

BILL ANALYSIS

Senate Research Center
89R20530 AB-D

H.B. 136
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Health & Human Services
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Engrossed

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

Breast milk is the best source of nutrition for most babies given the amount of vitamins, minerals, and other various nutrients included in the milk. Unfortunately, many mothers who would like to breastfeed struggle to find affordable, accessible professional support to navigate the journey of breastfeeding. Unfortunately, funding for lactation support services through WIC is likely to end this fall, leaving a crucial unmet gap in demand for these services. Additionally, some situations may fall outside of basic breastfeeding support which require referral to International Board-Certified Lactation Consultants. H.B. 136 establishes lactation consulting as a benefit for women who receive Medicaid and aims to ensure that both mothers and babies in Texas have the opportunity to enjoy the countless benefits in health and development that breastfeeding provides. This legislation is especially timely, as the 88th Legislature expanded postpartum Medicaid to 12 months and subsequently increased the number of breastfeeding Texans enrolled in Medicaid.

H.B. 136 amends current law relating to Medicaid coverage and reimbursement for lactation consultation services.

RULEMAKING AUTHORITY

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Subchapter B, Chapter 32, Human Resources Code, by adding Section 32.02482, as follows:

Sec. 32.02482. MEDICAL ASSISTANCE REIMBURSEMENT FOR LACTATION CONSULTATION SERVICES. (a) Defines "lactation consultant" and "recipient."

(b) Requires the Texas Health and Human Services Commission (HHSC) to ensure medical assistance reimbursement is provided to a lactation consultant for providing lactation consultation services to a recipient.

(c) Requires the executive commissioner of HHSC to establish a separate provider type for lactation consultants for purposes of enrollment as a provider for and reimbursement under the medical assistance program.

SECTION 2. Requires a state agency, if necessary for implementation of a provision of this Act, to request a waiver or authorization from a federal agency, and authorizes delay of implementation until such a waiver or authorization is granted.

SECTION 3. Effective date: September 1, 2025.