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Written Testimony to the Legislative Budget Board
Re: Health and Human Services Commission
2028–2029 Legislative Appropriations Request Hearing
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From: Lynn Cowles, Director of Health and Food Justice, Every Texan
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Members of the Legislative Budget Board, including the offices of the Speaker of the House, the Lieutenant Governor, and the Governor of Texas,

I'm very grateful for your time and for the opportunity to provide this testimony to make recommendations to Texas lawmakers on strategies for maximizing the use of taxpayer dollars in our state and improving overall outcomes for Texans.

My name is Lynn Cowles, and I direct the Health and Food Justice policy portfolio at Every Texan. We are an independent, data- and community-driven public policy organization advocating for legislative and administrative solutions that increase stability and opportunity for Texans of all backgrounds.

First, I want to thank the leadership at the Texas Health and Human Services Commission for all of the work and time they put into their 2028–29 Legislative Appropriations Request. Enumerating agency strategies amounting to All Funds nearing $50 billion annually is a massive project.

While we are also grateful to the Governor's office for your attention to the effectiveness and efficiency of Texas-run programs in directing agencies to make 3% budget cuts aside from excepted programs, we understand that recent and planned reductions to federal spending in states including Texas on some of the programs that HHSC administers, like Medicaid and SNAP food stamps, will require state leaders to increase funds allocated to HHSC rather than reduce agency funds overall from our current biennium to the next.

By increasing or allocating for the first time state general revenue for SNAP food stamps, Medicaid, the LBB and lawmakers will help improve the integrity of those programs by assuring that Texans maintain enrollment as long as they are eligible and avoid falling through cracks due to paperwork burdens and challenges with contacting the agency for support. When Texans stay enrolled in the programs for which they're eligible, they're more likely to move out of eligibility for those programs due to increased income, increased household stability, and improved family health. Their continued enrollment in those publicly-funded programs reduce the burdens on state and local resources that occur when families' enrollments lapse in spite of their continued eligibility.

HHSC Budget Recommendations

1. Fund HHSC LAR's Exceptional Items;
2. Plan for increasing overall HHSC budget by drawing funds from state economic stabilization fund or reallocating discretionary funds from other state-funded funding pools;
3. Increase funding for Home and Community-Based Services for people living with disabilities;
4. Increase funding for women's health programs; and
5. Increase funding to local offices, providers, and community-based organizations that provide health care to uninsured Texans, underinsured Texans, and low-income Texans with high medical needs.

Increase funding for Home and Community-Based Services for people living with disabilities.

We appreciate and support HHSC's Exceptional Item #9, Supporting individuals with Intellectual or Developmental Disabilities (IDD) who have high behavioral health and/or medical needs. Additionally, we recommend that LBB and the legislature plan for the pressure that state budgets will experience in the coming biennium as more Texans continue to lose health insurance through publicly-funded programs like Medicaid and qualified health plans through the Affordable Care Act. While those people losing coverage will not necessarily live with IDD, because state-funded Home and Community-Based Services (HCBS) are optional for states under federal law and because federal offices have recently issued public statements about their reversals of decades-old commitments to ensuring people with disabilities can remain in their homes and communities, state lawmakers often solve for budget deficits by cutting federally-optional HCBS services.

While short-term reductions to state spending follow that decision, the long-term effects of cutting HCBS include increased costs to the state in state-funded institutional care, which is more expensive than HCBS; increased costs to the state in emergency response services, when people living with disabilities lose funding for their in-home support networks; and increased costs to the state in justice-involved engagements with people with IDD who not longer have access to their homes, care attendants, and support networks.

Recommendation: Add $100,000,000 over the biennium biennium to Strategy 1.2.1, Home and Community-Based Services, which currently sees a 1.8% reduction in General Revenue and a 2.5% reduction in All Funds in the current LAR.

Increase funding for Women's Health Programs.

Healthy Texas Women (HTW) and Family Planning Program (FPP) provide necessary health care for uninsured and underinsured people around Texas, including women, men, and children. Programs like mobile health units operated by THW providers make health care accessible in

rural areas where Texans have sometimes not seen a medical provider in decades. As uninsurance rates in Texas increase due to federal funding cuts, we recommend that the LBB and the Texas legislature support these medical access points in rural communities.

Recommendation: Increase LAR projection for Strategy 4.1.1, Women's Health Programs, which currently sees a 8.1% reduction in General Revenue and a 15.2% reduction in All Funds in the current LAR. Increase 4.1.1 funds so they exceed current biennium funding level due to anticipated increased utilization of these programs in the coming biennium.

Increase funding to local offices, providers, and community-based organizations that provide health care to uninsured Texans, underinsured Texans, and low-income Texans with high medical needs.

Given the complexity of health care eligibility, enrollment, and utilization processes around the US and in Texas, many Texans without access to stable health insurance through an employer are unsure of the criteria for enrollment into the array of programs that could help them pay for health care, like coverage based on conditions (Medicaid for people with disabilities or certain cancers, Medicare, HCBS, or others); or coverage based on insurance status and income (like qualified plans available through the health insurance Marketplace); or coverage from local programs that don't offer comprehensive care but do offer some access to doctors and medications (like HTW, FPP, local indigent care programs, and others).

While health insurance agents and brokers can support Texans in understanding, applying for, and enrolling in programs like those listed above, agents and brokers lack incentives to provide to Texans the necessary education to maintain and use health care programs and overlap access to those programs with other community-based support systems like utility assistance, child care, and others. However, nonprofit health care benefits counselors, Navigators, community health workers, and patient advocates do that work with thousands of Texans every day. By developing a better-informed population of state residents who can navigate the complexity of Texas healthcare systems and by increasing enrollment in programs that provide primary and preventive care, these community-based programs save the state long-term costs in higher utilization of emergency rooms from uninsured and underinsured people around the state.

Recommendation 1: Support the suggestion in HHSC's 2028–29 Biennium 3 Percent Reductions Summary by "using the existing statewide community-based navigator program with the Community Partner Program" to replace "community-based access to SNAP application assistance" (6). While HHSC's summary does not specifically address providing funding for certified Community Partner Programs (CPPs), we recommend adding a $15 million item to the base budget to support these community organizations that save state funds by providing consistent health, application, and program education for community members, whose applications take less time and fewer resources for state eligibility workers to process because

CPP-supported applications contain fewer errors and are more accurate than those submitted by applicants alone.

Recommendation 2: Increase funding for Strategy 4.3 concerning county indigent health care programs by at least $254,000,000 over the biennium for both strategies. State statute requires counties to operate indigent health care programs, but those programs are largely unfunded by the state legislature and lack funding from county tax bases. The LAR's current funding Strategy 4.3.1 reduces Indigent Health Care Reimbursement by 100% and reduces Strategy 4.3.2 for County Indigent Health Care Services by 75.2% of General Revenue and 63.2% of All Funds allocated in the previous biennium to that strategy. While county indigent health care programs do not provide the comprehensive coverage that other statewide strategies would provide and would save the state the most funds overall, they do provide primary, preventive, and, in some cases, specialist care for low-income residents of counties across Texas, especially rural counties, which continue struggling under high rates of uninsurance in rural regions as uninsured people continue seeking expensive emergency medical care when they have had no options for preventive, primary, or specialist care.

We share the above concerns in the interest of supporting HHSC's robust operations in the coming biennium. We look forward to working with the LBB; the offices of the Speaker of the House, the Lieutenant Governor, and the Governor of Texas; and legislative committees including Senate Finance, House Appropriations, and others to assure that the legislature provides adequate funding for programs that improve health outcomes for eligible state residents, improve health outcomes for all Texans, and save state funds overall.

Please let me know if I can send along any more details or answer any questions. We appreciate this opportunity to make recommendations.

Thank you again,

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