

# SENATE AMENDMENTS

2<sup>nd</sup> Printing

By: Smithee

H.B. No. 1624

A BILL TO BE ENTITLED

AN ACT

relating to transparency of certain information related to certain health benefit plan coverage.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Subchapter B, Chapter 1369, Insurance Code, is amended by adding Sections 1369.0542, 1369.0543, and 1369.0544 to read as follows:

Sec. 1369.0542. FORMULARY INFORMATION ON INTERNET WEBSITE.

(a) A health benefit plan issuer shall display on a public Internet website maintained by the issuer formulary information as required by the commissioner by rule.

(b) A direct electronic link to the formulary information must be displayed in a conspicuous manner in the electronic summary of benefits and coverage of each health benefit plan issued by the health benefit plan issuer on the health benefit plan issuer's Internet website. The information must be publicly accessible to enrollees, prospective enrollees, and others without necessity of providing a password, a user name, or personally identifiable information.

Sec. 1369.0543. FORMULARY DISCLOSURE REQUIREMENTS. (a) The commissioner shall develop and adopt by rule requirements to promote consistency and clarity in the disclosure of formularies to facilitate comparison shopping among health benefit plans.

(b) The requirements adopted under Subsection (a) must

apply to each prescription drug:

(1) included in a formulary and dispensed in a network pharmacy; or

(2) covered under a health benefit plan and typically administered by a physician or health care provider.

(c) The formulary disclosures must:

(1) be electronically searchable by drug name;

(2) include for each drug the information required by Subsection (d) in the order listed in that subsection; and

(3) indicate each formulary that applies to each health benefit plan issued by the issuer.

(d) The formulary disclosures must include for each drug:

(1) the cost-sharing amount for each drug, including as applicable:

(A) the dollar amount of a copayment; or

(B) for a drug subject to coinsurance:

(i) an enrollee's cost-sharing amount stated in dollars; or

(ii) a cost-sharing range, denoted as follows:

(a) under \$100 - \$;

(b) \$100-\$250 - \$\$;

(c) \$251-\$500 - \$\$\$;

(d) \$501-\$1,000 - \$\$\$\$; or

(e) over \$1,000 - \$\$\$\$\$;

(2) a disclosure of prior authorization, step therapy, or other protocol requirements for each drug;

1           (3) if the health benefit plan uses a tier-based  
2 formulary, the specific tier for each drug listed in the formulary  
3 and the specific copayments for each tier as set out in the coverage  
4 document;

5           (4) a description of how prescription drugs will  
6 specifically be included in or excluded from the deductible,  
7 including a description of out-of-pocket costs for a prescription  
8 drug that may not apply to the deductible;

9           (5) identification of preferred formulary drugs; and

10          (6) an explanation of coverage of each formulary drug.

11          (e) The commissioner by rule may allow disclosures other  
12 than the disclosures required under Subsection (d)(1) relating to  
13 cost-sharing through a web-based tool that must:

14           (1) be publicly accessible to enrollees, prospective  
15 enrollees, and others without necessity of providing a password, a  
16 user name, or personally identifiable information;

17           (2) allow consumers to electronically search  
18 formulary information by the name under which the health benefit  
19 plan is marketed; and

20           (3) be accessible through a direct link that is  
21 displayed on each page of the formulary disclosure that lists each  
22 drug as required under Subsection (c).

23          Sec. 1369.0544. FORMULARY INFORMATION PROVIDED BY TOLL-FREE  
24 TELEPHONE NUMBER. In addition to providing the information  
25 described by Section 1369.0543(d)(1), a health benefit plan issuer  
26 may make the information available to enrollees, prospective  
27 enrollees, and others through a toll-free telephone number that

operates at least during normal business hours.

SECTION 2. Chapter 1451, Insurance Code, is amended by adding Subchapter K to read as follows:

SUBCHAPTER K. HEALTH CARE PROVIDER DIRECTORIES

Sec. 1451.501. DEFINITIONS. In this subchapter:

(1) "Health care provider" means a practitioner, institutional provider, or other person or organization that furnishes health care services and that is licensed or otherwise authorized to practice in this state. The term includes a pharmacist, pharmacy, hospital, nursing home, or other medical or health-related service facility that provides care for the sick or injured or other care. The term does not include a physician.

(2) "Physician" means an individual licensed to practice medicine in this state.

Sec. 1451.502. APPLICABILITY OF SUBCHAPTER. This subchapter applies only to a health benefit plan that 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 a small or large employer group contract or similar coverage document that is offered by:

(1) an insurance company;

(2) a group hospital service corporation operating under Chapter 842;

(3) a fraternal benefit society operating under Chapter 885;

- 1           (4) a stipulated premium company operating under  
2 Chapter 884;  
3           (5) a reciprocal exchange operating under Chapter 942;  
4           (6) a health maintenance organization operating under  
5 Chapter 843;  
6           (7) a multiple employer welfare arrangement that holds  
7 a certificate of authority under Chapter 846; or  
8           (8) an approved nonprofit health corporation that  
9 holds a certificate of authority under Chapter 844.

10       Sec. 1451.503. EXCEPTION. This subchapter does not apply  
11 to:

- 12           (1) a health benefit plan that provides coverage:  
13               (A) only for a specified disease or for another  
14 single benefit;  
15               (B) only for accidental death or dismemberment;  
16               (C) for wages or payments in lieu of wages for a  
17 period during which an employee is absent from work because of  
18 sickness or injury;  
19               (D) as a supplement to a liability insurance  
20 policy;  
21               (E) for credit insurance;  
22               (F) only for dental or vision care;  
23               (G) only for hospital expenses; or  
24               (H) only for indemnity for hospital confinement;  
25           (2) a Medicare supplemental policy as defined by  
26 Section 1882(g)(1), Social Security Act (42 U.S.C. Section 1395ss),  
27 as amended;

1           (3) a workers' compensation insurance policy;

2           (4) medical payment insurance coverage provided under  
3 a motor vehicle insurance policy;

4           (5) a long-term care insurance policy, including a  
5 nursing home fixed indemnity policy, unless the commissioner  
6 determines that the policy provides benefit coverage so  
7 comprehensive that the policy is a health benefit plan as described  
8 by Section 1451.502;

9           (6) the child health plan program under Chapter 62,  
10 Health and Safety Code, or the health benefits plan for children  
11 under Chapter 63, Health and Safety Code; or

12           (7) a Medicaid managed care program operated under  
13 Chapter 533, Government Code, or a Medicaid program operated under  
14 Chapter 32, Human Resources Code.

15       Sec. 1451.504. PHYSICIAN AND HEALTH CARE PROVIDER  
16 DIRECTORIES. (a) A health benefit plan issuer that offers coverage  
17 for health care services through preferred providers, exclusive  
18 providers, or a network of physicians or health care providers  
19 shall develop and maintain a physician and health care provider  
20 directory in accordance with this subchapter.

21       (b) The directory must include the name, street address, and  
22 telephone number of each physician and health care provider  
23 described by Subsection (a) and indicate whether the physician or  
24 provider is accepting new patients.

25       Sec. 1451.505. PHYSICIAN AND HEALTH CARE PROVIDER DIRECTORY  
26 ON INTERNET WEBSITE. (a) A health benefit plan issuer shall display  
27 on a public Internet website maintained by the issuer the directory

1 required by Section 1451.504. A direct electronic link to the  
2 directory must be displayed in a conspicuous manner in the  
3 electronic summary of benefits and coverage of each health benefit  
4 plan issued by the health benefit plan issuer on the Internet  
5 website.

6 (b) The health benefit plan issuer shall clearly indicate in  
7 the directory each health benefit plan issued by the issuer that may  
8 provide coverage for services provided by each physician or health  
9 care provider included in the directory.

10 (c) The directory must be:

11 (1) electronically searchable by physician or health  
12 care provider name and location; and

13 (2) publicly accessible without necessity of  
14 providing a password, a user name, or personally identifiable  
15 information.

16 (d) The health benefit plan issuer shall conduct an ongoing  
17 review of the directory and correct or update the information as  
18 necessary. Except as provided by Subsection (e), corrections and  
19 updates, if any, must be made not less than once each month.

20 (e) The health benefit plan issuer shall conspicuously  
21 display in the directory required by Section 1451.504 an e-mail  
22 address and a toll-free telephone number to which any individual  
23 may report any inaccuracy in the directory. If the issuer receives a  
24 report from any person that specifically identified directory  
25 information may be inaccurate, the issuer shall investigate the  
26 report and correct the information, as necessary, not later than  
27 the seventh day after the date the report is received.

1       SECTION 3. The commissioner of insurance shall adopt rules  
2 as required by Section 1369.0543, Insurance Code, as added by this  
3 Act, not later than January 1, 2016.

4       SECTION 4. This Act applies only to a health benefit plan  
5 that is delivered, issued for delivery, or renewed on or after  
6 January 1, 2016. A plan delivered, issued for delivery, or renewed  
7 before January 1, 2016, is governed by the law as it existed  
8 immediately before the effective date of this Act, and that law is  
9 continued in effect for that purpose.

10       SECTION 5. This Act takes effect September 1, 2015.



ADOPTED

MAY 27 2015

*Atty. Gen.*  
Secretary of the Senate

By: *Seligman*

H.B. No. 1624

Substitute the following for \_\_.B. No. \_\_\_\_:

By: *Seligman*

C.S. \_\_.B. No. \_\_\_\_

A BILL TO BE ENTITLED

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2 relating to transparency of certain information related to certain  
3 health benefit plan coverage.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

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6 amended by adding Sections 1369.0542, 1369.0543, and 1369.0544 to  
7 read as follows:

8 Sec. 1369.0542. FORMULARY INFORMATION ON INTERNET WEBSITE.

9 (a) A health benefit plan issuer shall display on a public Internet  
10 website maintained by the issuer formulary information as required  
11 by the commissioner by rule.

12 (b) A direct electronic link to the formulary information  
13 must be displayed in a conspicuous manner in the electronic summary  
14 of benefits and coverage of each health benefit plan issued by the  
15 health benefit plan issuer on the health benefit plan issuer's  
16 Internet website. The information must be publicly accessible to  
17 enrollees, prospective enrollees, and others without necessity of  
18 providing a password, a user name, or personally identifiable  
19 information.

20 Sec. 1369.0543. FORMULARY DISCLOSURE REQUIREMENTS. (a)  
21 The commissioner shall develop and adopt by rule requirements to  
22 promote consistency and clarity in the disclosure of formularies to  
23 facilitate comparison shopping among health benefit plans.

24 (b) The requirements adopted under Subsection (a) must

1 apply to each prescription drug:

2           (1) included in a formulary and dispensed in a network  
3 pharmacy; or

4           (2) covered under a health benefit plan and typically  
5 administered by a physician or health care provider.

6           (c) The formulary disclosures must:

7               (1) be electronically searchable by drug name;  
8               (2) include for each drug the information required by  
9 Subsection (d) in the order listed in that subsection; and

10           (3) indicate each formulary that applies to each  
11 health benefit plan issued by the issuer.

12           (d) The formulary disclosures must include for each drug:

13               (1) the cost-sharing amount for each drug, including  
14 as applicable:

15                   (A) the dollar amount of a copayment; or  
16                   (B) for a drug subject to coinsurance:

17                       (i) an enrollee's cost-sharing amount  
18 stated in dollars; or

19                       (ii) a cost-sharing range, denoted as  
20 follows:

21                           (a) under \$100 - \$;  
22                           (b) \$100-\$250 - \$\$;  
23                           (c) \$251-\$500 - \$\$\$;  
24                           (d) \$501-\$1,000 - \$\$\$\$; or  
25                           (e) over \$1,000 - \$\$\$\$\$;

26           (2) a disclosure of prior authorization, step therapy,  
27 or other protocol requirements for each drug;

1           (3) if the health benefit plan uses a tier-based  
2 formulary, the specific tier for each drug listed in the formulary;  
3           (4) a description of how prescription drugs will  
4 specifically be included in or excluded from the deductible,  
5 including a description of out-of-pocket costs for a prescription  
6 drug that may not apply to the deductible;  
7           (5) identification of preferred formulary drugs; and  
8           (6) an explanation of coverage of each formulary drug.

9           (e) The commissioner by rule may allow an alternative method  
10 of making disclosures required under Subsection (d)(1) relating to  
11 cost-sharing through a web-based tool that must:

12           (1) be publicly accessible to enrollees, prospective  
13 enrollees, and others without necessity of providing a password, a  
14 user name, or personally identifiable information;

15           (2) allow consumers to electronically search  
16 formulary information by the name under which the health benefit  
17 plan is marketed; and

18           (3) be accessible through a direct link that is  
19 displayed on each page of the formulary disclosure that lists each  
20 drug as required under Subsection (c).

21           Sec. 1369.0544. FORMULARY INFORMATION PROVIDED BY TOLL-FREE  
22 TELEPHONE NUMBER. In addition to providing the information  
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24 may make the information available to enrollees, prospective  
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2 SUBCHAPTER K. HEALTH CARE PROVIDER DIRECTORIES

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4 (1) "Health care provider" means a practitioner,  
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7 authorized to practice in this state. The term includes a  
8 pharmacist, pharmacy, hospital, nursing home, or other medical or  
9 health-related service facility that provides care for the sick or  
10 injured or other care. The term does not include a physician.

11 (2) "Physician" means an individual licensed to  
12 practice medicine in this state.

13 Sec. 1451.502. APPLICABILITY OF SUBCHAPTER. This  
14 subchapter applies only to a health benefit plan that provides  
15 benefits for medical or surgical expenses incurred as a result of a  
16 health condition, accident, or sickness, including an individual,  
17 group, blanket, or franchise insurance policy or insurance  
18 agreement, a group hospital service contract, or a small or large  
19 employer group contract or similar coverage document that is  
20 offered by:

21 (1) an insurance company;

22 (2) a group hospital service corporation operating  
23 under Chapter 842;

24 (3) a fraternal benefit society operating under  
25 Chapter 885;

26 (4) a stipulated premium company operating under  
27 Chapter 884;

1           (5) a reciprocal exchange operating under Chapter 942;  
2           (6) a health maintenance organization operating under  
3 Chapter 843;  
4           (7) a multiple employer welfare arrangement that holds  
5 a certificate of authority under Chapter 846; or  
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7 holds a certificate of authority under Chapter 844.

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10           (1) a health benefit plan that provides coverage:  
11                   (A) only for a specified disease or for another  
12 single benefit;  
13                   (B) only for accidental death or dismemberment;  
14                   (C) for wages or payments in lieu of wages for a  
15 period during which an employee is absent from work because of  
16 sickness or injury;  
17                   (D) as a supplement to a liability insurance  
18 policy;  
19                   (E) for credit insurance;  
20                   (F) only for dental or vision care;  
21                   (G) only for hospital expenses; or  
22                   (H) only for indemnity for hospital confinement;  
23           (2) a Medicare supplemental policy as defined by  
24 Section 1882(g)(1), Social Security Act (42 U.S.C. Section 1395ss),  
25 as amended;  
26           (3) a workers' compensation insurance policy;  
27           (4) medical payment insurance coverage provided under

1 a motor vehicle insurance policy;

2 (5) a long-term care insurance policy, including a  
3 nursing home fixed indemnity policy, unless the commissioner  
4 determines that the policy provides benefit coverage so  
5 comprehensive that the policy is a health benefit plan as described  
6 by Section 1451.502;

7 (6) the child health plan program under Chapter 62,  
8 Health and Safety Code, or the health benefits plan for children  
9 under Chapter 63, Health and Safety Code; or

10 (7) a Medicaid managed care program operated under  
11 Chapter 533, Government Code, or a Medicaid program operated under  
12 Chapter 32, Human Resources Code.

13 Sec. 1451.504. PHYSICIAN AND HEALTH CARE PROVIDER  
14 DIRECTORIES. (a) A health benefit plan issuer that offers coverage  
15 for health care services through preferred providers, exclusive  
16 providers, or a network of physicians or health care providers  
17 shall develop and maintain a physician and health care provider  
18 directory in accordance with this subchapter.

19 (b) The directory must include the name, street address, and  
20 telephone number of each physician and health care provider  
21 described by Subsection (a) and indicate whether the physician or  
22 provider is accepting new patients.

23 Sec. 1451.505. PHYSICIAN AND HEALTH CARE PROVIDER DIRECTORY  
24 ON INTERNET WEBSITE. (a) A health benefit plan issuer shall display  
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27 directory must be displayed in a conspicuous manner in the

1 electronic summary of benefits and coverage of each health benefit  
2 plan issued by the health benefit plan issuer on the Internet  
3 website.

4 (b) The health benefit plan issuer shall clearly indicate in  
5 the directory each health benefit plan issued by the issuer that may  
6 provide coverage for services provided by each physician or health  
7 care provider included in the directory.

8 (c) The directory must be:

9 (1) electronically searchable by physician or health  
10 care provider name and location; and

11 (2) publicly accessible without necessity of  
12 providing a password, a user name, or personally identifiable  
13 information.

14 (d) The health benefit plan issuer shall conduct an ongoing  
15 review of the directory and correct or update the information as  
16 necessary. Except as provided by Subsection (e), corrections and  
17 updates, if any, must be made not less than once each month.

18 (e) The health benefit plan issuer shall conspicuously  
19 display in the directory required by Section 1451.504 an e-mail  
20 address and a toll-free telephone number to which any individual  
21 may report any inaccuracy in the directory. If the issuer receives a  
22 report from any person that specifically identified directory  
23 information may be inaccurate, the issuer shall investigate the  
24 report and correct the information, as necessary, not later than  
25 the seventh day after the date the report is received.

26 SECTION 3. The commissioner of insurance shall adopt rules  
27 as required by Section 1369.0543, Insurance Code, as added by this

1 Act, not later than January 1, 2016.

2       SECTION 4. This Act applies only to a health benefit plan  
3 that is delivered, issued for delivery, or renewed on or after  
4 January 1, 2016. A plan delivered, issued for delivery, or renewed  
5 before January 1, 2016, is governed by the law as it existed  
6 immediately before the effective date of this Act, and that law is  
7 continued in effect for that purpose.

8       SECTION 5. This Act takes effect September 1, 2015.



**LEGISLATIVE BUDGET BOARD**  
**Austin, Texas**

**FISCAL NOTE, 84TH LEGISLATIVE REGULAR SESSION**

**May 28, 2015**

**TO:** Honorable Joe Straus, Speaker of the House, House of Representatives

**FROM:** Ursula Parks, Director, Legislative Budget Board

**IN RE:** **HB1624** by Smithee (Relating to transparency of certain information related to certain health benefit plan coverage.), **As Passed 2nd House**

<b>No significant fiscal implication to the State is anticipated.</b>
---

The bill would amend the Insurance Code relating to transparency of certain information related to certain health benefit plan coverage.

Based on information provided by the Texas Department of Insurance, Employees Retirement System, Teacher Retirement System, Texas A&M University System Administration, and University of Texas System Administration, it is assumed that all duties and responsibilities necessary to implement the provisions of the bill could be accomplished within existing staff and resources.

**Local Government Impact**

No fiscal implication to units of local government is anticipated.

**Source Agencies:** 327 Employees Retirement System, 454 Department of Insurance, 710 Texas A&M University System Administrative and General Offices, 720 The University of Texas System Administration

**LBB Staff:** UP, SD, ER, CL, AG, ED

**LEGISLATIVE BUDGET BOARD**  
**Austin, Texas**

**FISCAL NOTE, 84TH LEGISLATIVE REGULAR SESSION**

**May 22, 2015**

**TO:** Honorable Kevin Eltife, Chair, Senate Committee on Business & Commerce

**FROM:** Ursula Parks, Director, Legislative Budget Board

**IN RE:** **HB1624** by Smithee (Relating to transparency of certain information related to certain health benefit plan coverage.), **Committee Report 2nd House, Substituted**

<b>No significant fiscal implication to the State is anticipated.</b>
---

The bill would amend the Insurance Code relating to transparency of certain information related to certain health benefit plan coverage.

Based on information provided by the Texas Department of Insurance, Employees Retirement System, Teacher Retirement System, Texas A&M University System Administration, and University of Texas System Administration, it is assumed that all duties and responsibilities necessary to implement the provisions of the bill could be accomplished within existing staff and resources.

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No fiscal implication to units of local government is anticipated.

**Source Agencies:** 327 Employees Retirement System, 454 Department of Insurance, 710 Texas A&M University System Administrative and General Offices, 720 The University of Texas System Administration

**LBB Staff:** UP, ER, CL, AG, ED

**LEGISLATIVE BUDGET BOARD**  
**Austin, Texas**

**FISCAL NOTE, 84TH LEGISLATIVE REGULAR SESSION**

**May 19, 2015**

**TO:** Honorable Kevin Eltife, Chair, Senate Committee on Business & Commerce

**FROM:** Ursula Parks, Director, Legislative Budget Board

**IN RE: HB1624** by Smithee (Relating to transparency of certain information related to certain health benefit plan coverage.), **As Engrossed**

<b>No significant fiscal implication to the State is anticipated.</b>
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The bill would amend the Insurance Code relating to transparency of certain information related to certain health benefit plan coverage.

Based on information provided by the Texas Department of Insurance, Employees Retirement System, Teacher Retirement System, Texas A&M University System Administration, and University of Texas System Administration, it is assumed that all duties and responsibilities necessary to implement the provisions of the bill could be accomplished within existing staff and resources.

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No fiscal implication to units of local government is anticipated.

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**LBB Staff:** UP, CL, ER, AG, ED

**LEGISLATIVE BUDGET BOARD**  
**Austin, Texas**

**FISCAL NOTE, 84TH LEGISLATIVE REGULAR SESSION**

**April 24, 2015**

**TO:** Honorable John Frullo, Chair, House Committee on Insurance

**FROM:** Ursula Parks, Director, Legislative Budget Board

**IN RE: HB1624** by Smithee (Relating to transparency of certain information related to certain health benefit plan coverage.), **Committee Report 1st House, Substituted**

<b>No significant fiscal implication to the State is anticipated.</b>
---

The bill would amend the Insurance Code relating to transparency of certain information related to certain health benefit plan coverage.

Based on information provided by the Texas Department of Insurance, Employees Retirement System, Teacher Retirement System, Texas A&M University System Administration, and University of Texas System Administration, it is assumed that all duties and responsibilities necessary to implement the provisions of the bill could be accomplished within existing staff and resources.

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No fiscal implication to units of local government is anticipated.

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**LBB Staff:** UP, AG, ER, ED

**LEGISLATIVE BUDGET BOARD**  
**Austin, Texas**

**FISCAL NOTE, 84TH LEGISLATIVE REGULAR SESSION**

**April 7, 2015**

**TO:** Honorable John Frullo, Chair, House Committee on Insurance

**FROM:** Ursula Parks, Director, Legislative Budget Board

**IN RE: HB1624** by Smithee (Relating to transparency of certain information related to certain health benefit plan coverage.), **As Introduced**

<b>No significant fiscal implication to the State is anticipated.</b>
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The bill would amend the Insurance Code relating to transparency of certain information related to certain health benefit plan coverage.

Based on information provided by the Texas Department of Insurance, Employees Retirement System, Teacher Retirement System, Texas A&M University System Administration, and University of Texas System Administration, it is assumed that all duties and responsibilities necessary to implement the provisions of the bill could be accomplished within existing staff and resources.

**Local Government Impact**

No fiscal implication to units of local government is anticipated.

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**LBB Staff:** UP, AG, ER, ED