Testimony to Legislative Budget Board re HHSC

Nidhi Rao, Rice University student, Houston
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Honorable Chair and Members of the Legislative Budget Board:

My name is Nidhi Rao, and I live in Houston, Texas. I appreciate the opportunity to testify today. I am a student at Rice University, and I work with the Patient Discharge Initiative at Ben Taub Hospital, a program dedicated to help identify patients' medical and social needs as they prepare to leave the hospital.

One experience that has stayed with me was working with a patient who was preparing for discharge. As we talked through his needs, it became clear that transportation barriers would make it difficult for him to attend follow-up appointments. At the same time, he was struggling to maintain reliable access to food. What stood out to me was that the patient could understand what care he needed, but understanding his care plan was not enough. He still faced barriers to actually carrying it out once he left the hospital.

My experience shows that a successful hospital discharge involves more than treating a patient's immediate medical condition. Patients can leave the hospital with a treatment plan and still struggle to follow it when they do not have reliable access to food, transportation, or other basic resources.

Texas already has two pieces of infrastructure that address parts of this problem.

Second, HHSC funds a SNAP Outreach Program that provides outreach and application assistance to potentially eligible Texans, including helping people understand SNAP eligibility, applications, and available benefits.

My recommendation is to build on these existing efforts by strengthening the connection between the hospital setting and the resources that patients can access after discharge. Rather than creating an entirely separate system, Texas could support hospital-based staff or partnerships with community organizations that help patients who screen positive for food insecurity take the next steps: applying for SNAP and other benefits, connecting with food banks and pantries or medically appropriate food programs, and receiving follow-up after discharge.

My experience has shown me that identifying a need does not necessarily mean a patient can overcome it on their own. The goal of this investment would be to make the existing screening and resource systems more actionable during the transition from hospital care to home so that a patient is not simply given a list of resources, but receives support navigating the connection to those resources.

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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.

I urge the Texas Legislature to build on existing HHSC food insecurity screening and SNAP outreach efforts by funding hospital-based food insecurity navigation and post-discharge follow-up, because identifying that a patient is food insecure is only the first step. Patients also need support connecting to the resources that can help them recover at home. More specifically, while SB 26 last session awarded 5 million for this service for pregnant mothers, we hope to see Texas expand the Medically Tailored Meal delivery program/Food is Medicine efforts in the next session. Thank you.

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