



Texas Legislative Study Group

An Official Caucus of the Texas House of Representatives

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LSG Floor Report For General State Calendar – Monday, April 3, 2023

HB 1058	Relating to a franchise or insurance premium tax credit for certain housing developments.	Ways & Means Vote: 11 Ayes, 0 Nays, 0 PNV, 0 Absent	<p>Affordable housing is difficult to find, with only 25 available units per every 100 renter households making 0-30% of Area Median Income (AMI) and only 44 available units per 100 households making 31-50% of AMI. Currently, the Federal Low-Income Housing Tax Credit (LIHTC), administered by the Texas Department of Housing and Communities (TDHCA), incentivizes the development of affordable housing units for low-income households by awarding federal tax credits. HB 1058 creates a state tax incentive, similar to LIHTC, to continue incentivizing affordable housing.</p> <p>HB 1058 provides franchise and insurance premium tax credits to entities that own low-income housing developments approved by the TDHCA. The total amount of credits awarded in a year cannot exceed \$25 million. Tax credits awarded to all qualifying developments for a year may not exceed the amount of federal credits they receive. To be eligible for tax credits, entities must be eligible for the federal low-income housing program and comply with all accessibility and adaptability requirements and the Fair Housing Act.</p> <p>HB 1058 also requires that TDHCA provide a report to the Legislature on December 31st every year on how the tax credit was used. TDHCA and the comptroller are responsible for adopting rules and procedures to implement, administer, and enforce this program.</p> <p>Providing state tax credits to incentivize investment in low-income housing developments could help make affordable housing more available.</p>	Favorable Evaluated by: Drew Tonjes (512)672-8406 Drew@texaslsg.org
HB 1964	Relating to the release of a motor vehicle accident report to an employee or authorized representative.	Licensing & Administrative Procedures 10 Ayes, 1 Nay, 0 PNV, 0 Absent	<p>HB 1964 cleans up language from 84(R) HB 2633, which limited who could access vehicle accident reports to prevent injury attorneys from harassing individuals after an accident to gain legal cases.</p> <p>Under current law, vehicle accident reports (which contain personally identifiable information) may be requested and released to certain entities, including those with an established financial responsibility for a vehicle involved in the accident. Although vehicle storage facilities fall under this category, some have reported difficulty accessing accident reports because they are not explicitly listed under the statute. Licensed vehicle storage facilities are used when a towing company makes a nonconsent tow, such as after</p>	Favorable Evaluated by: Samantha Ruelas (956) 929-9978 Sam@texaslsg.org

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			<p>an accident. Without the ability to notify an owner about recovering their vehicle, the owner runs up storage costs with the facility. The facility may also lose out on potential storage customers.</p> <p>HB 1964 adds clarifying language to explicitly include vehicle storage facilities in the entities allowed to request and receive a vehicle accident report. This will help facilitate a speedy vehicle recovery without unnecessary costs while maintaining the original law’s intent to protect privacy.</p>	
<p>HB 617 By: Darby Guerra</p>	<p>Relating to a pilot project to provide emergency telemedicine medical services and telehealth services in rural areas.</p>	<p>Health Care Reform, Select</p> <p>10 Ayes, 0 Nays, 0 PNV, 1 Absent</p>	<p>Currently, many rural Texas residents must travel more than 60 miles to receive care at a Level 1 Trauma Facility. Telehealth options could benefit many of these residents, improving timely access to care, preventing fatalities, and helping facilities reduce hospital admissions.</p> <p>HB 617 seeks to improve rural healthcare access by re-establishing the 9-1-1 telemedicine medical services pilot project, which expired in 2021. Under the pilot program, the Commission on State Emergency Communications (CSEC), with assistance from the Texas Tech Health Sciences Center (TTHSC), would provide instruction on emergency medical services and prehospital care to providers from rural trauma facilities and emergency medical facilities through telehealth services. This includes providing resources for individuals who do not speak English.</p> <p>Under HB 617, TTHSC would provide oversight and collect evaluation data for the duration of the pilot. Funding for the project would be designated as an allowable use for the 9-1-1 equalization surcharge and cost approximately \$250,000 per year. Reporting of data and findings to the Governor and the Legislature would be required by December 31, 2028.</p> <p>HB 617 would benefit rural Texas families by expanding access to emergency medical services via a network of telehealth and telemedicine services.</p>	<p>Favorable Evaluated By: Brian Dusablon 281-789-8955 Brian@texaslsg.org</p>
<p>HB 49 By: Klick</p>	<p>Relating to public access to certain hospital investigation information and materials.</p>	<p>Public Health</p> <p>11 Ayes, 0 Nays, 0 PNV, 0 Absent</p>	<p>Currently, information and materials possessed by the Texas Health and Human Services Commission (HHSC) in connection with a complaint and/or investigation of a hospital or mental health institution are limited and not very accessible to the public.</p> <p>Under HB 49, the HHSC would be required to post certain information on its website related to a hospital's alleged violations within 90 days of the commission’s final decision. Additionally, HHSC would be obligated to keep the information on the website for at least two years. This information includes the total number of investigations, outcomes of any investigations, and any specific orders to address alleged violations. Personally identifiable information of patients and health care providers is omitted from this published information.</p> <p>HB 49 seeks to improve hospital accountability and transparency while ensuring that Texans and their families have the appropriate information when making decisions about hospital care.</p>	<p>Favorable Evaluated By: Brian Dusablon 281-789-8955 Brian@texaslsg.org</p>

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<p>HB 140</p> <p>By: González, Mary Frank Lozano Noble Harris, Caroline</p>	<p>Relating to the provision of certain co-navigation services to individuals who are deaf-blind.</p>	<p>Human Services</p> <p>8 Ayes, 0 Nays, 0 PNV, 1 Absent</p>	<p>As of 2021, the state of Texas houses an estimated 2,500 deaf-blind individuals, according to the Helen Keller National Center for Deafblind Youths and Adults. Currently, deaf-blind individuals must pay for co-navigator services out of pocket or rely on family members and friends to help them carry out daily tasks. The Governor’s Committee on People With Disabilities published a report that defined co-navigators as specially trained professionals who provide individuals that are deaf-blind with visual and environmental information, sighted guide services, and communication accessibility. For example, a co-navigator would be able to provide sight guide assistance using protactile language by drawing shapes on the individual’s back to describe the room they’re entering.</p> <p>HB 140 directs the Health and Human Services Commission (HHSC) to establish a co-navigation services program in alignment with recommendations from the Governor’s Committee on People with Disabilities. Under HB 140, HHSC would establish reimbursement rates to pay co-navigators for their services according to their level of training. Co-navigation services would not include: providing personal care services, completing ordinary errands, making decisions for the individual, teaching or otherwise instructing the individual, or interpreting for the individual in a formal (medical, legal, or business) setting. HB 140 allows the executive commissioner to create an advisory committee to help the HHSC develop and operate the program.</p> <p>HB 140 aims to increase accessibility to co-navigation services and personal agency for deaf-blind individuals.</p>	<p>Favorable</p> <p>Evaluated by: La’Dereka Christian (512) 710-5627 Ladereka@texaslsg.org</p>
<p>HB 336</p> <p>By: Toth Noble</p>	<p>Relating to notice regarding certain benefits for which a representative payee or fiduciary has been appointed for a child in the conservatorship of the DFPS.</p>	<p>Human Services</p> <p>9 Ayes, 0 Nays, 0 PNV, 0 Absent</p>	<p>Typically, if a child is in Department of Family and Protective Services (DFPS) conservatorship, DFPS acts as the child's representative payee and receives any benefit payments on their behalf. In these situations, DFPS is not required to share information regarding the child's benefit payments with the child's attorney.</p> <p>HB 336 requires DFPS to disclose to the child and their legal representative the amount of government benefits DFPS receives as the child's payee. The bill also requires DFPS to disclose information regarding the child's assets, trust accounts, earnings, and other resources. HB 336 aims to increase transparency within DFPS to better serve the interests of children in the state's care.</p>	<p>Favorable</p> <p>Evaluated by: La’Dereka Christian (512) 710-5627 Ladereka@texaslsg.org</p>
<p>HB 1599</p> <p>By: Bucy Harless Oliverson Jetton</p>	<p>Relating to implementation of an express lane option for determining eligibility and enrolling certain individuals in Medicaid or the child</p>	<p>Health Care Reform, Select</p> <p>10 Ayes, 0 Nays, 0 PNV, 1 Absent</p>	<p>Under current law, parents must provide updated financial information yearly to maintain their child's Medicaid or Children's Health Insurance Plan (CHIP) coverage. This process can be confusing and time-consuming and may result in eligible children losing coverage. Of the roughly one million uninsured children in Texas, 400,000 are eligible for CHIP or Medicaid but are not enrolled.</p> <p>HB 1599 creates an "express lane option" to recertify a child's health insurance more easily. The bill allows HHSC to utilize already-verified financial information from other public assistance programs, such as SNAP, to determine or redetermine eligibility for Medicaid and CHIP. Under the bill, the agency must</p>	<p>Favorable</p> <p>Evaluated By: Brian Dusablon 281-789-8955 Brian@texaslsg.org</p>

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	health plan program.		<p>receive affirmative consent from the parent, legal guardian, or custodial relative to enroll the child in coverage. HB 1599 also requires HHSC to provide notice on its websites and online forms when it may use the disclosed information to determine a child's eligibility and offer an opt-out option.</p> <p>HB 1599 could help rectify the tedious process families undergo when updating their financial information and reduce duplicative and costly administrative efforts by HHSC. Texas has the highest rate and number of uninsured children in the country. HB 1599 would ensure more children who are already eligible for health coverage are enrolled.</p>	
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