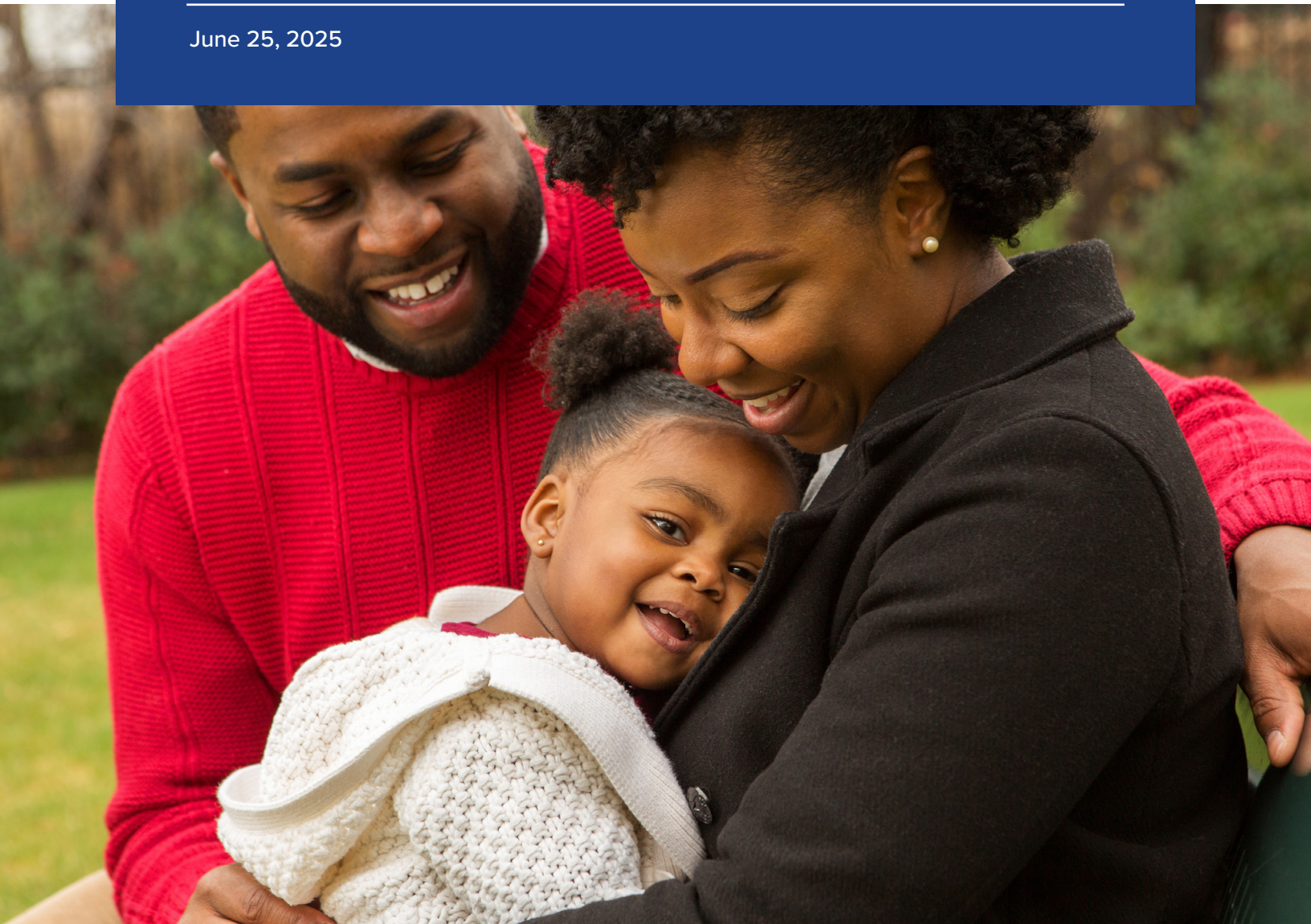


Texas Children and the 2025 Legislative Session

Review of Policy Progress During
the 2025 Texas Legislative Session:

Healthy Families

June 25, 2025



Review of Policy Progress During the 2025 Texas Legislative Session:

Healthy Families

While lawmakers passed a few important health care bills, they fell short of getting key maternal and child health policies across the finish line this session. They did, however, include important investments in the state budget. In particular, we are grateful that lawmakers approved two of the top budget recommendations that our staff and partners have pushed since the start of the budget development process last year: funding to upgrade the Medicaid and SNAP application system and funding for Early Childhood Intervention for infants and toddlers with disabilities.

This session, the Legislature made the following investments, taking important steps toward improving maternal health and advancing access to care across Texas.

- Legislators invested \$139 million in General Revenue (\$386 million in All Funds) in strategies to improve the Medicaid and SNAP eligibility system, including overhauling outdated technology so the system functions properly for families and hiring additional staff. The agency had originally requested \$300 million in General Revenue. For years, the state has used a clunky, inefficient, outdated system to process applications and renewals for SNAP and Medicaid health insurance, creating a backlog of more than 200,000 unprocessed Medicaid applications for most of 2024 and leaving parents waiting an average of 41 days for a Medicaid eligibility determination — with some waiting over 160 days.
- They approved HHSC's request for an additional \$18 million for the biennium for the Early Childhood Intervention program, which is a crucial step to ensure providers can meet the anticipated increase in infants and toddlers with disabilities needing services across Texas. In addition to funding for rising enrollment, we will continue to urge the Legislature to raise per-child funding to account for providers' rising costs and ensure every child receives the full range of services they need to thrive during a critical time in their development.
- The Texas Legislature maintained funding for women's preventive safety-net programs — Healthy Texas Women, Family Planning Program, and Breast and Cervical Cancer Services — with total funding at \$460 million over the biennium. While the session began with concerns, particularly the significant underfunding of these programs in the first draft of the budget, the final budget ultimately restored these key funding streams to preserve access to preventive and reproductive health care for low-income Texans. Within that investment, lawmakers doubled funding for the state's Women's Preventative Mobile Health Units (MHUs), providing \$20 million for the biennium with a focus on reaching underserved and unserved rural communities. These mobile clinics play a critical role in delivering prenatal care, screenings, and health education to Texans who might otherwise have no access to nearby providers.
- The budget also strengthened the state's maternal safety and quality improvement infrastructure. TexasAIM, a key program aimed at reducing preventable maternal complications in hospitals, received a 50% increase in funding compared to

the last biennium, bringing its total to \$3.5 million and adding 8 new full-time staff. Additionally, \$5.6 million in general revenue, secured through the supplemental budget bill (HB 500), will support improvements to the state's Maternal Mortality Review System and the Maternal and Child Health Quality Improvement System. While this fell short of advocates' original \$9.9 million recommendation, the dedicated funding marks meaningful progress toward building a more responsive, data-driven approach to maternal health challenges.

- In response to the state's rising rates of congenital syphilis, the Legislature allocated funding within the DSHS HIV/STD prevention strategy for a comprehensive effort to reduce related child mortality and morbidity. The funds will be used for provider education, the development of a statewide hotline, deployment of rapid response regional nurse teams, a public awareness campaign, and improvements to IT systems.
- To support the health care safety net, the Legislature allotted \$40 million in state funds to replace expiring federal funds for the Federally Qualified Health Center (FQHC) Incubator Program. This initiative helps nonprofit organizations grow their capacity to deliver comprehensive care, including maternal, behavioral, and preventive services, to uninsured and underserved Texans.
- To address the shortage of OB-trained physicians in rural and high-need communities, the state allocated \$5 million over the biennium to support the Family Medicine Obstetrics Program. These funds will support postgraduate training, salaries, and expansion of programs aimed at equipping family medicine doctors with the skills to safely deliver babies and care for mothers in areas that lack access to OB specialists.
- Lawmakers allocated more than \$200 million to HHSC for the rural hospital grant programs created this session under HB 18 by Rep. Van Deaver. These grants will support workforce recruitment and retention — particularly for OB-GYNs, emergency physicians, and nurses — and improve access to maternal care through expanded services, innovative care delivery models (such as telehealth), and enhanced critical care transport systems.



In addition to these investments, the Legislature passed Rider 76, giving HHSC the authority to implement a short-form application for the Healthy Texas Women program. This change eliminates the need for a burdensome thirty-page Medicaid application, streamlining enrollment and ensuring that eligible women can receive timely care without facing unnecessary administrative delays.

Beyond the state budget, lawmakers passed a handful of important health care bills:

- HB 136 by Rep. Hull will improve support for breastfeeding by covering lactation services under Medicaid health insurance.
- Nearly 1 in 5 Texas newborns eligible for automatic enrollment in Medicaid health insurance are not being enrolled on time, leaving them uninsured and missing critical early checkups. HB 3940 by Rep. Johnson will now begin to address that challenge by providing additional information to parents and health care providers to ensure that newborns can go to the doctor while waiting to be manually enrolled into health coverage.
- HB 713 by Rep. Howard will allow the state's Maternal Mortality and Morbidity Review Committee to study maternal deaths in a more timely manner, which should lead to more effective interventions.

- HB 26 by Rep. Hull authorizes Medicaid to pay for nutrition counseling and instruction services and authorizes a pilot program that will provide medically tailored meals to high-risk pregnant women on Medicaid.
- SB 25 by Sen. Kolkhorst requires additional nutrition curriculum for students pursuing a medical degree and prohibits schools from withholding PE or recess for academic or behavioral reasons through grade eight. SB 25 also added advisory committees to advise state agencies on nutrition and health. It will be important for health experts to engage with these committees to ensure that health agencies continue to make recommendations based on scientific data.

Unfortunately, other critical health care bills that passed the Texas House, including HB 321 and HB 1201, did not pass the Senate.

- Under HB 321 by Rep. Bucy, the state would have notified parents if their uninsured kids were confirmed eligible for Medicaid health insurance based on a SNAP application. By providing these parents with timely, targeted information, the bill would have reduced the state's sky-high uninsured children's rate. Approximately half of the Texas children going without health insurance are eligible for coverage through Medicaid or CHIP.
- HB 1201 by Rep. Manuel would have created a pilot program to cover doula services under Medicaid. A doula is a non-medical health professional who provides physical, emotional, and educational support for women and their families throughout the prenatal, birth, and postpartum periods. Studies continue to link doulas with reduced rates of preterm births, low birth weight babies, postpartum depression, and cesarean delivery, as well as increased rates of breastfeeding.

We're concerned that the Governor vetoed Summer EBT funding appropriated by the Legislature to draw down federal funds for feeding hungry children during the summer.

We're also disappointed that the Legislature continues to reject federal Medicaid expansion funding. While state leaders continue to emphasize that Medicaid should serve the "neediest" Texans, lawmakers did not even hold a hearing on legislation to draw down these funds to provide a health insurance option to working adults who live in poverty.

Finally, beyond the Legislature, we're deeply concerned about Congressional efforts to pass Medicaid and SNAP cuts that would take needed health care and food away from Texans. The budget reconciliation bill that passed the US House in May would knock an estimated 200,000 Texans off their Medicaid health insurance through red tape (according to analysis by KFF). It would prohibit new "provider taxes," making it harder for hospitals to fund new services, such as labor and delivery, as the state population grows. The bill also puts 800,000 Texans at risk of losing all or some of their SNAP food benefits (according to analysis by the Center on Budget and Policy Priorities). The new red tape proposed in the bill also has the potential to undermine the Medicaid and SNAP technology upgrades that the Legislature just invested in.

As we look ahead, three clear priorities are emerging. First, Texans need to defend — and bolster — the safety net system. We need members of Congress to oppose the proposed cuts to Medicaid and SNAP. We urge state leaders to strengthen Medicaid by increasing provider rates, improving enrollment and renewal procedures for eligible Texans, and covering key services for youth with mental health challenges, pregnant women, and others. Second, Texas leaders need to make sure uninsured Texans have health care options, such as community clinics, telehealth networks, FQHCs, and faith-based providers. Third, we welcome the Legislature's current interest in nutrition and physical activity, but they need to pair it with access to timely, consistent health care that health insurance helps provide.

OUTCOMES FOR KEY HEALTHY FAMILIES LEGISLATION



PASSED

Support Children

HB 26 by Rep. Hull

Similar to SB 3001 by Sen. Kolkhorst

Creates a pilot program to allow Medicaid coverage of medically-tailored meals for pregnant women.

HB 136 by Rep. Hull

Adds lactation support services to Medicaid coverage.

HB 713 by Rep. Howard

Streamlines the review of death data for the Texas Maternal Mortality and Morbidity Review Committee.

HB 3940 by Rep. Johnson

Similar to SB 2728 by Sen. Cook

Improves health coverage of newborn babies by providing additional information to parents and health care providers.

SB 25 by Sen. Kolkhorst

Similar to HB 25 by Rep. Hull

Establishes recess requirements for middle and elementary schools, nutrition curriculum for health-related degrees, and an advisory council to provide nutrition guidelines for Texans, among other provisions.

SB 31 by Sen. Hughes

Similar to HB 44 by Rep. Geren

Clarifies medical emergency exceptions to Texas abortion ban laws that will help ensure women with pregnancy complications such as ectopic pregnancies get the timely care they need.

Raise Concerns

HB 138 by Rep. Dean

Similar to HB 1906 by Rep. Paul and SB 818 by Sen. Bettencourt

Requires a cumbersome process for consideration of any legislation that adds health benefits to insurance.

HB 1586 by Rep. Hull

Makes it easier to request an exemption from vaccines required for school enrollment.

HB 4076 by Rep. Leach	Prohibits health care providers from considering the vaccine status of patients when determining an organ transplant list.
SB 379 by Sen. Middleton Similar to HB 3188 by Rep. Raymond, HB 4970 by Rep. Cain, and HB 5243 by Rep. Gerdes	Prohibits the use of SNAP to purchase soda and candy despite studies showing that restrictions are not effective tools for improving health.

DID NOT PASS

Support Children

HB 38 by Rep. Bucy	Would have improved the Texas Information and Referral Network, which helps families find food, health care, and other family supports in their local area.
HB 220 by Rep. Ordaz Similar to SB 1899 by Sen. Huffman	Would have allowed hospitals to offer Plan B emergency contraception to sexual assault survivors.
HB 321 by Rep. Bucy Similar to SB 238 by Sen. Johnson	Would have notified families that their children are eligible for Medicaid health insurance if they are confirmed eligible following a SNAP application.
HB 514 by Rep. Lalani Similar to SB 1330 by Sen. Perry	Would have created a public outreach campaign aimed at increasing the number of trained maternal health professionals across Texas.
HB 1201 by Rep. Manuel Similar to statewide bills HB 5583 by Rep. Shofner and HB 2573 by Rep. Walle	Would have created a pilot program to add doula services to Medicaid coverage.
HB 2117 by Rep. Walle	Would have ensured the Texas Maternal Mortality and Morbidity Review Committee reviews data from each year.
HB 2140 by Rep. Simmons	Would have included doulas on the Texas Maternal Mortality and Morbidity Review Committee.
HB 2159 by Rep. Gámez	Would have allowed minors who are parents to consent to their own health care.
HB 2477 by Rep. Simmons	Would have added doula services to health insurance for state employees.

HB 3735 by Rep. Shofner	Would have added midwife services and other prenatal, birthing, and postpartum health services to private health insurance.
HB 3917 by Rep. Rose Similar to SB 2483 by Sen. Alvarado	Would have added up to four maternal depression screenings to children's Medicaid coverage.
HB 4093 by Rep. Allen Similar to SB 2552 by Sen. West	Would have required school districts to provide health coverage enrollment information to families during student enrollment.
SB 232 by Sen. Johnson Similar to multiple bills	Would have drawn down federal Medicaid expansion funding to offer health insurance to low-income adults.
SB 1031 Sen. Blanco Similar to HB 2202 by Rep. Guillen	Would have streamlined eligibility determinations and renewals for SNAP benefits.
SB 1102 by Sen. Paxton	Would have allowed midwives to administer certain medications.

Impact Children

HB 4273 by Rep. Oliverson Similar to SB 961 by Sen. Kolkhorst	Would have codified current state policies for periodic income checks and self-attestation in Medicaid/CHIP applications.
SB 921 by Sen. Sparks Similar to HB 2865 by Rep. Noble	Would have changed administrative renewals in Medicaid and CHIP.

Raise Concerns

HB 139 by Rep. Dean	Would have allowed employers with more than 50 employees to offer "junk" insurance plans — with very limited benefits — to their employees.
SB 407 by Sen. Middleton Similar to HB 1468 by Rep. Leo Wilson	Would have prohibited hospitals from requiring vaccines for employees.

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