Testimony to Legislative Budget Board re HHSC

Mireya Almaraz, biomedical science doctoral student, UT-Southwestern

Sept. 24, 2026 | mireya.almaraz13@gmail.com

Honorable Chair and Members of the Legislative Budget Board:

My name is Mireya Almaraz. I am a former resident of the Rio Grande Valley, and I am here to support funding for diabetes preventative programs.

In December 2015, I received a phone call from Valley Baptist Medical Center requesting permission to conduct a CT-scan on my unconscious mother. My mother had developed stage 4 kidney failure as a consequence of unmanaged diabetes and the overflow of toxins led to that moment. I was 18. Once she began dialysis treatment, I learned how long the waitlist to get a regular appointment was. I noticed how many diabetic patients were also in line to see her nephrologist or ophthalmologist or cardiologist. This puts a strain on the patient and on their family. As an only child and college freshman, this was a lot to manage – financially, emotionally, and physically. If there was access to more education on diabetes prevention and how diabetes leads to life-threatening conditions such as neuropathy, heart and kidney failure, and vision loss, more people would avoid this outcome.

Now as a biomedical science doctoral student at UT-Southwestern studying heart failure, I can tell you the data points towards an increase in people developing heart failure as a result of diabetes and obesity. According to a paper published by UTRGV, 1 in 3 RGV residents have diabetes with some counties' prevalence as high as 47%. Based on my lived experiences and my findings in the lab, we need to increase disease awareness and ensure people have access to affordable, accessible health coverage.

Currently, HHSC is doing a study on the feasibility of funding diabetes prevention programs for people who are enrolled in Medicaid. The 2026–27 budget funds this study was funded in HHSC's rider 38. The study is due out on November 1st, 2026, and I strongly encourage the Legislative Budget Board and the State Legislature to invest in the study's recommendations. Also, if the recommendations made by the study are applicable to people who have health care access outside of Medicaid (like people with employer coverage, people with Medicare, or uninsured Texans), I ask the LBB and lawmakers to fund recommended diabetes prevention programs under the purview of other HHSC initiatives, like Strategy 4.1.11, to Provide Primary Health and Specialty Care through Additional Health-related Services, including Community Primary Care Services, the goal of which strategy is "to prevent, detect, and treat health problems" for Texans HHSC's LAR notes that Community Primary Care Services "grantees often expend all funds prior to the end of the fiscal year, and regularly request additional funding."

In addition, I request that legislative bodies add state funds to the federal funding for Rural Texas Strong, the Rural Health Transformation Program, for related programs in Texas. This program provides diabetes prevention and other health support in rural areas. HHSC's LAR proposes a cut of approximately $22 million in general revenue funding from strategy D.4.1, Rural Hospital Stabilization and Innovation. I ask the Legislature to restore funding for that item to 2026–27 levels. Even with the federal Rural Texas Strong funds, Texas' rural hospitals will need the stable Stabilization and Innovation funds to maintain and develop healthcare

infrastructures, which will strain under expected drops in the rates of Texans covered by qualified health insurance plans due to federal health care policy shifts since 2025.

By educating more at-risk individuals and increasing opportunities to access care in communities, we can improve the health of Texans and better support families in Texas. Thank you for your attention.

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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.