

**HOUSE OF REPRESENTATIVES
COMPILATION OF PUBLIC COMMENTS**

Submitted to the Committee on Human Services
For HB 2402

Compiled on: Tuesday, April 1, 2025 5:22 PM

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Hearing Date: April 1, 2025 8:00 AM

Emily Dunnebacke, Mrs.

Self

WEATHERFORD, TX

Dear Chairwoman Hull, Vice-Chair Manuel and distinguished members of the House Committee on Human Services,

My name is Emily Dunnebacke and I am a Certified Lactation Counselor (CLC), certified by the Academy of Lactation Policy and Practice. I currently live in Willow Park, Texas. I would like to express my support of HB 136 – An Act relating to Medicaid coverage and reimbursement for lactation consultation, and to advocate for the inclusion and specification of CLCs and lactation counseling in the bill’s language. There are currently 920 CLCs providing lactation care and support in Texas.

I work in Texas and have been in this field for over 10 years. In my work as a CLC, I provide lactation education and support for breastfeeding families including, making individualized assessments and plans to address issues experienced during breastfeeding, making referrals, if needed, to health care providers, and providing follow-up care to the families I work with.

There is empirical data and consensus that breastfeeding provides significant benefits to mothers and babies as well as significant health care savings. There is a further consensus that breastfeeding rates are lower than optimal. Research has demonstrated that lactation support providers, both Certified Lactation Counselors and certified lactation consultants, have a positive effect on breastfeeding initiation and continuation rates, particularly when a lactation support provider lives in, or is from, the same race and ethnic background as the individual seeking support.

Currently, the bill’s language includes coverage of “lactation consultation services” and creation of a new provider type for “lactation consultant providers.” I respectfully request that the language be amended to include both “lactation consultation and counseling services,” and both “certified lactation consultant and certified lactation counselor providers.” This language amendment will include the nearly 1,000 CLCs currently working with great success in Texas and helping families succeed on their breastfeeding journeys.

Lactation support must be covered by Texas Medicaid in order to allow equitable access to all families in Texas. Most families cannot afford to pay out of pocket to see a lactation support professional, especially when, more often than not, more than one visit is required in order to address breastfeeding concerns. For these reasons, I am writing to request that the Committee amend the bill’s language to include CLCs and lactation counseling services, and to vote favorably on that amendment to HB 136 in order to help families who are breastfeeding their babies here in Texas.

Sincerely,
Emily Dunnebacke

Chris Donofrio

Self

The Woodlands, TX

I OPPOSE HB 2402.

I find the added text (p1, L9-12) “In determining the usual and customary fee, charge, or rate under this subsection, the commission shall exclude any fee, charge, or rate offered as part of a fee-based membership discount program.” problematic.

It overlooks two significant issues.

First is the need to provide a clear definition of a “fee-based membership discount program.” HB 2402 provides no citation to current law where this term is defined. I foresee wasteful litigation on the horizon should this bill pass as written.

Secondly, “fee, charge, or rate” is dynamic and happens in real-time. Consequently, changes can happen rapidly, in unexpected ways, and show volatility in response to economic expectations and reality. How can HB 2402’s mechanism for determining the value of “customary” in a manner that adjusts that term as quickly as fees, charges, and rates change? I don’t believe it can keep pace, especially given the bureaucracy exhibited in SECTION 2 (p1, L13-18).

I OPPOSE HB 2402.

Please, kill it in Committee

Respectfully, Chris J Donofrio