



**PARTNERSHIP FOR
A HEALTHY TEXAS**

CONQUERING OBESITY

*Dedicated to developing and promoting policies
and programs that prevent obesity in Texas.*

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PRIORITIES FOR THE 88TH LEGISLATIVE SESSION



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The Partnership for a Healthy Texas began in 2006 and has grown to a coalition of more than 50 organizations. We serve to improve the public health as a valued partner in the fight against obesity and continue to have a concerted influence on Texas policy. We believe that by working together we can maximize our impact on the health of Texans and drive economic productivity by reducing the burden of chronic disease.

MISSION: To develop and promote state policies that prevent and reduce obesity in Texas.



Find what works for Texans



Set priorities for the Legislature



Follow through and track success

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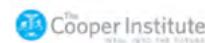
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PARTNERSHIP FOR A HEALTHY TEXAS

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The Partnership for a Healthy Texas has identified three priorities and eight recommended policies for consideration by the 88th Texas Legislature. These policies are aimed at positively impacting the obesity epidemic in Texas.

Summary of Priorities for the 2023 Legislative Session:

Modernize the Texas Supplemental Nutritional Assistance Program (SNAP) to eliminate food insecurity, increase Texan's access to healthy foods, and decrease their risk of obesity.

1. Update the SNAP Vehicle Asset Test.
2. Address hunger on college campuses by allowing students in vocational or technical programs to receive SNAP.
3. Allocate funding for implementation of the SNAP Incentives program, Double Up Food Bucks, to increase SNAP beneficiaries' access to fresh fruits and vegetables.

Ensure all Texas children have access to a well-rounded education which includes recess, physical education, and instruction on health and school infrastructure to help them develop healthy habits.

4. Protect and enhance evidence-based requirements around recess, fitness assessments, physical education, and health education.
5. Invest in healthy school environments by allowing local education agencies to draw down federal funds for Medicaid services, including nursing services and counseling, provided at school for Medicaid enrolled students.
6. Promote accessible paths for K-12 students to get to school on foot or on bike through funding and state level support for both safe infrastructure improvements and non-infrastructure education to support families' options for active transportation.

Recognizing the complex nature of obesity, empower Texas Medicaid to implement cost-saving initiatives that incorporate evidence-based treatments and healthy food interventions.

7. Advocate for the inclusion of all evidence-based weight management therapies as a required benefit of Medicaid.
8. Support the adoption of a statewide policy framework to better integrate clinical and community services to improve access to healthy foods.

1 SNAP VEHICLE ASSET TEST

Update the SNAP Vehicle Asset Test

Issue

The Supplemental Nutritional Assistance Program (SNAP) is the nation's first line of defense against hunger. However, the SNAP Vehicle Asset Test prevents thousands of hungry Texas families from accessing temporary food assistance. The extremely low limit, especially on secondary vehicles, disqualify many two-parent and multigenerational households and limit people's ability to work while on the program. Recent inflation in the car market has caused thousands of Texans to lose their benefits at recertification because vehicles that were previously under the limit have risen so significantly in value. No family should be denied help simply because they own a reliable vehicle, and no family should lose their ability to put food on the table because of inflation in the car market.

Background

SNAP is a federally funded program that helps low-income families buy nutritious food from local food stores. Eligibility for SNAP is primarily based on income and family size. Texas also chooses to use a Vehicle Asset Test, which places a limit on the value of the vehicle that a household may own and still qualify for benefits. The limit on value for a family's first vehicle is \$15,000 and any subsequent vehicles are limited to \$4650. These limits have not been updated since 2001 and 1973, respectively.

Additionally, able-bodied adults in Texas who receive SNAP are required to work 30 hours per week in order to maintain their eligibility. However, the Vehicle Asset Test prevents people from qualifying for SNAP and owning a reliable vehicle.

Recommendation

Modernize the SNAP Vehicle Asset Test by applying an inflationary adjustment to the current limits.

Issue at a Glance

- \$15,000 – Limit for Value of 1st Vehicle – Last Updated in 2001
- \$4650 – Limit for Value of subsequent Vehicle – Last Updated in 1973



2 HUNGER AMONG COLLEGE STUDENTS

Address hunger on college campuses by allowing students in vocational or technical programs to receive SNAP.

Issue:

College students in Texas should not have to choose between food and education. Even with tuition aid, 38 percent of students at two-year colleges, and 29 percent of students at four-year universities experience hunger. Unfortunately, access to the Supplemental Nutrition Assistance Program (SNAP) is severely limited for college students, especially those attending school more than half the time. However, a simple change in policy will allow low-income students in vocational and technical degree programs to access SNAP while pursuing their degrees.

Background:

College tuition costs are rising, and with current inflation, so are the costs of food, housing, and other necessities. The inability to afford these basic needs is the number one reason cited by community college students for not completing their education.¹ Short term food assistance through SNAP, the nation's largest anti-hunger program, can be part of the solution to helping eliminate some of these barriers. Eliminating hunger on Texas college campuses is critical to ensure the Texas workforce remains strong and future leaders thrive.

Recommendation:

Instruct the Texas Health and Human Services Commission (HHSC) to identify college degree programs that are vocational or technical in nature, so that students enrolled in these programs can receive SNAP.

Issue at a Glance

- 38% of students at two-year colleges experience hunger.
- 29% of students at four-year universities experience hunger.



¹ The Hope Center for College, Community, and Justice. (2021). #RealCollege 2021: Basic Needs Insecurity During the Ongoing Pandemic. Philadelphia, PA

3 DOUBLE UP FOOD BUCKS/ SNAP HEALTHY FOOD INCENTIVE PROGRAM

Allocate funding for implementation of the SNAP Incentives program, Double Up Food Bucks, to increase SNAP beneficiaries' access to fresh fruits and vegetables.

Issue

In a time of high inflation, especially for fresh fruits and vegetables, many Texans are having to make tough choices about how to feed their families. SNAP incentive programs help families stretch their food dollars and buy healthier options, which means that children are taught healthy behaviors, establishing lifelong habits that will support their overall health and wellness. SNAP incentives ensure that SNAP participants have greater access to nutritious foods and helps to encourage them to purchase more fruits and vegetables. Without these incentives, thousands of families would not be able to afford fruits and vegetables for their kids. Programs like Double Up Food Bucks implement this program at a local and regional level through federal grants and private funding, but there is a huge opportunity to expand these benefits to rural Texans and others who currently lack access.

Background

SNAP incentive programs like Double Up Food Bucks work by offering SNAP recipients discounts or matching coupons when they spend their benefits on healthy fruits and vegetables. This is a proven program that helps families eat healthier and maintain a healthy lifestyle. In addition to direct benefits for families, these incentives can also address the problem of food deserts by increasing economic activity, which encourages the opening of new stores or markets.

Recommendation

Appropriation of at least \$5 million to the Health and Human Services Commission to implement a SNAP incentive program that allows retailers to offer matching incentives to SNAP recipients who use their benefits to purchase healthy fruits and vegetables.

Issue at a Glance

Incentive programs benefit some of the most vulnerable populations in our country, reducing food insecurity. Nearly two-thirds of all SNAP participants are children, elderly, and people with disabilities. Other info:

- SNAP incentives can increase spending on fruits and vegetables in grocery stores, which generates economic growth. Every \$5 spent using SNAP generates as much as \$9 in economic activity.
- SNAP incentives have had a direct impact on revenues for local merchants, especially farmers. According to the USDA's Economic Research Service, each \$1 billion of retail generated by SNAP creates \$340 million in farm production, \$110 million in farm value-added, and 3,300 farm jobs.
- In several studies, incentives directed at low-income populations are associated with expanded physical access to healthy foods

4 PROTECT AND ENHANCE PHYSICAL ACTIVITY AT SCHOOL

Protect and enhance evidence-based requirements around recess, fitness assessments, physical education, and health education.

Issue

Prior to the pandemic, 78.4 percent of Texas youth were falling short of the recommendation of 60 minutes of physical activity. Decreased physical activity during the pandemic puts children at risk for obesity, an issue prevalent in Texas where 17.3 percent of youth live with the disease. Schools are a key opportunity to promote physical activity through recess, physical education, and health education.

Background

Research shows that fit students perform better inside and outside the classroom. Dedicated time for physical activity can positively impact cognitive skills and attitudes and academic behavior, including enhanced concentration and improved classroom behavior.² They also provide the opportunity for teaching problem-solving and life skills. Recess is a critical time for physical activity during the school day. At least 20 minutes of recess per day allows children to be active, practice life skills and reenter the classroom healthy and ready to learn. Similarly, physical education is an opportunity for students to learn age-appropriate skills to develop the mind-body connection, which improve overall wellness and improves mental health. Finally, by providing effective health education, schools can help students develop skills and habits to maintain a healthy lifestyle. The FitnessGram assessment, developed by The Cooper Institute in Dallas, plays a critical part in the physical education process by providing a feedback system for students, teachers, and parents. These assessments can help drive decisions for curriculum and assist families in making healthy behavior modifications.

Recommendation

- Require school districts to create and institute recess policies that reflect best practice, consider recommendations from the School Health Advisory Committee (SHAC).
- Restore physical education requirements to 6 total semesters for middle school and 3 semesters for high school. Require 1 semester of health education for graduation.
- Preserve the FitnessGram as the tool for tracking child health through schools.

Issue at a Glance

- National Association for Sport and Physical Education Recommendation: 20 mins of recess/day
- 36% of Texas children between 6 and 10 play outside 3 or fewer days per week.³
- 80.4% of Texas youth fail to get the recommended 60 minutes of physical activity.⁴

² School Physical Activity and Nutrition (SPAN) Project. Michael & Susan Dell Center for Healthy Living.

³ The Robert Wood Johnson Foundation and Trust for America's Health. (2020). The State of Obesity in Texas. Retrieved from <https://stateofchildhoodobesity.org/states/tx>.

⁴ The Association Between School-Based Physical Activity, Including Physical Education, and Academic Performance. Centers for Disease Control and Prevention, 13 Aug. 2019, https://www.cdc.gov/healthyyouth/health_and_academics/index.htm.

5 FREE CARE RULE

Invest in healthy school environments by allowing local education agencies to draw down federal funds for Medicaid services, including nursing services and counseling, provided at school for Medicaid enrolled students.

Issue

Currently, Texas schools can only bill Medicaid for services provided through an Individualized Education Plan (IEP). Allowing reimbursement for all allowable services provided to Medicaid-enrolled students will provide districts with a sustainable source of funding for school health services. With additional funds, schools will be able to better fund school nurse positions and invest in the Whole Child School Health policy approach.

Background

In 2014, the Centers for Medicare and Medicaid Services reversed a longstanding Medicaid policy that limited the ability of school districts to seek Medicaid reimbursement for student health services. The new policy allows schools to bill for services provided to all Medicaid-enrolled students. Adopting this rule would not require any new expenditures by the state; the federal match is pulled down through school funds spent on student health services. Seventeen states have pursued this policy, and many more are in the process of submitting state plan amendments.

Federal matching funds will help schools fund vital school nurse positions and incentivize schools to expand services. Sustained school health staff can better support investments in the Whole Child School Health approach which includes a broad range of practices from health education to physical activity to mental and behavioral health supports. Healthy school environments can help students develop healthy habits that reduce their risk for obesity.

Recommendation

Direct the Texas Health and Human Services Commission to submit a State Plan Amendment to the Centers for Medicare and Medicaid Services to implement the Free Care Rule.

Issue at a Glance

- States with Free Care include: Florida, Georgia, South Carolina, North Carolina, Missouri, Arkansas, Colorado, Louisiana, Arizona, California, Nevada, Minnesota, Michigan, Kentucky, New Hampshire, Massachusetts, Connecticut.
- Florida estimated that they would receive an additional \$50 to \$100 million in federal funds for school health.
- No state investment is required to draw down the federal match.



6 SAFE ROUTES TO SCHOOLS

Promote accessible paths for K-12 students to get to school on foot or on bike through funding and state level support for both safe infrastructure improvements and non-infrastructure activities to support families' options for active transportation.

Issue

80.4 percent of Texas youth are falling short of the recommended of 60 minutes of physical activity.⁵ Active transportation options provide an opportunity for children to be physically active before and after school and build healthy habits. However, active transportation requires safe infrastructure and safety education to minimize injuries as kids travel to and from school.

Background

The Safe Routes to Schools (SRTS) program was created in 2005 to promote accessible paths for students in kindergarten through 8th grade to get to school on foot or bike through safe infrastructure improvements and educational efforts. SRTS educational programs, such as Walk and Bike to School Day, provide safe opportunities for children to be physically active, while reducing transportation costs and traffic congestion.

The Bipartisan Infrastructure Law significantly increased available federal funds that provide an opportunity for Texas to refocus and reinvigorate the SRTS program in the state. The new law increased funding for the Transportation Alternatives Program by over \$2.8 billion and expanded eligibility for the Highway Safety Improvement Program (HSIP) to include Safe Routes to Schools projects.⁶

Recommendation

- Invest in the Safe Routes to School program by staffing the program with a full-time coordinator and requiring TXDOT to publish biannual strategic plans for the program.
- Utilize funding available through the Bipartisan Infrastructure Law to invest the maximum allowable HSIP funds in SRTS infrastructure projects and the 10 percent of HSIP funds on SRTS non-infrastructure projects and education.

Issue at a Glance

- One study showed a 25% and 18% increase in active transportation choices associated with educational and infrastructure programs, respectively.⁷
- Other states, including Florida, have invested in the SRTS program by funding a full-time SRTS coordinator.
- Walk and Bike to School Day is a notable program of SRTS.

⁵ School Physical Activity and Nutrition (SPAN) Project. Michael & Susan Dell Center for Healthy Living.

⁶ Trust for America's Health. 2022 Obesity Report. Retrieved from: https://www.tfah.org/wp-content/uploads/2022/09/2022ObesityReport_FINAL3923.pdf

⁷ Noreen McDonald, Ruth Steiner, Chanam Lee, Tori Rhoulac Smith, Xuemei Zhu and Yizhao Yang (2014). "Impact of the Safe Routes to School Program on Walking and Bicycling." *Journal of the American Planning Association*. Vol 80, Iss 2, p 153-167.

7 COVERAGE FOR OBESITY TREATMENT IN MEDICAID

Advocate for the inclusion of all evidence-based weight management therapies as required benefit of Medicaid.

Issue

More than 1 in 5 Texas children have obesity and more than 1 in 3 Texas adults have obesity.⁸ Obesity rates tend to be higher for adults and families in lower-income households and for adults without college degrees. Evidence-based, effective treatment options, including nutrition and obesity counseling exist, but are not covered for the obesity diagnosis in Texas Medicaid.

Background

Obesity has been recognized as a disease by the scientific and medical communities. Obesity is a complex, chronic disease influenced by both intrinsic and external factors. Therefore, when addressing obesity, clinical, obesity-related services must be available for inclusion in a patient's treatment plan. There are many clinical options to address obesity and manage weight, including medical nutritional counseling, intensive behavioral therapy, and pharmaceuticals.

The Affordable Care Act requires coverage of obesity counseling, as well as other treatment options, for patients with most private health plans. Texas Medicaid does not currently cover these same interventions for the diagnosis of obesity.

Recommendation

Direct Texas Medicaid to cover obesity-related services including obesity and nutritional counseling, anti-obesity medications, and evidence-based pediatric weight-management programs for the diagnosis of obesity.

Issue at a Glance

- From 2017-2020, 43.9% of adults with incomes below 130% of FPL had obesity.⁹
- Children with obesity are more likely to become adults with obesity. Obesity increases the risk for additional chronic diseases including hypertension, stroke, diabetes.
- Obesity could cost Texas Businesses \$34.5 billion per year by 2030 in health care costs, absenteeism, presenteeism, and disability.¹⁰



8 The Robert Wood Johnson Foundation and Trust for America's Health. (2020). The State of Obesity in Texas. Retrieved from <https://stateofchildhoodobesity.org/states/tx>.

9 Trust for America's Health (2022). 2022 Obesity Report. Retrieved from: https://www.tfah.org/wp-content/uploads/2022/09/2022ObesityReport_FINAL3923.pdf

10 Combs, Susan. 2011. "Gaining Costs, Losing Time: The Obesity Crisis in Texas." https://demographics.texas.gov/Resources/Publications/2011/2011-02_GainingCostsLosingTime.pdf, p 17

8 INTEGRATE CLINICAL AND COMMUNITY SERVICES TO IMPROVE ACCESS TO NUTRITIOUS FOODS

Support the adoption of a statewide policy framework to better integrate clinical and community services to improve access to healthy foods.

Issue

Research indicates that nonclinical factors, such as where a person lives, works, and plays, contribute to as much as 80 percent of a person's health outcomes. Food insecurity is one of those key drivers of health, and as a result, driver of higher health care costs.¹¹ The Center for Disease Control suggests that food insecurity adds about \$53 billion annually to health care cost in the U.S and up to \$2 billion in Texas.¹² **Access to healthy and nutritious foods can help prevent health issues, chronic diseases like obesity, and the associated health costs.**³

Issue at a Glance

- 4.7 million Texans are enrolled in Medicaid and the Children's Health Insurance Program
- 32% of US Medicaid beneficiaries often purchase less-healthy food options than they otherwise would because of lack of money, compared to 13% of non-recipients¹⁴

Background

Across Texas and the nation, physicians, hospitals, managed care organizations (MCOs), and community entities have been working together to address these factors by connecting patients to services and food resources, recognizing that addressing these needs improve overall health outcomes and reduce costs. Texas Medicaid will soon adopt policy to reimburse providers who choose to screen for food insecurity among other needs. However, screening is only the first step; if a patient screens positive, connecting them with services, such as a food bank is the next step.

There are more than 4 million Texans who receive healthcare through Medicaid. Nearly all are enrolled in a managed care organization (MCO). MCOs have the flexibility to provide services, such as food as medicine programs, that are not formal Medicaid benefits, and many have experimented with pilot programs to provide these services as a cost-effective way of improving clients' care. However, MCOs do not get credit for these activities when rates are set, which discourages scaling of these programs. Texas can address this gap by categorizing food as medicine programs as "in lieu of services," which would allow states to consider the cost and utilization of these services when setting rates for MCOs.

Recommendation

Enact recommendations proposed by the HHSC Value-Based Payment and Quality Improvement Advisory Committee (VBPQIAC) by:

1. Directing HHSC to approve Food as Medicine interventions as an in lieu of service (ILOS) in Medicaid under federal authority outlined in 42 C.F.R. § 438.3(e)(2).
2. Directing HHSC to create an incentive arrangement that rewards MCOs that partner with community-based organizations, other MCOs, and network providers to offer in lieu of services that address food insecurity and support healthy eating and build related capacity. Potential funding for this incentive arrangement could include excess MCO profits returned to the state under Texas Government Code § 533.014 (i.e., "experience rebates").

11 Magnan S. Social determinants of health 101 for health care: five plus five. NAM Perspectives. Washington, DC: National Academy of Medicine; 2017.

12 Berkowitz SA, Basu S, Gundersen C, Seligman HK. State-Level and County-Level Estimates of Health Care Costs Associated with Food Insecurity. *Prev Chronic Dis* 2019;16:180549. DOI: <http://dx.doi.org/10.5888/pcd16.180549>

13 Seligman, H. K., Laraia, B. A., & Kushel, M. B. (2010). Food insecurity is associated with chronic disease among low-income NHANES participants. *The Journal of nutrition*, 140(2), 304-310. <https://doi.org/10.3945/jn.109.112573>

14 2018 Food and Health Survey. (May 16, 2018) Food Insight. Retrieved from: <https://www.foodinsight.org/2018-food-and-health-survey>.