided to the enrollee and the physician or provider in connection with a health care service or supply that is subject to Section 1271.155, 1271.157, or 1271.158. The notice must include:

(1) a statement of the billing prohibition under Section 1271.155, 1271.157, or 1271.158, as applicable;

(2) the amount the physician or provider may bill the enrollee under the enrollee's health benefit plan; and

(3) for an explanation of benefits provided to the physician or provider, information required by commissioner rule advising the physician or provider of the availability of the out-of-network claim dispute resolution process under Chapter 1467.

(b) A physician or provider that provides a service or supply described by Subsection (a) shall provide notice of the prohibitions described by Subsection (a)(1) in an invoice for the service or supply provided to an enrollee.

SECTION 1.03. Section 1271.155, Insurance Code, is amended by amending Subsection (b) and adding Subsection (f) to read as follows:

(b) A health care plan of a health maintenance organization must provide the following coverage of emergency care:

(1) a medical screening examination or other evaluation required by state or federal law necessary to determine whether an emergency medical condition exists shall be provided to covered enrollees in a hospital emergency facility or comparable facility;

(2) necessary emergency care shall be provided to covered enrollees, including the treatment and stabilization of an emergency medical condition; ~~and~~

(3) services originated in a hospital emergency facility, freestanding emergency medical care facility, or comparable emergency facility following treatment or stabilization of an emergency medical condition shall be provided to covered enrollees as approved by the health maintenance organization, subject to Subsections (c) and (d); and

(4) supplies related to a service described by this subsection shall be provided to covered enrollees.

(f) For emergency care subject to this section or a supply related to that care, a non-network physician or provider or a person asserting a claim as an agent or assignee of the physician or provider may not bill an enrollee in, and the enrollee does not have financial responsibility for, an amount greater than an applicable copayment, coinsurance, or deductible under the enrollee's health care plan that:

(1) is based on:

(A) the amount initially determined payable by the health maintenance organization; or

(B) a modified amount as determined under the health maintenance organization's internal dispute resolution process; and

(2) is not based on any additional amount determined to be owed to the physician or provider under Chapter 1467.

SECTION 1.04. Subchapter D, Chapter 1271, Insurance Code, is amended by adding Sections 1271.157 and 1271.158 to read as follows:

Sec. 1271.157. NON-NETWORK FACILITY-BASED PROVIDERS. (a) In this section, "facility-based provider" means a physician or provider who provides health care services to patients of a health care facility.

(b) Except as provided by Subsection (d), a health maintenance organization shall pay for a health care service performed for or a supply related to that service provided to an enrollee by a non-network physician or provider who is a facility-based provider at the usual and customary rate or at an agreed rate if the provider performed the service at a health care facility that is a network provider.

(c) Except as provided by Subsection (d), a non-network facility-based provider or a person asserting a claim as an agent or assignee of the provider may not bill an enrollee receiving a health care service or supply described by Subsection (b) in, and the enrollee does not have financial responsibility for, an amount greater than an applicable copayment, coinsurance, or deductible under the enrollee's health care plan that:

(1) is based on:

(A) the amount initially determined payable by the health maintenance organization; or

(B) a modified amount as determined under the health maintenance organization's internal dispute resolution process; and

(2) is not based on any additional amount determined to be owed to the provider under Chapter 1467.

(d) This section does not apply to a nonemergency health care service that an enrollee elects to receive:

(1) in writing in advance of the service with respect to each non-network physician or provider providing the service; and

(2) with notice of the enrollee's potential financial responsibility from each non-network physician or provider providing the service.

Sec. 1271.158. NON-NETWORK DIAGNOSTIC IMAGING PROVIDER OR LABORATORY SERVICE PROVIDER. (a) In this section, "diagnostic imaging provider" and "laboratory service provider" have the meanings assigned by Section 1467.001.

(b) Except as provided by Subsection (d), a health maintenance organization shall pay for a health care service performed by or a supply related to that service provided by a non-network diagnostic imaging provider or laboratory service provider at the usual and customary rate or at an agreed rate if the provider performed the service in connection with a health care service performed by a network physician or provider.

(c) Except as provided by Subsection (d), a non-network diagnostic imaging provider or laboratory service provider or a person asserting a claim as an agent or assignee of the provider may not bill an enrollee receiving a health care service or supply described by Subsection (b) in, and the enrollee does not have financial responsibility for, an amount greater than an applicable copayment, coinsurance, or deductible under the enrollee's health care plan that:

(1) is based on:

(A) the amount initially determined payable by the health maintenance organization; or

(B) a modified amount as determined under the health maintenance organization's internal dispute resolution process; and

(2) is not based on any additional amount determined to be owed to the provider under Chapter 1467.

(d) This section does not apply to a nonemergency health care service that an enrollee elects to receive:

(1) in writing in advance of the service with respect to each non-network provider providing the service; and

(2) with notice of the enrollee's potential financial responsibility from each non-network physician or provider providing the service.

SECTION 1.05. Section 1301.0053, Insurance Code, is amended to read as follows:

Sec. 1301.0053. EXCLUSIVE PROVIDER BENEFIT PLANS: EMERGENCY CARE. (a) If an out-of-network [~~a non-preferred~~] provider provides emergency care as defined by Section 1301.155 to an enrollee in an exclusive provider benefit plan, the

issuer of the plan shall reimburse the out-of-network [nonpreferred] provider at the usual and customary rate or at a rate agreed to by the issuer and the out-of-network [nonpreferred] provider for the provision of the services and any supply related to those services.

(b) For emergency care subject to this section or a supply related to that care, an out-of-network provider or a person asserting a claim as an agent or assignee of the provider may not bill an insured in, and the insured does not have financial responsibility for, an amount greater than an applicable copayment, coinsurance, or deductible under the insured's exclusive provider benefit plan that:

(1) is based on:

(A) the amount initially determined payable by the insurer; or

(B) a modified amount as determined under the insurer's internal dispute resolution process; and

(2) is not based on any additional amount determined to be owed to the provider under Chapter 1467.

SECTION 1.06. Subchapter A, Chapter 1301, Insurance Code, is amended by adding Section 1301.010 to read as follows:

Sec. 1301.010. BALANCE BILLING PROHIBITION NOTICE. (a) An insurer shall provide written notice in accordance with this subsection in an explanation of benefits provided to the insured and the physician or health care provider in connection with a health care service or supply that is subject to Section 1301.0053, 1301.155, 1301.164, or 1301.165. The notice must include:

(1) a statement of the billing prohibition under Section 1301.0053, 1301.155, 1301.164, or 1301.165, as applicable;

(2) the amount the physician or provider may bill the insured under the insured's preferred provider benefit plan; and

(3) for an explanation of benefits provided to the physician or provider, information required by commissioner rule advising the physician or provider of the availability of the out-of-network claim dispute resolution process under Chapter 1467.

(b) A physician or health care provider that provides a service or supply described by Subsection (a) shall provide notice of the prohibitions described by Subsection (a)(1) in an invoice for the service or supply provided to an insured.

SECTION 1.07. Section 1301.155, Insurance Code, is amended by amending Subsection (b) and adding Subsection (c) to read as follows:

(b) If an insured cannot reasonably reach a preferred provider, an insurer shall provide reimbursement for the following emergency care services at the usual and customary rate or at an agreed rate and at the preferred level of benefits until the insured can reasonably be expected to transfer to a preferred provider:

(1) a medical screening examination or other evaluation required by state or federal law to be provided in the emergency facility of a hospital that is necessary to determine whether a medical emergency condition exists;

(2) necessary emergency care services, including the treatment and stabilization of an emergency medical condition; ~~and~~

(3) services originating in a hospital emergency facility or freestanding emergency medical care facility following treatment or stabilization of an emergency medical condition; and

(4) supplies related to a service described by this subsection.

(c) For emergency care subject to this section or a supply related to that care, an out-of-network provider or a person asserting a claim as an agent or assignee of the provider may not bill an insured in, and the insured does not have financial responsibility for, an amount greater than an applicable copayment, coinsurance, or deductible under the insured's preferred provider benefit plan that:

(1) is based on:

(A) the amount initially determined payable by the insurer; or

(B) a modified amount as determined under the insurer's internal dispute resolution process; and

(2) is not based on any additional amount determined to be owed to the provider under Chapter 1467.

SECTION 1.08. Subchapter D, Chapter 1301, Insurance Code, is amended by adding Sections 1301.164 and 1301.165 to read as follows:

Sec. 1301.164. OUT-OF-NETWORK FACILITY-BASED PROVIDERS. (a) In this section, "facility-based provider" means a physician or health care provider who provides health care services to patients of a health care facility.

(b) Except as provided by Subsection (d), an insurer shall pay for a health care service performed for or a supply related to that service provided to an insured by an out-of-network provider who is a facility-based provider at the usual and customary rate or at an agreed rate if the provider performed the service at a health care facility that is a preferred provider.

(c) Except as provided by Subsection (d), an out-of-network provider who is a facility-based provider or a person asserting a claim as an agent or assignee of the provider may not bill an insured receiving a health care service or supply described by Subsection (b) in, and the insured does not have financial responsibility for, an amount greater than an applicable copayment, coinsurance, or deductible under the insured's preferred provider benefit plan that:

(1) is based on:

(A) the amount initially determined payable by the insurer; or

(B) a modified amount as determined under the insurer's internal dispute resolution process; and

(2) is not based on any additional amount determined to be owed to the provider under Chapter 1467.

(d) This section does not apply to a nonemergency health care service that an insured elects to receive:

(1) in writing in advance of the service with respect to each out-of-network provider providing the service; and

(2) with notice of the insured's potential financial responsibility from each out-of-network provider providing the service.

Sec. 1301.165. OUT-OF-NETWORK DIAGNOSTIC IMAGING PROVIDER OR LABORATORY SERVICE PROVIDER. (a) In this section, "diagnostic imaging provider" and "laboratory service provider" have the meanings assigned by Section 1467.001.

(b) Except as provided by Subsection (d), an insurer shall pay for a medical care or health care service performed by or a supply related to that service provided by an out-of-network provider who is a diagnostic imaging provider or laboratory service provider at the usual and customary rate or at an agreed rate if the provider performed the service in connection with a medical care or health care service performed by a preferred provider.

(c) Except as provided by Subsection (d), an out-of-network provider who is a diagnostic imaging provider or laboratory service provider or a person asserting a claim as an agent or assignee of the provider may not bill an insured receiving a medical care or health care service or supply described by Subsection (b) in, and the insured does not have financial responsibility for, an amount greater than an applicable copayment, coinsurance, or deductible under the insured's preferred provider benefit plan that:

(1) is based on:

(A) the amount initially determined payable by the insurer; or

(B) the modified amount as determined under the insurer's internal dispute resolution process; and

(2) is not based on any additional amount determined to be owed to the provider under Chapter 1467.

(d) This section does not apply to a nonemergency health care service that an insured elects to receive:

(1) in writing in advance of the service with respect to each out-of-network provider providing the service; and

(2) with notice of the insured's potential financial responsibility from each out-of-network provider providing the service.

SECTION 1.09. Section 1551.003, Insurance Code, is amended by adding Subdivision (15) to read as follows:

(15) "Usual and customary rate" means the relevant allowable amount as described by the applicable master benefit plan document or policy.

SECTION 1.10. Subchapter A, Chapter 1551, Insurance Code, is amended by adding Section 1551.015 to read as follows:

Sec. 1551.015. BALANCE BILLING PROHIBITION NOTICE. (a) The administrator of a managed care plan provided under the group benefits program shall provide written notice in accordance with this subsection in an explanation of benefits provided to the participant and the physician or health care provider in connection with a health care service or supply that is subject to Section 1551.228, 1551.229, or 1551.230. The notice must include:

(1) a statement of the billing prohibition under Section 1551.228, 1551.229, or 1551.230, as applicable;

(2) the amount the physician or provider may bill the participant under the participant's managed care plan; and

(3) for an explanation of benefits provided to the physician or provider, information required by commissioner rule advising the physician or provider of the availability of the out-of-network claim dispute resolution process under Chapter 1467.

(b) A physician or health care provider that provides a service or supply described by Subsection (a) shall provide notice of the prohibitions described by Subsection (a)(1) in an invoice for the service or supply provided to a participant.

SECTION 1.11. Subchapter E, Chapter 1551, Insurance Code, is amended by adding Sections 1551.228, 1551.229, and 1551.230 to read as follows:

Sec. 1551.228. EMERGENCY CARE COVERAGE. (a) In this section, "emergency care" has the meaning assigned by Section 1301.155.

(b) A managed care plan provided under the group benefits program must provide out-of-network emergency care coverage for participants in accordance with this section.

(c) The coverage must require the administrator of the plan to pay for emergency care performed by or a supply related to that care provided by an out-of-network provider at the usual and customary rate or at an agreed rate.

(d) For emergency care subject to this section or a supply related to that care, an out-of-network provider or a person asserting a claim as an agent or assignee of the provider may not bill a participant in, and the participant does not have financial responsibility for, an amount greater than an applicable copayment, coinsurance, or deductible under the participant's managed care plan that:

(1) is based on:

(A) the amount initially determined payable by the administrator; or

(B) a modified amount as determined under the administrator's internal dispute resolution process; and

(2) is not based on any additional amount determined to be owed to the provider under Chapter 1467.

Sec. 1551.229. OUT-OF-NETWORK FACILITY-BASED PROVIDER COVERAGE. (a) In this section, "facility-based provider" means a physician or health care provider who provides health care services to patients of a health care facility.

(b) A managed care plan provided under the group benefits program must provide out-of-network facility-based provider coverage for participants in accordance with this section.

(c) Except as provided by Subsection (e), the coverage must require the administrator of the plan to pay for a health care service performed for or a supply related to that service provided to a participant by an out-of-network provider who is a facility-based provider at the usual and customary rate or at an agreed rate if the provider performed the service at a health care facility that is a participating provider.

(d) Except as provided by Subsection (e), an out-of-network provider who is a facility-based provider or a person asserting a claim as an agent or assignee of the provider may not bill a participant receiving a health care service or supply described by Subsection (c) in, and the participant does not have financial responsibility for, an amount greater than an applicable copayment, coinsurance, or deductible under the participant's managed care plan that:

(1) is based on:

(A) the amount initially determined payable by the administrator; or

(B) a modified amount as determined under the administrator's internal dispute resolution process; and

(2) is not based on any additional amount determined to be owed to the provider under Chapter 1467.

(e) This section does not apply to a nonemergency health care service that a participant elects to receive:

(1) in writing in advance of the service with respect to each out-of-network provider providing the service; and

(2) with notice of the participant's potential financial responsibility from each out-of-network provider providing the service.

Sec. 1551.230. OUT-OF-NETWORK DIAGNOSTIC IMAGING PROVIDER OR LABORATORY SERVICE PROVIDER. (a) In this section, "diagnostic imaging provider" and "laboratory service provider" have the meanings assigned by Section 1467.001.

(b) A managed care plan provided under the group benefits program must provide out-of-network diagnostic imaging provider and laboratory service provider coverage for participants in accordance with this section.

(c) Except as provided by Subsection (e), the coverage must require the administrator of the plan to pay for a health care service performed for or a supply related to that service provided to a participant by an out-of-network provider who is a diagnostic imaging provider or laboratory service provider at the usual and customary rate or at an agreed rate if the provider performed the service in connection with a health care service performed by a participating provider.

(d) Except as provided by Subsection (e), an out-of-network provider who is a diagnostic imaging provider or laboratory service provider or a person asserting a claim as an agent or assignee of the provider may not bill a participant receiving a health care service or supply described by Subsection (c) in, and the participant does not have financial responsibility for, an amount greater than an applicable copayment, coinsurance, or deductible under the participant's managed care plan that:

(1) is based on:

(A) the amount initially determined payable by the administrator; or

(B) the modified amount as determined under the administrator's internal dispute resolution process; and

(2) is not based on any additional amount determined to be owed to the provider under Chapter 1467.

(e) This section does not apply to a nonemergency health care service that a participant elects to receive:

(1) in writing in advance of the service with respect to each out-of-network provider providing the service; and

(2) with notice of the participant's potential financial responsibility from each out-of-network provider providing the service.

SECTION 1.12. Section 1575.002, Insurance Code, is amended by adding Subdivision (8) to read as follows:

(8) "Usual and customary rate" means the relevant allowable amount as described by the applicable master benefit plan document or policy.

SECTION 1.13. Subchapter A, Chapter 1575, Insurance Code, is amended by adding Section 1575.009 to read as follows:

Sec. 1575.009. BALANCE BILLING PROHIBITION NOTICE. (a) The administrator of a managed care plan provided under the group program shall provide written notice in accordance with this subsection in an explanation of benefits provided to the enrollee and the physician or health care provider in connection with a health care service or supply that is subject to Section 1575.171, 1575.172, or 1575.173. The notice must include:

(1) a statement of the billing prohibition under Section 1575.171, 1575.172, or 1575.173, as applicable;

(2) the amount the physician or provider may bill the enrollee under the enrollee's managed care plan; and

(3) for an explanation of benefits provided to the physician or provider, information required by commissioner rule advising the physician or provider of the availability of the out-of-network claim dispute resolution process under Chapter 1467.

(b) A physician or health care provider that provides a service or supply described by Subsection (a) shall provide notice of the prohibitions described by Subsection (a)(1) in an invoice for the service or supply provided to an enrollee.

SECTION 1.14. Subchapter D, Chapter 1575, Insurance Code, is amended by adding Sections 1575.171, 1575.172, and 1575.173 to read as follows:

Sec. 1575.171. EMERGENCY CARE COVERAGE. (a) In this section, "emergency care" has the meaning assigned by Section 1301.155.

(b) A managed care plan provided under the group program must provide out-of-network emergency care coverage in accordance with this section.

(c) The coverage must require the administrator of the plan to pay for emergency care performed by or a supply related to that care provided by an out-of-network provider at the usual and customary rate or at an agreed rate.

(d) For emergency care subject to this section or a supply related to that care, an out-of-network provider or a person asserting a claim as an agent or assignee of the provider may not bill an enrollee in, and the enrollee does not have financial responsibility for, an amount greater than an applicable copayment, coinsurance, or deductible under the enrollee's managed care plan that:

(1) is based on:

(A) the amount initially determined payable by the administrator; or

(B) a modified amount as determined under the administrator's internal dispute resolution process; and

(2) is not based on any additional amount determined to be owed to the provider under Chapter 1467.

Sec. 1575.172. OUT-OF-NETWORK FACILITY-BASED PROVIDER COVERAGE. (a) In this section, "facility-based provider" means a physician or health care provider who provides health care services to patients of a health care facility.

(b) A managed care plan provided under the group program must provide out-of-network facility-based provider coverage for enrollees in accordance with this section.

(c) Except as provided by Subsection (e), the coverage must require the administrator of the plan to pay for a health care service performed for or a supply related to that service provided to an enrollee by an out-of-network provider who is a facility-based provider at the usual and customary rate or at an agreed rate if the provider performed the service at a health care facility that is a participating provider.

(d) Except as provided by Subsection (e), an out-of-network provider who is a facility-based provider or a person asserting a claim as an agent or assignee of the provider may not bill an enrollee receiving a health care service or supply described by Subsection (c) in, and the enrollee does not have financial responsibility for, an amount greater than an applicable copayment, coinsurance, or deductible under the enrollee's managed care plan that:

(1) is based on:

(A) the amount initially determined payable by the administrator; or

(B) a modified amount as determined under the administrator's internal dispute resolution process; and

(2) is not based on any additional amount determined to be owed to the provider under Chapter 1467.

(e) This section does not apply to a nonemergency health care service that an enrollee elects to receive:

(1) in writing in advance of the service with respect to each out-of-network provider providing the service; and

(2) with notice of the enrollee's potential financial responsibility from each out-of-network provider providing the service.

Sec. 1575.173. OUT-OF-NETWORK DIAGNOSTIC IMAGING PROVIDER OR LABORATORY SERVICE PROVIDER. (a) In this section, "diagnostic imaging provider" and "laboratory service provider" have the meanings assigned by Section 1467.001.

(b) A managed care plan provided under the group program must provide out-of-network diagnostic imaging provider and laboratory service provider coverage for enrollees in accordance with this section.

(c) Except as provided by Subsection (e), the coverage must require the administrator of the plan to pay for a health care service performed for or a supply related to that service provided to an enrollee by an out-of-network provider who is a diagnostic imaging provider or laboratory service provider at the usual and customary rate or at an agreed rate if the provider performed the service in connection with a health care service performed by a participating provider.

(d) Except as provided by Subsection (e), an out-of-network provider who is a diagnostic imaging provider or laboratory service provider or a person asserting a claim as an agent or assignee of the provider may not bill an enrollee receiving a health care service or supply described by Subsection (c) in, and the enrollee does not have financial responsibility for, an amount greater than an applicable copayment, coinsurance, or deductible under the enrollee's managed care plan that:

(1) is based on:

(A) the amount initially determined payable by the administrator; or

(B) the modified amount as determined under the administrator's internal dispute resolution process; and

(2) is not based on any additional amount determined to be owed to the provider under Chapter 1467.

(e) This section does not apply to a nonemergency health care service that an enrollee elects to receive:

(1) in writing in advance of the service with respect to each out-of-network provider providing the service; and

(2) with notice of the enrollee's potential financial responsibility from each out-of-network provider providing the service.

SECTION 1.15. Subchapter A, Chapter 1579, Insurance Code, is amended by adding Section 1579.009 to read as follows:

Sec. 1579.009. BALANCE BILLING PROHIBITION NOTICE. (a) The administrator of a managed care plan provided under this chapter shall provide written notice in accordance with this subsection in an explanation of benefits provided to the enrollee and the physician or health care provider in connection with a health care service or supply that is subject to Section 1579.109, 1579.110, or 1579.111. The notice must include:

(1) a statement of the billing prohibition under Section 1579.109, 1579.110, or 1579.111, as applicable;

(2) the amount the physician or provider may bill the enrollee under the enrollee's managed care plan; and

(3) for an explanation of benefits provided to the physician or provider, information required by commissioner rule advising the physician or provider of the availability of the out-of-network claim dispute resolution process under Chapter 1467.

(b) A physician or health care provider that provides a service or supply described by Subsection (a) shall provide notice of the prohibitions described by Subsection (a)(1) in an invoice for the service or supply provided to an enrollee.

SECTION 1.16. Subchapter C, Chapter 1579, Insurance Code, is amended by adding Sections 1579.109, 1579.110, and 1579.111 to read as follows:

Sec. 1579.109. EMERGENCY CARE COVERAGE. (a) In this section, "emergency care" has the meaning assigned by Section 1301.155.

(b) A managed care plan provided under this chapter must provide out-of-network emergency care coverage in accordance with this section.

(c) The coverage must require the administrator of the plan to pay for emergency care performed by or a supply related to that care provided by an out-of-network provider at the usual and customary rate or at an agreed rate.

(d) For emergency care subject to this section or a supply related to that care, an out-of-network provider or a person asserting a claim as an agent or assignee of the provider may not bill an enrollee in, and the enrollee does not have financial responsibility for, an amount greater than an applicable copayment, coinsurance, or deductible under the enrollee's managed care plan that:

(1) is based on:

(A) the amount initially determined payable by the administrator; or

(B) a modified amount as determined under the administrator's internal dispute resolution process; and

(2) is not based on any additional amount determined to be owed to the provider under Chapter 1467.

Sec. 1579.110. OUT-OF-NETWORK FACILITY-BASED PROVIDER COVERAGE. (a) In this section, "facility-based provider" means a physician or health care provider who provides health care services to patients of a health care facility.

(b) A managed care plan provided under this chapter must provide out-of-network facility-based provider coverage to enrollees in accordance with this section.

(c) Except as provided by Subsection (e), the coverage must require the administrator of the plan to pay for a health care service performed for or a supply related to that service provided to an enrollee by an out-of-network provider who is a facility-based provider at the usual and customary rate or at an agreed rate if the provider performed the service at a health care facility that is a participating provider.

(d) Except as provided by Subsection (e), an out-of-network provider who is a facility-based provider or a person asserting a claim as an agent or assignee of the provider may not bill an enrollee receiving a health care service or supply described by Subsection (c) in, and the enrollee does not have financial responsibility for, an amount greater than an applicable copayment, coinsurance, or deductible under the enrollee's managed care plan that:

(1) is based on:

(A) the amount initially determined payable by the administrator; or

(B) a modified amount as determined under the administrator's internal dispute resolution process; and

(2) does not include any additional amount determined to be owed to the provider under Chapter 1467.

(e) This section does not apply to a nonemergency health care service that an enrollee elects to receive:

(1) in writing in advance of the service with respect to each out-of-network provider providing the service; and

(2) with notice of the enrollee's potential financial responsibility from each out-of-network provider providing the service.

Sec. 1579.111. OUT-OF-NETWORK DIAGNOSTIC IMAGING PROVIDER OR LABORATORY SERVICE PROVIDER. (a) In this section, "diagnostic imaging provider" and "laboratory service provider" have the meanings assigned by Section 1467.001.

(b) A managed care plan provided under this chapter must provide out-of-network diagnostic imaging provider and laboratory service provider coverage for enrollees in accordance with this section.

(c) Except as provided by Subsection (e), the coverage must require the administrator of the plan to pay for a health care service performed for or a supply related to that service provided to an enrollee by an out-of-network provider who is a

diagnostic imaging provider or laboratory service provider at the usual and customary rate or at an agreed rate if the provider performed the service in connection with a health care service performed by a participating provider.

(d) Except as provided by Subsection (e), an out-of-network provider who is a diagnostic imaging provider or laboratory service provider or a person asserting a claim through the provider may not bill an enrollee receiving a health care service or supply described by Subsection (c) in, and the enrollee does not have financial responsibility for, an amount greater than an applicable copayment, coinsurance, or deductible under the enrollee's managed care plan that:

(1) is based on:

(A) the amount initially determined payable by the administrator; or

(B) a modified amount as determined under the administrator's internal dispute resolution process; and

(2) is not based on any additional amount determined to be owed to the provider under Chapter 1467.

(e) This section does not apply to a nonemergency health care service that an enrollee elects to receive:

(1) in writing in advance of the service with respect to each out-of-network provider providing the service; and

(2) with notice of the enrollee's potential financial responsibility from each out-of-network provider providing the service.

ARTICLE 2. OUT-OF-NETWORK CLAIM DISPUTE RESOLUTION

SECTION 2.01. Section 1467.001, Insurance Code, is amended by adding Subdivisions (1-a), (2-c), (2-d), (4-b), and (6-a) and amending Subdivisions (2-a), (2-b), (3), and (7) to read as follows:

(1-a) "Arbitration" means a process in which an impartial arbiter issues a binding determination in a dispute between a health benefit plan issuer or administrator and an out-of-network provider or the provider's representative to settle a health benefit claim.

(2-a) "Diagnostic imaging provider" means a health care provider who performs a diagnostic imaging service on a patient for a fee or interprets imaging produced by a diagnostic imaging service.

(2-b) "Diagnostic imaging service" means magnetic resonance imaging, computed tomography, positron emission tomography, or any hybrid technology that combines any of those imaging modalities.

(2-c) "Emergency care" has the meaning assigned by Section 1301.155.

(2-d) [~~2-b~~] "Emergency care provider" means a physician, health care practitioner, facility, or other health care provider who provides and bills an enrollee, administrator, or health benefit plan for emergency care.

(3) "Enrollee" means an individual who is eligible to receive benefits through a [~~preferred provider benefit plan or a~~] health benefit plan subject to this chapter [~~under Chapter 1551, 1575, or 1579~~].

(4-b) "Laboratory service provider" means an accredited facility in which a specimen taken from a human body is interpreted and pathological diagnoses are made or a person who makes an interpretation of or diagnosis based on a specimen or information provided by a laboratory based on a specimen.

(6-a) "Out-of-network provider" means a diagnostic imaging provider, emergency care provider, facility-based provider, or laboratory service provider that is not a participating provider for a health benefit plan.

(7) "Party" means a health benefit plan issuer [an insurer] offering a health [a preferred provider] benefit plan, an administrator, or an out-of-network [a facility based provider or emergency care] provider or the provider's representative who participates in an arbitration [a mediation] conducted under this chapter. [The enrollee is also considered a party to the mediation.]

SECTION 2.02. Sections 1467.002, 1467.003, and 1467.005, Insurance Code, are amended to read as follows:

Sec. 1467.002. APPLICABILITY OF CHAPTER. This chapter applies to:

(1) a health benefit plan offered by a health maintenance organization operating under Chapter 843;

(2) a preferred provider benefit plan, including an exclusive provider benefit plan, offered by an insurer under Chapter 1301; and

(3) [(2)] an administrator of a managed care [health benefit] plan[~~other than a health maintenance organization plan,~~] under Chapter 1551, 1575, or 1579.

Sec. 1467.003. RULES. (a) The commissioner, the Texas Medical Board, and any other appropriate regulatory agency[~~and the chief administrative law judge~~] shall adopt rules as necessary to implement their respective powers and duties under this chapter.

(b) Section 2001.0045, Government Code, does not apply to a rule adopted under this chapter.

Sec. 1467.005. REFORM. This chapter may not be construed to prohibit:

(1) a health [an insurer offering a preferred provider] benefit plan issuer or administrator from, at any time, offering a reformed claim settlement; or

(2) an out-of-network [a facility based provider or emergency care] provider from, at any time, offering a reformed charge for health care or medical services or supplies.

SECTION 2.03. Subchapter A, Chapter 1467, Insurance Code, is amended by adding Section 1467.006 to read as follows:

Sec. 1467.006. BENCHMARKING DATABASE. (a) The commissioner shall select an organization to maintain a benchmarking database that contains information necessary to calculate, with respect to a health care or medical service or supply, for each geographical area in this state:

(1) the 80th percentile of billed amounts of all physicians or health care providers; and

(2) the 50th percentile of rates paid to participating providers.

(b) The commissioner may not select under Subsection (a) an organization that is financially affiliated with a health benefit plan issuer.

SECTION 2.04. The heading to Subchapter B, Chapter 1467, Insurance Code, is amended to read as follows:

SUBCHAPTER B. MANDATORY BINDING ARBITRATION [MEDIATION]

SECTION 2.05. Subchapter B, Chapter 1467, Insurance Code, is amended by adding Sections 1467.050 and 1467.0505 to read as follows:

Sec. 1467.050. ESTABLISHMENT AND ADMINISTRATION OF ARBITRATION PROGRAM. (a) The commissioner shall establish and administer an arbitration program to resolve disputes over out-of-network provider amounts in accordance with this subchapter.

(b) The commissioner:

(1) shall adopt rules, forms, and procedures necessary for the implementation and administration of the arbitration program, including the establishment of a portal on the department's Internet website through which a request for arbitration under Section 1467.051 may be submitted; and

(2) shall maintain a list of qualified arbitrators for the program.

Sec. 1467.0505. ISSUE TO BE ADDRESSED; BASIS FOR DETERMINATION. (a) The only issue that an arbitrator may determine under this subchapter is the reasonable amount for the health care or medical services or supplies provided to the enrollee by an out-of-network provider.

(b) The determination must, at a minimum, take into account:

(1) whether there is a gross disparity between the fee billed by the out-of-network provider and:

(A) fees paid to the out-of-network provider for the same services or supplies rendered by the provider to other enrollees for which the provider is an out-of-network provider; and

(B) fees paid by the health benefit plan issuer to reimburse similarly qualified out-of-network providers for the same services or supplies in the same region;

(2) the level of training, education, and experience of the out-of-network provider;

(3) the out-of-network provider's usual billed amount for comparable services or supplies with regard to other enrollees for which the provider is an out-of-network provider;

(4) the circumstances and complexity of the enrollee's particular case, including the time and place of the provision of the service or supply;

(5) individual enrollee characteristics;

(6) the 80th percentile of all billed amounts for the service or supply performed by a health care provider in the same or similar specialty and provided in the same geographical area as reported in a benchmarking database described by Section 1467.006; and

(7) the 50th percentile of rates for the service or supply paid to participating providers in the same or similar specialty and provided in the same geographical area as reported in a benchmarking database described by Section 1467.006.

SECTION 2.06. The heading to Section 1467.051, Insurance Code, is amended to read as follows:

Sec. 1467.051. AVAILABILITY OF MANDATORY ARBITRATION [~~MEDIATION; EXCEPTION~~].

SECTION 2.07. Section 1467.051, Insurance Code, is amended by amending Subsections (a) and (b) and adding Subsections (a-1), (e), (f), and (g) to read as follows:

(a) An out-of-network provider, health benefit plan issuer, or administrator [An enrollee] may request arbitration [mediation] of a settlement of an out-of-network health benefit claim through a portal on the department's Internet website if:

(1) there is an [the] amount billed by the provider and unpaid by the issuer or administrator [for which the enrollee is responsible to a facility based provider or emergency care provider,] after copayments, deductibles, and coinsurance for which an enrollee may not be billed [including the amount unpaid by the administrator or insurer, is greater than \$500]; and

(2) the health benefit claim is for:

(A) emergency care; [or]

(B) a health care or medical service or supply provided by a facility-based provider in a facility that is a participating [preferred] provider or that has a contract with the administrator;

(C) an out-of-network laboratory service; or

(D) an out-of-network diagnostic imaging service.

(a-1) If the issuer or administrator offers a process for an out-of-network provider to appeal a claim, the arbitration may not be requested before the earlier of:

(1) the completion of the appeal; or

(2) the 45th day after the date the provider initiated the appeal.

(b) If a person [Except as provided by Subsections (c) and (d), if an enrollee] requests arbitration [mediation] under this subchapter, the out-of-network [facility based] provider [or emergency care provider,] or the provider's representative, and the health benefit plan issuer [insurer] or the administrator, as appropriate, shall participate in the arbitration [mediation].

(e) The person who requests the arbitration shall provide written notice on the date the arbitration is requested in the form and manner prescribed by commissioner rule to:

(1) the department; and

(2) each other party.

(f) In an effort to settle the claim before arbitration, all parties must participate in an informal settlement teleconference not later than the 30th day after the date on which the arbitration is requested. A health benefit plan issuer or administrator shall make a reasonable effort to arrange the teleconference.

(g) The parties may agree to submit multiple claims to arbitration in one proceeding.

SECTION 2.08. Subchapter B, Chapter 1467, Insurance Code, is amended by adding Section 1467.0515 to read as follows:

Sec. 1467.0515. EFFECT OF ARBITRATION AND APPLICABILITY OF OTHER LAW. (a) Notwithstanding Section 1467.004, an out-of-network provider, health benefit plan issuer, or administrator may not file suit for an out-of-network claim subject to this chapter until the conclusion of the arbitration on the issue of the amount to be paid in the out-of-network claim dispute.

(b) An arbitration conducted under this subchapter is not subject to Title 7, Civil Practice and Remedies Code.

SECTION 2.09. Subchapter B, Chapter 1467, Insurance Code, is amended by adding Sections 1467.0535, 1467.0545, 1467.0555, and 1467.0565 to read as follows:

Sec. 1467.0535. SELECTION AND APPROVAL OF ARBITRATOR. (a) If the parties do not select an arbitrator by mutual agreement on or before the 30th day after the date the arbitration is requested, the party requesting the arbitration shall notify the commissioner, and the commissioner shall select an arbitrator from the commissioner's list of approved arbitrators.

(b) In approving an individual as an arbitrator, the commissioner shall ensure that the individual does not have a conflict of interest that would adversely impact the individual's independence and impartiality in rendering a decision in an arbitration. A conflict of interest includes current or recent ownership or employment of the individual or a close family member in a health benefit plan issuer or out-of-network provider that may be involved in the arbitration.

(c) The commissioner shall immediately terminate the approval of an arbitrator who no longer meets the requirements under this subchapter and rules adopted under this subchapter to serve as an arbitrator.

Sec. 1467.0545. PROCEDURES. (a) The arbitrator shall set a date for submission of all information to be considered by the arbitrator.

(b) A party may not engage in discovery in connection with the arbitration.

(c) On agreement of all parties, any deadline under this subchapter may be extended.

(d) Unless otherwise agreed to by the parties, an arbitrator:

(1) may not consider medical records that were not presented to the health benefit plan issuer or administrator during an appeals process described by Section 1467.051(a-1);

(2) may not review a claim arising from an adverse determination by a utilization review agent under Chapter 4201 that may be reviewed by an independent review organization; and

(3) may not determine whether a health benefit plan covers a particular health care or medical service or supply.

(e) The parties shall evenly split and pay the arbitrator's fees and expenses.

Sec. 1467.0555. DECISION. (a) Not later than the 75th day after the date the arbitration is requested, an arbitrator shall provide the parties with a written decision in which the arbitrator:

(1) determines whether the billed amount or the initial payment made by the health benefit plan issuer or administrator is the closest to the reasonable amount for the services or supplies determined in accordance with Section 1467.0505(b), provided that:

(A) the provider may revise the billed amount to correct a billing error before the completion of an appeal process described by Section 1467.051(a-1); and

(B) the health benefit plan issuer or administrator may increase the initial payment under the appeal process described by Section 1467.051(a-1); and

(2) selects the amount described by Subdivision (1) as the binding award amount.

(b) An arbitrator may not modify the binding award amount selected under Subsection (a).

Sec. 1467.0565. EFFECT OF DECISION. (a) An arbitrator's decision under Section 1467.0555 is binding.

(b) Not later than the 90th day after the date of an arbitrator's decision under Section 1467.0555, a party not satisfied with the decision may file an action to determine the payment due to an out-of-network provider.

(c) In an action filed under Subsection (b), the court shall determine whether the arbitrator's decision is proper based on a substantial evidence standard of review.

(d) A health benefit plan issuer or administrator shall pay to an out-of-network provider any additional amount necessary to satisfy a binding award or a court's determination in an action filed under Subsection (b), as applicable.

SECTION 2.10. Subchapter C, Chapter 1467, Insurance Code, is amended to read as follows:

SUBCHAPTER C. BAD FAITH PARTICIPATION ~~[MEDIATION]~~

Sec. 1467.101. BAD FAITH. ~~[(a)]~~ The following conduct constitutes bad faith participation ~~[mediation]~~ for purposes of this chapter:

(1) failing to participate in the informal settlement teleconference under Section 1467.051(f) or arbitration under Subchapter B ~~[mediation]~~;

(2) failing to provide information the arbitrator ~~[mediator]~~ believes is necessary to facilitate a decision ~~[an agreement]~~; ~~or~~

(3) failing to designate a representative participating in the arbitration ~~[mediation]~~ with full authority to enter into any ~~[mediated]~~ agreement; or

(4) failing to participate in the arbitration.

~~[(b) Failure to reach an agreement is not conclusive proof of bad faith mediation.]~~

Sec. 1467.102. PENALTIES. ~~[(a)]~~ Bad faith participation or otherwise failing to comply with this chapter ~~[mediation, by a party other than the enrollee,]~~ is grounds for imposition of an administrative penalty by the regulatory agency that issued a license or certificate of authority to the party who committed the violation.

~~[(b) Except for good cause shown, on a report of a mediator and appropriate proof of bad faith mediation, the regulatory agency that issued the license or certificate of authority shall impose an administrative penalty.]~~

SECTION 2.11. Sections 1467.151(a), (b), and (c), Insurance Code, are amended to read as follows:

(a) The commissioner and the Texas Medical Board or other regulatory agency, as appropriate, shall adopt rules regulating the investigation and review of a complaint filed that relates to the settlement of an out-of-network health benefit claim that is subject to this chapter. The rules adopted under this section must:

(1) distinguish among complaints for out-of-network coverage or payment and give priority to investigating allegations of delayed health care or medical care;

(2) develop a form for filing a complaint ~~[and establish an outreach effort to inform enrollees of the availability of the claims dispute resolution process under this chapter]; and~~

(3) ensure that a complaint is not dismissed without appropriate consideration~~;~~

~~[(4) ensure that enrollees are informed of the availability of mandatory mediation; and~~

~~[(5) require the administrator to include a notice of the claims dispute resolution process available under this chapter with the explanation of benefits sent to an enrollee].~~

(b) The department and the Texas Medical Board or other appropriate regulatory agency shall maintain information~~;~~

~~[(+) on each complaint filed that concerns a claim or arbitration [mediation] subject to this chapter; and~~

~~[(2) related to a claim that is the basis of an enrollee complaint], including:~~

~~(1) [(A)] the type of services or supplies that gave rise to the dispute;~~

~~(2) [(B)] the type and specialty, if any, of the out-of-network [facility-based] provider [or emergency care provider] who provided the out-of-network service or supply;~~

~~(3) [(C)] the county and metropolitan area in which the health care or medical service or supply was provided;~~

~~(4) [(D)] whether the health care or medical service or supply was for emergency care; and~~

~~(5) [(E)] any other information about:~~

~~(A) [(+)] the health benefit plan issuer [insurer] or administrator that the commissioner by rule requires; or~~

~~(B) [(+)] the out-of-network [facility-based] provider [or emergency care provider] that the Texas Medical Board or other appropriate regulatory agency by rule requires.~~

(c) The information collected and maintained ~~[by the department and the Texas Medical Board and other appropriate regulatory agencies]~~ under Subsection (b) ~~[(b)(2)]~~ is public information as defined by Section 552.002, Government Code, and may not include personally identifiable information or health care or medical information.

ARTICLE 3. CONFORMING AMENDMENTS

SECTION 3.01. Section 1456.001(6), Insurance Code, is amended to read as follows:

(6) "Provider network" means a health benefit plan under which health care services are provided to enrollees through contracts with health care providers and that requires those enrollees to use health care providers participating in the plan and procedures covered by the plan. ~~[The term includes a network operated by:~~

~~[(A) a health maintenance organization;~~

~~[(B) a preferred provider benefit plan issuer; or~~

~~[(C) another entity that issues a health benefit plan, including an insurance company.]~~

SECTION 3.02. Sections 1456.002(a) and (c), Insurance Code, are amended to read as follows:

(a) This chapter applies to any health benefit plan that:

(1) provides benefits for medical or surgical expenses incurred as a result of a health condition, accident, or sickness, including an individual, group, blanket, or franchise insurance policy or insurance agreement, a group hospital service contract, or an individual or group evidence of coverage that is offered by:

(A) an insurance company;

- (B) a group hospital service corporation operating under Chapter 842;
- (C) a fraternal benefit society operating under Chapter 885;
- (D) a stipulated premium company operating under Chapter 884;
- (E) ~~[a health maintenance organization operating under Chapter 843;~~
- ~~[(F)]~~ a multiple employer welfare arrangement that holds a certificate of authority under Chapter 846;
- ~~[(F)]~~ ~~[(G)]~~ an approved nonprofit health corporation that holds a certificate of authority under Chapter 844; or
- ~~[(G)]~~ ~~[(H)]~~ an entity not authorized under this code or another insurance law of this state that contracts directly for health care services on a risk-sharing basis, including a capitation basis; or
- (2) provides health and accident coverage through a risk pool created under Chapter 172, Local Government Code, notwithstanding Section 172.014, Local Government Code, or any other law.
- (c) This chapter does not apply to:
- (1) Medicaid managed care programs operated under Chapter 533, Government Code;
- (2) Medicaid programs operated under Chapter 32, Human Resources Code;
- ~~[(e)]~~
- (3) the state child health plan operated under Chapter 62 or 63, Health and Safety Code; or
- (4) a health benefit plan subject to Section 1271.157, 1301.164, 1551.229, 1575.172, or 1579.110.

SECTION 3.03. The following provisions of the Insurance Code are repealed:

- (1) Section 1456.004(c);
- (2) Sections 1467.001(2), (5), and (6);
- (3) Sections 1467.051(c) and (d);
- (4) Section 1467.0511;
- (5) Section 1467.052;
- (6) Section 1467.053;
- (7) Section 1467.054;
- (8) Section 1467.055;
- (9) Section 1467.056;
- (10) Section 1467.057;
- (11) Section 1467.058;
- (12) Section 1467.059;
- (13) Section 1467.060; and
- (14) Section 1467.151(d).

ARTICLE 4. STUDY

SECTION 4.01. Subchapter A, Chapter 38, Insurance Code, is amended by adding Section 38.004 to read as follows:

Sec. 38.004. BALANCE BILLING PROHIBITION REPORT. (a) The department shall, each biennium, conduct a study on the impacts of S.B. No. 1264, Acts of the 86th Legislature, Regular Session, 2019, on Texas consumers and health coverage in this state, including:

(1) trends in billed amounts for health care or medical services or supplies, especially emergency services, laboratory services, diagnostic imaging services, and facility-based services;

(2) comparison of the total amount spent on out-of-network emergency services, laboratory services, diagnostic imaging services, and facility-based services by calendar year and provider type or physician specialty;

(3) trends and changes in network participation by providers of emergency services, laboratory services, diagnostic imaging services, and facility-based services by provider type or physician specialty, including whether any terminations were initiated by a health benefit plan issuer, administrator, or provider;

(4) the number of complaints, completed investigations, and disciplinary sanctions for billing by providers of emergency services, laboratory services, diagnostic imaging services, or facility-based services of insureds, enrollees, or plan participants for amounts greater than the insured's, enrollee's, or participant's responsibility under an applicable managed care plan, including an applicable copayment, coinsurance, or deductible;

(5) trends in amounts paid to out-of-network providers;

(6) trends in the usual and customary rate for health care or medical services or supplies, especially emergency services, laboratory services, diagnostic imaging services, and facility-based services; and

(7) the effectiveness of the claim dispute resolution process under Chapter 1467.

(b) In conducting the study described by Subsection (a), the department shall collect settlement data and verdicts or arbitration awards from parties to arbitration under Chapter 1467.

(c) The department:

(1) shall collect data quarterly from a health benefit plan issuer or administrator subject to Chapter 1467 to conduct the study required by this section; and

(2) may utilize any reliable external resource or entity to acquire information reasonably necessary to prepare the report required by Subsection (d).

(d) Not later than December 1 of each even-numbered year, the department shall prepare and submit a written report on the results of the study under this section, including the department's findings, to the legislature.

ARTICLE 5. TRANSITION AND EFFECTIVE DATE

SECTION 5.01. The changes in law made by this Act apply only to a health care or medical service or supply provided on or after January 1, 2020. A health care or medical service or supply provided before January 1, 2020, is governed by the law in effect immediately before the effective date of this Act, and that law is continued in effect for that purpose.

SECTION 5.02. The Texas Department of Insurance, the Employees Retirement System of Texas, the Teacher Retirement System of Texas, and any other state agency subject to this Act are required to implement a provision of this Act only if the legislature appropriates money specifically for that purpose. If the legislature does not

appropriate money specifically for that purpose, those agencies may, but are not required to, implement a provision of this Act using other appropriations available for that purpose.

SECTION 5.03. This Act takes effect September 1, 2019.

The amendment to **CSSB 1264** was read.

Senator Huffman offered the following amendment to Floor Amendment No. 1:

Floor Amendment No. 2

Amend the proposed floor substitute by 1 to **CSSB 1264** (86R26267) as follows:

(1) In SECTION 2.01 of the substitute, in the recital (page 23, line 16), between "(3)," and "and", insert "(5),".

(2) In SECTION 2.01 of the substitute, in added Section 1467.001(1-a), Insurance Code (page 23, line 20), strike "or administrator".

(3) In SECTION 2.01 of the substitute, between added Sections 1467.001(4-b) and (6-a), Insurance Code (page 24, between lines 14 and 15), insert the following:

(5) "Mediation" means a process in which an impartial mediator facilitates and promotes agreement between the [~~insurer offering a preferred provider benefit plan or the~~] administrator and an out-of-network [~~a facility based~~] provider [~~or emergency care provider~~] or the provider's representative to settle a health benefit claim of an enrollee.

(4) In SECTION 2.01 of the substitute, in amended Section 1467.001(7), Insurance Code (page 24, line 23), strike "an arbitration [~~a mediation~~]" and substitute "a mediation or arbitration".

(5) In SECTION 2.02 of the substitute, strike amended Section 1467.002, Insurance Code (page 24, line 28 through page 25, line 6), and substitute the following:

Sec. 1467.002. APPLICABILITY OF CHAPTER. (a) This chapter, other than Subchapter B-1, applies to:

(1) a preferred provider benefit plan, including an exclusive provider benefit plan, offered by an insurer under Chapter 1301; and

(2) a health benefit plan offered by [~~an administrator of a health benefit plan, other than~~] a health maintenance organization operating under Chapter 843 [~~plan, under Chapter 1551, 1575, or 1579~~].

(b) This chapter, other than Subchapter B, applies to an administrator of a health benefit plan, other than a health maintenance organization plan, under Chapter 1551, 1575, or 1579.

(6) In SECTION 2.02 of the substitute, in amended Section 1467.003(a), Insurance Code (page 25, lines 8-9), strike "and any other appropriate regulatory agency [~~— and the chief administrative law judge~~]" and substitute "any other appropriate regulatory agency, and the chief administrative law judge".

(7) In SECTION 2.07 of the substitute, in amended Section 1467.051(a), Insurance Code (page 27, line 31 through page 28, line 1), strike ", health benefit plan issuer, or administrator" and substitute "or health benefit plan issuer".

(8) In SECTION 2.07 of the substitute, in amended Section 1467.051(a)(1), Insurance Code (page 28, line 5), strike "or administrator".

(9) In SECTION 2.07 of the substitute, strike amended Section 1467.051(a)(2), Insurance Code (page 28, lines 10-18), and substitute the following:

(2) the health benefit claim is for:

(A) emergency care; ~~or~~

(B) a health care or medical service or supply provided by a facility-based provider in a facility that is a participating ~~preferred~~ provider;

(C) an out-of-network laboratory service; or

(D) an out-of-network diagnostic imaging service ~~[that has a contract with the administrator].~~

(10) In SECTION 2.07 of the substitute, in added Section 1467.051(a-1), Insurance Code (page 28, line 19), strike "or administrator".

(11) In SECTION 2.07 of the substitute, in amended Section 1467.051(b), Insurance Code (page 28, lines 29-30), strike "~~[insurer] or the administrator, as appropriate,~~" and substitute "[insurer or the administrator, as appropriate,]".

(12) In SECTION 2.07 of the substitute, in added Section 1467.051(f), Insurance Code (page 29, line 8), strike "or administrator".

(13) In SECTION 2.08 of the substitute, in added Section 1467.0515(a), Insurance Code (page 29, lines 16-17), strike ", health benefit plan issuer, or administrator" and substitute "or health benefit plan issuer".

(14) In SECTION 2.09 of the substitute, in added Section 1467.0545(d)(1), Insurance Code (page 30, line 22), strike "or administrator".

(15) In SECTION 2.09 of the substitute, in added Section 1467.0555(a)(1), Insurance Code (page 31, lines 5-6), strike "or administrator".

(16) In SECTION 2.09 of the substitute, in added Section 1467.0555(a)(1)(B), Insurance Code (page 31, lines 12-13), strike "or administrator".

(17) In SECTION 2.09 of the substitute, in added Section 1467.0565(d), Insurance Code (page 31, line 28), strike "or administrator".

(18) In ARTICLE 2 of the substitute, strike SECTION 2.10 of the substitute (page 32, line 1 through page 32, line 28) and substitute the following appropriately numbered SECTIONS:

SECTION 2.__. Chapter 1467, Insurance Code, is amended by adding Subchapter B-1 to read as follows:

SUBCHAPTER B-1. MANDATORY MEDIATION

Sec. 1467.081. AVAILABILITY OF MANDATORY MEDIATION. (a) An out-of-network provider or administrator may request mediation of a settlement of an out-of-network health benefit claim arising from a health benefit plan to which this subchapter applies if:

(1) there is an amount billed by the provider and unpaid by the administrator after copayments, deductibles, and coinsurance for which an enrollee may not be billed; and

(2) the health benefit claim is for:

(A) emergency care;

(B) a health care or medical service or supply provided by a facility-based provider in a facility that is a participating provider;

(C) an out-of-network laboratory service; or

(D) an out-of-network diagnostic imaging service.

(b) If a person requests mediation under this subchapter, the out-of-network provider, or the provider's representative, and the administrator shall participate in the mediation.

Sec. 1467.082. MEDIATOR QUALIFICATIONS. (a) Except as provided by Subsection (b), to qualify for an appointment as a mediator under this subchapter a person must have completed at least 40 classroom hours of training in dispute resolution techniques in a course conducted by an alternative dispute resolution organization or other dispute resolution organization approved by the chief administrative law judge.

(b) A person not qualified under Subsection (a) may be appointed as a mediator on agreement of the parties.

(c) A person may not act as mediator for a claim settlement dispute if the person has been employed by, consulted for, or otherwise had a business relationship with an administrator of a health benefit plan that is subject to this subchapter or a physician, health care practitioner, or other health care provider during the three years immediately preceding the request for mediation.

Sec. 1467.083. APPOINTMENT OF MEDIATOR; FEES. (a) A mediation shall be conducted by one mediator.

(b) The chief administrative law judge shall appoint the mediator through a random assignment from a list of qualified mediators maintained by the State Office of Administrative Hearings.

(c) Notwithstanding Subsection (b), a person other than a mediator appointed by the chief administrative law judge may conduct the mediation on agreement of all of the parties and notice to the chief administrative law judge.

(d) The mediator's fees shall be split evenly and paid by the administrator and the out-of-network provider.

Sec. 1467.084. REQUEST AND PRELIMINARY PROCEDURES FOR MANDATORY MEDIATION. (a) An out-of-network provider or administrator may request mandatory mediation under this subchapter.

(b) A request for mandatory mediation must be provided to the department on a form prescribed by the commissioner and must include:

(1) the name of the person requesting mediation;
(2) a brief description of the claim to be mediated;
(3) contact information, including a telephone number, for the requesting person and the person's counsel, if the person retains counsel;

(4) the name of the out-of-network provider and name of the administrator;
and

(5) any other information the commissioner may require by rule.

(c) On receipt of a request for mediation, the department shall notify the out-of-network provider or the administrator of the request.

(d) In an effort to settle the claim before mediation, all parties must participate in an informal settlement teleconference not later than the 30th day after the date on which a person submits a request for mediation under this subchapter.

(e) A dispute to be mediated under this subchapter that does not settle as a result of a teleconference conducted under Subsection (d) must be conducted in the county in which the health care or medical services were rendered.

Sec. 1467.085. CONDUCT OF MEDIATION; CONFIDENTIALITY. (a) A mediator may not impose the mediator's judgment on a party about an issue that is a subject of the mediation.

(b) A mediation session is under the control of the mediator.

(c) Except as provided by this chapter, the mediator must hold in strict confidence all information provided to the mediator by a party and all communications of the mediator with a party.

(d) A party must have an opportunity during the mediation to speak and state the party's position.

(e) Except on the agreement of the participating parties, a mediation may not last more than four hours.

(f) A mediation shall be held not later than the 180th day after the date of the request for mediation.

(g) A health care or medical service or supply provided by an out-of-network provider may not be summarily disallowed. This subsection does not require an administrator to pay for an uncovered service or supply.

(h) A mediator may not testify in a proceeding, other than a proceeding to enforce this chapter, related to the mediation agreement.

Sec. 1467.086. MATTERS CONSIDERED IN MEDIATION; AGREED RESOLUTION. (a) In a mediation under this subchapter, the parties shall evaluate whether:

(1) the amount charged by the out-of-network provider for the health care or medical service or supply is excessive; and

(2) the amount paid by the administrator represents the usual and customary rate for the health care or medical service or supply or is unreasonably low.

(b) The out-of-network provider may present information regarding the amount charged for the health care or medical service or supply. The administrator may present information regarding the amount paid by the administrator.

(c) Nothing in this chapter prohibits mediation of more than one claim between the parties during a mediation.

(d) The goal of the mediation is to reach an agreement between the out-of-network provider and the administrator as to the amount paid by the administrator to the provider and the amount charged by the provider.

Sec. 1467.087. NO AGREED RESOLUTION. (a) The mediator of an unsuccessful mediation under this subchapter shall report the outcome of the mediation to the department, the Texas Medical Board or other appropriate regulatory agency, and the chief administrative law judge.

(b) The chief administrative law judge shall enter an order of referral of a matter reported under Subsection (a) to a special judge under Chapter 151, Civil Practice and Remedies Code, that:

(1) names the special judge on whom the parties agreed or appoints the special judge if the parties did not agree on a judge;

(2) states the issues to be referred and the time and place on which the parties agree for the trial;

(3) requires each party to pay the party's proportionate share of the special judge's fee; and

(4) certifies that the parties have waived the right to trial by jury.

(c) A trial by the special judge selected or appointed as described by Subsection (b) must proceed under Chapter 151, Civil Practice and Remedies Code, except that the special judge's verdict is not relevant or material to any other billing dispute and has no precedential value.

(d) Notwithstanding any other provision of this section, Section 151.012, Civil Practice and Remedies Code, does not apply to a mediation under this subchapter.

Sec. 1467.088. CONTINUATION OF MEDIATION. After a referral is made under Section 1467.087, the out-of-network provider and the administrator may elect to continue the mediation to further determine their responsibilities.

Sec. 1467.089. MEDIATION AGREEMENT. The mediator shall prepare a confidential mediation agreement and order that states any agreement reached by the parties under Section 1467.088.

Sec. 1467.090. REPORT OF MEDIATOR. The mediator shall report to the commissioner and the Texas Medical Board or other appropriate regulatory agency:

(1) the names of the parties to the mediation; and

(2) whether the parties reached an agreement or the mediator made a referral

under Section 1467.087.

SECTION 2. __. Subchapter C, Chapter 1467, Insurance Code, is amended to read as follows:

SUBCHAPTER C. BAD FAITH PARTICIPATION [MEDIATION]

Sec. 1467.101. BAD FAITH. (a) The following conduct constitutes bad faith participation [mediation] for purposes of this chapter:

(1) failing to participate in the informal settlement teleconference under Section 1467.051(h), arbitration under Subchapter B, or mediation under Subchapter B-1;

(2) failing to provide information the arbitrator or mediator believes is necessary to facilitate a decision or [an] agreement; [or]

(3) failing to designate a representative participating in the arbitration or mediation with full authority to enter into any [mediated] agreement; or

(4) failing to appear for the arbitration or mediation.

(b) Failure to reach an agreement under Subchapter B-1 is not conclusive proof of bad faith participation [mediation].

Sec. 1467.102. PENALTIES. (a) Bad faith participation or otherwise failing to comply with Subchapter B [mediation, by a party other than the enrollee,] is grounds for imposition of an administrative penalty by the regulatory agency that issued a license or certificate of authority to the party who committed the violation.

(b) Except for good cause shown, on a report of a mediator and appropriate proof of bad faith participation under Subchapter B-1 [mediation], the regulatory agency that issued the license or certificate of authority shall impose an administrative penalty.

(19) In SECTION 2.11 of the substitute, in amended Section 1467.151(b), Insurance Code (page 33, lines 21-22), strike "or arbitration [mediation]" substitute "2 arbitration, or mediation".

(20) In SECTION 3.03 of the substitute, in the repealer (page 36, line 9), strike Subdivision (2) and renumber subdivisions of the repealer accordingly.

(21) Renumber SECTIONS of the substitute accordingly.

The amendment to Floor Amendment No. 1 to **CSSB 1264** was read and was adopted by a viva voce vote.

All Members are deemed to have voted "Yea" on the adoption of Floor Amendment No. 2.

Senator Schwertner offered the following amendment to Floor Amendment No. 1:

Floor Amendment No. 3

Amend the proposed floor substitute by 1 to **CSSB 1264** (86R26267) in SECTION 1.01 of the bill, by striking added Section 752.0001(a), Insurance Code (page 1, lines 9-18), and substituting the following:

(a) If the attorney general believes that an individual or entity, including a physician, health care practitioner, health care facility, or other health care provider or a health benefit plan issuer or administrator, has exhibited a pattern of intentionally violating one or more laws listed in this subsection, the attorney general may bring a civil action in the name of the state to enjoin the individual or entity from violating that law or laws. This subsection applies to:

- (1) Section 1271.008;
- (2) Section 1271.155;
- (3) Section 1271.157;
- (4) Section 1271.158;
- (5) Section 1301.0053;
- (6) Section 1301.010;
- (7) Section 1301.155;
- (8) Section 1301.164;
- (9) Section 1301.165;
- (10) Section 1551.015;
- (11) Section 1551.228;
- (12) Section 1551.229;
- (13) Section 1551.230;
- (14) Section 1575.009;
- (15) Section 1575.171;
- (16) Section 1575.172;
- (17) Section 1575.173;
- (18) Section 1579.009;
- (19) Section 1579.109;
- (20) Section 1579.110;
- (21) Section 1579.111; and
- (22) Chapter 1467.

SCHWERTNER
CAMPBELL
HUFFMAN
NELSON

The amendment to Floor Amendment No. 1 to **CSSB 1264** was read and failed of adoption by the following vote: Yeas 8, Nays 23.

Yeas: Buckingham, Campbell, Huffman, Kolkhorst, Miles, Nelson, Paxton, Schwertner.

Nays: Alvarado, Bettencourt, Birdwell, Creighton, Fallon, Flores, Hall, Hancock, Hinojosa, Hughes, Johnson, Lucio, Menéndez, Nichols, Perry, Powell, Rodríguez, Seliger, Taylor, Watson, West, Whitmire, Zaffirini.

Senator Schwertner offered the following amendment to Floor Amendment No. 1:

Floor Amendment No. 4

Amend the proposed substitute by 1 to **CSSB 1264** (86R26267) as follows:

(1) In SECTION 1.02 of the substitute, in added Section 1271.008(a), Insurance Code (page 2, line 17), between "must" and "include", insert "be provided not later than the 30th day after the date the claim for the service or supply is received and must".

(2) In SECTION 1.02 of the substitute, in added Section 1271.008(a)(2), Insurance Code (page 2, line 21), between "plan" and the underlined semicolon, insert ", including the amount of an applicable copayment, coinsurance, or deductible".

(3) In SECTION 1.06 of the substitute, in added Section 1301.010(a), Insurance Code (page 7, line 14), between "must" and "include", insert "be provided not later than the 30th day after the date the claim for the service or supply is received and must".

(4) In SECTION 1.06 of the substitute, in added Section 1301.010(a)(2), Insurance Code (page 7, line 18), between "plan" and the underlined semicolon, insert ", including the amount of an applicable copayment, coinsurance, or deductible".

(5) In SECTION 1.10 of the substitute, in added Section 1551.015(a), Insurance Code (page 11, line 19), between "must" and "include", insert "be provided not later than the 30th day after the date the claim for the service or supply is received and must".

(6) In SECTION 1.10 of the substitute, in added Section 1551.015(a)(2), Insurance Code (page 11, line 23), between "plan" and the underlined semicolon, insert ", including the amount of an applicable copayment, coinsurance, or deductible".

(7) In SECTION 1.13 of the substitute, in added Section 1575.009(a), Insurance Code (page 15, line 23), between "must" and "include", insert "be provided not later than the 30th day after the date the claim for the service or supply is received and must".

(8) In SECTION 1.13 of the substitute, in added Section 1575.009(a)(2), Insurance Code (page 15, line 27), between "plan" and the underlined semicolon, insert ", including the amount of an applicable copayment, coinsurance, or deductible".

(9) In SECTION 1.15 of the substitute, in added Section 1579.009(a), Insurance Code (page 19, line 22), between "must" and "include", insert "be provided not later than the 30th day after the date the claim for the service or supply is received and must".

(10) In SECTION 1.15 of the substitute, in added Section 1579.009(a)(2), Insurance Code (page 19, line 26), between "plan" and the underlined semicolon, insert ", including the amount of an applicable copayment, coinsurance, or deductible".

SCHWERTNER
CAMPBELL
HUFFMAN
NELSON

The amendment to Floor Amendment No. 1 to **CSSB 1264** was read and failed of adoption by the following vote: Yeas 8, Nays 23.

Yeas: Buckingham, Campbell, Huffman, Kolkhorst, Miles, Nelson, Paxton, Schwertner.

Nays: Alvarado, Bettencourt, Birdwell, Creighton, Fallon, Flores, Hall, Hancock, Hinojosa, Hughes, Johnson, Lucio, Menéndez, Nichols, Perry, Powell, Rodriguez, Seliger, Taylor, Watson, West, Whitmire, Zaffirini.

Senator Campbell offered the following amendment to Floor Amendment No. 1:

Floor Amendment No. 5

Amend the proposed substitute by 1 to **CSSB 1264** (86R26267) as follows:

(1) In SECTION 2.03 of the substitute, immediately after added Section 1467.006(b), Insurance Code (page 26, between lines 3 and 4), insert the following:

(c) The benchmarking database may not take into account a rate paid under a governmental program, including the TRICARE military health system, Medicare, Medicaid, or any indigent health care program, but not including a health benefit plan for which arbitration is available under this chapter.

(2) In SECTION 2.05 of the substitute, immediately after added Section 1467.0505(b), Insurance Code (page 27, between lines 23 and 24), insert the following:

(c) The determination may not take into account a rate paid under a governmental program, including the TRICARE military health system, Medicare, Medicaid, or any indigent health care program, but not including a health benefit plan for which arbitration is available under this chapter.

CAMPBELL
HUFFMAN
NELSON
SCHWERTNER

The amendment to Floor Amendment No. 1 to **CSSB 1264** was read and failed of adoption by the following vote: Yeas 11, Nays 20.

Yeas: Buckingham, Campbell, Fallon, Flores, Huffman, Kolkhorst, Lucio, Miles, Nelson, Paxton, Schwertner.

Nays: Alvarado, Bettencourt, Birdwell, Creighton, Hall, Hancock, Hinojosa, Hughes, Johnson, Menéndez, Nichols, Perry, Powell, Rodríguez, Seliger, Taylor, Watson, West, Whitmire, Zaffirini.

Senator Schwertner offered the following amendment to Floor Amendment No. 1:

Floor Amendment No. 6

Amend the proposed substitute by 1 to **CSSB 1264** (86R26267) as follows:

(1) In the recital to SECTION 2.07 of the substitute (page 27, line 29), strike "(a-1),".

(2) In SECTION 2.07 of the substitute, strike added Section 1467.051(a-1), Insurance Code (page 28, lines 19-24).

(3) In SECTION 2.09 of the substitute, in added Section 1467.0545(d)(1), Insurance Code (page 30, line 23), strike "described by Section 1467.051(a-1)" and substitute "offered by the issuer or administrator to resolve an out-of-network claim".

(4) In SECTION 2.09 of the substitute, in added Section 1467.0555(a)(1)(A), Insurance Code (page 31, line 11), strike "described by Section 1467.051(a-1)" and substitute "offered by the issuer or administrator to resolve an out-of-network claim".

(5) In SECTION 2.09 of the substitute, in added Section 1467.0555(a)(1)(B), Insurance Code (page 31, line 14), strike "described by Section 1467.051(a-1)" and substitute "offered by the issuer or administrator to resolve an out-of-network claim".

The amendment to Floor Amendment No. 1 to **CSSB 1264** was read and was adopted by a viva voce vote.

All Members are deemed to have voted "Yea" on the adoption of Floor Amendment No. 6.

Question recurring on the adoption of Floor Amendment No. 1 to **CSSB 1264**, the amendment as amended was adopted by a viva voce vote.

All Members are deemed to have voted "Yea" on the adoption of Floor Amendment No. 1.

CSSB 1264 as amended was passed to engrossment by a viva voce vote.

All Members are deemed to have voted "Yea" on the passage to engrossment.

**COMMITTEE SUBSTITUTE
SENATE BILL 1264 ON THIRD READING**

Senator Hancock moved that Senate Rule 7.18 and the Constitutional Rule requiring bills to be read on three several days be suspended and that **CSSB 1264** be placed on its third reading and final passage.

The motion prevailed by the following vote: Yeas 29, Nays 2.

Yeas: Alvarado, Bettencourt, Birdwell, Buckingham, Creighton, Fallon, Flores, Hall, Hancock, Hinojosa, Huffman, Hughes, Johnson, Kolkhorst, Lucio, Menéndez, Miles, Nelson, Nichols, Paxton, Perry, Powell, Rodríguez, Seliger, Taylor, Watson, West, Whitmire, Zaffirini.

Nays: Campbell, Schwertner.

The bill was read third time and was passed by the following vote: Yeas 29, Nays 2. (Same as previous roll call)

**COMMITTEE SUBSTITUTE
SENATE BILL 1530 ON SECOND READING**

Senator Hancock moved to suspend the regular order of business to take up for consideration **CSSB 1530** at this time on its second reading:

CSSB 1530, Relating to the applicability of mediation requirements for balance billing to certain health benefit plans.

The motion prevailed.

Senators Buckingham, Campbell, and Schwertner asked to be recorded as voting "Nay" on suspension of the regular order of business.

The bill was read second time and was passed to engrossment by a viva voce vote.

All Members are deemed to have voted "Yea" on the passage to engrossment except as follows:

Nays: Buckingham, Campbell, Schwertner.

**COMMITTEE SUBSTITUTE
SENATE BILL 1530 ON THIRD READING**

Senator Hancock moved that Senate Rule 7.18 and the Constitutional Rule requiring bills to be read on three several days be suspended and that **CSSB 1530** be placed on its third reading and final passage.

The motion prevailed by the following vote: Yeas 28, Nays 3.

Yeas: Alvarado, Bettencourt, Birdwell, Creighton, Fallon, Flores, Hall, Hancock, Hinojosa, Huffman, Hughes, Johnson, Kolkhorst, Lucio, Menéndez, Miles, Nelson, Nichols, Paxton, Perry, Powell, Rodríguez, Seliger, Taylor, Watson, West, Whitmire, Zaffirini.

Nays: Buckingham, Campbell, Schwertner.

The bill was read third time and was passed by the following vote: Yeas 28, Nays 3. (Same as previous roll call)

**COMMITTEE SUBSTITUTE
SENATE BILL 1114 ON SECOND READING**

Senator Lucio moved to suspend the regular order of business to take up for consideration **CSSB 1114** at this time on its second reading:

CSSB 1114, Relating to the sale or donation of certain school district property for the development of affordable housing for school district personnel and other income-eligible persons.

The motion prevailed by the following vote: Yeas 23, Nays 8.

Yeas: Alvarado, Buckingham, Fallon, Flores, Hinojosa, Huffman, Johnson, Kolkhorst, Lucio, Menéndez, Miles, Nelson, Nichols, Perry, Powell, Rodríguez, Schwertner, Seliger, Taylor, Watson, West, Whitmire, Zaffirini.

Nays: Bettencourt, Birdwell, Campbell, Creighton, Hall, Hancock, Hughes, Paxton.

The bill was read second time and was passed to engrossment by the following vote: Yeas 24, Nays 7.

Yeas: Alvarado, Buckingham, Fallon, Flores, Hinojosa, Huffman, Johnson, Kolkhorst, Lucio, Menéndez, Miles, Nelson, Nichols, Paxton, Perry, Powell, Rodríguez, Schwertner, Seliger, Taylor, Watson, West, Whitmire, Zaffirini.

Nays: Bettencourt, Birdwell, Campbell, Creighton, Hall, Hancock, Hughes.

COMMITTEE SUBSTITUTE
SENATE BILL 1114 ON THIRD READING

Senator Lucio moved that Senate Rule 7.18 and the Constitutional Rule requiring bills to be read on three several days be suspended and that **CSSB 1114** be placed on its third reading and final passage.

The motion prevailed by the following vote: Yeas 25, Nays 6.

Yeas: Alvarado, Buckingham, Fallon, Flores, Hancock, Hinojosa, Huffman, Johnson, Kolkhorst, Lucio, Menéndez, Miles, Nelson, Nichols, Paxton, Perry, Powell, Rodríguez, Schwertner, Seliger, Taylor, Watson, West, Whitmire, Zaffirini.

Nays: Bettencourt, Birdwell, Campbell, Creighton, Hall, Hughes.

The bill was read third time and was passed by the following vote: Yeas 24, Nays 7.

Yeas: Alvarado, Buckingham, Fallon, Flores, Hinojosa, Huffman, Johnson, Kolkhorst, Lucio, Menéndez, Miles, Nelson, Nichols, Paxton, Perry, Powell, Rodríguez, Schwertner, Seliger, Taylor, Watson, West, Whitmire, Zaffirini.

Nays: Bettencourt, Birdwell, Campbell, Creighton, Hall, Hancock, Hughes.

COMMITTEE SUBSTITUTE
SENATE BILL 2486 ON SECOND READING

Senator Creighton moved to suspend the regular order of business to take up for consideration **CSSB 2486** at this time on its second reading:

CSSB 2486, Relating to a prohibition against certain local regulation of the scheduling practices of private employers.

The motion prevailed by the following vote: Yeas 20, Nays 11.

Yeas: Bettencourt, Birdwell, Buckingham, Campbell, Creighton, Fallon, Flores, Hall, Hancock, Huffman, Hughes, Kolkhorst, Nelson, Nichols, Paxton, Perry, Schwertner, Seliger, Taylor, West.

Nays: Alvarado, Hinojosa, Johnson, Lucio, Menéndez, Miles, Powell, Rodríguez, Watson, Whitmire, Zaffirini.

The bill was read second time.

Senator Seliger offered the following amendment to the bill:

Floor Amendment No. 1

Amend **CSSB 2486** (Senate Committee Printing) as follows:

(1) In SECTION 1 of the bill, in the heading to added Section 83.002, Labor Code (page 1, line 34), between "PRACTICES" and "PROHIBITED", insert "OR OVERTIME COMPENSATION".

(2) In SECTION 1 of the bill, in added Section 83.002(a), Labor Code (page 1, line 37), between "scheduling practices" and the underlined period, insert "or overtime compensation".

The amendment to **CSSB 2486** was read and was adopted by a viva voce vote.

All Members are deemed to have voted "Yea" on the adoption of Floor Amendment No. 1.

Senator Menéndez offered the following amendment to the bill:

Floor Amendment No. 2

Amend **CSSB 2486** (senate committee printing) in SECTION 1 of the bill, immediately following added Section 83.002, Labor Code (page 1, between lines 39 and 40), by inserting the following:

Sec. 83.003. EFFECT OF CHAPTER. This chapter does not affect:

(1) the Texas Minimum Wage Act under Chapter 62;

(2) an ordinance, order, rule, regulation, or policy that prohibits employment discrimination, regardless of whether the ordinance, order, rule, regulation, or policy is adopted before, on, or after September 1, 2019; or

(3) a contract or agreement relating to terms of employment voluntarily entered into between a private employer or entity and a governmental entity.

The amendment to **CSSB 2486** was read and failed of adoption by the following vote: Yeas 12, Nays 19.

Yeas: Alvarado, Hinojosa, Johnson, Lucio, Menéndez, Miles, Powell, Rodríguez, Watson, West, Whitmire, Zaffirini.

Nays: Bettencourt, Birdwell, Buckingham, Campbell, Creighton, Fallon, Flores, Hall, Hancock, Huffman, Hughes, Kolkhorst, Nelson, Nichols, Paxton, Perry, Schwertner, Seliger, Taylor.

Senator Johnson offered the following amendment to the bill:

Floor Amendment No. 3

Amend **CSSB 2486** (Senate Committee Printing) as follows:

(1) In SECTION 1 of the bill, in added Section 83.002(a), Labor Code (page 1, line 34), immediately following "(a)", strike "A" and substitute "Except as provided by Subsection (c), a".

(2) In SECTION 1 of the bill, immediately following added Section 83.002(b), Labor Code (page 1, between lines 39 and 40), insert the following:

(c) A political subdivision may adopt or enforce an ordinance, order, rule, regulation, or policy that requires a private employer to provide not more than three water or rest breaks in any eight-hour shift.

The amendment to **CSSB 2486** was read and failed of adoption by the following vote: Yeas 12, Nays 19.

Yeas: Alvarado, Hinojosa, Johnson, Lucio, Menéndez, Miles, Powell, Rodríguez, Watson, West, Whitmire, Zaffirini.

Nays: Bettencourt, Birdwell, Buckingham, Campbell, Creighton, Fallon, Flores, Hall, Hancock, Huffman, Hughes, Kolkhorst, Nelson, Nichols, Paxton, Perry, Schwertner, Seliger, Taylor.

CSSB 2486 as amended was passed to engrossment by the following vote: Yeas 20, Nays 11.

Yeas: Bettencourt, Birdwell, Buckingham, Campbell, Creighton, Fallon, Flores, Hall, Hancock, Huffman, Hughes, Kolkhorst, Nelson, Nichols, Paxton, Perry, Schwertner, Seliger, Taylor, West.

Nays: Alvarado, Hinojosa, Johnson, Lucio, Menéndez, Miles, Powell, Rodríguez, Watson, Whitmire, Zaffirini.

MESSAGE FROM THE HOUSE

HOUSE CHAMBER

Austin, Texas

Tuesday, April 16, 2019 - 2

The Honorable President of the Senate

Senate Chamber

Austin, Texas

Mr. President:

I am directed by the house to inform the senate that the house has taken the following action:

THE HOUSE HAS PASSED THE FOLLOWING MEASURES:

HB 18 Price

Relating to consideration of the mental health of public school students in training requirements for certain school employees, curriculum requirements, counseling programs, educational programs, state and regional programs and services, and health care services for students and to mental health first aid program training and reporting regarding local mental health authority and school district personnel.

HB 19 Price

Relating to mental health and substance use resources for certain school districts.

HB 25 González, Mary

Relating to a pilot program for providing services to certain women and children under the Medicaid medical transportation program.

HB 36

Ortega

Relating to expedited proceedings in cases involving dangerously damaged or deteriorated or substandard buildings or improvements in a municipality.

HB 55

González, Mary

Relating to requiring the reporting of certain information regarding prekindergarten programs provided by or on behalf of school districts.

HB 105

Minjarez

Relating to the inclusion of information about oversize and overweight vehicles in the curriculum of driver education and driving safety courses.

HB 128

Hinojosa

Relating to school district notification to a parent or guardian of physical fitness assessment results of the parent's or guardian's child.

HB 218

Krause

Relating to the abolition of student loan default or breach of a student loan repayment or scholarship contract as a ground for nonrenewal or other disciplinary action in relation to a professional or occupational license and to certain duties of state agencies and political subdivisions in relation to delinquent or defaulted student loans.

HB 250

Farrar

Relating to attorney's fees associated with certain court proceedings for cruelly treated animals; authorizing fees and costs.

HB 253

Farrar

Relating to a strategic plan to address postpartum depression.

HB 306

Herrero

Relating to the creation of an open burn pit registry for certain service members and veterans.

HB 314

Howard

Relating to use of compensatory education allotment funding to provide assistance to students at risk of dropping out of school who are pregnant or who are parents and to reporting through the Public Education Information Management System.

HB 350

Blanco

Relating to the composition of the cybersecurity council.

HB 387

Cortez

Relating to submission of reports by an advanced practice registered nurse under the workers' compensation system.

HB 402

Thompson, Senfronia

Relating to the adoption of the Uniform Electronic Legal Material Act.

HB 448

Turner, Chris

Relating to the creation of an offense for failing to secure certain children in a rear-facing child passenger safety seat system.

HB 455

Allen

Relating to policies on the recess period in public schools.

- HB 548** Canales
Relating to reporting certain truancy information through the Public Education Information Management System.
- HB 663** King, Ken
Relating to a continuing review and revision of the essential knowledge and skills of the public school foundation curriculum and proclamations for the production of instructional materials.
- HB 684** Clardy
Relating to the development of a seizure action plan for certain students enrolled in public schools and training for certain school personnel regarding seizure disorders.
- HB 726** Larson
Relating to the regulation of groundwater.
- HB 766** Huberty
Relating to exemptions for disabled peace officers and fire fighters from payment of tuition and fees at public institutions of higher education.
- HB 787** Davis, Sarah
Relating to a study on the state certification of music therapists.
- HB 791** Huberty
Relating to the definition of volunteer fire department for purposes of certain motor fuel tax exemptions.
- HB 800** Howard
Relating to covered benefits under the child health plan.
- HB 852** Holland
Relating to information a municipality may consider in determining the amount of certain building permit and inspection fees.
- HB 892** Kuempel
Relating to county regulation of game rooms.
- HB 961** Howard
Relating to the membership and training course requirements of a public school concussion oversight team and the removal of a public school student from an interscholastic athletic activity on the basis of a suspected concussion.
- HB 1000** Paddie
Relating to rural and opportunity funds and insurance tax credits for certain investments in those funds; imposing a monetary penalty; authorizing fees.
- HB 1060** Bell, Cecil
Relating to the authority of a property owner to request that notice of a protest hearing before the appraisal review board be delivered by certified mail or electronic mail.
- HB 1070** Price
Relating to the mental health first aid training program reporting requirements.
- HB 1142** Lambert
Relating to the creation and operations of health care provider participation programs in certain counties.

- HB 1182** Goodwin
Relating to personal financial literacy courses for high school students in public schools.
- HB 1355** Button
Relating to the execution of a search warrant for taking a blood specimen from certain persons in certain intoxication offenses.
- HB 1421** Israel
Relating to cybersecurity of voter registration lists and other election-related documents, systems, and technology.
- HB 1702** Howard
Relating to services provided for students at public institutions of higher education who are or were in foster care.
- HB 1802** Bohac
Relating to a request for binding arbitration of certain appraisal review board orders.
- HB 1891** Stucky
Relating to an exemption from the assessment requirements of the Texas Success Initiative for students who achieve a certain score on a high school equivalency examination.
- HB 1894** Goldman
Relating to the imposition of an administrative penalty and the repeal of the criminal penalty for a violation of the interior designers licensing law.
- HB 1953** Thompson, Ed
Relating to the conversion of plastics and other recoverable materials through pyrolysis or gasification.
- HB 1995** King, Tracy O.
Relating to the distribution to the Texas Racing Commission of certain money deducted from simulcast pari-mutuel pools.
- HB 2137** Burns
Relating to an application made by certain retired state and federal officers to obtain a license to carry a handgun; waiving a fee.
- HB 2228** Geren
Relating to the inspection of certain boilers.
- HB 2675** Geren
Relating to the repeal of the provisions providing for the suspension of the collection of certain fees when the balance in the oil and gas regulation and cleanup fund exceeds a specified amount.
- HB 2684** Metcalf
Relating to an exemption from the sales tax for items sold by a nonprofit organization at a county fair.
- HB 2699** Goldman
Relating to the permit and license examinations for hearing instrument fitters and dispensers.

HB 2755

Price

Relating to certain county and public health district fees.

HB 2790

Goldman

Relating to prima facie evidence of the intent to sell certain alcoholic beverages.

HB 3246

Darby

Relating to the treatment and recycling for beneficial use of certain waste arising out of or incidental to the drilling for or production of oil or gas.

HB 3366

Kacal

Relating to the deposit and distribution by the Texas Racing Commission of certain pari-mutuel wagering funds to benefit the Texas-bred program.

SB 235

Nelson

Sponsor: Stucky

Relating to the authority of certain municipalities to propose a fire control, prevention, and emergency medical services district.

(Amended)

SB 743

Hall

Sponsor: Buckley

Relating to the Texas Olive Oil Industry Advisory Board.

Respectfully,

/s/Robert Haney, Chief Clerk
House of Representatives**COMMITTEE SUBSTITUTE
SENATE BILL 2488 ON SECOND READING**

Senator Creighton moved to suspend the regular order of business to take up for consideration **CSSB 2488** at this time on its second reading:

CSSB 2488, Relating to the authority of a political subdivision to adopt or enforce certain regulations regarding whether a private employer may obtain, consider, or take employment action based on an employment applicant's or employee's criminal history record information.

The motion prevailed by the following vote: Yeas 19, Nays 12.

Yeas: Bettencourt, Birdwell, Buckingham, Campbell, Creighton, Fallon, Flores, Hall, Hancock, Huffman, Hughes, Kolkhorst, Nelson, Nichols, Paxton, Perry, Schwertner, Seliger, Taylor.

Nays: Alvarado, Hinojosa, Johnson, Lucio, Menéndez, Miles, Powell, Rodríguez, Watson, West, Whitmire, Zaffirini.

The bill was read second time and was passed to engrossment by the following vote: Yeas 19, Nays 12. (Same as previous roll call)

**HOUSE BILL 650 REREFERRED
(Motion In Writing)**

Senator Whitmire submitted a Motion In Writing requesting that **HB 650** be withdrawn from the Committee on State Affairs and rereferred to the Committee on Criminal Justice.

The Motion In Writing was read and prevailed without objection.

SENATE RULE 11.13 SUSPENDED
(Consideration of Bills in Committees)
(Motion In Writing)

Senator Hughes submitted the following Motion In Writing:

Mr. President:

I move to suspend Senate Rule 11.13 so that committees may meet during the reading and referral of bills.

HUGHES

The Motion In Writing was read and prevailed without objection.

SENATE RULE 11.13 SUSPENDED
(Consideration of Bills in Committees)

On motion of Senator Whitmire and by unanimous consent, Senate Rule 11.13 was suspended to grant the Committee on Criminal Justice permission to meet while the Senate was meeting tomorrow.

SENATE RULES SUSPENDED
(Posting Rules)

On motion of Senator Whitmire and by unanimous consent, Senate Rule 11.10(a) and Senate Rule 11.18(a) were suspended in order that the Committee on Criminal Justice might meet and consider the following bills tomorrow:

SB 340, SB 405, SB 562, SB 583, SB 693, SB 1164, SB 1268, SB 1649, SB 1697, SB 1700, SB 2271.

SENATE RULE 11.13 SUSPENDED
(Consideration of Bills in Committees)

On motion of Senator Hancock and by unanimous consent, Senate Rule 11.13 was suspended to grant the Committee on Business and Commerce permission to meet while the Senate was meeting tomorrow.

SENATE RULES SUSPENDED
(Posting Rules)

On motion of Senator Hancock and by unanimous consent, Senate Rule 11.10(a) and Senate Rule 11.18(a) were suspended in order that the Committee on Business and Commerce might meet tomorrow.

MOTION TO ADJOURN

On motion of Senator Whitmire and by unanimous consent, the Senate at 5:11 p.m. agreed to adjourn, in memory of Martin Cuellar Sr., upon completion of the introduction of bills and resolutions on first reading, until 11:00 a.m. tomorrow.

HOUSE BILLS AND RESOLUTIONS ON FIRST READING

The following bills and resolutions received from the House were read first time and referred to the committees indicated:

HB 5 to Committee on Water and Rural Affairs.

HB 6 to Committee on Water and Rural Affairs.
HB 13 to Committee on Water and Rural Affairs.
HB 51 to Committee on Criminal Justice.
HB 53 to Committee on Health and Human Services.
HB 91 to Committee on Water and Rural Affairs.
HB 162 to Committee on Transportation.
HB 273 to Committee on State Affairs.
HB 278 to Committee on Health and Human Services.
HB 279 to Committee on Health and Human Services.
HB 347 to Committee on State Affairs.
HB 389 to Committee on Intergovernmental Relations.
HB 435 to Committee on State Affairs.
HB 468 to Committee on Intergovernmental Relations.
HB 558 to Committee on Health and Human Services.
HB 759 to Committee on Business and Commerce.
HB 881 to Committee on Criminal Justice.
HB 886 to Committee on Intergovernmental Relations.
HB 965 to Committee on Health and Human Services.
HB 1031 to Committee on Intergovernmental Relations.
HB 1064 to Committee on Administration.
HB 1065 to Committee on Higher Education.
HB 1181 to Committee on Water and Rural Affairs.
HB 1225 to Committee on Health and Human Services.
HB 1227 to Committee on Intergovernmental Relations.
HB 1277 to Committee on Higher Education.
HB 1279 to Committee on Criminal Justice.
HB 1404 to Committee on Intergovernmental Relations.
HB 1476 to Committee on Intergovernmental Relations.
HB 1480 to Committee on Education.
HB 1488 to Committee on Intergovernmental Relations.
HB 1508 to Committee on Administration.
HB 1516 to Committee on Higher Education.
HB 1518 to Committee on Health and Human Services.
HB 1554 to Committee on Business and Commerce.
HB 1555 to Committee on Business and Commerce.
HB 1570 to Committee on Intergovernmental Relations.
HB 1574 to Committee on Water and Rural Affairs.
HB 1579 to Committee on Veteran Affairs and Border Security.
HB 1597 to Committee on Education.
HB 1697 to Committee on Intergovernmental Relations.
HB 1710 to Committee on Health and Human Services.
HB 1755 to Committee on Transportation.
HB 1767 to Committee on Natural Resources and Economic Development.
HB 1785 to Committee on State Affairs.
HB 1824 to Committee on Water and Rural Affairs.
HB 1828 to Committee on Water and Rural Affairs.

HB 1829 to Committee on Intergovernmental Relations.
HB 1837 to Committee on Transportation.
HB 1838 to Committee on Transportation.
HB 1902 to Committee on Business and Commerce.
HB 1934 to Committee on Intergovernmental Relations.
HB 1935 to Committee on Intergovernmental Relations.
HB 1940 to Committee on Business and Commerce.
HB 1944 to Committee on Business and Commerce.
HB 1965 to Committee on Finance.
HB 2039 to Committee on Transportation.
HB 2060 to Committee on Intergovernmental Relations.
HB 2103 to Committee on Business and Commerce.
HB 2318 to Committee on Intergovernmental Relations.
HB 2324 to Committee on Intergovernmental Relations.
HB 2425 to Committee on Health and Human Services.
HB 2477 to Committee on Intergovernmental Relations.
HB 2680 to Committee on Higher Education.
HB 2900 to Committee on Business and Commerce.
HB 2979 to Committee on Intergovernmental Relations.
HB 3020 to Committee on Intergovernmental Relations.
HB 3093 to Committee on Intergovernmental Relations.
HB 3094 to Committee on Intergovernmental Relations.
HB 3095 to Committee on Intergovernmental Relations.
HB 3122 to Committee on Intergovernmental Relations.
HB 3463 to Committee on Intergovernmental Relations.
HCR 19 to Committee on State Affairs.
HJR 4 to Committee on Water and Rural Affairs.
HJR 11 to Committee on Water and Rural Affairs.

CO-AUTHORS OF SENATE BILL 16

On motion of Senator Hancock, Senators Hinojosa and West will be shown as Co-authors of **SB 16**.

CO-AUTHORS OF SENATE BILL 19

On motion of Senator Hughes, Senators Creighton and Hall will be shown as Co-authors of **SB 19**.

CO-AUTHOR OF SENATE BILL 24

On motion of Senator Lucio, Senator Schwertner will be shown as Co-author of **SB 24**.

CO-AUTHOR OF SENATE BILL 29

On motion of Senator Hall, Senator Campbell will be shown as Co-author of **SB 29**.

CO-AUTHOR OF SENATE BILL 37

On motion of Senator Zaffirini, Senator Hinojosa will be shown as Co-author of **SB 37**.

CO-AUTHOR OF SENATE BILL 86

On motion of Senator Hall, Senator Creighton will be shown as Co-author of **SB 86**.

CO-AUTHORS OF SENATE BILL 196

On motion of Senator Campbell, Senators Creighton, Hinojosa, Lucio, Menéndez, and Taylor will be shown as Co-authors of **SB 196**.

CO-AUTHORS OF SENATE BILL 205

On motion of Senator Perry, Senators Creighton and Hall will be shown as Co-authors of **SB 205**.

CO-AUTHOR OF SENATE BILL 322

On motion of Senator Huffman, Senator Schwertner will be shown as Co-author of **SB 322**.

CO-AUTHORS OF SENATE BILL 462

On motion of Senator Campbell, Senators Creighton and Kolkhorst will be shown as Co-authors of **SB 462**.

CO-AUTHOR OF SENATE BILL 499

On motion of Senator Seliger, Senator West will be shown as Co-author of **SB 499**.

CO-AUTHOR OF SENATE BILL 502

On motion of Senator Seliger, Senator Schwertner will be shown as Co-author of **SB 502**.

CO-AUTHORS OF SENATE BILL 572

On motion of Senator Kolkhorst, Senators Hall and Seliger will be shown as Co-authors of **SB 572**.

CO-AUTHOR OF SENATE BILL 585

On motion of Senator Watson, Senator West will be shown as Co-author of **SB 585**.

CO-AUTHOR OF SENATE BILL 616

On motion of Senator Birdwell, Senator Hinojosa will be shown as Co-author of **SB 616**.

CO-AUTHOR OF SENATE BILL 657

On motion of Senator Creighton, Senator Paxton will be shown as Co-author of **SB 657**.

CO-AUTHOR OF SENATE BILL 661

On motion of Senator Nichols, Senator Schwertner will be shown as Co-author of **SB 661**.

CO-AUTHOR OF SENATE BILL 676

On motion of Senator Buckingham, Senator Creighton will be shown as Co-author of **SB 676**.

CO-AUTHOR OF SENATE BILL 719

On motion of Senator Fallon, Senator Nelson will be shown as Co-author of **SB 719**.

CO-AUTHOR OF SENATE BILL 746

On motion of Senator Campbell, Senator Hall will be shown as Co-author of **SB 746**.

CO-AUTHOR OF SENATE BILL 750

On motion of Senator Kolkhorst, Senator Lucio will be shown as Co-author of **SB 750**.

CO-AUTHOR OF SENATE BILL 811

On motion of Senator Hughes, Senator Creighton will be shown as Co-author of **SB 811**.

CO-AUTHOR OF SENATE BILL 820

On motion of Senator Nelson, Senator West will be shown as Co-author of **SB 820**.

CO-AUTHOR OF SENATE BILL 851

On motion of Senator Perry, Senator Creighton will be shown as Co-author of **SB 851**.

CO-AUTHOR OF SENATE BILL 855

On motion of Senator Fallon, Senator Creighton will be shown as Co-author of **SB 855**.

CO-AUTHORS OF SENATE BILL 891

On motion of Senator Huffman, Senators Campbell, Flores, and Zaffirini will be shown as Co-authors of **SB 891**.

CO-AUTHORS OF SENATE BILL 901

On motion of Senator Hughes, Senators Creighton and Hall will be shown as Co-authors of **SB 901**.

CO-AUTHOR OF SENATE BILL 966

On motion of Senator Bettencourt, Senator Creighton will be shown as Co-author of **SB 966**.

CO-AUTHOR OF SENATE BILL 1190

On motion of Senator Bettencourt, Senator Creighton will be shown as Co-author of **SB 1190**.

CO-AUTHOR OF SENATE BILL 1255

On motion of Senator Bettencourt, Senator Creighton will be shown as Co-author of **SB 1255**.

CO-AUTHORS OF SENATE BILL 1264

On motion of Senator Hancock, Senators Bettencourt and Lucio will be shown as Co-authors of **SB 1264**.

CO-AUTHOR OF SENATE BILL 1283

On motion of Senator Miles, Senator Johnson will be shown as Co-author of **SB 1283**.

CO-AUTHOR OF SENATE BILL 1323

On motion of Senator Taylor, Senator West will be shown as Co-author of **SB 1323**.

CO-AUTHOR OF SENATE BILL 1445

On motion of Senator Perry, Senator Miles will be shown as Co-author of **SB 1445**.

CO-AUTHOR OF SENATE BILL 1455

On motion of Senator Taylor, Senator Campbell will be shown as Co-author of **SB 1455**.

CO-AUTHOR OF SENATE BILL 1474

On motion of Senator Lucio, Senator Menéndez will be shown as Co-author of **SB 1474**.

CO-AUTHOR OF SENATE BILL 1568

On motion of Senator Fallon, Senator Creighton will be shown as Co-author of **SB 1568**.

CO-AUTHOR OF SENATE BILL 1575

On motion of Senator Alvarado, Senator Taylor will be shown as Co-author of **SB 1575**.

CO-AUTHORS OF SENATE BILL 1772

On motion of Senator Bettencourt, Senators Hinojosa, Hughes, Kolkhorst, and Lucio will be shown as Co-authors of **SB 1772**.

CO-AUTHOR OF SENATE BILL 2180

On motion of Senator Nelson, Senator West will be shown as Co-author of **SB 2180**.

CO-AUTHORS OF SENATE BILL 2486

On motion of Senator Creighton, Senators Campbell and Fallon will be shown as Co-authors of **SB 2486**.

CO-AUTHOR OF SENATE BILL 2488

On motion of Senator Creighton, Senator Fallon will be shown as Co-author of **SB 2488**.

CO-AUTHOR OF SENATE JOINT RESOLUTION 32

On motion of Senator Birdwell, Senator Taylor will be shown as Co-author of **SJR 32**.

CO-AUTHOR OF SENATE JOINT RESOLUTION 38

On motion of Senator Creighton, Senator Paxton will be shown as Co-author of **SJR 38**.

CO-AUTHORS OF SENATE JOINT RESOLUTION 47

On motion of Senator Campbell, Senators Hinojosa, Lucio, Menéndez, Powell, and Taylor will be shown as Co-authors of **SJR 47**.

CO-AUTHORS OF SENATE JOINT RESOLUTION 57

On motion of Senator Bettencourt, Senators Hinojosa, Hughes, Kolkhorst, and Lucio will be shown as Co-authors of **SJR 57**.

RESOLUTIONS OF RECOGNITION

The following resolutions were adopted by the Senate:

Congratulatory Resolutions

SR 590 by Taylor, Recognizing North Shore Senior High School for its performance in parliamentary procedure competitions.

SR 592 by Nichols, Recognizing the Texas Basket Company on the occasion of its 100th anniversary.

SR 593 by Birdwell, Recognizing Tim Brown on the occasion of his retirement.

HCR 141 (Fallon), Commending artist George Skypeck for donating his painting The Spirit of the Alamo Lives On to the State of Texas.

ADJOURNMENT

Pursuant to a previously adopted motion, the Senate at 5:19 p.m. adjourned, in memory of Martin Cuellar Sr., until 11:00 a.m. tomorrow.

APPENDIX

COMMITTEE REPORTS

The following committee reports were received by the Secretary of the Senate in the order listed:

April 16, 2019

HIGHER EDUCATION — **HB 826, SB 1755, CSSB 585**

HEALTH AND HUMAN SERVICES — **SB 2040, SB 1565, SB 1312, SB 1124**

EDUCATION — **CSSB 2431, CSSB 1323, CSSB 608, CSSB 2042, CSSB 1453, CSSB 1256**

STATE AFFAIRS — **CSSCR 1**

FINANCE — **CSSB 1138**

HIGHER EDUCATION — **CSSB 1504**

WATER AND RURAL AFFAIRS — **SB 948, CSSCR 2**

HIGHER EDUCATION — **CSSB 25**

WATER AND RURAL AFFAIRS — **CSSB 2334**

HIGHER EDUCATION — **CSHB 2867**

BUSINESS AND COMMERCE — **CSSB 2195, CSSB 1584, CSSB 1958, CSSB 1742**

BILLS ENGROSSED

April 15, 2019

SB 2, SB 9, SB 606, SB 1287

BILL AND RESOLUTIONS ENROLLED

April 15, 2019

SB 306, SR 576, SR 577, SR 578, SR 579, SR 580, SR 581, SR 582, SR 583, SR 584, SR 585, SR 586, SR 587, SR 588, SR 589

SENT TO GOVERNOR

April 16, 2019

SB 306, SB 450, SB 726, SB 999