

# SENATE AMENDMENTS

2<sup>nd</sup> Printing

By: Brown of Brazos

H.B. No. 103

A BILL TO BE ENTITLED

AN ACT

relating to the operation of certain health benefit plans through student health centers of certain institutions of higher education.

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

SECTION 1. The heading to Section 51.953, Education Code, is amended to read as follows:

Sec. 51.953. [~~CERTAIN REVENUE RECEIVED FROM~~] STUDENT HEALTH CENTER [~~SERVICES~~].

SECTION 2. Section 51.953, Education Code, is amended by adding Subsections (c), (d), (e), (f), (g), and (h) to read as follows:

(c) A student health center of an institution of higher education with a total student enrollment of more than 8,000 students in one or more semesters of the preceding academic year shall assist a student or other person entitled to obtain health care services through the health center in receiving benefits under a health benefit plan in which the student or other person is an enrollee by filing or having a claim filed with the issuer of the health benefit plan on behalf of the student or other person. The institution may contract with a third-party billing service to provide the assistance required by this subsection.

(d) An institution of higher education, on behalf of the institution's student health center, may contract with a health benefit plan issuer that engages in the business of insurance in the

1 health service region established by the Department of State Health  
2 Services in which the institution is located to provide a health  
3 benefit plan under which health care services are provided to  
4 students or other persons entitled to obtain health care services  
5 through the student health center who are covered by the plan.

6 (e) An institution of higher education must enter into  
7 contracts with at least three of the largest health benefit plan  
8 issuers that engage in the business of insurance in the health  
9 service region established by the Department of State Health  
10 Services in which the institution is located under which the  
11 institution's student health center:

12 (1) serves as a preferred provider under the preferred  
13 provider benefit plans operated by the issuers; or

14 (2) operates as a provider of in-network coverage  
15 under the health maintenance organizations operated by the issuers.

16 (f) An institution of higher education may authorize the  
17 institution's student health center to accept a student's medical  
18 services fee, as charged by the institution under Chapter 54, as  
19 payment toward:

20 (1) a copayment;

21 (2) a deductible; or

22 (3) a charge for a service not covered by the student's  
23 health benefit plan.

24 (g) Money received by the student health center as a result  
25 of a claim filed by or on behalf of a student through a health  
26 benefit plan shall be retained for use by the student health center.

27 (h) Not later than January 15 of each year, the governing

1 board of an institution of higher education shall report to the  
2 legislature the amount of the following sources of income for  
3 funding the institution's student health center:

4 (1) money received from student fees and charges;

5 (2) money received from the operation of the student  
6 health center's pharmacy;

7 (3) money received as a result of a claim filed by or  
8 on behalf of the institution's student health center under a health  
9 benefit plan sponsored by or administered on behalf of the  
10 institution; and

11 (4) money received as a result of a claim filed by or  
12 on behalf of the institution's student health center under a health  
13 benefit plan other than a plan sponsored by or administered on  
14 behalf of the institution.

15 SECTION 3. This Act takes effect September 1, 2009.

# ADOPTED

MAY 27 2009

*Atty Gen*  
Secretary of the Senate

By: Brown, Fred/ Patrick

H.B. No. 103

Substitute the following for H.B. No. 103 :

By: Nelson

C.S. H.B. No. 103

## A BILL TO BE ENTITLED

1 AN ACT

2 relating to the operation of certain health benefit plans through  
3 student health centers of certain institutions of higher education.

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

5 SECTION 1. The heading to Section 51.953, Education Code,  
6 is amended to read as follows:

7 Sec. 51.953. [~~CERTAIN REVENUE RECEIVED FROM~~] STUDENT HEALTH  
8 CENTER [~~SERVICES~~].

9 SECTION 2. Section 51.953, Education Code, is amended by  
10 adding Subsections (c), (d), (e), (f), (g), and (h) to read as  
11 follows:

12 (c) A student health center of an institution of higher  
13 education with a total student enrollment of more than 20,000  
14 students in one or more semesters of the preceding academic year  
15 shall assist a student or other person entitled to obtain health  
16 care services through the health center in receiving benefits under  
17 a health benefit plan in which the student or other person is an  
18 enrollee by filing or having a claim filed with the issuer of the  
19 health benefit plan on behalf of the student or other person. The  
20 institution may contract with a third-party billing service to  
21 provide the assistance required by this subsection.

22 (d) An institution of higher education, on behalf of the  
23 institution's student health center, may contract with a health  
24 benefit plan issuer that engages in the business of insurance in the

1 health service region established by the Department of State Health  
2 Services in which the institution is located to provide a health  
3 benefit plan under which health care services are provided to  
4 students or other persons entitled to obtain health care services  
5 through the student health center who are covered by the plan.

6 (e) An institution of higher education must enter into  
7 contracts with at least three of the largest health benefit plan  
8 issuers that engage in the business of insurance in the health  
9 service region established by the Department of State Health  
10 Services in which the institution is located under which the  
11 institution's student health center:

12 (1) serves as a preferred provider under the preferred  
13 provider benefit plans operated by the issuers; or

14 (2) operates as a provider of in-network coverage  
15 under the health maintenance organizations operated by the issuers.

16 (f) An institution of higher education may authorize the  
17 institution's student health center to accept a student's medical  
18 services fee, as charged by the institution under Chapter 54, as  
19 payment toward:

20 (1) a copayment;

21 (2) a deductible; or

22 (3) a charge for a service not covered by the student's  
23 health benefit plan.

24 (g) Money received by the student health center as a result  
25 of a claim filed by or on behalf of a student through a health  
26 benefit plan shall be retained for use by the student health center.

27 (h) Not later than January 15 of each year, the governing

1 board of an institution of higher education shall report to the  
2 legislature the amount of the following sources of income for  
3 funding the institution's student health center:

4 (1) money received from student fees and charges;

5 (2) money received from the operation of the student  
6 health center's pharmacy;

7 (3) money received as a result of a claim filed by or  
8 on behalf of the institution's student health center under a health  
9 benefit plan sponsored by or administered on behalf of the  
10 institution; and

11 (4) money received as a result of a claim filed by or  
12 on behalf of the institution's student health center under a health  
13 benefit plan other than a plan sponsored by or administered on  
14 behalf of the institution.

15 SECTION 3. This Act takes effect September 1, 2009.

# ADOPTED

MAY 27 2009

FLOOR AMENDMENT NO. 1

*Atay Spaw*  
Secretary of the Senate

BY:

*J. F. Smith*

1 Amend C.S.H.B. No. 103 (Senate committee report) as  
2 follows:

3 (1) In SECTION 2 of the bill, in added Section 51.953(e)  
4 (page 1, line 38), between "education" and "must", insert  
5 "described by Subsection (c)".

6 (2) In SECTION 2 of the bill, in added Section 51.953(h)  
7 (page 1, line 60), between "education" and "shall", insert  
8 "described by Subsection (c)".

7  
1

9.142.561 KJM

# ADOPTED

MAY 27 2009

FLOOR AMENDMENT NO. 2

*Atty Gen*  
Secretary of the Senate

BY: *[Signature]*

1 Amend H.B. 103 (Senate committee report) by adding the  
2 following appropriately numbered SECTIONS to the bill and  
3 renumbering subsequent SECTIONS of the bill accordingly:

4 SECTION \_\_\_\_\_. The heading to Section 51.952, Education  
5 Code, is amended to read as follows:

6 Sec. 51.952. STUDENT HEALTH INSURANCE AT MEDICAL AND DENTAL  
7 UNITS.

8 SECTION \_\_\_\_\_. Subchapter Z, Chapter 51, Education Code, is  
9 amended by adding Section 51.9521 to read as follows:

10 Sec. 51.9521. STUDENT HEALTH INSURANCE AT GENERAL ACADEMIC  
11 TEACHING INSTITUTIONS. (a) In this section:

12 (1) "Health benefit plan" means any health benefit  
13 plan regulated under the Insurance Code, including:

14 (A) an individual, group, or blanket health  
15 insurance policy; or

16 (B) an evidence of coverage issued by a health  
17 maintenance organization.

18 (2) "High deductible health plan" has the meaning  
19 assigned by Section 223, Internal Revenue Code of 1986.

20 (3) "General academic teaching institution" and  
21 "university system" have the meanings assigned by Section 61.003.

22 (b) A general academic teaching institution shall offer or  
23 sponsor, directly or through the university system, if any, of  
24 which the institution is a component, one or more health benefit  
25 plans for the students of the institution. At least one health  
26 benefit plan offered under this section must be a high deductible  
27 health plan.

28 (c) The institution shall provide each student the option  
29 to:



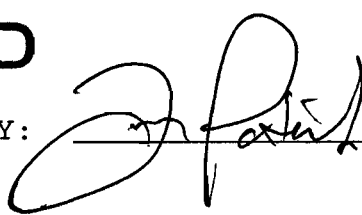
1                   (1) enroll in a health benefit plan offered under this  
2 section at the time of the student's registration; and


3                   (2) pay the premium or other charges for coverage  
4 under the plan in the same payment that includes the student's  
5 tuition and fees.

6           SECTION \_\_\_\_\_. Section 51.9521, Education Code, as added by  
7 this Act, applies beginning with the 2010 fall semester.

# ADOPTED

FLOOR AMENDMENT NO. 3

MAY 27 2009 BY: 

  
Secretary of the Senate

1 Amend Amendment No. 2 to C.S.H.B. 103 (senate committee  
2 report), on page 2, line 6, by inserting the following:

3 (d) When offering the health benefit plan to students, the  
4 institution shall collect information from each student that  
5 declines to accept the coverage offered through the institution,  
6 including whether the decision to decline coverage was as a  
7 result of:

8 (1) the student' existing health benefit plan coverage  
9 from another source;

10 (2) the cost of the health benefit plan;

11 (3) the type of health benefit plan offered by the  
12 institution; or

13 (4) the student does not desire a health benefit plan  
14 at this time.

15 (e) Data collected by the institution may be provided to  
16 the public in the aggregate.

ADOPTED *Wendy K Davis*

FLOOR AMENDMENT NO. 4

MAY 27 2009

BY: \_\_\_\_\_

*Atty Gen*

1 Amend HB 103 (senate ~~committee~~ printing) by adding the  
2 appropriately numbered SECTIONS to the bill and renumbering  
3 subsequent SECTIONS of the bill accordingly:

4  
5 SECTION \_\_\_\_\_. This Act shall be known as the Jamie  
6 Schanbaum Act.

7 SECTION \_\_\_\_\_. Subchapter Z, Chapter 51, Education Code,  
8 is amended by adding Section 51.9192 to read as follows:

9 Sec. 51.9192. BACTERIAL MENINGITIS VACCINATION REQUIRED  
10 FOR CERTAIN STUDENTS; EXCEPTIONS. (a) In this section:

11 (1) "Health practitioner" means any person authorized  
12 by law to administer an immunization.

13 (2) "Institution of higher education" and "private or  
14 independent institution of higher education" have the meanings  
15 assigned by Section 61.003.

16 (b) This section applies only to a first-time student of  
17 an institution of higher education or private or independent  
18 institution of higher education, including a transfer student,  
19 who resides in, or has applied for on-campus housing and been  
20 approved to reside in, an on-campus dormitory or other on-campus  
21 student housing facility at the institution.

22 (c) Except as provided by Subsection (d), a student to  
23 whom this section applies or a parent or guardian of the student  
24 must provide to the institution, at the time and in the manner  
25 prescribed by rules adopted by the Texas Higher Education  
26 Coordinating Board, a certificate signed by a health  
27 practitioner evidencing that the student has been vaccinated  
28 against bacterial meningitis.

29 (d) A student to whom this section applies or a parent or

1 guardian of the student is not required to comply with  
2 Subsection (c) if the student or a parent or guardian of the  
3 student submits to the institution:

4 (1) an affidavit or a certificate signed by a  
5 physician who is duly registered and licensed to practice  
6 medicine in the United States in which it is stated that, in the  
7 physician's opinion, the vaccination required would be injurious  
8 to the health and well-being of the student; or

9 (2) an affidavit signed by the student stating that  
10 the student declines the vaccination for bacterial meningitis  
11 for reasons of conscience, including a religious belief, except  
12 that the exemption provided by this subdivision does not apply  
13 during a disaster or public health emergency, terrorist attack,  
14 hostile military or paramilitary action, or extraordinary law  
15 enforcement emergency declared by an appropriate official or  
16 other authority and in effect for the location of the  
17 institution the student attends.

18 (e) The Texas Higher Education Coordinating Board, in  
19 consultation with institutions of higher education and private  
20 or independent institutions of higher education, shall adopt  
21 rules for the administration of this section, including rules  
22 establishing the date by which a student who is required to  
23 comply with Subsection (c) must have received the vaccination  
24 required by that subsection, which may not be later than the  
25 date the student initially moves into an on-campus dormitory or  
26 other on-campus student housing facility at an institution.

27 SECTION \_\_\_\_\_. Section 51.9192, Education Code, as added  
28 by this Act, applies only to first-time students enrolling in  
29 public or private or independent institutions of higher  
30 education in this state on or after January 1, 2010.

31

FLOOR AMENDMENT NO. 5


BY: 

1 Amend CSHB103 by adding the following appropriately  
2 numbered SECTION to the bill and renumbering subsequent SECTIONS  
3 of the bill appropriately:

4 SECTION \_\_\_\_\_. This Act does not make an appropriation.  
5 A provision in this Act that creates a new governmental program,  
6 creates a new entitlement, or imposes a new duty on a  
7 governmental entity is not mandatory during a fiscal period for  
8 which the legislature has not made a specific appropriation to  
9 implement the provision.

**ADOPTED**

MAY 27 2009

  
Secretary of the Senate



**LEGISLATIVE BUDGET BOARD**

**Austin, Texas**

**FISCAL NOTE, 81ST LEGISLATIVE REGULAR SESSION**

**May 28, 2009**

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

**FROM:** John S. O'Brien, Director, Legislative Budget Board

**IN RE: HB103** by Brown, Fred (Relating to the operation of certain health benefit plans through student health centers of certain institutions of higher education.), **As Passed 2nd House**

**No significant fiscal implication to the State is anticipated.**

Under provisions of the bill, the student health center of an institution of higher education with a total student enrollment of more than 20,000 students in one or more semesters of the preceding academic year would be required to assist students by filing or having a claim filed with the health benefit plan issuer on their behalf. An institution of higher education could contract with a health benefit plan issuer to provide health care services under the plan to students. The bill would also require general academic institutions (or system offices, if applicable) to offer at least one "high deductible" health benefit plan to students.

An institution of higher education, on behalf of the institution's student health center, may contract with a health benefit plan issuer that engages in the business of insurance in the health services region established by the Department of State Health Services in which the institution is located to provide a health benefit plan under which health care services are provided to students or other persons entitled to obtain health care services through the student health center who are covered by the plan. An institution would be required to enter into contracts with at least three of the largest health benefit plan issuers that engage in the business of insurance in the health service region established by the Department of State Health Services in which the institution is located under which the institution's student health center serves as a preferred provider under the preferred provider benefit plans operated by the issuers or operates as a provider of in-network coverage under the health maintenance organizations operated by the issuers.

Not later than January 15 of each year, the governing board of each institution of higher education would report to the Legislature the amount and sources of income for the funding the student health center including monies received from student fees and charges, health center pharmacy, claims filed under a health benefit plan sponsored by the institution, and claims filed under health benefit plans not sponsored by the institution. Several institutions indicated there could be additional administrative costs associated with implementing the legislation including filing claims and processing. The University of Texas System has indicated that these costs could be covered by increases in the student medical services fee.

The bill also provides that before registering a student must provide a certificate evidencing that the student has been vaccinated against bacterial meningitis. This section of the bill applies to first-time students, including transfer students, who reside in an on-campus dormitory or housing facility at the institution. A student is not required to comply if an affidavit or a certificate is presented stating that the vaccination would be injurious to the health and well-being of the student or stating that the vaccination has been declined for reasons of conscience. This section of the bill would be known as the Jamie Schanbaum Act. This section would be implemented within current resources.





## **Local Government Impact**

No fiscal implication to units of local government is anticipated.

**Source Agencies:** 323 Teacher Retirement System, 327 Employees Retirement System, 537 State Health Services, Department of, 710 Texas A&M University System Administrative and General Offices, 720 The University of Texas System Administration, 758 Texas State University System, 768 Texas Tech University System Administration, 769 University of North Texas System Administration, 781 Higher Education Coordinating Board, 783 University of Houston System Administration

**LBB Staff:** JOB, CL, KK, RT, GO



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

**FISCAL NOTE, 81ST LEGISLATIVE REGULAR SESSION**

**May 20, 2009**

**TO:** Honorable Jane Nelson, Chair, Senate Committee on Health & Human Services

**FROM:** John S. O'Brien, Director, Legislative Budget Board

**IN RE: HB103** by Brown, Fred (Relating to the operation of certain health benefit plans through student health centers of certain institutions of higher education.), **Committee Report 2nd House, Substituted**

<b>No significant fiscal implication to the State is anticipated.</b>
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Under provisions of the bill, the student health center of an institution of higher education with a total student enrollment of more than 20,000 students in one or more semesters of the preceding academic year would be required to assist students by filing or having a claim filed with the health benefit plan issuer on their behalf. An institution of higher education could contract with a health benefit plan issuer to provide health care services under the plan to students.

An institution of higher education, on behalf of the institution's student health center, may contract with a health benefit plan issuer that engages in the business of insurance in the health services region established by the Department of State Health Services in which the institution is located to provide a health benefit plan under which health care services are provided to students or other persons entitled to obtain health care services through the student health center who are covered by the plan. An institution would be required to enter into contracts with at least three of the largest health benefit plan issuers that engage in the business of insurance in the health service region established by the Department of State Health Services in which the institution is located under which the institution's student health center serves as a preferred provider under the preferred provider benefit plans operated by the issuers or operates as a provider of in-network coverage under the health maintenance organizations operated by the issuers.

Not later than January 15 of each year, the governing board of each institution of higher education would report to the Legislature the amount and sources of income for the funding the student health center including monies received from student fees and charges, health center pharmacy, claims filed under a health benefit plan sponsored by the institution, and claims filed under health benefit plans not sponsored by the institution. Several institutions indicated there could be additional administrative costs associated with implementing the legislation including filing claims and processing. The University of Texas System has indicated that these costs could be covered by increases in the student medical services fee.

**Local Government Impact**

No fiscal implication to units of local government is anticipated.

**Source Agencies:** 323 Teacher Retirement System, 327 Employees Retirement System, 537 State Health Services, Department of, 710 Texas A&M University System Administrative and General Offices, 720 The University of Texas System Administration, 758 Texas State University System, 768 Texas Tech University System Administration, 769 University of North Texas System Administration, 781 Higher Education Coordinating Board, 783 University of Houston System Administration

**LBB Staff:** JOB, CL, KK, RT, GO



**LEGISLATIVE BUDGET BOARD**

**Austin, Texas**

**FISCAL NOTE, 81ST LEGISLATIVE REGULAR SESSION**

**May 18, 2009**

**TO:** Honorable Jane Nelson, Chair, Senate Committee on Health & Human Services

**FROM:** John S. O'Brien, Director, Legislative Budget Board

**IN RE: HB103** by Brown, Fred (Relating to the operation of certain health benefit plans through student health centers of certain institutions of higher education.), **As Engrossed**

**No significant fiscal implication to the State is anticipated.**

Under provisions of the bill, the student health center of an institution of higher education with a total student enrollment of more than 8,000 students in one or more semesters of the preceding academic year would be required to assist students by filing or having a claim filed with the health benefit plan issuer on their behalf. An institution of higher education could contract with a health benefit plan issuer to provide health care services under the plan to students.

An institution of higher education, on behalf of the institution's student health center, may contract with a health benefit plan issuer that engages in the business of insurance in the health services region established by the Department of State Health Services in which the institution is located to provide a health benefit plan under which health care services are provided to students or other persons entitled to obtain health care services through the student health center who are covered by the plan. An institution would be required to enter into contracts with at least three of the largest health benefit plan issuers that engage in the business of insurance in the health service region established by the Department of State Health Services in which the institution is located under which the institution's student health center serves as a preferred provider under the preferred provider benefit plans operated by the issuers or operates as a provider of in-network coverage under the health maintenance organizations operated by the issuers.

Not later than January 15 of each year, the governing board of each institution of higher education would report to the Legislature the amount and sources of income for the funding the student health center including monies received from student fees and charges, health center pharmacy, claims filed under a health benefit plan sponsored by the institution, and claims filed under health benefit plans not sponsored by the institution. Several institutions indicated there could be additional administrative costs associated with implementing the legislation including filing claims and processing. The University of Texas System has indicated that these costs could be covered by increases in the student medical services fee.

**Local Government Impact**

No fiscal implication to units of local government is anticipated.

**Source Agencies:** 323 Teacher Retirement System, 327 Employees Retirement System, 537 State Health Services, Department of, 710 Texas A&M University System Administrative and General Offices, 720 The University of Texas System Administration, 758 Texas State University System, 768 Texas Tech University System Administration, 769 University of North Texas System Administration, 781 Higher Education Coordinating Board, 783 University of Houston System Administration

**LBB Staff:** JOB, CL, KK, RT, GO



**LEGISLATIVE BUDGET BOARD**

**Austin, Texas**

**FISCAL NOTE, 81ST LEGISLATIVE REGULAR SESSION**

**April 24, 2009**

**TO:** Honorable Dan Branch, Chair, House Committee on Higher Education

**FROM:** John S. O'Brien, Director, Legislative Budget Board

**IN RE: HB103** by Brown, Fred (relating to the operation of certain health benefit plans through student health centers of certain institutions of higher education.), **Committee Report 1st House, Substituted**

**No significant fiscal implication to the State is anticipated.**

Under provisions of the bill, the student health center of an institution of higher education with a total student enrollment of more than 5,000 students in one or more semesters of the preceding academic year would be required to assist students by filing or having a claim filed with the health benefit plan issuer on their behalf. An institution of higher education could contract with a health benefit plan issuer to provide health care services under the plan to students.

An institution of higher education, on behalf of the institution's student health center, may contract with a health benefit plan issuer that engages in the business of insurance in the health services region established by the Department of State Health Services in which the institution is located to provide a health benefit plan under which health care services are provided to students or other persons entitled to obtain health care services through the student health center who are covered by the plan. An institution would be required to enter into contracts with at least three of the largest health benefit plan issuers that engage in the business of insurance in the health service region established by the Department of State Health Services in which the institution is located under which the institution's student health center serves as a preferred provider under the preferred provider benefit plans operated by the issuers or operates as a provider of in-network coverage under the health maintenance organizations operated by the issuers.

Not later than January 15 of each year, the governing board of each institution of higher education would report to the Legislature the amount and sources of income for the funding the student health center including monies received from student fees and charges, health center pharmacy, claims filed under a health benefit plan sponsored by the institution, and claims filed under health benefit plans not sponsored by the institution. Several institutions indicated there could be additional administrative costs associated with implementing the legislation including filing claims and processing. The University of Texas System has indicated that these costs could be covered by increases in the student medical services fee.

**Local Government Impact**

No fiscal implication to units of local government is anticipated.

**Source Agencies:** 323 Teacher Retirement System, 327 Employees Retirement System, 537 State Health Services, Department of, 710 Texas A&M University System Administrative and General Offices, 720 The University of Texas System Administration, 758 Texas State University System, 768 Texas Tech University System Administration, 769 University of North Texas System Administration, 781 Higher Education Coordinating Board, 783 University of Houston System Administration

**LBB Staff:** JOB, KK, RT, GO





**LEGISLATIVE BUDGET BOARD**

**Austin, Texas**

**FISCAL NOTE, 81ST LEGISLATIVE REGULAR SESSION**

**March 23, 2009**

**TO:** Honorable Dan Branch, Chair, House Committee on Higher Education

**FROM:** John S. O'Brien, Director, Legislative Budget Board

**IN RE: HB103** by Brown, Fred (Relating to the operation of a student health center of an institution of higher education.), **As Introduced**

**No significant fiscal implication to the State is anticipated.**

Under provisions of the bill, the student health center of an institution of higher education would be required to assist students by filing or having a claim filed with the health benefit plan issuer on their behalf. An institution of higher education could contract with a health benefit plan issuer to provide health care services under the plan to students. Not later than January 15 of each year, the governing board of each institution of higher education would report to the Legislature the amount and sources of income for the funding the student health center including monies received from student fees and charges, health center pharmacy, claims filed under a health benefit plan sponsored by the institution, and claims filed under health benefit plans not sponsored by the institution. Several institutions indicated there could be additional administrative costs associated with implementing the legislation including filing claims and processing. The University of Texas System has indicated that these costs could be covered by increases in the student medical services fee.

**Local Government Impact**

No fiscal implication to units of local government is anticipated.

**Source Agencies:** 720 The University of Texas System Administration, 758 Texas State University System, 768 Texas Tech University System Administration, 769 University of North Texas System Administration, 781 Higher Education Coordinating Board

**LBB Staff:** JOB, KK, RT, GO

