Testimony to Legislative Budget Board re HHSC

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Honorable Chair and Members of the Legislative Budget Board:

Good morning/afternoon, my name is Jacqueline Taylor. I am here today to ask the Legislature to increase the amounts allocated through HB 18 (2025), the Rural Health Stabilization and Innovation Act, which created support for rural county indigent care and community health worker programs.

I am a resident of Lubbock, Texas, an AmeriCorps VISTA alum, and most importantly, a bonus mom who spent a lot of time in our local children's hospital last year. My 9-year-old kiddo, Kai, had 4 overnight hospital stays in 2025. Three for a chronic ear infection and one after breaking his arm.

The last is what brought me here. His broken arm occurred at a birthday party in Seagraves. After an initial stop at the EMS Barn, and then a stop in an ER in Brownfield, the closest facility but one that did not provide the appropriate care - which is another story - we ended up at UMC Children's Hospital in Lubbock.

We were lucky on two fronts:

1. Lubbock is home to the only Level 2 Pediatric Trauma Center in a 5-hour driving radius.
2. His mom is a state employee and receives great insurance coverage.

But even with this quality insurance, we are still making significant monthly payments because of deductibles and extended hospital stays.

There are so many kiddos and families in West Texas who already have to drive over an hour to reach an emergency room and preventative care. They should not have to worry on top of that travel time whether or not they will be able to pay for said health care, but that is the reality most of our neighbors are facing. You may have heard the term ALICE. If you haven't, it stands for Asset Limited, Income Constrained, Employed.

According to the most recent *United Way's State of ALICE in Texas report*, 1 in 4 Texas households make just enough to **not** receive entitlement benefits.

When I was an AmeriCorps VISTA Leader with Feeding Texas, I learned about the fish tank analogy. The water level is the income, the filter and pumps are expenses, and gravel and decorations are assets. ALICE folks living paycheck to paycheck are in a bare-bones tank, with any little disturbance a crisis - the a/c breaking in the middle of summer, a car breaking down, or god forbid, a medical emergency like a broken arm or chronic ear infections that requires

multiple hospital stays in a short period of time. Folks tend to make up this income gap by rationing or even going without food and medication just to keep the lights on and a roof over their head.

This is why I am here today, asking you to increase funding for programs related to the Rural Health Stabilization and Innovation Act and to the federally-funded Rural Health Transformation Program. Specifically, I ask you to restore funding for rural hospital stabilization (Strategy 4.4.1), which HHSC's LAR cuts by $22 million, and county indigent health care services (Strategy 4.3.2), which the LAR cuts by 75%. These investments would support our frontline health care workers, strengthen access to care, reduce extreme medical debt, and help families focus on the next steps of the healing process. In Kai's case, healing included 2 months in a cast and another two months of physical therapy.

Thank y'all again for listening to my testimony and increasing funding to rural health care and indigent care programs to ensure Texans spend less time worrying about how they will pay their medical bills and more time focusing on getting and staying healthy.

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This advocate participated in programming that equips Texans most impacted by state budget decisions with the knowledge, skills, and support to advocate for policies that strengthen our communities.