



**PARTNERSHIP FOR  
A HEALTHY TEXAS**

**CONQUERING OBESITY**



## **87<sup>TH</sup> LEGISLATIVE SESSION RECAP**

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The Partnership for a Healthy Texas began in 2006 when key health-related organizations came together to address the epidemic of obesity in the state. The Partnership has grown into a coalition of more than 50 organizations. We serve to improve the public health as a valued partner in the fight against obesity and continue to have a concerted influence on Texas policy. We believe that by working together we can maximize our impact on the health of Texans and drive economic productivity by reducing the burden of chronic disease.

## MISSION

To develop and promote state policies that prevent and reduce obesity in Texas.



Find what works  
for Texans



Set priorities for  
the Legislature



Follow through  
and track success

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The Partnership for a Healthy Texas gratefully acknowledges Methodist Healthcare Ministries of South Texas, Inc., for their financial support of this publication. The opinions expressed in this document are those of the Partnership and do not necessarily reflect the views of Methodist Healthcare Ministries.





## Partnership Priorities for the 87th Legislative Session

Throughout the summer and fall of 2020, the Partnership for a Healthy Texas collaborated to identify eight health policies for consideration by the 87th Texas Legislature. These policies aimed to positively impact the obesity epidemic in Texas, particularly among school-aged children. In December, the Partnership for a Healthy Texas held a briefing to share these goals with legislators and then worked throughout session for their advancement.

## Summary of Policies for the 2021 Legislative Session

Ensure all Texas children have access to a well-rounded education which includes recess, physical education, and instruction on health.

1. Require school districts to create and institute recess policies that reflect best practice, consider recommendations from the School Health Advisory Committee and allow children the opportunity to be active, practice life skills, and reenter the classroom ready to learn.
2. Increase middle school physical education requirements to include moderate to vigorous physical activity for 6 semesters, high school PE requirements expanded to 3 semesters, and require 1 semester of health education for graduation.

Eliminate food insecurity exacerbated by the COVID-19 pandemic; increase Texans' access to healthy foods and decrease their risk of obesity.

3. Fully fund the Surplus Agricultural Products Grant which ensures food banks have the produce to keep Texans from going hungry during the pandemic.
4. Encourage Medicaid Managed Care Organizations (MCOs) to implement initiatives to address social determinants of health (SDoH) including healthy food access.
5. Increase access to SNAP benefits for senior citizens and persons with disabilities by streamlining the application process.

Maintain and strengthen Texas' current public health and educational infrastructure to address obesity.

6. Promote the efficacy of the Texas Whole Child School Health Policy approach, School Health Advisory Committees (SHACs), and physical fitness assessments which are a critical part of youth fitness and the physical education curriculum.
7. Protect and enhance current requirements around Physical Education and Health Education.
8. Protect vital public health funding at the Department of State Health Services to combat chronic diseases, including obesity.



## Context of the 87th Session

The 87th Legislative session started amid a global pandemic that limited access to the Capitol, forced the legislature to address challenges without a full interim of work, and budget for the next biennium in an uncertain economic environment. Several weeks into the session, Texans were hit with another disaster: Winter Storm Uri. These challenges changed both how the legislature functioned – forcing advocates to find new means for connecting with lawmakers – and limited the available policymaking bandwidth of decision makers.

These dual crises reinforced and highlighted the challenges of obesity and food insecurity already facing Texans. While the importance of a strong public health infrastructure was at the forefront of the discussions and experiences of the COVID-19 pandemic, more attention needed to be focused on the heightened vulnerability of those living with obesity. Changes to lifestyle and a switch to online learning created a window for increased obesity and decreased health. Between the pandemic and the storm, food insecurity skyrocketed.

With a contingent of new leadership including a new Speaker of the House, House Appropriations Committee Chair, House Public Education Committee Chair, and House Public Health Committee Chair, and new avenues for communicating with lawmakers, Partnership member organizations took on the challenge to creatively impress the importance of addressing obesity and its root causes on lawmakers.

## Our Work

This session, our members and organizations worked diligently and creatively to connect with lawmakers to promote evidence-based policies to address the obesity crisis in Texas. In the COVID-19 era, this meant zoom and eventually in-person meetings with lawmakers, testifying at hearings, sending action alerts, passing a resolution to recognize World Obesity Day, and submitting comments and letters to lawmakers and committees.

Throughout the 87th legislature, 6927 bills were filed and 1074 were finally passed. In a very disruptive session, Partnership members were able to work to ensure SB 224 passed to increase access to SNAP among seniors, ensure that the Surplus Agricultural Products Grant was fully funded, advocated for fully funding Chronic Disease Prevention and Health Promotion programs at the Department of State Health Services, and worked to protect the integrity of School Health Advisory Councils. While not all priorities were achieved, the Partnership for a Healthy Texas educated lawmakers on key chronic disease issues and elevated the issue of obesity amongst the legislative body so that we are prepared for future success.



## Recess Policies for Schools

*Require school districts to create and institute recess policies that reflect best practice, consider recommendations from the School Health Advisory Council (SHAC) and allow children the opportunity to be active, practice life skills and reenter the classroom healthy and ready to learn.*

### Background:

Recess is a critical time for physical activity during the school day that allows children to practice life skills such as cooperation, communication, negotiation, and conflict resolution, and provides the creative, social and emotional benefits of play. The National Association for Sport and Physical Education recommends at least 20 minutes of recess per day for all children.

While Texas Education Code requires local school health advisory councils (SHACs) to make policy recommendations to school boards concerning daily recess for elementary school students, there is little evidence to show that school boards are adopting district policies. State guidance and encouragement is needed to ensure districts provide all students adequate recess time.

The Partnership successfully advocated for a bill in the 86th Legislative Session to have the Department of State Health Services (DSHS) develop model guidelines and require school districts to adopt a policy, but the bill was vetoed by Governor Abbott. This session, the Partnership again worked to ensure districts were creating and enacting strong recess policies, policies that would be essential to ensuring children have access to play when they return to school.

### Outcome: Never Received a Hearing, Failed to Pass.

Representative Alma Allen filed HB 1594 in February to direct the Department of State Health Services (DSHS) to develop model policies for the recess period that encourage constructive, age-appropriate outdoor time and required school districts to adopt a policy based on SHAC recommendations. It would have required districts to review these policies every 5 years.

Unfortunately, HB 1594 was never given a hearing in the House Public Education Committee. Partnership members continued to advocate for the bill and worked to try to find other bills that had been given hearings that could be amended to include language from HB 1594. Despite several efforts, none of the bills that were potential vehicles for the amendment were passed with the language.



## Quality Physical Education

*Increase middle school physical education (PE) requirements to include moderate vigorous activity for 6 semesters, high school PE requirements to 3 semesters, and restore the 1 semester of health education requirement for graduation.*

### BACKGROUND:

Because of the focus on improving test scores in Texas public schools, the recognition of the health and well-being of our children and youth has been pushed aside. During the pandemic, it is critical to ensure school children receive adequate physical and health education through their time in public schools to best prepare them for a healthy adulthood. As schools reopen, it is imperative for the well-being of children and their sustained health that Physical Education be considered an essential part of the return to the classroom.

Physical Education courses provide the opportunity for students to learn critical social-emotional skills to help manage emotions; important character values such as resilience, fairness, respect, equality, and inclusion; and fundamental motor skills needed to participate in physical activity. Physical education is essential to the Whole Child and contributes to overall well-being as well as academic performance.

Rates of anxiety and depression among children and adolescents were already rising rapidly and the pandemic has only increased this trend. Students have faced a level of trauma during the pandemic that can be categorized as an adverse childhood experience (ACE), which can result in chronic issues if not addressed. Students need trusted adults to help them deal with these challenges and physical educators are professionally trained to assist and cope with these challenges.

The Institute of Medicine Committee on Preventing Obesity in Children and Youth recommends 30 minutes of daily vigorous exercise at school and the US Department of Health and Human Services recommends 60 minutes of daily physical activity.

### OUTCOME: Never Received a Hearing, Failed to Pass.

HB 2887 by Representative James Talarico and HB 3058 by Representative Bobby Guerra were filed to restore the half credit of Health Education and additional half credit of Physical Education for requirements for high school graduation as well as six semesters of physical education for middle school students.

Neither bill was given a hearing in the House Public Education Committee.



## Surplus Agricultural Products Grant Program

*Fully fund the Surplus Agricultural Products Grant which ensures food banks can provide fresh produce to Texas families so that they get the nutrition they need to stay healthy during the pandemic and beyond.*

### BACKGROUND:

The Surplus Agricultural Products Grant has been a cost-effective way to fight hunger, improve health, and reduce food waste by allowing food banks to use funding to source fresh produce that is unsellable due to imperfections. According to research by economist Dr. Ray Perryman, every \$1 invested in the Surplus Agricultural Products Grant returns \$3.27 to the state, including \$1.65 in reduced health care costs. With consistent access to healthy food, Texans are able to lead healthier, more productive lives.

Due to the pandemic alone, food banks in Texas saw a 200 percent increase in demand. With Winter Storm Uri, food banks across the state saw further increases. Because of these demands, the role of food banks has never been more critical.

Under the budget constraints due to the pandemic, the Texas Department of Agriculture proposed a \$1.98 million cut to the Surplus Agricultural Products Grant for FY20-21, which would drastically reduce the purchasing power of food banks. Without a reversal of the cuts to the grant for FY20-21 over 19 million pounds of food would not be distributed to Texans in need.

### OUTCOMES: Fully Funded for FY20-21 and FY22-23 in SB 1 and HB 2.

Partnership members, led by Feeding Texas, worked with Senator Perry and other legislators to ensure that the \$1.98 million dollar funding cut for the Surplus Agricultural Products Grant was restored for FY20-21 and that it was fully funded for FY22-23 at \$10.2 million.

Once these victories were confirmed, we pivoted to ask members of the budget conference committee to consider increasing funding for this grant due to the pandemic and winter storm. This request was included in our letter to conferees. While the funding remained level, we are so grateful that the \$1.98 million dollar cut was restored and there were no cuts to the program for FY22-23.





## Social Determinants of Health (SDoH)

*Encourage Medicaid Managed Care Organizations (MCOs) to implement initiatives to address social determinants of health (SDoH) including healthy food access. Reward MCOs that invest in their communities by prioritizing applicants in the Medicaid managed care Request for Proposal process that address social determinants of health through primary care medical homes including barriers to accessing healthy food for their members. Ensure reimbursement for the full array of social determinants of health screenings including food insecurity for primary care physicians. Ensure investments made by Medicaid MCOs in social determinants are sustainable by covering social services as allowable costs, incorporating SDoHs in Medicaid rate-setting, and limiting “premium sliding” due to effective SDoH work.*

### BACKGROUND:

There are more than 4.4 million Texans who receive health care through the Medicaid program, almost all of whom are enrolled in a managed care organization (MCO). MCOs are responsible for coordinating an individual’s care while keeping overall costs low and meeting key health outcome measures. MCOs are given latitude to innovate in their local communities by providing value-added services not typically thought of as direct medical care. For the past few years, Texas MCOs and primary care medical homes have given more attention to social determinants of health. Access to healthy food and exercise helps prevent the onset of chronic health conditions including obesity.

### OUTCOMES: Despite Several Avenues, Failed to Pass.

Senator Nathan Johnson filed SB 191 which would have incorporated the use of social determinants of health in the Medicaid managed care program. This bill was never given a hearing in the Senate.

A collection of partners worked with Representative Ann Johnson’s office to add a Rider to the Appropriation Committee’s budget. Unfortunately, it was moved to Article IX and was not included in the final budget.

Representative Tom Oliverson filed HB 4365 which would have created a pilot project to improve health care outcomes and reduce costs under Medicaid by providing participants with enhanced case management and other services including SDoH. Partnership members testified in support in the House Human Services Committee hearing but the legislation failed to be voted out of Committee after lawmakers questioned whether HHSC already had the authority to implement these programs.

Finally, the Partnership supported HB 4139 (Coleman) to create an Office of Health Equity within HHSC. After passing out of the House, the bill was not referred in the Senate despite inclusion in the House’s Healthy Texans, Healthy Families priority package.



## SNAP Access

*Increase access to the Supplemental Nutrition Assistance Program (SNAP) benefits for Senior Citizens by streamlining the application process. Implement a simplified application process for low-income seniors and persons with disabilities who are eligible for SNAP. Implement data matching at HHSC with Medicaid to help identify and assist seniors in applying for SNAP.*

### BACKGROUND:

Texas has the fifth highest rate of senior food insecurity at 10.7 percent. However, because of barriers in the application, only roughly half of the 500,000 income-eligible seniors are enrolled in SNAP. Several factors contribute to the low enrollment including difficulties navigating the application process, limited mobility and access to technology, and lack of awareness or knowledge of the program.

Increasing access to SNAP can decrease the negative effects of food insecurity, allowing seniors to age in place with dignity. Access to SNAP can be improved by simplifying the application process and using data matching with Medicaid to identify and enroll seniors in SNAP.

### OUTCOMES: Passed both Chambers, Effective September 1, 2021.

SB 224 by Senator Charles Perry passed unanimously out of the Senate Health & Human Services Committee and the Senate in early April. Thanks to House Sponsor Armando Walle and the hard work by advocates contacting members of the House Human Services Committee, the House Calendars Committee, and the full House, the bill passed the 117-28 and was signed by the Governor on June 16, 2021.





## Whole Child School Health Policy

*Promote the efficacy of the Texas Whole Child School Health Policy Approach, School Health Advisory Councils (SHACs), and physical fitness assessments which play a critical part of youth health and the physical education curriculum. Preserve Fitnessgram as the tool for tracking child health and keep SHACs to maintain local control, advising on all health issues and serving as a resource to districts.*

### BACKGROUND:

State statute requires each school district's board appoint a School Health Advisory Council to help districts incorporate parent and community input by researching, reviewing, and making recommendations on health topics impacting the district. These advisory councils advise on a wide range of issues including mental health, physical education, and nutrition programming.

Similarly, the Fitnessgram assessment tool plays a critical role in the youth fitness and physical education process by providing a feedback system for parents, teachers, and students. This data helps inform SHACs, drive curriculum decisions, and helps families make healthy behavior modifications.

Each session, the Partnership is called upon to protect the programs from undue burden and educate lawmakers about their importance. Maintaining these best practice programs ensures that as children return to the classroom, they have the tools to regain lost ground related to their health.

### OUTCOMES: Most Bills defeated, Provisions in HB 1525 Effective September 1, 2021.

The Fitnessgram and the Whole School, Whole Community, Whole Child Health models were not debated during this session; no related legislation was filed. The \$1.9 million appropriation to the Texas Education Agency for physical fitness assessment (Fitnessgram) was maintained in Senate Bill 1.

Several bills were filed to address SHAC transparency and accessibility. Unfortunately, many of these proposals would have the unintended impact of decreasing volunteer participation due to increased administrative burden on SHAC members and parents. Two bills, HB 3089 and SB 347, were filed to include SHACs as governmental bodies and therefore subject to Texas Open Meetings Act. This change would have subjected SHAC volunteers to open records requests, including personal text and email communications. The Partnership and member organizations worked to educate legislators about how this would negatively impact volunteer recruitment. The legislation ultimately did not pass, after organizations met with bill sponsors and committee members.

SB 442 by Senator Hughes also sought to increase transparency of SHACs. Partner organizations worked with the office to successfully remove a provision relating to open meetings. Concerns remained regarding language which would require audio and video recordings of SHAC meetings. The bill failed to pass after not being set for the House Calendar, but was amended on to onto HB 1525 (Huberty), an omnibus school finance bill. Despite our best efforts, problematic language remained in the final conference committee report and ultimately passed. HB 1525 was signed by the Governor on June 16, 2021.



## Protect Health Education

*Protect and enhance current requirements around physical education and health education.*

### BACKGROUND:

Physical and health education are critical academic subjects. Just as physical education provides the skills needed to live an active life, health curriculum provides students with the knowledge and skills necessary to practice healthy behaviors and teaches students how to recognize the influence of responsible decision-making on quality of life. By providing effective health education programming, schools can help students develop health literacy skills, so they are able to access information, resources, and services to maintain and promote healthy lifestyles.

The Partnership sought to prevent any attempts to rollback physical and health education, while pushing for expanded requirements around health and physical education in middle and high school

### OUTCOMES: No Legislation or Changes.

There were no attempts to rollback requirements related to physical or health education this session.

Legislation to expand the physical and health education requirements, HB 2887 by Representative James Talarico and HB 3058 by Representative Bobby Guerra, was filed but never heard in committee.





## Protect Public Health Funding

*Fully fund the Department of State Health Services, including requested exceptional items amid a global pandemic. Defend against cuts to all forms of public health services including chronic disease prevention and health promotion.*

### BACKGROUND:

Declining revenues at the beginning of session created a significant projected shortfall. To deal with the funding decrease, lawmakers required state agencies to reduce their FY2020-2021 budget by 5 percent through a combination of cuts and hiring freezes. The Department of State Health Services (DSHS) was exempt from the first round of cuts. However, DSHS was not exempt from the request that agencies cut another 5 percent for FY2022-2023. Luckily, the chronic disease prevention and health promotion programs were not set for any cuts in the agency's appropriations request.

While DSHS's role in responding to COVID-19 cannot be overstated, public health is more than emergency response. Strong public health infrastructure is vital to promoting healthy behaviors and combatting chronic disease like diabetes, heart disease, and obesity. Chronic disease prevention and health promotion programs at DSHS work to make healthy choices easier for all Texans where they live, work, and play.

As the session continued, the revenue estimates grew more optimistic, but the 5 percent mandated cuts were not universally reversed. While the Department of State Health Services (DSHS) was exempt from 5 percent cuts for the FY2020-2021 biennium, they were asked to reduce their budget in FY2022-23.

### OUTCOMES: Chronic Disease Prevention and Health Promotion Programs fully funded at DSHS in SB 1.

The Chronic Disease Prevention and Health Promotion programs were fully funded at \$14 million for each fiscal year in FY2022-2023 in the final budget, SB 1.





## Our Work Continues

Despite a difficult session, the Partnership was able to secure key wins to improve the health and wellbeing of Texans. However, we know much more is needed. The Partnership will continue the conversation regarding the root causes of obesity and the policies and programs needed to keep Texans healthy. The prevalence of obesity in Texas remains extremely high at 34.8 percent in 2018 and the underlying factors that contribute to obesity remain. As children return to school and families return to work, lawmakers will need to grapple with the impact the pandemic has had on rates of obesity across our state.

Throughout the interim, the Partnership will continue to educate decision makers and advocate for interim studies to investigate evidence-based policies that will help alleviate the burden of obesity on Texans. When the 88th Legislative Session begins in January 2023, we will be at the table, ready to continue the work.

