



**PARTNERSHIP FOR
A HEALTHY TEXAS**

CONQUERING OBESITY

*Dedicated to developing and promoting policies
and programs that prevent obesity in Texas.*

partnershipforahealthytexas.org

@txlegeobesity

PRIORITIES FOR THE 89TH LEGISLATIVE SESSION





The Partnership for a Healthy Texas has identified three priorities and seven recommended policies for consideration by the 89th Texas Legislature. These policies are aimed at positively impacting the obesity epidemic in Texas.

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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Priorities for the 2025 Legislative Session:

Drive Systems Change to Meet the Needs of Texas Families

1. Address nutritional needs of low-income families and other non-medical drivers of health through Texas Medicaid.
2. Eliminate administrative hurdles to get enrolled in Medicaid and SNAP by:
 - Notifying parents about their child's eligibility for Medicaid when applying to SNAP
 - Boosting ex parte/administrative renewal rates
 - Fix all known system errors and glitches in TIERS
 - Increase Community Partner Program funding
 - Improved 211 capabilities.

Ensure Children Are Active and Healthy

1. Require school districts to create and institute recess policies that reflect best practices and strengthen physical education requirements.
2. Reinstate health education as a graduation requirement to ensure our children are learning healthy and safe habits for life.

Connect Families with Healthy Food Options

1. Create permanent funding for SNAP Incentives program, Double Up Food Bucks, to increase access to fresh fruit and vegetables by SNAP beneficiaries.
2. Automate 6-month SNAP eligibility checks to decrease burden on families.
3. Keep kids fed by implementing Summer EBT for 2025.

1 ADDRESSING NON-MEDICAL DRIVERS OF HEALTH IN MEDICAID

Adopt a statewide policy framework to better integrate clinical and community services in Medicaid and improve access to healthy foods.

Issue

Research indicates that nonclinical factors, such as where a person lives, works, and plays, contribute to as much as 80 percent of a person's health outcomes.¹ Food insecurity is one of those key drivers of health, and as a result, a driver of higher health care costs. The Center for Disease Control suggests that food insecurity adds about \$53 billion annually to health care cost in the U.S. and up to \$2 billion in Texas.² Access to healthy and nutritious foods can help prevent health issues, chronic diseases like obesity, and the associated health costs.³

Background

Across Texas and the nation, physicians, hospitals, managed care organizations (MCOs), and community entities have been working together to address these factors by connecting patients to services and food resources, recognizing that addressing these needs improves overall health outcomes and reduces costs. In 2022, Texas Medicaid released draft language for a policy allowing providers to be reimbursed for screening patients for food insecurity, among other needs. However, screening is only the first step; if a patient screens positive, connecting them with services, such as a food bank is the next step.

There are more than 4 million Texans who receive healthcare through the Medicaid program. Nearly all are enrolled in a managed care organization (MCO). MCOs have the flexibility to provide services, such as food as medicine programs, that are not formal Medicaid benefits, and many have experimented with pilot programs to provide these services as a cost-effective way of improving clients' care. However, MCOs do not get credit for these activities when rates are set, which discourages scaling of these programs. Texas can address this gap by categorizing food as medicine programs as "in lieu of services," which would allow states to consider the cost and utilization of these services when setting rates for MCOs.

Recommendation

1. Authorize the Health and Human Services Commission (HHSC) to pursue Medicaid financing for medically appropriate, cost effective, evidence-based solutions to address non-medical drivers of health. This could be accomplished via "in-lieu of services" or an 1115 waiver.

Issues at a Glance (a few fast facts/figures):

- Non-medical factors contribute up to 80 percent of a person's health outcomes.
- 4.3 million Texans are enrolled in Medicaid and the Children's Health Insurance Program.
- 32% of US Medicaid beneficiaries often purchase less-healthy food options than they otherwise would because of lack of money, compared to 13% of non-recipients⁴.

1 Magnan S. Social determinants of health 101 for health care: five plus five. NAM Perspectives. Washington, DC: National Academy of Medicine; 2017.

2 Berkowitz SA, Basu S, Gundersen C, Seligman HK. State-Level and County-Level Estimates of Health Care Costs Associated with Food Insecurity. *Prev Chronic Dis* 2019;16:180549. DOI: <http://dx.doi.org/10.5888/pcd16.180549>

3 Seligman, H. K., Laraia, B. A., & Kushel, M. B. (2010). Food insecurity is associated with chronic disease among low-income NHANES participants. *The Journal of nutrition*, 140(2), 304-310. <https://doi.org/10.3945/jn.109.112573>

4 2018 Food and Health Survey. (May 16, 2018) Food Insight. Retrieved from: <https://www.foodinsight.org/2018-food-and-health-survey>.

2 ELIMINATE ADMINISTRATIVE HURDLES FOR FAMILIES TO GET ENROLLED IN SNAP AND MEDICAID

Remove Medicaid and SNAP processing delays due to outdated systems and inefficient processes.

Issue

The Texas Health and Human Services Commission (HHSC) has been grappling with severe delays in processing applications for Medicaid and the Supplemental Nutrition Access Program (SNAP). These delays have persisted for over five years and pose a significant burden on working families. The situation is further compounded by inadequate system capabilities within the Texas Integrated Eligibility Redesign System (TIERS), which has suffered from significant neglect, leading to over-reliance on inefficient manual processes that delay service delivery. Additionally, the existing 211 system struggles to provide accurate support to families navigating the complexities of the application or appeals processes. Finally, most states can use data matching to process 55% or more of applications, saving taxpayers a lot of money in staff time and state resources used for outreach to applicants.¹ Meanwhile, Texas' administrative renewal rate hovers between 4% and 9%.² This means over 90% of applications require a costly and more burdensome process that is more prone to human error. The cumulative effect of these challenges underscores an urgent need for enhanced staffing, improved systems, and better workload management within HHSC.

Background

The end of the federal public health emergency initiated a redetermination of eligibility for millions of Texans, adding to the already substantial workload of HHSC. Although this redetermination process is largely complete, the aftermath continues to strain HHSC resources, predicting several more years of backlog and system inefficiencies. In addition to these challenges, Texas lags significantly behind other states in using data matching technologies that could streamline the eligibility determination process, relying instead on outdated and labor-intensive methods that increase costs and error rates. This inefficiency not only impacts the health outcomes of vulnerable populations but also represents a considerable financial burden on the state due to the inefficient use of resources.

Recommendations

1. Fully fund HHSC's 2026-2027 LAR exceptional item #2: Integrity of Eligibility Determinations.
2. Empower parents to support their children's health by notifying them about their children's eligibility for Medicaid or CHIP health coverage when reviewing their application for SNAP.
3. Invest in HHSC's Community Partner Program and outstationed eligible workers, initiatives designed to harness local organizations' knowledge of their own communities to connect eligible Texans to existing services and programs.

Issues at a Glance (a few fast facts/figures):

- Texas' administrative renewal rate hovers between 4% and 9%, which means over 90% of applications require a costly and more burdensome process
- Texas led the nation with the highest number of children disenrolled from Medicaid during the unwinding

¹ Center on Budget and Policy Priorities. Unwinding Watch: Tracking Medicaid Coverage as Pandemic Protections End. (August 2024). <https://www.cbpp.org/research/health/unwinding-watch-tracking-medicaid-coverage-as-pandemic-protections-end?item=28549>

² Texas Health and Human Services Commission. End of Continuous Medicaid Coverage Reports.

3 DOUBLE UP FOOD BUCKS/ SNAP HEALTHY FOOD INCENTIVE PROGRAM

Continue funding for implementation of the SNAP Incentives program, Double Up Food Bucks, to increase SNAP beneficiaries' access to fresh fruits and vegetables.

Issue

In a time of high inflation, especially for fresh fruits and vegetables, many Texans are having to make tough choices about how to feed their families. SNAP incentive programs help families stretch their food dollars and buy healthier options, which means that children are taught healthy behaviors, establishing lifelong habits that will support their overall health and wellness. SNAP incentives ensure that SNAP participants have greater access to nutritious foods and helps to encourage them to purchase more fruits and vegetables. Without these incentives, thousands of families would not be able to afford fruits and vegetables for their kids. Programs like Double Up Food Bucks implement this program at a local and regional level through federal grants and private funding, but there is a huge opportunity to expand these benefits to rural Texans and others who currently lack access.

Background

SNAP incentive programs like Double Up Food Bucks work by offering SNAP recipients discounts or matching coupons when they spend their benefits on healthy fruits and vegetables. This is a proven program that helps families eat healthier and maintain a healthy lifestyle. In addition to direct benefits for families, these incentives can also address the problem of food deserts by increasing economic activity, which encourages the opening of new stores or markets.

Recommendation

Appropriation of at least \$5 million to the Health and Human Services Commission to implement a SNAP incentive program that allows retailers to offer matching incentives to SNAP recipients who use their benefits to purchase healthy fruits and vegetables.



Issues at a Glance

- Incentive programs benefit some of the most vulnerable populations in our country, reducing food insecurity. Nearly two-thirds of all SNAP participants are children, elderly, and people with disabilities.
- HHSC's 2020 Study on SNAP Fruit and Vegetable Incentives in Texas found that a 30-cent incentive per \$1.00 spent on fruits and vegetable purchases would save \$1.21 billion in healthcare costs over 5 years by preventing 38,782 cardiovascular disease events and gaining 18,928 quality-adjusted life years.

4 AUTOMATE SNAP ELIGIBILITY CHECKS AT 6 MONTHS

Require 12-month certification in SNAP.

Issue

The Texas Health and Human Services Commission (HHSC) is struggling with an overwhelming backlog of SNAP and Medicaid applications, leaving thousands of eligible households in hardship due to delayed access to critical benefits. Despite federal intervention requiring improved timeliness, the backlog persists, with an average wait time of 144 days for new SNAP applications as of August 2024.

Background

As of July 2024, HHSC faced a backlog of around 215,000 SNAP applications and over 310,000 Medicaid applications. The federal government placed HHSC under a Corrective Action Plan, mandating faster processing times. One proposed solution is to implement an automated, six-month eligibility check for SNAP recipients. This periodic reporting system would streamline processing, reduce workload, and allow HHSC to allocate resources more effectively.

Recommendations

1. Adopt a periodic reporting system that utilizes verified data sources to simplify mid-certification checks and reduce processing workload.
2. Following Georgia's model, Texas could achieve a 25% workload reduction, potentially saving over \$33 million annually by instituting periodic reports.
3. Periodic reporting will minimize the risk of human error in data handling and eligibility determination. Fewer errors result in fewer costly corrections and adjustments.

Issues at a Glance

- 2,215,000 SNAP applications, 310,000 Medicaid applications as of July 2024.
- 144 days for new SNAP applications as of August 2024.
- Estimated savings of over \$33 million annually with automated periodic reporting.
- Federal Corrective Action Plan mandates improved processing timeliness.

5 RECESS POLICIES FOR SCHOOLS

Require school districts to create and institute recess policies that reflect best practices and strengthen physical education requirements.

Issue

Recess provides children with health, social, and academic benefits, yet no statewide policy recommendations exist.

Since 2003, Texas Education Code has required local school health advisory councils (SHACs) to make policy recommendations concerning daily recess for elementary school students, but the state provides no specific guidance to build these recommendations, nor any expectation that the boards adopt a district policy. Regular activity breaks in the school day are necessary for student success. State guidance is needed to ensure districts provide all students adequate recess time for their academic, social, and mental wellbeing.

Background

Recess is considered unstructured time for physical activity during the school day, and should not be considered as part of a comprehensive physical education program. Recess allows children the opportunity to practice life skills such as cooperation, taking turns, following rules, sharing, communication, negotiation, problem solving, and conflict resolution. Recess also provides the creative social and emotional benefits of play.

The National Association for Sport and Physical Education (NASPE) recommends at least 20 minutes of recess each day for all children. According to a study, *The Status of School Recess in Texas School Districts*, high-performing school districts were twice as likely to have a recess policy safeguarding the minimum amount of time students have for recess. Guideline compliance depends on awareness, enforcement, and implementation guidance.

Recommendations

1. Direct TEA to develop model policies on recess periods during the school day that encourage unstructured, age-appropriate outdoor playtime for at least twenty minutes daily. Model policies should state that physical activity cannot be withheld from a student as a form of punishment.
2. Require each school district board to implement a model recess policy based on the TEA model policies and recommendations from the local SHAC. Districts shall report their policies to TEA and include on their district website.

Issues at a Glance

(a few fast facts/figures):

- 80.4% of Texas Youth do not meet the daily recommended 60 minutes of physical activity.
- 93.27 % of the 684 ISDs responding to the 2022-2023 TEA School Health Survey stated there was no policy regarding withholding physical activity from students as punishment.



6 RESTORE HEALTH EDUCATION AS A GRADUATION REQUIREMENT

Reinstate health education as a graduation requirement to ensure our children are learning healthy and safe habits for life.

Issue

Texas students are not receiving consistent information throughout their education to make healthy decisions as they progress through adolescence.

A comprehensive skills-based health education program is a critical component to a high school student's well-rounded education and is needed to support healthy and academically successful students.

Various state mandates require schools to implement specific topics such as bullying prevention, tobacco prevention, suicide prevention, Parenting and Paternity Awareness (PAPA), and CPR instruction, yet the avenue for implementation (Health Education) is not required. Of the 663 school districts responding to the School Health Survey for the 2022-23 academic year, 49% do not require health education as a graduation requirement.

Background

In 2009, the Texas Legislature cut health education as a high school graduation requirement. This greatly decreased the number of students exposed to critical information around drug use, healthy relationships, mental health, infectious disease control, suicide awareness and prevention, and even topics like responsibility and compassion.

Adolescents who participate in health education are better able to access, understand, and advocate for health information and services. This can help students maintain or enhance their health and influence the health behaviors of those around them or in their care.

Health education can enhance efforts to decrease absenteeism, reduce risky behavior, promote social and emotional health, prevent disease, increase suicide awareness, and increase students' ability to be college and career ready.

Recommendation

1. Restore the requirement that all Texas high school students receive the 0.5 health education credit as a graduation requirement.

Issues at a Glance

- 0 credits in Health Education are required for high school graduation in Texas
- 1 venue (Health Education) for a variety of REQUIRED state health topics; 0.5 credits should be restored as a high school graduation requirement.
- 49% of ISDs reporting in the 2022-23 TEA School Health Survey do NOT require health ed as a grad requirement.
- Rate of calls concerning suspected suicide in young women 13 -19 (high school age) DOUBLED from 2005-2021.



7 KEEP KIDS FED BY IMPLEMENTING SUMMER EBT

Summer EBT Implementation & Funding to feed kids during the summer.

Issue

Millions of children lose access to essential nutrition during summer when school meals are unavailable, creating a seasonal spike in child hunger. Texas, home to the highest number of food-insecure children in the U.S., missed out on federal food aid from Summer EBT in 2024, underscoring the urgent need for action.

Background

During the summer, many children face increased hunger as they lose access to school-provided meals. The USDA's Summer EBT (Electronic Benefit Transfer) program aims to address this issue by providing food benefits to low-income families with school-aged children when school is out.

Summer EBT is entirely federally funded for benefits, with administrative costs shared between state and federal sources. To qualify for Summer EBT, families must meet the income requirements for the National School Lunch Program or be directly certified through SNAP or Medicaid.

Issues at a Glance

- In Texas, where 1 in 4 children experience hunger, an estimated 3.75 million children would be served by Summer EBT.
- USDA estimates that Texas would receive approximately \$450 million in federal food aid through Summer EBT, which would positively impact local economies, especially in rural areas.

| Number of Household Members | Total Household Income | |
|-----------------------------|------------------------|----------|
| | Free | Reduced |
| 1 | \$19,578 | \$27,861 |
| 2 | \$26,572 | \$37,814 |
| 3 | \$33,566 | \$47,767 |
| 4 | \$40,560 | \$57,720 |

Families of children not enrolled in one of these programs can apply for Summer EBT by submitting an application. Summer EBT provides families with \$120 in food benefits per eligible child on an EBT card, which families can use like a debit card to purchase groceries.

In Texas, where 1 in 4 children experience hunger, an estimated 3.75 million children stand to benefit from approximately \$450 million in federal food aid through Summer EBT, which could also positively impact local economies, especially in rural areas. However, Texas missed out on the program in 2024 due to a lack of state action.

Recommendations

1. Texas Legislature should act promptly to direct HHSC to implement Summer EBT, enabling program launch by summer 2025.
2. Improve awareness among eligible families about Summer EBT and streamline enrollment to maximize participation.
3. Emphasize the dual benefit of Summer EBT in combating child hunger and boosting local businesses, particularly in rural areas where the economic impact can be significant.