

**HOUSE OF REPRESENTATIVES
COMPILATION OF PUBLIC COMMENTS**

Submitted to the Committee on Appropriations
For SB 1

Compiled on: Monday, March 31, 2025 3:30 PM

Note: Comments received by the committee reflect only the view of the individual(s) submitting the comment, who retain sole responsibility for the content of the comment. Neither the committee nor the Texas House of Representatives takes a position on the views expressed in any comment. The committee compiles the comments received for informational purposes only and does not exercise any editorial control over comments.

Hearing Date: March 31, 2025 2:00 PM

Reynaldo Delgado, Administrator
ADL Services Inc.
Weslaco, TX

My name is Reynaldo Delgado, Administrator at ADL Services, Inc. I would like to express my concern about making supplemental appropriations and reductions in appropriations and giving direction and adjustment authority regarding appropriations. This kind of changes would impact the community care industry by driving them to go out of business. Threshold considered must not overlook the cost that is required to run a good quality agency that must maintain good standards due to the many regulatory requirements that an agency is held to follow. As it is our program have not seen an increase for the administrative portion for the Community Care Attendant program since 2007. An adjustment to the administrative portion would affect the quality of service for the clients we serve. We already have a tight margin to work with. The negative consequences that cuts would bring would be catastrophic. Our administrative side handles many tasks to give the quality care that are required for our clients, supervisory visits, which are required to maintain oversight, must be paid from the administrative rate, as must the hiring and training of caregivers by Case Managers to meet increasing demand; quality assurance, medical records, billing and payroll staff that are needed to maintain compliance with all requirements of the program. The implementation of EVV has further increased administrative burdens, requiring dedicated staff to troubleshoot technical issues and ensure compliance. Research shows that without community care programs, this can leave individuals, particularly the elderly, disabled, or those with chronic illnesses, without essential support. This can lead to insolation, deteriorating health, and a decrease quality of life. Reduced access to services like home care, meal preparation, and transportation can make it difficult for individuals to maintain their independence. Lack of community care can result in increased hospitalizations and emergency room visits, as individual are unable to manage their conditions at home. Preventive care and early intervention services, often provided by community programs, become less accessible, leading to more severe and costly health problems. The lack of preventive care can also contribute to higher long-term health care expenses. Community care programs often employ local workers, and cuts can lead to job losses and a decline in local economic activity. The most vulnerable members of society should be protected, and community care programs provide that protection. I urge you to reconsider and do not make supplemental appropriations and reductions to an industry that is already struggling due to the already low funding to their administrative rates.

Stacy Skeen, PTA
Therapy 2000/Green Apple
Amarillo, TX

Good Afternoon, I have worked in therapy for 30 years and touch hundreds of lives, it is amazing and I love my job. I have seen struggles, joys, and changes. To teach a patient that has never been able to do something and for the first time see them complete that task with the excitement, puts so much JOY in my heart. I never thought of this as a job but my responsibility to teach and educate my skills to others. I do not only teach them how to walk, sit or get stronger but I give them confidence, self esteem, guidance and independence. Now it is your turn to assist with the opportunity to help them with maintaining and keeping all of this going for the need of equipment, supplies and therapy services required to make a better life for all.

Vanessa White, Mrs.
Green Apple Therapy
Seguin, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings. Having a pay increase will allow for clinician's to obtain specialized training for clients who really need specialized services. I treat complex feeding cases which are not covered in extended school so I am having to pay out of pocket for classes slowly which impacts the client's ability to increase skills quickly. The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care. Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Shaquise Drake
Maxim Healthcare Services
Fort Worth, TX

My name is Shaquise Drake, and I work for Maxim Healthcare Services out of the Fort Worth, Texas. Along with the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.”

Hadley Herrera
Maxim Healthcare Services
Fort Worth, TX

My name is Hadley, and I work for Maxim Healthcare Services out of the Fort Worth Office. Along with the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

Richelle Johnson
telephone
ROUND ROCK, TX

My name is Richelle Johnson, and I work for Maxim Healthcare Services out of the Austin office. Along with the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

- Families qualify for PDN services based on their CONDITION, not on income.
- Kids with limited or no PDN services cost the state more money through increased hospitalizations and more days in the hospital.
- PDN serves the most fragile, sick kids in our state.

There is no time to delay—Texas must act now to protect access to critical care before more families are left without options.

Meggan George

Care Options for Kids & Angels of Care

Canyon Lake, TX

I have worked private duty nursing, and specifically pediatric private duty nursing for 8 of the 10 years I have been a nurse. I have worked overnight shifts as well as daily. For all agencies, they are always looking to fully staff homes. There are some barriers to doing so- sometimes it is the location of the client/patient but mostly it is the lack of staff. I know I have been offered some cases that are significantly underpaid as they are not a private pay insurance and therefore, the hourly wage for the client is so low, they are often overlooked once that is known. Most nurses, including myself, have multiple jobs to stay on our own bills and such. I currently have THREE jobs, and I am in school fulltime to further my nursing degree.

Again, the low pay for private duty nurses keeps the homes short staffed which means the nurses that are willing to accept the lower offer are usually asked to pick up extra if they can, as no other nurses are willing or able to. When the patient is not fully staffed, this is not only hard on the nurse available- but the parents and the patient suffer. There are often times the caregiver is the only person available and they don't get relief of duties. They have to be the nurse and parents without someone to help other than the possible one or two nurses that staff them, if even available. Nurses will go for a higher single paid patient to hopefully work less and not depend on multiple jobs.

However, as I said, the patient suffers the most when not fully staffed/understaffed. The Medicaid patients are the lowest payouts and that's known.

Priscilla Ritchie, LVN

Self

Round Rock, TX

Hard to work for 23-28 per hour when there's work available that pays up to 40/hr. So, those cases usually the worst nurses. I work one day maybe twice a month on a Medicaid case. All of my other cases are private insurance or hospital work. We have to make enough money to meet the growing demands of our environment with increased cost for groceries and mortgages.

Adrienne Blau

Therapy 2000

Dripping Springs, TX

As a pediatric home health therapist, I work with children in Texas who depend on skilled therapy services to reach their full potential. Every day, I see firsthand how access to therapy can mean the difference between a child learning to walk, communicate, or eat independently—or facing lifelong challenges that could have been mitigated with timely intervention. I have witnessed the incredible power of therapy in changing lives. I've worked with children who started therapy unable to say a single word and later went on to succeed academically, confidently participating in school and social settings. I've seen children my colleagues work with who once struggled with basic mobility gain the strength and skills to walk independently, unlocking new opportunities for their future. These success stories are proof that early intervention works—but only if children can access it in time.

Unfortunately, the current state of pediatric therapy services in Texas makes it increasingly difficult for families to get the care their children desperately need. The waitlist for therapy has grown significantly, leaving many children without services during critical developmental windows. I have had to tell families that they must wait months—sometimes longer—before a therapist can see their child, simply because there are not enough providers available.

One of the biggest challenges we face is the ongoing workforce shortage. Recruiting and retaining qualified therapists has become nearly impossible due to the low reimbursement rates. Many skilled professionals who are passionate about working with children are being forced to leave pediatrics to serve adults—and some are even leaving the therapy field entirely. As the cost of living continues to rise across Texas, therapists who want to serve children in home settings simply cannot afford to do so under the current rate structure.

Without an increase in reimbursement rates, more therapists will leave the field, waitlists will continue to grow, and Texas children will suffer the consequences. A 10% rate increase is not just beneficial—it is essential to sustain access to pediatric therapy services. By ensuring fair compensation for providers, Texas can help stabilize the workforce, reduce wait times, and ensure that children with disabilities and developmental delays receive the care they need when they need it most.

Brittini Armendariz

Self

League City, TX

Texas has already spent 11.5 billion dollars on Operation Lone Star with nothing to show for it but harm to border communities and immigrants. I urge you to oppose this wasteful use of taxpayer dollars

Barbara Agee

A Pineywoods Home Services and Elite Medical Home Care

Corrigan, TX

Please support Administrative health care staff.

ashley hammond

therapy 2000

austin, TX

As a pediatric home health therapist, I work with children in Texas who depend on skilled therapy services to reach their full potential. Every day, I see firsthand how access to therapy can mean the difference between a child learning to walk, communicate, or eat independently—or facing lifelong challenges that could have been mitigated with timely intervention. I have witnessed the incredible power of therapy in changing lives. I've worked with children who started therapy unable to say a single word and later went on to succeed academically, confidently participating in school and social settings. I've seen children my colleagues work with who once struggled with basic mobility gain the strength and skills to walk independently, unlocking new opportunities for their future. These success stories are proof that early intervention works—but only if children can access it in time.

Unfortunately, the current state of pediatric therapy services in Texas makes it increasingly difficult for families to get the care their children desperately need. The waitlist for therapy has grown significantly, leaving many children without services during critical developmental windows. I have had to tell families that they must wait months—sometimes longer—before a therapist can see their child, simply because there are not enough providers available.

One of the biggest challenges we face is the ongoing workforce shortage. Recruiting and retaining qualified therapists has become nearly impossible due to the low reimbursement rates. Many skilled professionals who are passionate about working with children are being forced to leave pediatrics to serve adults—and some are even leaving the therapy field entirely. As the cost of living continues to rise across Texas, therapists who want to serve children in home settings simply cannot afford to do so under the current rate structure.

Without an increase in reimbursement rates, more therapists will leave the field, waitlists will continue to grow, and Texas children will suffer the consequences. A 10% rate increase is not just beneficial—it is essential to sustain access to pediatric therapy services. By ensuring fair compensation for providers, Texas can help stabilize the workforce, reduce wait times, and ensure that children with disabilities and developmental delays receive the care they need when they need it most.

Please support this critical investment in Texas children and their future.

Candace Watley

Therapy 2000 (Green Apple Therapy)

Seguin, TX

As a graduate student preparing to enter the field of speech-language pathology, this issue is especially critical to me. The ongoing shortage of providers and inadequate reimbursement rates directly impact my future ability to serve children in need. If reimbursement rates remain unsustainably low, it will be increasingly difficult for new graduates like myself to pursue careers in pediatric home health, where demand is highest. Without competitive wages and support for providers, many of us may be forced to seek employment in other settings, further exacerbating the workforce shortage. Ensuring fair compensation through a 10% rate increase is not just about stabilizing the current system—it is about securing the future of pediatric therapy services and enabling new professionals like me to dedicate our careers to helping children with disabilities receive the care they deserve.

Kimberly Talley

Self

Round rock, TX

A rate increase in medicade would make a world of difference. Medicade kids nurses make the least amount in home health care. True it's not about money when you for into nursing it's a work of heart but the love of the job does not pay your bills. This leads to nurses taking multiple jobs to make ends meet. A high turn over rate and increase incidents from injury to the child to the nurse falling asleep. When the nurse works more days in a row the flusteration levels increase. Nurse is away from their own families working more. This led to my own divorce. Which now makes being a single mom even harder. I love my job but to get nurses to stay that love coming to work with less call out so more shifts covered and less burn out.. why not show appreciation to front line workers instead of just athletes and movie stars. I mean we kept the world running during covid when the rest of the world was scared of a sneeze and we were expected to be at work no matter what. So now we can't pay our bills unless we have 3 jobs under our belts.

Alicia Canada, SLP

T2K

Austin, TX

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care. Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Charles Binney, MAJ

Texas Army National Guard

Bulverde, TX

State Tuition Assistance provided by the Texas Military Forces office is paramount to recruiting efforts for the Texas Army National Guard as well as other branches of the Texas Military Forces. State TA is probably the single greatest motivation factor for service member that choose to stay in the organization. It would be a slap in the face to those that choose to serve their state and nation if this benefit is taken away.

Trinity Southall

Self, registered nurse

Austin, TX

A rate increase from Medicaid would positively impact private during nursing by providing families with more nurses to care for them. There is a shortage of nurses in the private duty realm due to low pay and competition with hospital pay rates. Private duty nurses usually have to work 2 jobs in order to make ends meet financially and find themselves overworked and burnt out. A rate increase would improve the quality of care families and patients receiving along with the quality of life of their caretakers.

Justine Gonzalez
San Rafael Healthcare Inc.
San Antonio, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

At San Rafael Healthcare Inc., we care for medically complex children. We have struggled to adequately staff our patients due to the present reimbursement rates. We are competing with Hospitals and Long-Term Care Facilities who offer \$40/hour + for RNS and \$30/hour + for LVNS. We cannot compete with the rates, which is negatively impacting our pediatric population. Without nurses, the families of these medically complex children, cannot work which puts a great strain on them. There are at times that we do offer increased rates to nurses interested in working with us, but that comes at the expense of the company. We cannot continue to help these medically complex children, without an adjustment to the reimbursement rates. Without home health agencies, these children will end up in the hospital, which will cost astronomically more than the cost of having a private duty nurse. The purpose of private duty nursing has always been to keep children at home with their families instead of being in the hospital setting. With the way the economy is going, agencies will not be able to succeed in assisting this population. The costs of living have increased, but the reimbursement rates are not a reflection of those increased costs.

The current reimbursement rates fail to cover the rising costs of providing skilled nursing care in the home. Despite a modest 2% increase in 2023, providers continue to face extreme difficulty in hiring and retaining nurses, agencies report that they are unable to recruit enough RNs and LVNs to meet demand. The Texas Department of State Health Services projects that demand for home health RNs will grow by nearly 40% by 2036, yet stagnant reimbursement rates are driving skilled nurses away from home care and into hospitals and other higher-paying settings. If Texas fails to act, this workforce crisis will deepen, leaving countless families with no viable care options.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to pre

Cherisa Dishman
Wichita Home Health Services
Bowie, TX

Supervisory visits, which are required to maintain oversight, must be paid from the administrative rate, as must the hiring and training of caregivers to meet increasing demand. The implementation of EVV has further increased administrative burdens, requiring dedicated staff to troubleshoot technical issues and ensure compliance. Yet, the administrative portion of the rate has not increased since 2007 and is now lower than it was in 2006. While increases to the attendant wage component are necessary and appreciated, they alone will not stabilize the industry. Without an accompanying investment in the administrative rate, providers cannot sustain their operations. The failure to address this shortfall will result in workforce shortages, provider closures, lack of access to care and greater reliance on institutional care.

Equally critical to provider stability is maintaining the 90% reporting requirement. While framed as a reporting measure, a 95% threshold imposes a de facto mandate with severe financial and reputational risks for providers. Those falling below 95% would be placed on a noncompliance list, creating uncertainty and the threat of recoupments that deter providers from expanding services. This rigid requirement contradicts recent legislative investments intended to stabilize the home care system and instead forces providers to contract rather than increase access to care. It also removes the flexibility needed to allocate resources based on regional needs, replacing it with a one-size-fits-all spending model that does not align with the realities of home care delivery. A 90% reporting requirement ensures accountability while maintaining provider stability. It protects access to care, prevents unnecessary provider closures, and allows for sustainable growth. By supporting a significant investment in the administrative portion of the rate and maintaining the 90% reporting requirement, Texas can safeguard home care services and ensure vulnerable Texans receive the support they need to remain in their homes.

Sara Fritch
Self-teacher
Cedar Park, TX

Vote to reject this bill. It is not in the best interest of your constituents.

Jan Picar, PT
Therapy 2000
Tomball, TX

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care. Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Enrique Ibarra
Self / Organizer
Laredo, TX

Hello, as a resident from the border, I reject the that \$6.5 billion should be allocated for so-called border and public safety under Operation Lone Star. Wasting our tax dollars on a failed, big government program like Operation Lone Star is not an efficient or godly use of funds when so many of us on the border are enduring long periods of droughts and sudden flooding. We should be using these funds to support border infrastructure for water source projects and improving roadways and drainage throughout South Texas. On the 27th of March, the Rio Grande Valley endured one of the worst floods in recent memory that resulted in deaths, property damage, and made obvious the sorely needed funds for infrastructure related to drainage. Where I'm from, in Laredo, we have had record droughts and have learned to live with restrictions related to our water use, but every year, we are told the Rio Grande will not be there forever. As a major port for Texas and the United States, the Texas government should prioritize Laredo's water needs before the situation becomes more dire in the coming decade. I urge you to do the right thing for the Texas public and in the eyes of God, who warned, "Cursed is anyone who withholds justice from the foreigner, the fatherless or the widow." Deuteronomy 27:19. Consider how increased funding to Operation Lone Star continues to violate human rights and rip apart families, especially the harm it causes to children who are only seeking asylum and safety from our once great nation...I fear the divine retribution brought on by floods and drought are already messages from God urging us to treat our brothers and sisters who turn to us for help especially orphaned children. Consider how the border wall has been affected by floods, erodes, and falls back into the sea and river; this is no accident; this is a message from God. Heed it, or we will all be doomed. Thank you for your time and consideration.

Zoe Quintana

Therapy 2000 Pediatric Home Health

Arlington, TX

My name is Zoe, and I am a speech-language pathologist (SLP) working in pediatric home health in Texas. I'm writing to express my deep concern about the challenges facing pediatric therapy services and to emphasize why the proposed 10% rate increase is essential for Texas children's futures. In my daily practice, I face the growing waitlist for pediatric therapy services. Many children must wait months, even over a year, for the therapy they need. One case that stands out is a three-year-old girl referred for speech therapy who had to wait several months for services. By the time I started working with her, significant setbacks in communication had occurred. These delays are not just frustrating; they affect children's potential to thrive. Families, already overwhelmed with their own struggles, face even more stress knowing their child is falling behind. The shortage of qualified therapists is another critical issue. Recruiting and retaining professionals in this field is increasingly difficult. I've had colleagues leave for better-paying jobs with less burnout, leaving fewer therapists to support the growing demand. In home health, we work directly with families in often unpredictable situations. While rewarding, this work can be exhausting. If we can't retain therapists, these delays will continue, and more children will suffer. The current reimbursement rates for therapy services are insufficient to cover the costs of delivering high-quality care. As a home health therapist, I often work extra hours or adjust my caseload to ensure quality services. However, without adequate compensation, it's impossible to sustain this level of care. This results in hard choices—limiting services, reducing hours, or even leaving the field entirely—decisions that ultimately harm the families who depend on us. A 10% increase in reimbursement rates would allow us to continue providing therapy services, attract and retain qualified therapists, and ensure children get the care they need. It's about offering long-term support to children and families who deserve access to high-quality therapy services. As a pediatric SLP in home health, I'm honored to help children reach their full potential, but we cannot continue this important work without the proper resources and support. A 10% rate increase is essential to maintain access to therapy services for Texas children and ensure that therapists can continue to do meaningful work without burning out. Thank you for your time and consideration. I've seen firsthand how therapy can change a child's life—whether it's helping them find their voice, teaching them to communicate with peers, or simply giving them the skills to thrive. A rate increase would allow us to continue providing this support, ensuring no child misses out on the opportunity to succeed!

Pat Bulla, Ms.

self

Austin, TX

I am opposed to an item in SB 1, funding for nuclear development at TX A&M under Article III, p. 251. The State should not use taxpayer money to fund risky nuclear designs. The A & M plans for Texas A & M Rellis Campus would not only be used to research SMRs but also build a larger commercial reactor. Please remove this funding that would use taxpayer money for nuclear development at Texas A&M. The nuclear industry should fund its own research without a taxpayer handout.

Jacqueline Montiel

Maxim Healthcare

AUSTIN, TX

My name is Jackie, and I work for Maxim Healthcare Services out of the Austin office. Along with the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

- Families qualify for PDN services based on their CONDITION, not on income.
- Kids with limited or no PDN services cost the state more money through increased hospitalizations and more days in the hospital.
- PDN serves the most fragile, sick kids in our state.

There is no time to delay—Texas must act now to protect access to critical care before more families are left without options.

Sarah Morales

Therapy 2000/Green Apple Therapy

New Braunfels, TX

I urge the House Appropriations Committee to support the proposed 10% pay rate increase for pediatric therapy services in the state budget. This increase is vital to address the rising operational costs that therapy providers are facing, from rent and utilities to insurance and administrative expenses. More importantly, it is critical for hiring and retaining highly skilled pediatric therapists who are essential in delivering high-quality care. Without competitive wages, we risk losing talented professionals to other sectors or states. This directly impacts access to essential services for children, particularly those with complex developmental or medical needs who require therapists with specialized expertise. Early intervention during a child's most formative years is crucial for long-term positive outcomes, and without adequate funding, many practices cannot sustain the level of care our communities depend on. This increase is not just an investment in our children's futures—it is a necessary step to ensure the continued viability and effectiveness of pediatric therapy services across our state.

Nina Gorr
Therapy 2000
Austin, TX

As a pediatric home health therapist, I work with children in Texas who depend on skilled therapy services to reach their full potential. Every day, I see firsthand how access to therapy can mean the difference between a child learning to walk, communicate, or eat independently—or facing lifelong challenges that could have been mitigated with timely intervention.

I have witnessed the incredible power of therapy in changing lives. I've worked with children who started therapy unable to say a single word and later went on to succeed academically, confidently participating in school and social settings. I've seen children my colleagues work with who once struggled with basic mobility gain the strength and skills to walk independently, unlocking new opportunities for their future. These success stories are proof that early intervention works—but only if children can access it in time.

Unfortunately, the current state of pediatric therapy services in Texas makes it increasingly difficult for families to get the care their children desperately need. The waitlist for therapy has grown significantly, leaving many children without services during critical developmental windows. I have had to tell families that they must wait months—sometimes longer—before a therapist can see their child, simply because there are not enough providers available.

One of the biggest challenges we face is the ongoing workforce shortage. Recruiting and retaining qualified therapists has become nearly impossible due to the low reimbursement rates. Many skilled professionals who are passionate about working with children are being forced to leave pediatrics to serve adults—and some are even leaving the therapy field entirely. As the cost of living continues to rise across Texas, therapists who want to serve children in home settings simply cannot afford to do so under the current rate structure.

Without an increase in reimbursement rates, more therapists will leave the field, waitlists will continue to grow, and Texas children will suffer the consequences. A 10% rate increase is not just beneficial—it is essential to sustain access to pediatric therapy services. By ensuring fair compensation for providers, Texas can help stabilize the workforce, reduce wait times, and ensure that children with disabilities and developmental delays receive the care they need when they need it most.

Please support this critical investment in Texas children and their future.

As a pediatric home health therapist, I work with children in Texas who depend on skilled therapy services to reach their full potential. Every day, I see firsthand how access to therapy can mean the difference between a child learning to walk, communicate, or eat independently—or facing lifelong challenges that could have been mitigated with timely intervention.

I have witnessed the incredible power of therapy in changing lives. I've worked with children who started therapy unable to say a single word and later went on

Michael Maar, SPC
Self
Spring, TX

Please include State Tuition Assistance for Texas National Guard / State Guard.

Cindy Lopez
Maxim Healthcare Services
Richmond, TX

My name is [XX], and I work for Maxim Healthcare Services out of the Houston office. Along with the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

- Families qualify for PDN services based on their CONDITION, not on income.
- Kids with limited or no PDN services cost the state more money through increased hospitalizations and more days in the hospital.
- PDN serves the most fragile, sick kids in our state.

There is no time to delay—Texas must act now to protect access to critical care before more families are left without options.

Bronson Brylak, SPEECH LANGUAGE PATHOLOGIST
Self, speech language pathologists
Kyle, TX

As a pediatric home health therapist, I work with children in Texas who depend on skilled therapy services to reach their full potential. Every day, I see firsthand how access to therapy can mean the difference between a child learning to walk, communicate, or eat independently—or facing lifelong challenges that could have been mitigated with timely intervention. I have witnessed the incredible power of therapy in changing lives. I've worked with children who started therapy unable to say a single word and later went on to succeed academically, confidently participating in school and social settings. I've seen children my colleagues work with who once struggled with basic mobility gain the strength and skills to walk independently, unlocking new opportunities for their future. These success stories are proof that early intervention works—but only if children can access it in time.

Unfortunately, the current state of pediatric therapy services in Texas makes it increasingly difficult for families to get the care their children desperately need. The waitlist for therapy has grown significantly, leaving many children without services during critical developmental windows. I have had to tell families that they must wait months—sometimes longer—before a therapist can see their child, simply because there are not enough providers available.

One of the biggest challenges we face is the ongoing workforce shortage. Recruiting and retaining qualified therapists has become nearly impossible due to the low reimbursement rates. Many skilled professionals who are passionate about working with children are being forced to leave pediatrics to serve adults—and some are even leaving the therapy field entirely. As the cost of living continues to rise across Texas, therapists who want to serve children in home settings simply cannot afford to do so under the current rate structure.

Without an increase in reimbursement rates, more therapists will leave the field, waitlists will continue to grow, and Texas children will suffer the consequences. A 10% rate increase is not just beneficial—it is essential to sustain access to pediatric therapy services. By ensuring fair compensation for providers, Texas can help stabilize the workforce, reduce wait times, and ensure that children with disabilities and developmental delays receive the care they need when they need it most.

Please support this critical investment in Texas children and their future.

Lesli Pieri, Field Supervisor for Provider Services
A Pineywoods Home Services
Livingston, TX

Seeking administrative raises in wages

Jess Olson
Therapy 2000/Green Apple Therapy
Roanoke, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

I have been a pediatric Speech Pathologist for 20 years in Texas witnessing first hand the difference that ST, OT and PT service make in children and their families' lives. We teach them how to do all of the basic human things that others take for granted: how to walk, talk, eat, drink and play. In the last four years of my career I have moved into management positions and now act as a pediatric home health therapy director in Dallas. The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care.

Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Brenda Cummins
self
Ferris, TX

We desperately need an appropriate placement for my son and other people who live with a severe mental illness and cannot be in society. Currently he is in ASH but in time he will need a placement because allowing him back on the streets just starts the cycle all over again. 23 years is enough. It takes a village to raise a child, we need a village. - Brenda Cummins, Mother of Robert Cummins

Jesica Torrez
Provider services
Corrigan, TX

A raise would be greatly appreciated

Elisa Shukuru, CDT
Self (student and also enrolled in ROTC program
Houston, TX

I joined the army due for state tuition and now as it not being given , I'm going to end up in a long debt while serving for my country

Sarah Zapat

Self, LVN

Austin, TX

A rate increase from medicaid would positively impact my overall quality of care I am able to give my patients by being able to maintain a better work life balance. With an increase that would allow me to not have to work 4 shifts at one company and while working two shifts at another company. Being able to focus on one job and know my patients would allow me to flexibility to only need to work 3 shifts a week and be able to be present for my family and children. By increasing my presence with my children I would no longer need childcare coverage or work longer to cover the cost. This would give me enough time to rest, so that when I am scheduled to work again that week, I will be refreshed and be able to give my patients my best self and highest quality of skills. My patient will benefit by an increase by making their shifts, or home health as a whole, more attractive for higher skilled nurses to want to pick up. That would provide my patient, who is entitled to 24/7 care to be able to have full coverage of nurses. This would positively my patient's parents lives by not to cover the missed shifts, they would be able to rest at night and be not have to sacrifice a dual income household by staying home to cover missed shifts.

Gwendalyn Gillespie, LVN

COFK

Paige, TX

A significant increase in Medicaid funding can significantly benefit home health patients by expanding access to care, which allows states to offer more home health services including personal care, skilled nursing, therapy, and transportation and Improving health outcomes. The access to timely an appropriate home health services helps prevent hospitalization, manage chronic conditions and improve over all well-being and comfort of patients to remain in their Home. Supporting families that need care givers allows them to access professional staff that provides support to reduce the stress and burden of round the clock caregiving; which in turn improves health for patients and families. The financial stability with increased funding leads to better compensation for more supplies that are needed in the home that are constantly being cut short and the staff and families are having to make due without the essential supplies needed which leads to more hospitalization; The increase in funds helps Home health care workers improving the overturn in care givers and burnout from being short staffed, or the stress on their family and a major impact at which having multiple jobs to face the increasing cost in the economy, which impacts their families as a whole, the future to be is under financial stress and leaving the workforce all together. This improves workforce retention and quality of care over all.

Taylor Gowens

Bank of America

Arlington, TX

The private duty nursing field is in crisis due to inadequate Medicaid reimbursement rates. Our ability to hire and retain skilled nurses is directly impacted, and families are suffering as a result.

Without this 21% increase, more children will go without care, hospitals will see increased admissions, and agencies will continue losing nurses to higher-paying jobs in other sectors.

This rate adjustment is not a luxury—it's a necessity. It ensures medically complex children receive care at home, keeps families intact, and saves the state money long-term. I strongly urge you to support the increase outlined in SB 1.

Alice Washburn, RN

COFK

Austin, TX

Increase in funding for in home care for medically fragile kids, those with Trach, ventilators, feeding tubes, those who need constant airway management , clearing of secretions, and food that doesn't go through your mouth , will increase the pay to enable companies to provide adequate pay that will encourage nurses yo be in the homes to provide that care.

Please, take care of young Texans, so they can grow to be adult Texans, your future voters

Michael Casarez
Connect Pediatrics
San Antonio, TX

The current reimbursement rates do not cover the increasing costs of skilled nursing care in the home. Although there was a slight increase of 2% in 2023, providers still struggle to hire and retain nurses. Many agencies report being unable to recruit enough RNs and LVNs to meet the demand.

The Texas Department of State Health Services predicts that the demand for home health RNs will increase by almost 40% by 2036. However, stagnant reimbursement rates are causing skilled nurses to leave home care for higher-paying positions in hospitals. If Texas does not take action, this workforce crisis will worsen, leaving many families without care options.

Underfunding PDN has serious consequences. Without private duty nursing, children with severe conditions may face extended hospital stays. Families struggle to find nurses due to unsustainable reimbursement rates. The cost of a single hospitalization due to a lack of home nursing can be much higher than providing PDN services, making this a matter of fiscal responsibility and patient care.

The Health and Human Services Commission (HHSC) has recognized that current PDN reimbursement rates do not meet actual costs, with a reported 21% funding shortfall for the 2025-26 biennium. Texas must act to avoid a crisis that would severely impact thousands of families.

A 21% rate increase is essential to stabilize the private duty nursing workforce, prevent the loss of skilled nurses, and ensure that medically complex children can stay safely at home. This investment will save lives, prevent hospitalizations, and reinforce Texas's commitment to its most vulnerable. Texas must act now to protect access to critical care.

Joshua Anderson
Maxim Healthcare
Fresno, TX

My name is Joshua Anderson, and I work for Maxim Healthcare Services out of the Houston Office. Along with the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

- Families qualify for PDN services based on their CONDITION, not on income.
- Kids with limited or no PDN services cost the state more money through increased hospitalizations and more days in the hospital.
- PDN serves the most fragile, sick kids in our state.

There is no time to delay—Texas must act now to protect access to critical care before more families are left without options.

Gabriela Zavala
Maxim Healthcare
Rosenberg, TX

My name is Gabriela Zavala, and I work for Maxim Healthcare Services out of the Houston. Along with the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

- Families qualify for PDN services based on their CONDITION, not on income.
- Kids with limited or no PDN services cost the state more money through increased hospitalizations and more days in the hospital.
- PDN serves the most fragile, sick kids in our state.

There is no time to delay—Texas must act now to protect access to critical care before more families are left without options.

Celia Moreno, LVN
Angels of Care
Houston, TX

It is EXTREMELY DIFFICULT TIMES NOW retaining nurses to take care of medically fragile children due to the very low benefits & pay!!!! This is unacceptable. These children need the help and are under strict care and orders from physicians. Families depend on nurses to help care for their children so they can work and continue to provide for their families. The legislation needs to correct the funding for home health services ASAP. The minimum would be 21% increase, but realistically it should be MORE. Help put an end to these children and families suffering because the government wants to be greedy and not care.

Tamara Lahey

Tamara

Spring, TX

My daughter, Olive, is medically fragile and severely disabled due to cerebral palsy caused by hypoxic-ischemic encephalopathy (HIE). Olive requires intensive private duty nursing care around the clock, as she depends on a ventilator, a feeding pump, oxygen, and has quadriplegia and scoliosis. Our family faces significant challenges daily due to the severe workforce shortage impacting the availability of nurses qualified to care for children like Olive. Despite our continuous efforts, finding and retaining skilled nurses has become increasingly difficult, with many nurses forced to seek better-paying positions elsewhere.

The inadequate reimbursement rates for private duty nursing services have exacerbated this crisis. Agencies are unable to compete with hospitals and institutional care facilities that offer more competitive pay. This has repeatedly put my family and others like ours into crisis, as we struggle to maintain consistent and skilled nursing support. The constant turnover and gaps in care leave us with ongoing uncertainty and stress, negatively impacting Olive's health and stability.

The real-life impact of insufficient nursing care has severe implications. Without proper nursing care at home, Olive risks increased hospitalizations, which not only pose significant health threats to her but also place additional emotional, logistical, and financial strain on our family. Hospital admissions are significantly more costly than home care, making the current reimbursement structure not only inadequate for families but fiscally irresponsible for the state.

A 21% rate increase is essential to ensure children like Olive can safely remain at home, surrounded by family and loved ones, while receiving the critical care they require. This investment will address the workforce shortage, stabilize the nursing workforce, and reduce the likelihood of preventable and expensive hospitalizations.

We respectfully urge your support for this vital funding increase. It is essential not only for families like ours but for the responsible allocation of state resources to ensure quality care for our most vulnerable children.

Melissa Rosales

Therapy 2000

Buda, TX

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care. Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Lesli Pierj, Field Supervisor
A Pineywoods Home Services
Livingston, TX

Supervisory visits, which are required to maintain oversight, must be paid from the administrative rate, as must the hiring and training of caregivers to meet increasing demand. The implementation of EVV has further increased administrative burdens, requiring dedicated staff to troubleshoot technical issues and ensure compliance. Yet, the administrative portion of the rate has not increased since 2007 and is now lower than it was in 2006. While increases to the attendant wage component are necessary and appreciated, they alone will not stabilize the industry. Without an accompanying investment in the administrative rate, providers cannot sustain their operations. The failure to address this shortfall will result in workforce shortages, provider closures, lack of access to care and greater reliance on institutional care.

Equally critical to provider stability is maintaining the 90% reporting requirement. While framed as a reporting measure, a 95% threshold imposes a de facto mandate with severe financial and reputational risks for providers. Those falling below 95% would be placed on a noncompliance list, creating uncertainty and the threat of recoupments that deter providers from expanding services. This rigid requirement contradicts recent legislative investments intended to stabilize the home care system and instead forces providers to contract rather than increase access to care. It also removes the flexibility needed to allocate resources based on regional needs, replacing it with a one-size-fits-all spending model that does not align with the realities of home care delivery. A 90% reporting requirement ensures accountability while maintaining provider stability. It protects access to care, prevents unnecessary provider closures, and allows for sustainable growth. By supporting a significant investment in the administrative portion of the rate and maintaining the 90% reporting requirement, Texas can safeguard home care services and ensure vulnerable Texans receive the support they need to remain in their homes.

Tatianna Maldonado, RN
Maxim Healthcare Services
Eules, TX

My name is Tatianna Maldonado, and I work for Maxim Healthcare Services out of the Dallas and Fort Worth offices. Along with the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.”

Rowena Loeb, OTR

Therapy 2000 and Green Apple Therapy, Occupational Therapist

Lake Jackson, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

In my location in Brazoria county, I am the only OT in my company providing service in Lake Jackson, Freeport, Sweeney, West Columbia, Angleton, Clute and Richwood. Doctors are recognizing the importance of OT services in the home setting to increase children's self-care skills and independence which impacts the cost of care of this children and enriches their quality of life, too. However, because of limited practitioners more and more children are waiting to be served, some of them have to wait at least 1 year to get services. We need more therapists to come and stay and serve in the community.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care.

Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Carlos Rodriguez
Connect Pediatrics
North Richland Hills, TX

As someone who sees the faces of these families every day, I urge you to support the 21% rate increase for private duty nursing. This is not just about numbers—it's about real children with real needs. Kids who rely on ventilators, feeding tubes, and around-the-clock care just to survive, let alone thrive.

Parents are exhausted. They're not only caregivers but also nurses, advocates, and full-time employees—doing whatever it takes to keep their children safe. But without enough nurses, they're hitting a breaking point. And so are we.

We've lost incredible nurses to hospital systems that simply pay more. We're trying everything—sign-on bonuses, flexible shifts, consistent support—but we're losing this battle because rates don't cover the actual cost of care. When a child can't get care at home, they end up in the ER or even hospitalized, which is heartbreaking and far more costly.

Please—these families need help. This increase is the bare minimum to keep nurses in homes, stabilize care, and ensure that kids aren't forced into crisis situations. Let's not wait until more families fall through the cracks.

I urge your support of the 21% rate increase for private duty nursing as proposed in SB 1. The Health and Human Services Commission has already confirmed what agencies and families have known for years: current reimbursement rates are inadequate.

HHSC's own study found a 21% gap between what is paid and what it actually costs to provide care.

This shortfall is directly impacting our ability to staff cases, recruit talent, and retain qualified nurses. A 2% increase in 2023 was appreciated but insufficient. Our workforce is shrinking while the demand continues to grow—projected to rise by nearly 40% by 2036.

The economics are simple. It's significantly more cost-effective to support in-home care than to incur the cost of prolonged hospital stays for children who can't receive care at home. This is not just a moral obligation—it's fiscal responsibility. We need this rate adjustment now to avoid further destabilizing an already fragile care system.

The private duty nursing field is in crisis due to inadequate Medicaid reimbursement rates. Our ability to hire and retain skilled nurses is directly impacted, and families are suffering as a result.

Without this 21% increase, more children will go without care, hospitals will see increased admissions, and agencies will continue losing nurses to higher-paying jobs in other sectors.

This rate adjustment is not a luxury—it's a necessity. It ensures medically complex children receive care at home, keeps families intact, and saves the state money long-term. I strongly urge you to support the increase outlined in SB 1.

Serena Jacob
Maxim Healthcare Services
Missouri City, TX

My name is Serena and I work for Maxim Healthcare Services out of the Houston Office. Along with the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

To bring you into the types of conversations I have on a daily basis, I want to tell you the story of a mom who called in to our office looking for services. This mom delivered twin babies but unfortunately only one survived. His medical history consisted of extreme prematurity, hydrocephalus, VP shunt placement, developmental delay, and much more. Through this heartbreak, the family did not have an easy time at the hospital and felt as though they were being treated unfairly. After months in the NICU, she finally got to bring her baby home with a feeding tube. Because of their extended stay at the hospital, mom had no option but to return to work. She had grandma there to help for a couple of months, but she eventually had to return home on short notice. In this time, our team of recruiters worked to find staffing for the baby so that mom could return to work with ease that her baby would be taken care of. After another few months of working with Medicaid to settle on rates that would allow us to identify and retain nurses, we were unfortunately denied.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

- Families qualify for PDN services based on their CONDITION, not on income.
- Kids with limited or no PDN services cost the state more money through increased hospitalizations and more days in the hospital.
- PDN serves the most fragile, sick kids in our state.

There is no time to delay—Texas must act now to protect access to critical care before more families are left without options.

Yvette Silva
self
LUFKIN, TX

For example, supervisory visits, which are required to maintain oversight, must be paid from the administrative rate, as must the hiring and training of caregivers to meet increasing demand. The implementation of EVV has further increased administrative burdens, requiring dedicated staff to troubleshoot technical issues and ensure compliance. Yet, the administrative portion of the rate has not increased since 2007 and is now lower than it was in 2006. While increases to the attendant wage component are necessary and appreciated, they alone will not stabilize the industry. Without an accompanying investment in the administrative rate, providers cannot sustain their operations. The failure to address this shortfall will result in workforce shortages, provider closures, lack of access to care and greater reliance on institutional care.

Equally critical to provider stability is maintaining the 90% reporting requirement. While framed as a reporting measure, a 95% threshold imposes a de facto mandate with severe financial and reputational risks for providers. Those falling below 95% would be placed on a noncompliance list, creating uncertainty and the threat of recoupments that deter providers from expanding services. This rigid requirement contradicts recent legislative investments intended to stabilize the home care system and instead forces providers to contract rather than increase access to care. It also removes the flexibility needed to allocate resources based on regional needs, replacing it with a one-size-fits-all spending model that does not align with the realities of home care delivery. A 90% reporting requirement ensures accountability while maintaining provider stability. It protects access to care, prevents unnecessary provider closures, and allows for sustainable growth. By supporting a significant investment in the administrative portion of the rate and maintaining the 90% reporting requirement, Texas can safeguard home care services and ensure vulnerable Texans receive the support they need to remain in their homes.

Kyle Cornelius
Connect Pediatrics
Spring, TX

As a healthcare operator, I understand the importance of balancing budgets and making smart financial decisions. But underfunding private duty nursing is a case where trying to save money today is costing the state significantly more in the long run.

When children can't receive care at home, the only option left is a hospital. A single hospitalization due to missed home shifts can cost tens of thousands of dollars—far more than it would cost to provide consistent home care. The proposed 21% increase would save the state money over time by preventing these unnecessary admissions.

It's fiscally responsible. It's morally right. And it's time

Katherine Sirmans-Casaus, RN
Angels of Care
sherman, TX

Dear Members of the House Committee,

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), I strongly urge your support for a 21% rate increase for private duty nursing (PDN) services. This increase is essential to ensure that medically fragile children can continue to receive the care they need at home, rather than in costly and less appropriate hospital settings.

Texas is facing a severe workforce shortage in home care nursing. Despite a modest 2% increase in 2023, agencies continue to struggle with recruiting and retaining skilled Registered Nurses (RNs) and Licensed Vocational Nurses (LVNs). The Texas Department of State Health Services projects a 40% increase in demand for home health RNs by 2036. Yet, stagnant reimbursement rates are driving nurses away from home care into higher-paying settings like hospitals. This shortage leaves families across Texas unable to access the care they need, forcing them into crisis situations.

The lack of access to PDN services is not just a workforce issue—it has real and devastating consequences for patients and families. Children with complex medical conditions such as tracheostomies, ventilators, and seizure disorders often face unnecessary hospital stays because they cannot secure the nursing care required at home. These hospitalizations are far more expensive than providing care at home and create unnecessary strain on both families and the healthcare system.

The Health and Human Services Commission (HHSC) has already acknowledged that PDN reimbursement rates are insufficient, projecting a 21% funding shortfall for the 2025-2026 biennium. Without immediate action, this shortfall will deepen the crisis, forcing even more families into difficult situations with limited options for care.

A 21% rate increase is the minimum necessary to stabilize the workforce, retain skilled nurses, and ensure that children with complex medical needs can remain safely at home. This investment will prevent unnecessary hospitalizations, improve the quality of life for these children, and reduce long-term healthcare costs. It is both a matter of patient care and fiscal responsibility.

Texas must act now to protect access to critical care for vulnerable children. Failure to do so will leave thousands of families without the support they need, jeopardizing the safety and well-being of these children. I urge you to support this crucial 21% rate increase and ensure that Texas remains a state that values the health and well-being of its most vulnerable citizens.

Sincerely,
Katherine Sirmans-Casaus
Registered Nurse - Angels of Care
(903)-870-6002

Virginia Hernandez
Maxim Healthcare Services
Austin, TX

My name is Virginia Hernandez, and I work for Maxim Healthcare Services out of the Austin TX 839. Along with the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

Emily Smith, CPO
Outreach Health
Richardson, TX

On behalf of Outreach Health, we urge your support for a significant investment in the administrative portion of the Community Care attendant rate and the flexibility of a 90% reporting requirement on spending to ensure a balanced rate and to sustain high-quality services for older adults and individuals with disabilities.

Outreach Health has been delivering home and community-based services across Texas for over 50 years. With over 4,000 caregivers, we are one of the largest providers in the state. We are proud to serve thousands of Texans who rely on us to remain safely in their homes.

While we are proud that our caregiver turnover rate is 54%—well below the national average of 77%—our ability to recruit and retain both caregivers and staff is increasingly challenged by an outdated and unbalanced rate structure. Our staff turnover jumped to 45% in 2024. Historically, Outreach had very little staff turnover, but we've been unable to provide well-deserved raises, even as we ask more from our teams to cover caregiver shortages.

At this time, we have 300 clients who are either completely unstaffed or receiving only a small percentage of their authorized hours. Our internal support teams—who are normally only needed during caregiver transitions or short absences—are now being stretched to cover long-term gaps, a role they were never intended to fill.

Administrative costs—including supervisory visits, caregiver hiring and training, EVV compliance, and ongoing support—are essential to delivering safe, high-quality care. Yet all of these must be funded from the administrative portion of the rate, which has not increased since 2007. Without an update, providers cannot keep pace with today's demands. We respectfully request an inflation-adjusted increase of \$0.97 to the provider service support rate to ensure sustainability.

If a 95% threshold were applied to our Community Care programs, it would dramatically restrict our ability to fund the administrative infrastructure required to meet the state's own regulatory demands. It risks turning a reporting requirement into a funding cap.

We also urge the committee to maintain the 90% reporting requirement. Increasing this threshold to 95% may seem minor, but in practice, it removes the flexibility providers need to respond to local needs and operational realities. It would deter responsible growth and create additional financial and reputational risks that could further reduce access to care.

By investing in the administrative portion of the rate and maintaining the 90% threshold, you will not only protect providers like Outreach—you will protect the thousands of Texans who count on us every day.

Thank you for your time and your commitment to strengthening home care in Texas.

Jovie Cantu, VP Operations
APC Home Health Services, Inc.
Harlingen, TX

COMMUNITY CARE

SB 1 by Huffman: Support Rate Increases for Community Care

On behalf of TAHC&H, we urge your support for a significant investment in the administrative portion of the community care attendant rate and the flexibility of a 90% reporting requirement on spending to ensure a balanced rate and to sustain high-quality services for older adults and individuals with disabilities.

For example, supervisory visits, which are required to maintain oversight, must be paid from the administrative rate, as must the hiring and training of caregivers to meet increasing demand. The implementation of EVV has further increased administrative burdens, requiring dedicated staff to troubleshoot technical issues and ensure compliance. Yet, the administrative portion of the rate has not increased since 2007 and is now lower than it was in 2006. While increases to the attendant wage component are necessary and appreciated, they alone will not stabilize the industry. Without an accompanying investment in the administrative rate, providers cannot sustain their operations. The failure to address this shortfall will result in workforce shortages, provider closures, lack of access to care and greater reliance on institutional care.

Equally critical to provider stability is maintaining the 90% reporting requirement. While framed as a reporting measure, a 95% threshold imposes a de facto mandate with severe financial and reputational risks for providers. Those falling below 95% would be placed on a noncompliance list, creating uncertainty and the threat of recoupments that deter providers from expanding services. This rigid requirement contradicts recent legislative investments intended to stabilize the home care system and instead forces providers to contract rather than increase access to care. It also removes the flexibility needed to allocate resources based on regional needs, replacing it with a one-size-fits-all spending model that does not align with the realities of home care delivery. A 90% reporting requirement ensures accountability while maintaining provider stability. It protects access to care, prevents unnecessary provider closures, and allows for sustainable growth. By supporting a significant investment in the administrative portion of the rate and maintaining the 90% reporting requirement, Texas can safeguard home care services and ensure vulnerable Texans receive the support they need to remain in their homes.

Jessica Hall
Connect pediatrics
North Richland Hills, TX

The private duty nursing field needs your help because of inadequate Medicaid reimbursement rates. Our ability to hire and retain skilled nurses is directly impacted, and families are suffering because of this. Without this 21% increase, more children will go without care, hospitals will see increased admissions, and agencies will continue losing nurses to higher-paying jobs. Children won't be able to be kids and live a normal life. This rate adjustment is not a luxury—it's a necessity. It ensures medically complex children receive care at home, keeps families intact, and saves the state money long-term. I strongly urge you to support the increase outlined in SB 1 to enable a child to be able to be a kid for once.

blake mitchell
the people
pflugerville, TX

We do not need 6.5 billion for a politicized campaign to hunt down immigrants. To add insult to injury, the Legislature prioritizes these efforts while infrastructure improvements are desperately needed across the State. In my home community of the Rio Grande Valley, flooding routinely upends our communities. March 27th, 2025, a spring storm caused flooding that has shut down businesses and destroyed homes, cars, and schools - I have seen these happen since I was a child. I fear for what could come to my family when there's a more significant weather event like a hurricane. Somehow, we have funding for border walls, razor wire, and buoys, but not for our residents to live their lives without the fear of a climate catastrophe.

Norma Saldana
APC Home Health Service, Inc.
Harlingen, TX

On behalf of TAHC&H, we urge your support for a significant investment in the administrative portion of the community care attendant rate and the flexibility of a 90% reporting requirement on spending to ensure a balanced rate and to sustain high-quality services for older adults and individuals with disabilities.

For example, supervisory visits, which are required to maintain oversight, must be paid from the administrative rate, as must the hiring and training of caregivers to meet increasing demand. The implementation of EVV has further increased administrative burdens, requiring dedicated staff to troubleshoot technical issues and ensure compliance. Yet, the administrative portion of the rate has not increased since 2007 and is now lower than it was in 2006. While increases to the attendant wage component are necessary and appreciated, they alone will not stabilize the industry. Without an accompanying investment in the administrative rate, providers cannot sustain their operations. The failure to address this shortfall will result in workforce shortages, provider closures, lack of access to care and greater reliance on institutional care.

Equally critical to provider stability is maintaining the 90% reporting requirement. While framed as a reporting measure, a 95% threshold imposes a de facto mandate with severe financial and reputational risks for providers. Those falling below 95% would be placed on a noncompliance list, creating uncertainty and the threat of recoupments that deter providers from expanding services. This rigid requirement contradicts recent legislative investments intended to stabilize the home care system and instead forces providers to contract rather than increase access to care. It also removes the flexibility needed to allocate resources based on regional needs, replacing it with a one-size-fits-all spending model that does not align with the realities of home care delivery.

A 90% reporting requirement ensures accountability while maintaining provider stability. It protects access to care, prevents unnecessary provider closures, and allows for sustainable growth. By supporting a significant investment in the administrative portion of the rate and maintaining the 90% reporting requirement, Texas can safeguard home care services and ensure vulnerable Texans receive the support they need to remain in their homes.

Naomi Harris, RN
Maxim Healthcare/Spring 140
Spring, TX

My name is Naomi Harris, RN, Clinical Supervisor, and I work for Maxim Healthcare Services out of the Spring 140 (North Houston) office. Along with the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

- Families qualify for PDN services based on their CONDITION, not on income.
- Kids with limited or no PDN services cost the state more money through increased hospitalizations and more days in the hospital.
- PDN serves the most fragile, sick kids in our state.

There is no time to delay—Texas must act now to protect access to critical care before more families are left without options.

Sarah Sharp
Therapy 2000
Austin, TX

As a pediatric home health therapist, I work with children in Texas who depend on skilled therapy services to reach their full potential. Every day, I see firsthand how access to therapy can mean the difference between a child learning to walk, communicate, or eat independently—or facing lifelong challenges that could have been mitigated with timely intervention. I have witnessed the incredible power of therapy in changing lives. I've worked with children who started therapy unable to say a single word and later went on to succeed academically, confidently participating in school and social settings. I've seen children my colleagues work with who once struggled with basic mobility gain the strength and skills to walk independently, unlocking new opportunities for their future. These success stories are proof that early intervention works—but only if children can access it in time.

Unfortunately, the current state of pediatric therapy services in Texas makes it increasingly difficult for families to get the care their children desperately need. The waitlist for therapy has grown significantly, leaving many children without services during critical developmental windows. I have had to tell families that they must wait months—sometimes longer—before a therapist can see their child, simply because there are not enough providers available.

One of the biggest challenges we face is the ongoing workforce shortage. Recruiting and retaining qualified therapists has become nearly impossible due to the low reimbursement rates. Many skilled professionals who are passionate about working with children are being forced to leave pediatrics to serve adults—and some are even leaving the therapy field entirely. As the cost of living continues to rise across Texas, therapists who want to serve children in home settings simply cannot afford to do so under the current rate structure.

Without an increase in reimbursement rates, more therapists will leave the field, waitlists will continue to grow, and Texas children will suffer the consequences. A 10% rate increase is not just beneficial—it is essential to sustain access to pediatric therapy services. By ensuring fair compensation for providers, Texas can help stabilize the workforce, reduce wait times, and ensure that children with disabilities and developmental delays receive the care they need when they need it most.

Please support this critical investment in Texas children and their future.

Andres Cruz, Mr.

PRIDE PHC SERVICES, INC

SAN ANTONIO, TX

COMMUNITY CARE

Below are the key points you should address in your House Public Comment. We strongly encourage you to share your own perspective and unique challenges:

- The need for a significant investment in the administrative portion of the Community Care rate to sustain provider operations.
- The importance of maintaining the 90% reporting requirement rather than increasing it to 95% to ensure provider stability and prevent service reductions.
- How rising costs and an unbalanced rate structure threaten access to care for older adults and individuals with disabilities.
- Real-life examples of workforce shortages, administrative burdens, and financial constraints impacting your ability to provide services.

COMMENT TEMPLATE for SB 1 by Huffman: Support Rate Increases for Community Care

On behalf of TAHC&H, we urge your support for a significant investment in the administrative portion of the community care attendant rate and the flexibility of a 90% reporting requirement on spending to ensure a balanced rate and to sustain high-quality services for older adults and individuals with disabilities.

Our agency had been operating for just over 25 years. Each year we find it more difficult to make our budget, having many persons in the office wear multiple hats, to avoid the cost of hiring other “administrative” personnel. Our Client Service Coordinators also have the increased responsibilities of EVV and the maintenance required to be input by office staff. They spend the majority of their time verifying time vs client care. Note, Texas EVV statewide is just over 50%. We have 650 clients, on an average of 4 days of service per week. Meaning there are 5,200 average weekly clock in and outs ... with 2,600 needing office staff direct attention and narrative input ... each requiring a phone call to a client to verify information. This is a huge burden, and we would benefit tremendously to be able to hire additional staff to assist with this activity.

A current example of how our agency is being tasked with a mandated cost is the supervisory visits, which are required to maintain oversight, must be paid from the administrative rate, as must the hiring and training of caregivers to meet increasing demand. The implementation of Yet, the administrative portion of the rate has not increased since 2007 and is now lower than it was in 2006. While increases to the attendant wage component are necessary and appreciated, they alone will not stabilize the industry. Without an accompanying investment in the administrative rate, providers cannot sustain their operations. The failure to address this shortfall will result in workforce shortages, provider closures, lack of access to care and greater reliance on institutional care.

Equally critical to provider stability is maintaining the 90% reporting requirement. While framed as a reporting measure, a 95% threshold imposes a de facto mandate with severe financial and reputational risks for providers. Those falling below

Carmelia Wilson, Executive Director

Connect Pediatrics

Dallas, TX

As someone who sees the faces of these families every day, I urge you to support the 21% rate increase for private duty nursing. This is not just about numbers—it’s about real children with real needs. Kids who rely on ventilators, feeding tubes, and around-the-clock care just to survive, let alone thrive.

Parents are exhausted. They’re not only caregivers but also nurses, advocates, and full-time employees—doing whatever it takes to keep their children safe. But without enough nurses, they’re hitting a breaking point. And so are we.

We’ve lost incredible nurses to hospital systems that simply pay more. We’re trying everything—sign-on bonuses, flexible shifts, consistent support—but we’re losing this battle because rates don’t cover the actual cost of care. When a child can’t get care at home, they end up in the ER or even hospitalized, which is heartbreaking and far more costly.

Please—these families need help. This increase is the bare minimum to keep nurses in homes, stabilize care, and ensure that kids aren’t forced into crisis situations. Let’s not wait until more families fall through the cracks.

Krystal Cook, SLPA
T2K/Green Apple Speech Language Pathology Assistant
Lewisville, TX

PEDIATRIC THERAPY

Below are the key points you should address in your House Public Comment. We strongly encourage you to share your own perspective and unique challenges:

The growing waitlist for pediatric therapy services and the impact on children in need.

Workforce shortages and the struggle to recruit and retain qualified therapists.

How insufficient reimbursement rates make it difficult to provide services.

Why a 10% rate increase is essential to sustain access to therapy for Texas children.

COMMENT TEMPLATE for SB 1 by Huffman: Support Rate Increases for Pediatric Therapy

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

I have been an SLPA for 12yrs, and the families that I service are in dire need of the services we provide. Children with disabilities are heavily marginalized, and the families that care for them need ALL the services they can get to give these children the best chance at having a functional life, a way to communicate for themselves, and live in a world that does not understand how hard it is to just ask for help. We give them 'that' voice, some of them are non-verbal. Our jobs are exceedingly important to these families, as is our funding to help them. Please let us continue to provide that.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care. Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Daniel Moon, Mr.

Self

Montgomery, TX

The sudden cut off of benefits to active service members is not only a disservice to our dedicated military but to the average American citizens. I am disgusted and appalled at the reduction/ deletion of military benefits. This will not only hinder the well being of current servicemen but also decrease the intake of new military personnel. I ask that this not go into affect and people in service keep their benefits which they have earned.

Monica Meave, RN/Administrator
El Rey Primary Health Care
Weslaco, TX

House Appropriations Committee

Dear Members of the House Appropriations Committee,

I am writing to bring to your attention several pressing issues that are crucial for the sustainability and growth of community care services, which are vital for supporting older adults and individuals with disabilities in our community. These concerns underscore the pressing need for thoughtful consideration and strategic investment in this vital sector. To sustain provider operations, we must make significant investments in the administrative portion of the community care rate. This investment will support the necessary infrastructure and enhance service delivery, ensuring that our providers can effectively meet the increasing demands of care services. For example, supervisory visits, which are required to maintain oversight, must be paid from the administrative rate, as must the hiring and training of caregivers to meet increasing demand. The implementation of EVV has further increased administrative burdens, requiring dedicated staff to troubleshoot technical issues and ensure compliance. Yet, the administrative portion of the rate has not increased since 2007 and is now lower than it was in 2006. While increases to the attendant wage component are necessary and appreciated, they alone will not stabilize the industry. Without an accompanying investment in the administrative rate, providers cannot sustain their operations. The failure to address this shortfall will lead to workforce shortages, provider closures, inadequate access to care, and an increased reliance on institutional care.

Maintaining the current 90% reporting requirement rather than increasing it to 95% is vital for provider stability. A higher threshold may lead to undue pressure on providers, resulting in potential service reductions that could adversely affect care recipients. While framed as a reporting measure, a 95% threshold imposes a de facto mandate with severe financial and reputational risks for providers. Those falling below 95% would be placed on a noncompliance list, creating uncertainty and the threat of recoupments that deter providers from expanding services. This rigid requirement contradicts recent legislative investments aimed at stabilizing the home care system, instead forcing providers to contract rather than expand access to care. It also removes the flexibility needed to allocate resources based on regional needs, replacing it with a one-size-fits-all spending model that does not align with the realities of home care delivery.

The rising cost of care, coupled with an unbalanced rate structure, poses a significant threat to the accessibility of care for our older adults and individuals with disabilities. It is imperative to address these economic challenges to maintain equitable and uninterrupted access to care services. A 90% reporting requirement ensures accountability while maintaining provider stability. It protects access to care, prevents unnecessary provi

Heidi Kocher
Self - attorney
PLANO, TX

Please support SB 1 to increase Medicaid home care rates. Our patients need this. We are losing qualified care givers because they can make more money working else where and agencies can't afford to pay them.

Shelby King
Self
Plano, TX

I am 100% totally dependent on everything that happens to me!!! I have high acuity which means there is a lot to do for me!!! I require 24/7 nursing. I do not have full coverage, due to the pay rate especially for night and weekend coverage. Hospitals are able to pay double from what home health care agencies can. The pay needs to be raised at least by 20%. I really need 24/7 coverage to help me do what needs to be done!!!

Shelby King

Kimberly Deans
Mother
Plano, TX

I am the mother of a medically fragile 25 yo daughter. She is total care, non verbal, functions as a 1 year old, and requires 24/7 RN CARE for all needs including tube feedings, trach and vent care, seizures, cerebral palsy. I do not have complete coverage due to low pay rate. Please consider increased RN pay rates so that my daughter has the care she needs. Thank you.

Diana Thames, LVN

Self- LVN

Austin, TX

Lee Palmer

Texas Association for Home Care & Hospice

Richmond, TX

Too many children are being kept in hospitals instead of being able to be discharged home. The stays are costing the State of Texas and its taxpayers millions of dollars that could be saved with the help of in-home private duty nursing (PDN). PDN helps to keep these disabled and chronically ill children in their homes and out of the hospitals. Sadly, reimbursement rates remain staggeringly low and prevent home health agencies from being able to hire adequate nursing staffs. While PDN did receive a very modest 2% increase in 2023, rates have not changed much since the mid 1990s. We are already facing a statewide nursing shortage, and home health agencies cannot compete with the money funneled into the hospital systems. If the State of Texas really wants to lower Medicaid spending, it needs to take a good look at costly hospital stays. Home health and PDN services are the best way to bring these costs down.

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

A 21% rate increase is the minimum necessary to stabilize the private duty nursing workforce, prevent further loss of skilled nurses, and ensure medically complex children can remain safely at home. This investment will save lives, prevent costly hospitalizations, and strengthen Texas's commitment to its most vulnerable. There is no time to delay—Texas must act now to protect access to critical care before more families are left without options.

Aspen Havard, Ms.

Apineywoods Home Services

Diboll, TX

For example, supervisory visits, which are required to maintain oversight, must be paid from the administrative rate, as must the hiring and training of caregivers to meet increasing demand. The implementation of EVV has further increased administrative burdens, requiring dedicated staff to troubleshoot technical issues and ensure compliance. Yet, the administrative portion of the rate has not increased since 2007 and is now lower than it was in 2006. While increases to the attendant wage component are necessary and appreciated, they alone will not stabilize the industry. Without an accompanying investment in the administrative rate, providers cannot sustain their operations. The failure to address this shortfall will result in workforce shortages, provider closures, lack of access to care and greater reliance on institutional care.

Equally critical to provider stability is maintaining the 90% reporting requirement. While framed as a reporting measure, a 95% threshold imposes a de facto mandate with severe financial and reputational risks for providers. Those falling below 95% would be placed on a noncompliance list, creating uncertainty and the threat of recoupments that deter providers from expanding services. This rigid requirement contradicts recent legislative investments intended to stabilize the home care system and instead forces providers to contract rather than increase access to care. It also removes the flexibility needed to allocate resources based on regional needs, replacing it with a one-size-fits-all spending model that does not align with the realities of home care delivery. A 90% reporting requirement ensures accountability while maintaining provider stability. It protects access to care, prevents unnecessary provider closures, and allows for sustainable growth. By supporting a significant investment in the administrative portion of the rate and maintaining the 90% reporting requirement, Texas can safeguard home care services and ensure vulnerable Texans receive the support they need to remain in their homes.

Melissa Risinger
Red River Health Care Systems Inc.
Powderly, TX

On behalf of TAHC&H, we urge your support for a significant investment in the administrative portion of the community care attendant rate and the flexibility of a 90% reporting requirement on spending to ensure a balanced rate and to sustain high-quality services for older adults and individuals with disabilities. My grandmother started Red River Health Care Systems 50 years ago. She was a nurse that saw a need for those less fortunate to receive quality services in their home. We have proudly provided Personal Assistance Services to Medicaid client in our area and have services thousands over the 50 years, with a current census around 800 over 18 counties in North East Texas. We strive to provide quality services and treat our clients and our attendants as our family. Over the year the Administrative burden has been increased by EVV and staffing shortages due to pay. Supervisory visits, which are required to maintain oversight, must be paid from the administrative rate along with the hiring and training of caregivers and the increased implementation of EVV geared toward a phone app. We have had to make multiple visits with clients and attendants to maintain the quality and accuracy of EVV and the hours/time clocked in and clocked out. We have also had to take the burden on of being the 'EVV Police' and making every attempt to eliminate any fraud committed by either the client or the attendant. This takes multiple trips to a clients home, again utilizing our portion of the administrative rate. The 90% reporting requirement is equally critical to us and other providers. The 95% threshold would place severe financial and reputational risks for providers. This rigid requirement removes our flexibility as a provider to allocate resources based upon our area served and does not stabilize our home care system. One-size-fits-all spending model does not align with the realities of providing home care in the home to our precious clients. A 90% reporting requirement ensures accountability while maintaining provider stability. I protects access to care, prevents unnecessary provider closures, and allows for sustainable growth. By supporting a significant investment in the administrative portion of the rate and maintaining the 90% reporting requirement, Texas can safeguard home care services and ensure vulnerable Texans receive the support they need to remain in their homes. I have worked in our family business for 34 years and home to continue providing quality services to our Texas Medicaid clients for another 34 years, only with your help on the administrative rate will we be able to maintain that quality. Thank You.

Katherine Novikov
self
Irving, TX

This budget is unacceptable in every way. Too large. Too late. On too short a fuse. And largely disconnected from the states wishes, preferences and needs of Texans. We need property tax to be zero, we need zero money going to anything DEI, we do not need to Hollywood moving here -(nor do we want/need casinos BTW) . This budget needs to reflect what Texans want - which they are sharing with you 24 X 7. The complete disregard for the needs and interest of constituents in this bill quite frankly looks coup-like. Looks deep state like. Looks like a middle finger to the people.

McKenna Jackson

Self - Speech Language Pathologist

McKinney, TX

PEDIATRIC THERAPY

Below are the key points you should address in your House Public Comment. We strongly encourage you to share your own perspective and unique challenges:

- The growing waitlist for pediatric therapy services and the impact on children in need.
- Workforce shortages and the struggle to recruit and retain qualified therapists.
- How insufficient reimbursement rates make it difficult to provide services.
- Why a 10% rate increase is essential to sustain access to therapy for Texas children.

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

As a home health Speech Language Pathologist with a focus on treating patients with Medicaid in South Dallas, I have personally seen the effects of cutting rates. It is extremely difficult to hire enough SLPs/SLPAs to treat the sheer number of patients who require our services. Additionally, it is extremely difficult to refer a patient for additional services like OT/PT due to difficulty hiring therapists.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care.

Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Ifeoma Obianwu
Maxim Healthcare Services
Austin, TX

My name is Ifeoma, and I work for Maxim Healthcare Services out of the Austin office. Along with the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

- Families qualify for PDN services based on their CONDITION, not on income.
- Kids with limited or no PDN services cost the state more money through increased hospitalizations and more days in the hospital.
- PDN serves the most fragile, sick kids in our state.

There is no time to delay—Texas must act now to protect access to critical care before more families are left without options.

My name is [XX], and I work for Maxim Healthcare Services out of the [office]. Along with the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

Ezra Kuenzi
Connect Cares Foundation
Bartonville, TX

Like many families in Texas, I never expected to find myself deeply concerned about therapy reimbursement rates. My wife and I are blessed with three healthy children who have never needed physical, occupational, or speech therapy.

However, our nephew Dillon went without oxygen at birth and suffered severe medical complications. That experience opened our eyes to the world of pediatric home care, especially the critical role therapy services play in helping children reach their potential.

Driven by this mission, we founded both a nonprofit organization to support families of medically fragile children and a pediatric home healthcare company that provides in-home therapy services. Over the past decade, we've seen firsthand the impact of access—or lack of access—to timely, consistent therapy. We've met families desperate to help their children speak, move, and connect with the world around them. And we've seen what happens when help doesn't come soon enough.

Texas is now facing a crisis in pediatric therapy services. Despite recent funding efforts, the waitlist for in-home pediatric therapy continues to grow at an alarming rate. From December 2023 to May 2024 alone, therapy cases increased by 32%, revealing the growing gap between children who need care and the therapists available to provide it.

The problem isn't a lack of need—it's a lack of support. Workforce shortages, driven largely by inadequate reimbursement rates, have made it difficult to retain skilled therapists. Many are leaving for higher-paying roles in schools, hospitals, or private clinics. This situation disproportionately impacts school-aged children and families in rural areas, widening existing disparities in access to care.

The root of this problem goes back more than a decade. Deep rate cuts in 2011 and 2014, followed by methodology changes that fail to reflect the real costs of delivering care in a home setting, left therapy providers struggling to stay afloat. While partial rate restorations were made in 2019 and 2021, current rates remain below pre-cut levels and well short of what's needed to operate sustainably.

As a result, children across Texas are waiting too long for medically necessary therapy. These delays aren't just frustrating—they're harmful. Early intervention is critical for children with developmental delays and disabilities. Every week a child goes without speech, occupational, or physical therapy is a week of missed progress—and sometimes, a window that closes forever.

A 10% rate increase for pediatric therapy services is not just necessary—it's urgent. This investment will:

- Improve therapist retention and workforce stability;
- Expand provider availability, especially in underserved areas;
- Shorten waitlists and reduce harmful delays in care;
- Prevent long-term costs associated with unmet developmental needs.

Without this investment, families will continue to suffer, and children will fall through the cracks of a system that should be lifting them up.

Joel Boby, PFC
Texas Army National Guard
Richmond, TX

Regarding the lack of mention of state tuition assistance. Without it, retention and general enlistment in the guard will take a hit. I joined FOR the state tuition assistance as I won't be able to pay for college without it. Please review the bill and consider adding it

Odessa Seyl, DPT

Therapy 2000/Green Apple Therapy

Kaufman, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

My name is Odessa Fortner Seyl and I was born, raised, and am employed in Kaufman, Texas as a home health pediatric physical therapist. Recently, Kaufman County has been listed as THE fastest growing county in Texas and the second fastest growing county in the entire country. Now fast-growing rural community, the city of Kaufman is roughly 40 miles from Dallas and as such, many of my patients do not have the capability or resources to commute into the Dallas area for their therapy, thus making home health services the preferred method (and often the only method) of receiving therapy in this area. However, due to insufficient reimbursement rates, workforce shortages, and the struggle to recruit and retain qualified therapists, all in addition to the fast-growing population of Texas as a whole (and specifically Kaufman, Texas) there is always a waitlist for patients to be evaluated and treated by a physical therapist. This means that children with immediate physical and mobility needs cannot receive the care they need post hospital discharge, children with developmental delays become further delayed, and physical limitations can worsen as we are unable to provide them with physical therapy services in a timely manner.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care.

Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Daniel Woodward
Texas Civil Rights Project
Austin, TX

I am a Policy Attorney with the Texas Civil Rights Project. We are particularly concerned about the roughly \$6.5 billion that SB 1 allocates for Operation Lone Star (“OLS”). Since 2021, the State has spent over \$11.5 billion dollars on the effort with no meaningful impact on migration trends.

Instead of improving border security, OLS has turned border communities into military encampments, endangered residents, and funnelled both people seeking protection and American citizens into a separate justice system that is rife with abuse. These are just a few representative examples of harm caused by OLS:

Between March 2021 and July 2023, high speed pursuits in OLS counties killed at least 106 people and injured 301.

In 2023, a family of U.S. citizens was driving near El Paso when DPS troopers boxed them in, forced them off the road, and held them at gunpoint.

TCRP attorneys spoke to an asylum seeker who reported that Texas National Guard members in El Paso beat him, taunted his family with racist insults, and forced them to run to the border wall under the threat of being shot, all over the course of several hours as the family searched for a Border Patrol agent to turn themselves in to.

A DPS medic reported that supervisors ordered officers to push a group of immigrants—including a four-year-old girl into the Rio Grande. The medic also reported that officers were ordered to deny migrants water in the summer heat.

In January 2024, the State seized Shelby Park, the city’s main public outdoor space, from Eagle Pass, over the protests of city leaders. National Guard soldiers and other State security officers quickly moved in and closed access off to the public and even federal Border Patrol.

Despite the many documented problems, state leadership has maintained that it is necessary to spend billions of dollars on OLS because “the federal government ignores” border enforcement. However over the past months, the new administration in Washington has quickly implemented the very policies that State leadership has long sought.

In this context, one might expect the legislature to allocate less money on OLS. Yet SB 1 contains no such reduction. Rather, it funds more violence, more deadly high speed chases, and more injustice.

Meanwhile, last summer, a survey of residents in Webb County identified urgent, solvable problems in their border community, problems that this legislature could address:

Inadequate or nonexistent street lighting (60.9%);
Unpaved roads (42.5%);
Insufficient access to hospitals or clinics (41.4%);
Insufficient access to clean and potable water (40.2%);
Insufficient public transportation (39.1%); and
Insufficient or nonexistent access to grocery stores (34.5%).

These are all issues that the legislature could solve by investing in border communities. Instead, they are treated like foreign occupied territory. We urge the committee to redirect the border security allocation to programs that will improve the lives of Texans.

Marcia Bayer
Texas Association on Homecare and Hospice and Texas Parent to Parent
Katy, TX

On behalf of all families and caregivers supporting medically fragile/primary medical needs and disabled kids I urge you to support an increase in home health nursing reimbursement. I have two children who qualify for 164 hours of private duty nursing. We have been unstaffed for 2 years. Even when we get an amazing nurse they leave us 6-9 months in for a higher paying job. Even when my children are hospitalized the hospital nurses tell me that my children are complex and they could never take a pay cut to work in the home. The pay for home health for the most venerable children is minuscule pennies compared to travel, online, and hospital jobs. However the cost to institutionalize or hospitalize these children would be far greater. These are the most complex and vulnerable children in the state of Texas. Step up and protect them.

Olivia Myles
self
Sherman, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

My son Ezra needed Speech Therapy because he had difficulty eating. This also caused him to be a late talker. Because of the intervention of speech therapy, and the care and compassion of his therapist, he is now thriving and able to function and not worry about choking while eating.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care.

Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Cameron Kuehn
Maxim Healthcare Services
Houston, TX

My name is Cameron, and I work for Maxim Healthcare Services out of the East Houston office. Along with the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

- Families qualify for PDN services based on their CONDITION, not on income.
- Kids with limited or no PDN services cost the state more money through increased hospitalizations and more days in the hospital.
- PDN serves the most fragile, sick kids in our state.

There is no time to delay—Texas must act now to protect access to critical care before more families are left without options.

Jonathan Willman

Self

Sugar Land, TX

My name is Jon Willman and I am the DON for Consolidated Home Health. We provide PDN to medically fragile children in the home. Our company was founded in the early 90s, and we believe in doing one thing and doing it well. I am also a constituent, and service patients in your district.

Our patients choose our company because we don't treat them like a number. We have always believed if we prioritize patient care, everything else will work out. Over the last 10 years, it has become almost impossible to continue to operate this way. We have become hyper efficient in our office, come up with creative ways to entice nurses, recruit and retain staff, found alternative community partners to help with patient care coordination, and done everything we can to maximize every dollar we receive. We used to pride ourselves on a missed hours rate of less than 1%, now we are lucky to get under 10%. This is an anomaly in our state. Most agencies are running much higher missed hours rates, some over 50%! This has led to significant access to care issues and increased costs in Medicaid.

These medically fragile children and their families are at a crisis point when it comes to staffing. Session after session I have personally testified about this crisis and the burden it is placing on taxpayers related to unnecessary and extended hospitalizations that, on average, cost taxpayers \$15k a day. We just had a patient that had to stay an extra 2 months in the hospital because of infections she acquired while hospitalized and then had to stay an extra week while we tried to find nurses when it was time for her to come home. That stay cost \$1,005,000 to the taxpayer and could have been avoided if we had been able to hire nurses for this child. That is just one of the many cases in TX.

HHSC has reported a 21% funding shortfall for the 2025-26 biennium. They further project the demand for PDN will grow by nearly 40% by 2036. We need you to stop this access-to-care crisis that is having devastating consequences on thousands of families. The 21% rate increase would have a huge impact on stabilizing the PDN workforce, prevent further loss of nurses, and ensure medically complex children can remain safely at home.

I know this is a large number and we don't want to see this increase as a line item but, this money is already being spent on extended and unnecessary hospitalization. This investment will not only save lives but is a cost-saving measure. As an expert in this area, it will strengthen Texas's commitment to its most vulnerable and cut costs. There is no time to delay—Texas must act now to protect access to critical care before more families are left without options. Without access to PDN, children with trachs, vents, seizures, and other serious conditions face prolonged and preventable hospital stays and taxpayers face increased and unnecessary costs. Please support HHS's call for a 21% increase to Private Duty Nursing rates.

Brianne Villarreal

self - speech language pathologist

Cypress, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

I currently am employed in the home health setting and the wait list for patients to receive services continues to grow enormously day after day. Without this rate increase, this list will continue to grow, likely at a higher rate. Our setting is already significantly impacted by workforce shortages as qualified therapists are underpaid. Insufficient reimbursement rates make it difficult to provide services and obtain a livable wage. A 10% rate increase at the very minimum is absolutely necessary so that Texas children may have appropriate access to therapy.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care.

Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Leslie Fonseca, SLP
Green Apple Therapy
San Antonio, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

As a speech-language pathologist in home health, I've seen firsthand how Medicaid funding is a lifeline for families who would otherwise have no access to essential care. One of my patients, Cassie, (name changed for privacy) a social and determined young girl with complex medical needs, required therapy from multiple providers to support her development. Her single-parent household could never have afforded the cost of an outpatient institution, and remaining at home near her mother and siblings was not only emotionally beneficial but also crucial for her daily care. I currently have many patients like Cassie who are counting on funding for services to increase their level of functioning while living at home with their support system. Without Medicaid, Cassie's progress—and her ability to live in a stable, loving environment—would have been impossible. Cutting funding would mean stripping families like hers of the care they depend on to give their children a chance at a better future.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care.

Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Darla Grant
Therapy 2000/Green Apple Therapy
Pittsburg, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

We recently had a high-risk infant at our agency who had just been discharged home from the NICU with home health therapy services. When the therapist arrived, the infant was in respiratory distress and registering low oxygen saturation levels. The highly skilled physical therapist, was able to quickly assess the infant, speak with the physician on the phone and troubleshoot the equipment. The doctor and therapist determined that the infant needed to return to the emergency room. The therapist transitioned the infant's oxygen to a portable oxygen device and immediately the infant's oxygen saturation levels increased. The parents were very grateful to the therapist for determining that the issue was with the equipment. This prevented a readmission to the hospital which saves the state money. These therapists are essential to provide therapy services to our most vulnerable Texas children.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care. Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Kaela Massey
Maxim Healthcare
Austin, TX

My name is Kaela Massey, and I work for Maxim Healthcare Services out of the Austin, TX office. Along with the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

- Families qualify for PDN services based on their CONDITION, not on income.
- Kids with limited or no PDN services cost the state more money through increased hospitalizations and more days in the hospital.
- PDN serves the most fragile, sick kids in our state.

Raquel Villarreal, M.ED, LPC-S

LAR

McAllen, TX

These are critical services that keep my daughter at home instead of being institutionalized and creating a financial burden to the state and federal government. Services needed allow families freedom to live their lives and normalize the effects of having to care for someone with severe disabilities.

Marianna Arana

Texas Association for Home Care & Hospice, physical therapist

San Antonio, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

Since the cuts in 2011 and 2014, many children have gone without the therapies that are vital for their life. I currently am a physical therapist in south San Antonio, the 7th largest city in the US. We have 18 PTs and I am the only one on the southside, because other therapists feel that it is "no longer worth it" to go there since cuts were made. Many therapists reference the horrible ROI that getting a DPT degree comes with since the cuts. PT's go anywhere from \$50-100k in debt to attain these degrees. Entry level therapists used to make 100k\$ salary starting out, which was a good ROI. Now, entry level therapists typically make 50-65k\$ starting out. This is correlated to reimbursement cuts. Due to this decrease in therapist pay, we are now seeing a huge healthcare disparity in south San Antonio. I currently have patients with cerebral palsy, down syndrome, autism, and other diagnoses who have not have therapy in over 5 years due to these cuts. I have a patient with Leigh Syndrome who is bed bound who has not had OT or ST in over 2 years. I have another patient with autism who just had a G-tube placed likely due to never getting feeding therapy.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care.

Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Beth Hromadka

therapy 2000

Muldoon, TX

I am writing to address an important issue regarding the provision of pediatric speech therapy services and the need for a rate increase to ensure the continued quality and accessibility of care for children who require these vital services. As a pediatric SLP who has been in the field for 15 years, we have seen way to many rate cuts that have negatively impacted so many children and their access to care. The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. As therapists, we love what we do and are eager to make an impact in so many little lives, but have always been at the mercy of insurance. Being at the mercy of insurance means that we can not fully and effectively do our jobs that we worked so hard to achieve. The current reimbursement rates for pediatric therapy are not reflective of the growing demand for services nor the expertise required to provide them. Speech, Occupational and Physical therapists are highly trained professionals, often requiring years of education and specialized clinical training to work effectively with children. The level of care and attention they provide demands adequate compensation, which should reflect their professional training, expertise, and the dedication needed to address the unique needs of children. Furthermore, the costs of operating a business associated with hiring administration, trained professionals, supplies/resources, continuing education, etc are not sustainable with the constant rate decreases that we have experienced over my, at least, past 15 years in the profession. The current rates do not adequately cover the aforementioned costs, leading to financial strain on service providers, which ultimately affects the quality and accessibility of care for children. Increasing the rates would: (1) allow for enhanced access to services, (2) attract and retain highly qualified professionals, especially in areas such as feeding/swallowing therapy; (3) improved quality of care so that these trained professionals can focus on providing high-quality care rather than worrying about financial sustainability; (4) long-term cost savings such as investing in early intervention which can prevent more severe and costly educational and health challenges in the future. By ensuring children receive the services they need early on, we reduce the likelihood of more significant developmental delays, which could require more intensive and expensive interventions later in life. Increasing the rates for pediatric therapy services is a necessary step to ensure that children continue to receive the best possible care. We must provide our skilled professionals with the support they need to deliver these critical services, which will benefit not only the children they serve but also our communities as a whole. Thank you for considering this essential issue.

Veronica Bell

Maxim Healthcare Services

Conreo, TX

Support for PDN!!

Brittany Stager
Therapy 2000
Round rock, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

I personally have worked with a lot of children in the Austin area that require therapy services to thrive in their environment. Over the last 10 years, the cost of living in my area has caused a lot of turnover as it is getting harder and harder to afford the area. To be able to continue providing medically necessary services, a rate increase is essential so we do not lose more therapists and can continue helping our kids!

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care. Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Amy Tiemann
Self
Brenham, TX

PDN is great when you know your child is being cared for medically without being in a hospital setting. The child can feel safe and comfortable while getting care like they are in the hospital. Also gives parents or guardians a piece of mind that they are being cared for the best way they can be without being in the hospital.

Casey McClosky
Maxim Healthcare Services
Port Arthur, TX

My name is Casey McClosky, and I work for Maxim Healthcare Services out of the Beaumont Office. Along with the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

- Families qualify for PDN services based on their CONDITION, not on income.
- Kids with limited or no PDN services cost the state more money through increased hospitalizations and more days in the hospital.
- PDN serves the most fragile, sick kids in our state.

There is no time to delay—Texas must act now to protect access to critical care before more families are left without options.

Lacy McKee
A Pineywoods Home Services Inc
LUFKIN, TX

EXAMPLE

For example, supervisory visits, which are required to maintain oversight, must be paid from the administrative rate, as must the hiring and training of caregivers to meet increasing demand. The implementation of EVV has further increased administrative burdens, requiring dedicated staff to troubleshoot technical issues and ensure compliance. Yet, the administrative portion of the rate has not increased since 2007 and is now lower than it was in 2006. While increases to the attendant wage component are necessary and appreciated, they alone will not stabilize the industry. Without an accompanying investment in the administrative rate, providers cannot sustain their operations. The failure to address this shortfall will result in workforce shortages, provider closures, lack of access to care and greater reliance on institutional care.

Equally critical to provider stability is maintaining the 90% reporting requirement. While framed as a reporting measure, a 95% threshold imposes a de facto mandate with severe financial and reputational risks for providers. Those falling below 95% would be placed on a noncompliance list, creating uncertainty and the threat of recoupments that deter providers from expanding services. This rigid requirement contradicts recent legislative investments intended to stabilize the home care system and instead forces providers to contract rather than increase access to care. It also removes the flexibility needed to allocate resources based on regional needs, replacing it with a one-size-fits-all spending model that does not align with the realities of home care delivery. A 90% reporting requirement ensures accountability while maintaining provider stability. It protects access to care, prevents unnecessary provider closures, and allows for sustainable growth. By supporting a significant investment in the administrative portion of the rate and maintaining the 90% reporting requirement, Texas can safeguard home care services and ensure vulnerable Texans receive the support they need to remain in their homes.

Vanessa Argueta

Self

Houston, TX

I am commenting on the benefits my 3 year old son has had with PDN, Therapy services as well as other services that have been provided to him since he was born. My son has down syndrome, he is on a feeding tube, sleep apnea and requires oxygen at night. I am a single mother, living under my mother's roof, with my son and three other daughters (13 year old and two year old twins). My son has benefited and had advanced much more developmentally wise compared to other children that have his disability because of his nurses helping him during the day, and also his therapy services which included speech. Occupational and physical therapy. His current nursing agency has also been a great help to my family and I with things that sometimes insurance isn't able to cover. With out PDN and therapy services my 3 year old son wouldn't be where he is at today. I hope the new bill increases the budget and not decrease because there is so many other families like myself that may be in more critical condition and it's important for our kids to advance and have opportunities just like any other normal child. Thank you.

Joni Dillon

therapy 2000

Georgetown, TX

I have served as a speech therapist for over 20 year, 15 in home health. I have seen first hand the ability for therapy to allow patients to stay out of the hospital and lead lives where they are more able to work independently. Our profession is at a crossroad with reduction in rates previously and not a full restoration, along with rising costs and inflation, it gets harder and harder each year to provide these critical services.

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care. Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Kaylea Roach

Green Apple Therapy & Therapy 2000

Dallas, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), I respectfully urge your support for Senate Bill 1 and the proposed 10% rate increase for pediatric therapy services. These services are vital to children with developmental disabilities and complex medical needs, allowing them to thrive in their homes and communities instead of institutional settings.

As a clinical manager for a pediatric home health agency, I see firsthand the strain placed on families and providers due to the ongoing workforce crisis. Every week, I review referrals for children who need speech, occupational, or physical therapy—many of whom are nonverbal, medically fragile, or facing critical developmental delays. Despite their urgency, we are forced to waitlist dozens of children or turn families away because we simply do not have enough skilled therapists to take them on. The therapists we do have are overburdened and burned out, and many are leaving the field altogether for better-paying opportunities in schools, hospitals, or other states. It is heartbreaking to explain to a parent that their child will have to wait months for care they needed yesterday.

The proposed 10% rate increase is not just a number—it is a lifeline for these children and families. Between December 2023 and May 2024, the number of pediatric home therapy cases statewide rose by 32%, yet provider capacity continues to lag behind due to unsustainable reimbursement rates. Previous cuts in 2011 and 2014, along with outdated rate methodologies, have left our field scrambling to meet demand with limited resources. Even partial restorations in recent years haven't been enough to keep pace with inflation or workforce costs.

Alycia Castillo, Associate Director of Policy and Advocacy

Texas Civil Rights Project

Austin, TX

Last session, we stood with partners to oppose the \$200 million allocation for constructing two new child prisons. Despite our efforts, the legislature passed Rider 41. Since then, both the U.S. Department of Justice (DOJ) and the U.S. Commission on Civil Rights have released reports revealing systemic abuse and constitutional violations within TJJD.

Key findings from the DOJ report include:

Sexual Abuse: Children experienced sexual victimization by both staff and peers.

Educational Neglect: At the time of the report, children were, on average, five grade levels behind in reading and six in math.

More recent TJJD data shows they are now seven grades behind on average.

Mental Health Neglect: The proportion of children with moderate to severe mental health needs rose from 21% in 2014 to 85% in 2022. Additionally, 64% of boys and 84% of girls experienced four or more traumatic events. Alarming, 91% of girls had a history of child sex trafficking.

Disability Discrimination: About 30% of incarcerated youth receive special education services. The DOJ found these federally mandated services were not provided, with outdated and inadequate individualized education plans.

Excessive Use of Force: The report highlighted routine physical and chemical violence against children, with little effort to implement alternative behavior management.

Solitary Confinement: Children endured excessive disciplinary isolation in the Residential Security Unit (RSU), sometimes for days or weeks, despite policies limiting stays to 1–2 hours.

Despite these damning reports, TJJD has shown no accountability and dismissed federal findings. It is unconscionable for the Texas Legislature to proceed with expanding child prisons without first addressing these systemic issues.

Recommendations:

Halt Funding for New Child Prisons

Suspend expenditures from the 88th legislative session and reject further funding in the 89th session for new facilities. Last session marked a troubling shift from evidence-based practices — moving from prison closures and community-based programs to costly prison expansion. The legislature must reverse this course in light of federal findings.

Reallocate Funds to a New Office of Youth Health and Safety

Establish an Office of Youth Health and Safety (SB 661) to create individualized support for Texas' 254 counties, moving away from a one-size-fits-all incarceration model.

In 2024, we joined other child advocates in providing expert testimony to the Texas House Interim Committee on Youth Health and Safety. Our shared conclusion was clear: community-based solutions are essential for fostering safe, thriving communities.

This session, the Texas Legislature must prioritize a budget that invests in children's futures — not the expansion of a failed prison system.

A list of citations is available upon request

Ginger Casas, Mrs

Self

San Antonio, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

I am a Director of Therapy at a Pediatric Home Health agency, and this rate increase would directly impact my ability to provide sufficient quality AND quantity to the families we serve. Additionally, as the loved one of several children who have needed pediatric therapies, I see directly the impact rate cuts have had in the past on the ability of my loved ones to receive the care they need to succeed. Rate increases for pediatric therapy directly affect our economy: well-paid therapists contribute more to the economy, and children who receive early intervention and appropriate therapies are more likely to be contributing members to the Texas economy, and/or need less expensive long-term care.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care. Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Alycia Castillo, Associate Director of Policy

Texas Civil Rights Project

Austin, TX

The Texas Civil Rights Project Recommends the following changes this legislative session in order to address the most urgent problems in the agencies. :

Close facilities with staffing and maintenance challenges, air condition those that remain:

TDCJ's staffing shortages force reliance on unsafe staffing models, endangering both staff and incarcerated individuals. We support the Sunset Commission's Recommendation 1.1 to close facilities with persistent staffing issues. Additionally, outdated facilities with significant maintenance needs should be shut down. According to the Sunset Staff report, "Among staff who work in units without HVAC, 80% reported this makes their job more difficult." Sweltering heat harms both staff and incarcerated people. TDCJ should close facilities that cannot be properly maintained or air-conditioned and adjust formula funding to incentivize diversion and release.

Phase out solitary confinement:

Solitary confinement — caging people for 23+ hours a day — is inhumane, causing severe mental, physical, and emotional harm, often leading to suicide. Beyond human costs, it's expensive: in 2015, Texas spent at least \$46 million annually on this practice. TDCJ should reduce the use of solitary and ultimately eliminate it by adopting programs like AMEND, which has successfully phased out solitary in other states.

Expand MRIS to reduce medical and operational costs:

The number of incarcerated people aged 50+ has grown sharply, now making up nearly 25% of TDCJ's population. Aging populations drive up healthcare costs — people 55+ account for 53.2% of hospitalization costs. While TDCJ and CMHCC have added "sheltered housing" beds, they previously acknowledged that aging populations are the primary factor increasing healthcare expenses. An underused solution is Medical Release for Intensive Supervision (MRIS). With reforms, MRIS could help alleviate costs by releasing more elderly and ill individuals without compromising public safety. TDCJ and the Board of Pardons and Paroles should expand MRIS to ease the strain of a greying prison population and reduce budget pressures.

Citations available upon request.

Karissa Wilson

Angels of Care Pediatric HH

WICHITA FALLS, TX

Pay increases to nurses providing direct care is crucial. We see more and more that nurses are experiencing burnout due to the nature of the job. While pay increases may not fix all of the problems, it will definitely help keep jobs full and most likely lead to a lower turnover rate. That in turn provides care to pediatric patients that cannot care for themselves. It gives families a break and reduces caregiver burnout. Burnout leaves an individual medical or caregiver mentally foggy, it leads to increased frustration, mistakes are more easily made. Nurses deserve to be compensated appropriately for their efforts in providing exemplary care to our patients and families. With private duty nursing, we are there for the family and the patient. We talk, teach, listen, we CARE.

Kaitlynn Flores

Angels of Care

San Antonio, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

As a private duty nurse, I have seen firsthand the direct positive impact nursing can have on families. PDN provides relief for families while simultaneously ensuring patient quality care and providing opportunities for families to focus on work, school, personal matters, etc. The current shortage in nurses will lead to nurses being overworked, overwhelmed, and burnt out equating to the quality of care in patients declining. Added stress to both healthcare and families when it's preventable is unacceptable. As leaders, the government must take care of the people of Texas. A 21% increase in reimbursement rates will begin to help heal the healthcare system leading to higher quality of care and life.

The current reimbursement rates fail to cover the rising costs of providing skilled nursing care in the home. Despite a modest 2% increase in 2023, providers continue to face extreme difficulty in hiring and retaining nurses, agencies report that they are unable to recruit enough RNs and LVNs to meet demand. The Texas Department of State Health Services projects that demand for home health RNs will grow by nearly 40% by 2036, yet stagnant reimbursement rates are driving skilled nurses away from home care and into hospitals and other higher-paying settings. If Texas fails to act, this workforce crisis will deepen, leaving countless families with no viable care options.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

A 21% rate increase is the minimum necessary to stabilize the private duty nursing workforce, prevent further loss of skilled nurses, and ensure medically complex children can remain safely at home. This investment will save lives, prevent costly hospitalizations, and strengthen Texas's commitment to its most vulnerable. There is no time to delay—Texas must act now to protect access to critical care.

Kirsten Koehn
Maxim Healthcare Services
Port Arthur, TX

My name is Kirsten Koehn, and I work for Maxim Healthcare Services out of the Beaumont, Texas. Along with the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

- Families qualify for PDN services based on their CONDITION, not on income.
- Kids with limited or no PDN services cost the state more money through increased hospitalizations and more days in the hospital.
- PDN serves the most fragile, sick kids in our state.

There is no time to delay—Texas must act now to protect access to critical care before more families are left without options.

Johnathan Freeman
Maxim Healthcare Services
Buna, TX

My name is Johnathan Freeman, and I work for Maxim Healthcare Services out of the Beaumont office. Along with the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

- Families qualify for PDN services based on their CONDITION, not on income.
- Kids with limited or no PDN services cost the state more money through increased hospitalizations and more days in the hospital.
- PDN serves the most fragile, sick kids in our state.

There is no time to delay—Texas must act now to protect access to critical care before more families are left without options.

Courtney Bullard, Ms
Maxim Healthcare Services - Fort Worth
Fort Worth, TX

My name is Courtney Bullard, and I work for Maxim Healthcare Services out of the Fort Worth, TX. Along with the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

- Families qualify for PDN services based on their CONDITION, not on income.
- Kids with limited or no PDN services cost the state more money through increased hospitalizations and more days in the hospital.
- PDN serves the most fragile, sick kids in our state.

There is no time to delay—Texas must act now to protect access to critical care before more families are left without options.

Kimberly Guilbeaux
Maxim Healthcare Services
Conroe, TX

My name is Kimberly Guilbeaux, and I work for Maxim Healthcare Services out of the Spring office. Along with the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

Families qualify for PDN services based on their CONDITION, not on income.
Kids with limited or no PDN services cost the state more money through increased hospitalizations and more days in the hospital.
PDN serves the most fragile, sick kids in our state.

There is no time to delay—Texas must act now to protect access to critical care before more families are left without options.

Meri Linscomb, SLP

Therapy 2000

McKinney, TX

Please provide funding for children, adolescents and adults with disabilities in the state of Texas. Our children deserve a chance to live their best lives and be productive members of society. They deserve to have in home nursing and therapy services required to achieve therapeutic goals and maintain health status. Community care and programs must be available for our children and adults. Young adults must have a safe place to go once they age out of school where they can find happiness and learn skills with other peers and therapists. Please give our children and adults the ability to receive services that are necessary for their health and safety. Thank you!

Meri Linscomb

Angela Preniczky, Lpn

Angela of Care

Aledo, TX

Increase funding for home health care

maria martinez

Maxim health

Magnolia, TX

My name is Maria Martinez, and I work for Maxim Healthcare Services out of the Spring Office. Along with the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

- Families qualify for PDN services based on their CONDITION, not on income.
- Kids with limited or no PDN services cost the state more money through increased hospitalizations and more days in the hospital.
- PDN serves the most fragile, sick kids in our state.

There is no time to delay—Texas must act now to protect access to critical care before more families are left without options.

Erika Larimore, Dr.

Therpay 2000

Plano, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

I work as a pediatric physical therapist and it is so hard to get all the patients care. Even when I don't have availability some of the parents go on wait list because there just isn't enough staff. Even with other companies there just isn't enough PTs in pediatric home health primarily because of pay cuts. It's hard to get people to stay because it's easier to work somewhere else and get paid. Our pediatric patients need us to improve and to be able to participate with other children and families. Getting therapy for some of the families is there difference between a parent being able to work or not.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care. Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Caleb Haygood

Maxim Healthcare Services

Tomball, TX

My name is Caleb Haygood, and I work for Maxim Healthcare Services out of the North Houston office. Along with the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

- Families qualify for PDN services based on their CONDITION, not on income.
- Kids with limited or no PDN services cost the state more money through increased hospitalizations and more days in the hospital.
- PDN serves the most fragile, sick kids in our state.

There is no time to delay—Texas must act now to protect access to critical care before more families are left without options.

Sidaca Harmon
ANGELS OF CARE
Van Alstyne, TX

I work first hand with families that rely on PDN services so that their Medically complex child, who can not get the same care at a daycare, can be taken care of in the comfort of their home - all while the parents/caregivers can still be employed and work their careers to support their complex child and other family members. Without this program and its funding, many parents would be left to decide between financial stability or medical care and that is a choice that no families should have to make.

Lisa Sperry
Self
Austin, TX

I have spent almost 25 years serving families in Texas. Their ability to access quality families care from therapy and nursing is greatly tied to funding. Please consider supporting our most precious citizens. The smiles and bonding that I've been able to create for families is all due to the fact that I can provide meaningful services. As cost of living increases, more and more therapists are being forced to leave and find other employment because they cannot support their own families.

Courtney Boggs
Self
El Paso, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

Our 9 year old daughter has a genetic mitochondrial disease and she has a trach, ventilator and feeding tube. She requires 24/7 private duty nursing services. It is critical for us to have highly skilled RNs or LVNs to provide the care she needs.

The current reimbursement rates fail to cover the rising costs of providing skilled nursing care in the home. Despite a modest 2% increase in 2023, providers continue to face extreme difficulty in hiring and retaining nurses, agencies report that they are unable to recruit enough RNs and LVNs to meet demand. The Texas Department of State Health Services projects that demand for home health RNs will grow by nearly 40% by 2036, yet stagnant reimbursement rates are driving skilled nurses away from home care and into hospitals and other higher-paying settings. If Texas fails to act, this workforce crisis will deepen, leaving countless families with no viable care options.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

A 21% rate increase is the minimum necessary to stabilize the private duty nursing workforce, prevent further loss of skilled nurses, and ensure medically complex children can remain safely at home. This investment will save lives, prevent costly hospitalizations, and strengthen Texas's commitment to its most vulnerable. There is no time to delay—Texas must act now to protect access to critical care before more families are left without options.

Cristian Villegas
Maxim Healthcare Services
Fort Worth, TX

My name is Cristian, and I work for Maxim Healthcare Services out of the Fort Worth office. Along with the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

- Families qualify for PDN services based on their CONDITION, not on income.
- Kids with limited or no PDN services cost the state more money through increased hospitalizations and more days in the hospital.
- PDN serves the most fragile, sick kids in our state.

There is no time to delay—Texas must act now to protect access to critical care before more families are left without options.

Ginia Black, Ms
Self, homemaker, mother
SAN ANTONIO, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

Our son had several underlying conditions that we had no idea about for a long time. But the therapies he was able to access made such a huge difference in his life. And in our lives as family members. He would not be as successful in life if it were not for these therapies we were able to access. And think about this: If this goes away, so many people will be disenfranchised and unable to access the services And AS A DIRECT RESULT, will be underemployed and SIGNIFICANTLY MORE DEPENDENT ON THE STATE.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care. Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Whitney Gama, SLPA
Angels of Care Pediatric home health
KYLE, TX

To the respected members of the house:

I work out in the field as a speech therapist assistant traveling to and from homes providing therapy. I believe that an increase of funds would benefit clients and employees as well. Pay in today's society is one of the top reasons of staying or accepting a job offer. To begin to search for specific jobs this is one main point when making decisions. I know first hand. I began with AOC in September of last year. While searching for companies to work for I saw that a housekeeper made more than I do. Keeping that in mind, first we must consider the price rise of rent/mortgage/taxes/gas ECT. Insurance and car payments are major for myself. Prices have gone up. To provide therapy in a home health setting one must have a car in great working conditions. A plan B if that vehicle fails. The increase in funds would help in many areas. In home health settings most companies ask their employees to carry their own supplies. An increase in funds would allow therapist to have more room to buy items needed, such as the most recent books, printer, inc, laminating machine, paper to laminate, the list goes on. Another major reason why I think an increase in funds would benefit our state is the on going wait-list that clients are placed on. There aren't enough therapist in the field. I believe an increase in funds would be a start to this problem.

Thank you for your time in reading this message.

Sincerely,
Whitney Gama
SLPA

Jessica Coultrip
Pediatric Physical Therapy
Midlothian, TX

I have been a pediatric PTA for about a year now, and I have seen the importance early intervention has on children who have developmental delays or disabilities. The most heartbreaking thing to see is a child further decline or become more delayed, because I or another discipline such as OT and ST were not able to see them soon enough. Usually, this happens because they are waitlisted due to therapists having such full caseloads. We currently have a staffing shortage, because pediatrics is known to be a demanding and complex setting for therapists and the compensation must meet the physical and mental demands of the job. My previous therapy company I worked for was bought out due to the fact that their compensation, and what they were having to pay the therapists they struggled to hire, was unsustainable. If this issue continues, the therapists who do enjoy the pediatric setting will become burnt out, the companies will struggle to stay afloat, and eventually I fear there will not be any therapies available for these children at all. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services.

Kelsea Burns, RN
Maxim Healthcare Services
Orange, TX

My name is Kelsea Burns, and I work for Maxim Healthcare Services out of the Beaumont 238 office. Along with the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

- Families qualify for PDN services based on their CONDITION, not on income.
- Kids with limited or no PDN services cost the state more money through increased hospitalizations and more days in the hospital.
- PDN serves the most fragile, sick kids in our state.

There is no time to delay—Texas must act now to protect access to critical care before more families are left without options.

Magen Schroeter
Angels of Care
Anna, TX

My experience with home health began in 2017, when my own son had his first open heart surgery. During this time, we had a nurse in our home, and without her, I don't know where my family would be. My husband and I would not have been able to continue working, or take care of my other child, or pay our bills. Families like myself also rely on the support of nurses to provide a chance for their child to be home instead of a hospital setting. As a mother, having my child home and with his sibling and be able to have a sense of normalcy in our lives was such a gift. After months of sleeping on a hospital sofa in an ICU with the lights on 24/7, sleeping in my own bed, next to husband was nothing short of a magic. Home health nurses make that happen! They give moms like me the ability to be home with our families, without leaving one behind in a hospital bed alone. Nurses give us the gift of normalcy in an otherwise chaotic medical world that is incredibly isolating. They also help us to feel safe at home. Having our nurse available to assess and monitor for changes gave me a sense of peace, it put my mind at ease that there was a professional around to make sure my child was safe at home and doing well. I decided that year to make a career change and I started my career in Home Health, which I have now done for 8 years. I know all too well the personal and business side of keeping nurses in homes. Pay rate is a huge percentage of our daily battle with keeping families staffed. The reimbursement rates for nurses in homes is not appropriate or proportionate to the work they do. We are constantly losing nurses to the hospital setting or to agencies where people can afford to cash pay for PDN services. Most of our families that receive PDN and therapy services are at the mercy of their insurances in all aspects, including the rates that are offered to their nurses and therapists. I cannot tell you how many times I have had moms and dads on the phone begging and pleading us to pay their nurses a fair enough wage to keep them in the home. Unfortunately, we have to remain profitable and often times, we cannot meet the nurses pay needs. Our families are experts in advocating for their children, but are being forced to advocate for their nurses as well. Something has to change. A 21% rate increase is the minimum necessary to stabilize the private duty nursing workforce, prevent further loss of skilled nurses, and ensure medically complex children can remain safely at home. This investment will save lives, prevent costly hospitalizations, and strengthen Texas's commitment to its most vulnerable. There is no time to delay—Texas must act now to protect access to critical care before more families, like myself, are left without options.

Georgina Gonzalez-Barrera
Therapy 2000/Green Apple Therapy
El Paso, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

I have been a Speech-Language Pathologist for 30 years, approximately 15 of those years spent in the Home Health/Clinic setting. The functional gains made by our patients is a vital part of their ability to increase independence and safety in the home and community settings. In the time that I have been treating children in these settings, I have not had a pay increase. Although I don't do this to make tons of money, I do need to provide for my family and make sure to we can keep a roof over our head and food on the table. I don't know if you have had an increase in pay in the last 15 years, but for me, not having one has been difficult because, as you know, the cost of living continues to rise. We desperately need this increase in order to attract more therapists for services that are so badly needed. We help kids communicate, learn to use speech devices, and even teach them how to safely swallow. Our services matter! Our pediatric patients deserve more, but we can't keep up with their needs because people don't want to work in a setting that is still based on outdated rates. So please, please, please approve this pay increase.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care. Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Greg Lenzen
Self, CPA
DALLAS, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care. Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Sandra Shelton, COTA

Self

Dallas, TX

I request your support for a critical 10% rate increase for pediatric therapy services. These services are desperately needed for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

As a therapist, I see firsthand the progress that is made when these services are utilized, and how carryover in home is accessible.

As a grandmother of a child with a brain injury, I see it from a very personal point of view. I see the general progress that is made, but I also see the independence and pride my grandson feels when he's able to shower on his own. I see the pride he feels when he accomplishes things that two years ago were easy, but today can take him to the brink of emotional despair. As he enters puberty and junior high, self-worth and confidence are vital to his well-being. This confidence and self-worth is initiated through the therapies he's receiving.

Please support this increase.

Lora Mayes, BSN, RN CEO

Beacon Home Health Agency, LLC

Missouri City, TX

On behalf of TAHC&H, we urge your support for a significant investment in the administrative portion of the community care attendant rate and the flexibility of a 90% reporting requirement on spending to ensure a balanced rate and to sustain high-quality services for older adults and individuals with disabilities.

Marshawn Jackson

Self/ Healthcare Recruiter

San Antonio, TX

My name is Marshawn, and I work for Maxim Healthcare Services out of the San Antonio office. Along with the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

- Families qualify for PDN services based on their CONDITION, not on income.
- Kids with limited or no PDN services cost the state more money through increased hospitalizations and more days in the hospital.
- PDN serves the most fragile, sick kids in our state.

Tabitha Sullivan, EVV
Apineywoods Home Health
Lufkin, TX

For example, supervisory visits, which are required to maintain oversight, must be paid from the administrative rate, as must the hiring and training of caregivers to meet increasing demand. The implementation of EVV has further increased administrative burdens, requiring dedicated staff to troubleshoot technical issues and ensure compliance. Yet, the administrative portion of the rate has not increased since 2007 and is now lower than it was in 2006. While increases to the attendant wage component are necessary and appreciated, they alone will not stabilize the industry. Without an accompanying investment in the administrative rate, providers cannot sustain their operations. The failure to address this shortfall will result in workforce shortages, provider closures, lack of access to care and greater reliance on institutional care.

Equally critical to provider stability is maintaining the 90% reporting requirement. While framed as a reporting measure, a 95% threshold imposes a de facto mandate with severe financial and reputational risks for providers. Those falling below 95% would be placed on a noncompliance list, creating uncertainty and the threat of recoupments that deter providers from expanding services. This rigid requirement contradicts recent legislative investments intended to stabilize the home care system and instead forces providers to contract rather than increase access to care. It also removes the flexibility needed to allocate resources based on regional needs, replacing it with a one-size-fits-all spending model that does not align with the realities of home care delivery. A 90% reporting requirement ensures accountability while maintaining provider stability. It protects access to care, prevents unnecessary provider closures, and allows for sustainable growth. By supporting a significant investment in the administrative portion of the rate and maintaining the 90% reporting requirement, Texas can safeguard home care services and ensure vulnerable Texans receive the support they need to remain in their homes.

Ellen Economu, SLPA
Therapy 2000
Austin, TX

As a pediatric home health therapist, I work with children in Texas who depend on skilled therapy services to reach their full potential. Every day, I see firsthand how access to therapy can mean the difference between a child learning to walk, communicate, or eat independently—or facing lifelong challenges that could have been mitigated with timely intervention. I have witnessed the incredible power of therapy in changing lives. I've worked with children who started therapy unable to say a single word and later went on to succeed academically, confidently participating in school and social settings. I've seen children my colleagues work with who once struggled with basic mobility gain the strength and skills to walk independently, unlocking new opportunities for their future. These success stories are proof that early intervention works—but only if children can access it in time.

Unfortunately, the current state of pediatric therapy services in Texas makes it increasingly difficult for families to get the care their children desperately need. The waitlist for therapy has grown significantly, leaving many children without services during critical developmental windows. I have had to tell families that they must wait months—sometimes longer—before a therapist can see their child, simply because there are not enough providers available.

One of the biggest challenges we face is the ongoing workforce shortage. Recruiting and retaining qualified therapists has become nearly impossible due to the low reimbursement rates. Many skilled professionals who are passionate about working with children are being forced to leave pediatrics to serve adults—and some are even leaving the therapy field entirely. As the cost of living continues to rise across Texas, therapists who want to serve children in home settings simply cannot afford to do so under the current rate structure.

Without an increase in reimbursement rates, more therapists will leave the field, waitlists will continue to grow, and Texas children will suffer the consequences. A 10% rate increase is not just beneficial—it is essential to sustain access to pediatric therapy services. By ensuring fair compensation for providers, Texas can help stabilize the workforce, reduce wait times, and ensure that children with disabilities and developmental delays receive the care they need when they need it most.

Please support this critical investment in Texas children and their future.

Carson Shively
Maxim Healthcare Services Inc
San Antonio, TX

Families who have been through a critical change in their lives with a loved one who has high acuity health needs have such a need and deserve what we call Private Duty Nursing. Taking a patient back to their home and caring for them for extended periods of time throughout the day provides their family members with the time needed to perform their everyday tasks. More importantly, it provides a patient with care that will decrease rehospitalizations and further complications with their diagnosis'. PDN is a vital portion of a patient's life and is a service that should be available for any person who finds themselves with critical care needs.

Caroline Payne, RN
Self
New Braunfels, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The current reimbursement rates fail to cover the rising costs of providing skilled nursing care in the home. Despite a modest 2% increase in 2023, providers continue to face extreme difficulty in hiring and retaining nurses, agencies report that they are unable to recruit enough RNs and LVNs to meet demand. The Texas Department of State Health Services projects that demand for home health RNs will grow by nearly 40% by 2036, yet stagnant reimbursement rates are driving skilled nurses away from home care and into hospitals and other higher-paying settings. If Texas fails to act, this workforce crisis will deepen, leaving countless families with no viable care options.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

A 21% rate increase is the minimum necessary to stabilize the private duty nursing workforce, prevent further loss of skilled nurses, and ensure medically complex children can remain safely at home. This investment will save lives, prevent costly hospitalizations, and strengthen Texas's commitment to its most vulnerable. There is no time to delay—Texas must act now to protect access to critical care before more families are left without options.

Javoanta Batiste

Maxim Healthcare - Dallas 043 (157 - Dallas, Texas)

McKinney, TX

My name is Javoanta Batiste, and I work for Maxim Healthcare Services out of the Dallas. Along with the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

- Families qualify for PDN services based on their CONDITION, not on income.
- Kids with limited or no PDN services cost the state more money through increased hospitalizations and more days in the hospital.
- PDN serves the most fragile, sick kids in our state.

There is no time to delay—Texas must act now to protect access to critical care before more families are left without options.

Krystle Garza

Therapy 2000/Green Apple Therapy

Austin, TX, TX

I am writing to express my strong support for the 10% rate increase for pediatric therapy services, as outlined in Senate Bill 1. As someone who has worked closely with children in need of therapy for 15+ years, I have seen firsthand the profound impact that delays in services can have on a child's development and overall well-being. Unfortunately, I have also witnessed children on waitlists for over a year—sometimes even 2+ years—only to end up requiring more intensive care down the line. These delays not only exacerbate the challenges these children face, but they often result in higher costs for the state in the long term.

The need for an increase in rates for pediatric therapy services is urgent. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024 alone, cases increased by 32%. This stark increase highlights a persistent gap between the demand for services and the availability of providers. Many children endure long wait times for medically necessary therapy due to workforce shortages, as therapists continue to leave for higher-paying opportunities elsewhere. The situation is especially dire for school-aged children and those in rural areas, where access to care is already limited, exacerbating existing disparities in service delivery.

As a professional in this field, I have also seen an alarming trend of therapists leaving the profession altogether due to rising costs of living and low reimbursement for services. Many therapists, who are passionate about helping children, are forced to change professions or leave the state in search of better compensation. This not only impacts the number of available providers but also disrupts continuity of care for children who rely on consistent therapy.

The root cause of this crisis can be traced back to previous rate cuts in 2011 and 2014, along with changes in reimbursement methodology that fail to account for the unique costs of providing home health services. Although partial restorations were made in 2019 and 2021, reimbursement rates are still below pre-cut levels, which makes it difficult for providers to operate sustainably. The proposed 10% rate increase is a critical and necessary step to address these ongoing challenges.

A 10% increase would directly address the issues of provider retention, workforce stability, and timely access to care. By improving reimbursement rates, we can ensure that providers are able to continue offering high-quality services to children with disabilities and developmental delays. This, in turn, would help reduce the long-term costs associated with delayed therapy, which often results in the need for more intensive care down the road.

Texas must prioritize this investment in our children's future to ensure that children with disabilities receive the timely and essential care they need to thrive.

Thank you for your consideration.

Frederick Cichy
Maxim Healthcare Services
Austin, TX

My name is Frederick Cichy, and I work for Maxim Healthcare Services out of our Austin, TX office. Along with the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

- Families qualify for PDN services based on their CONDITION, not on income.
- Kids with limited or no PDN services cost the state more money through increased hospitalizations and more days in the hospital.
- PDN serves the most fragile, sick kids in our state.

There is no time to delay—Texas must act now to protect access to critical care before more families are left without options.

Cory Gonzales, Mr
Therapy 2000
Conroe, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

I've worked with plenty of children this would effect. I have families who children need so much assistance due to unseen circumstances that something like this could make All the difference for them. Please make this choice as a human being and not a money saving machine.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care. Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Anne Pinkenburg, Ms

Self

Fort worth, TX

I urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

As a Speech Language Pathologist working in pediatric home health, I see the power in this service delivery model. I can empower parents in learning how to help their children. When I am on THEIR turf they are relaxed and engaged in learning in a different way than when they see me at an outpatient clinic. Families lives are changed when a child communicates better and isn't having 4 30 minute temper tantrums a day due to frustration over not communicating, or when they can participate at a family mealtime by eating orally instead relying solely on food being pumped through a tube into their stomach. What I do makes a difference for the families I have the pleasure of working with. I recall the mother of a child in tears at the start of therapy because the child could only talk in vowel sounds and occasional B sounds. Two years later when the child was producing sentences with clear sounds and being discharged, the mother was once again in tears. By providing services and training parents and caregivers in the home I can empower parents and help children achieve their potential, and thus be discharged more quickly.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care.

Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

David Graves

self

Dallas, TX

As parents of a medically fragile child with severe cerebral palsy and epilepsy, we encourage you to support the base wage increase for personal attendant services. Our ten-year-old daughter requires total care, but we've had at least two excellent home health nurses who cared for our daughter who had to leave private duty nursing because of its low wages and lack of benefits. When our daughter has consistent and quality care she can remain home rather than be hospitalized due to pneumonias and seizures.

Ashley Clark
Connect Pediatrics
North Richland Hills, TX

Every week, I work with families whose only backup care for their child is their PDN staff. They are emotionally and mentally burned out as well as physically exhausted, especially when staffing isn't available. Parents stay up all night to keep their children safe, and then have to function during the day to meet the family's daily needs. They have to provide for their family financially while managing their children's complex medical care, which for many is the equivalent of a full-time job. This is not sustainable, and they need help. The system is broken—not because people don't care, but because it's underfunded.

The 21% increase in SB 1 isn't excessive—it's essential. We need to be able to pay nurses a fair wage to keep them in this field. Without them, these families are left alone to manage impossible situations. And eventually, they end up in the ER, not because of a medical crisis, but because no nurse showed up.

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The current reimbursement rates fail to cover the rising costs of providing skilled nursing care in the home. Despite a modest 2% increase in 2023, providers continue to face extreme difficulty in hiring and retaining nurses, agencies report that they are unable to recruit enough RNs and LVNs to meet demand. The Texas Department of State Health Services projects that demand for home health RNs will grow by nearly 40% by 2036, yet stagnant reimbursement rates are driving skilled nurses away from home care and into hospitals and other higher-paying settings. If Texas fails to act, this workforce crisis will deepen, leaving countless families with no viable care options.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

A 21% rate increase is the minimum necessary to stabilize the private duty nursing workforce, prevent further loss of skilled nurses, and ensure medically complex children can remain safely at home. This investment will save lives, prevent costly hospitalizations, and strengthen Texas's commitment to its most vulnerable. There is no time to delay—Texas must act now to protect access to critical care before more families are left without options.

Taylor Staab
Maxim Healthcare Services
fort worth, TX

My name is Taylor, and I work for Maxim Healthcare Services out of the Fort Worth. Along with the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.”

Toya Lewis-Robinson
Maxim Healthcare Services
Tomball, TX

Private Duty Nursing services is an essential service needed to care for a loved one in the home setting. These services provide needed support to our patients and the families that care for them daily. Caregiver sprain is a real and overlooked occurrence across the globe. The people who want and are able to keep their loved one's home, need time to step away. The nurses are able to help keep many patients out of the hospital, in addition to helping prevent exacerbations of illnesses.

Alice Washing, RN
Care Option for zkids
Austin, TX

Cuts in Medicaid coverage will greatly impact families with medically fragile children, those with Trach, ventilators, feeding tubes, who need constant airway management, suctioning to clear secretions, and therapy that helps these kids grow and hopefully overcome their medical obstacles to live a normal life.

Don't take their futures away by cutting costs, to fund billionaires tax cuts.
Please, take care of the young Texans.

Kimberly Marcum
Therapy 2000
Hideaway, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

As a pediatric home health speech-language pathologist, I see firsthand the challenges medically fragile children face in accessing therapy. Many, including NICU graduates, depend on these services for development, yet long waitlists delay care, leading to severe, long-term consequences.

Workforce shortages make this worse, as low Medicaid reimbursement rates make it difficult to recruit and retain qualified therapists. Many professionals leave home health because they cannot sustain a career under current rates, further limiting access to care.

For low-income families without reliable transportation, home health is their only option. However, current reimbursement rates do not adequately cover the costs of travel, time, and resources needed to provide these services.

A 10% Medicaid rate increase is critical to sustaining pediatric therapy. Without it, service disruptions will continue, leaving vulnerable children without the care they need to thrive. Investing in therapy now prevents greater healthcare costs in the future and ensures access for Texas children.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care.

Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

TJ Campbell

Care options For kids

Plano, TX

I have been involved in PDN for the last 3.5 years. PDN has been a great resource for helping families and nurses when they need help. Seeing the turn around of attitude from parents and patients once they have a great nurse is always a joy to see. Working in operations for the COFK has allowed me to also connect with the nurse in the Plano area. Helping nurses find a comfortable work life balance has also been a huge plus for me working in PDN. Medicaid rates for PDN has always been a huge point of conversation for us. Of course we want all nurses to be paid a certain way but most importantly we want them to be paid what they deserve. The medicaid rates are pivotal for the quality of care of the patients. Improving those rates will help us continue to find great nurses and that will also help the push to service medically fragile kiddos in PDN.

MATA RICHARD, SGT

1-108TH AVN BDE/ Black hawk repairman

DEL RIO, TX

TA is one of the benefits the military uses to enlist or retain soldiers that want a military and educational career while serving. Using the State Tuition Assistance has helped myself and many other service members grow in either their military and/or civilian careers. TA might not be used by a lot of soldiers but a lot of institutions are taking advantage of the situation and charging Service Members the full \$4,000 to take a course. I believe TA should not be excluded from the bill and instead focus on the institutions or the third party rep that are taking advantage of all the eligible funding per student only because the student doesn't understand the process and "they are here to help".

Madeline Spence

Therapy 2000

Elgin, TX

As a pediatric home health therapist, I work with children in Texas who depend on skilled therapy services to reach their full potential. Every day, I see firsthand how access to therapy can mean the difference between a child learning to walk, communicate, or eat independently—or facing lifelong challenges that could have been mitigated with timely intervention. I have witnessed the incredible power of therapy in changing lives. I've worked with children who started therapy unable to say a single word and later went on to succeed academically, confidently participating in school and social settings. I've seen children my colleagues work with who once struggled with basic mobility gain the strength and skills to walk independently, unlocking new opportunities for their future. These success stories are proof that early intervention works—but only if children can access it in time.

Unfortunately, the current state of pediatric therapy services in Texas makes it increasingly difficult for families to get the care their children desperately need. The waitlist for therapy has grown significantly, leaving many children without services during critical developmental windows. I have had to tell families that they must wait months—sometimes longer—before a therapist can see their child, simply because there are not enough providers available.

One of the biggest challenges we face is the ongoing workforce shortage. Recruiting and retaining qualified therapists has become nearly impossible due to the low reimbursement rates. Many skilled professionals who are passionate about working with children are being forced to leave pediatrics to serve adults—and some are even leaving the therapy field entirely. As the cost of living continues to rise across Texas, therapists who want to serve children in home settings simply cannot afford to do so under the current rate structure.

Without an increase in reimbursement rates, more therapists will leave the field, waitlists will continue to grow, and Texas children will suffer the consequences. A 10% rate increase is not just beneficial—it is essential to sustain access to pediatric therapy services. By ensuring fair compensation for providers, Texas can help stabilize the workforce, reduce wait times, and ensure that children with disabilities and developmental delays receive the care they need when they need it most.

Please support this critical investment in Texas children and their future.

Antoinette Davis
Self/Field Support Manager
Orange, TX

My name is Antoinette Davis and I work for Maxim Healthcare Services out of the Beaumont Office. Along with the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

- Families qualify for PDN services based on their CONDITION, not on income.
- Kids with limited or no PDN services cost the state more money through increased hospitalizations and more days in the hospital.
- PDN serves the most fragile, sick kids in our state.

There is no time to delay—Texas must act now to protect access to critical care before more families are left without options.

Elizabeth Neal
Maxim Healthcare
AUSTIN, TX

My name is Elizabeth Neal, and I work for Maxim Healthcare Services out of the Austin, Tx. Along with the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

- Families qualify for PDN services based on their CONDITION, not on income.
- Kids with limited or no PDN services cost the state more money through increased hospitalizations and more days in the hospital.
- PDN serves the most fragile, sick kids in our state.

Jeanene Kimball

Client Coordinator for Maxim Healthcare

Keller, TX

My name is Jeanene, and I work for Maxim Healthcare Services out of the Fort Worth Office. Along with the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

Alexis Gray

Therapy2000/Green Apple Therapy

New Braunfels, TX

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care. Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Marci-Beth Maple

Self

North Richland Hills, TX

I am writing to express my deep concern regarding the removal of State Military Tuition Assistance. Service Members rely heavily on this benefit to continue their education. More importantly, we have Soldiers and Airmen in the Texas Army National Guard who depend on this critical support to pursue their first opportunities in higher education.

Many of these Service Members do not yet qualify for the GI Bill and simply cannot afford to pay for college out of pocket. When they enlisted in the Texas Army National Guard whether for four, eight, or more years they were promised State Military Tuition Assistance as a core incentive. As we continually focus on development and retention, I can say without hesitation that this benefit has been one of the most compelling tools in my conversations with Soldiers & Airmen considering continued service.

Since the tuition assistance cap was raised to \$10,000, I have personally seen an increase in reenlistments. The message was clear: the State values their service and is invested in their future. Eliminating this benefit would not only break that trust, but also significantly harm our ability to retain highly capable and motivated individuals.

I respectfully urge you to reconsider this decision and maintain funding for State Tuition Assistance. It is an investment that pays dividends in the strength, morale, and readiness of our force and our Soldiers & Airman have more than earned it.

Kaytlin Colburn

Self

Austin, TX

Removing benefits for soldiers who are willing to put their life on the line so that everyday Texans can live their best life is shameful. We should uplift our soldiers and provide them with a future worth fighting for.

Angelica Rodriguez

Self

Austin, TX

I urge you to divert some of the \$6.5 billion allocated for Operation Lone Star and border security to investments that border communities actually need like water infrastructure, roads, education, and healthcare. Operation Lone Star has wasted billions on militarizing our border regions without improving public safety. Texans deserve real solutions that improve quality of life, not more wasteful spending on harmful policies.

Denisse Meza

Self. Technical Writer.

Austin, TX

I urge you to allocate a portion of the \$6.5 billion set aside for Operation Lone Star and border security towards investments that border communities genuinely need, such as water infrastructure, roads, education, and healthcare. Operation Lone Star has squandered billions on militarizing our border regions without enhancing public safety. Texans deserve real solutions that improve their quality of life, not more wasteful spending on harmful policies.

Leslie Mendoza, 1LT

TXARNG

Laredo, TX

I am writing to express my deep concern regarding the removal of State Tuition Assistance. Service Members rely heavily on this benefit to continue their education. More importantly, we have Soldiers and Airmen in the Texas Army National Guard, who depend on this critical support to pursue their first opportunities in higher education.

Many of these Service Members do not yet qualify for the GI Bill and simply cannot afford to pay for college out of pocket. When they enlisted in the Texas Army National Guard whether for four, eight, or more years they were promised State Tuition Assistance as a core incentive. As we continually focus on development and retention, I can say without hesitation that this benefit has been one of the most compelling tools in my conversations with Soldiers & Airmen considering continued service. Since the tuition assistance cap was raised to \$10,000, I have personally seen an increase in reenlistments. The message was clear: the State values their service and is invested in their future. Eliminating this benefit would not only break that trust, but also significantly harm our ability to retain highly capable and motivated individuals.

I respectfully urge you to reconsider this decision and maintain funding for State Tuition Assistance. It is an investment that pays dividends in the strength, morale, and readiness of our force and our Soldiers & Airman have more than earned it.

Patricia Bourenane

Personal

Austin, TX

Too much funding has already been committed to OLS. Additional funding would be wasteful- this funding could be directed towards public education needs.

Emily Morrow
Therapy 2000/Green Apple
Fate, TX

My son was born with a severe congenital heart defect, which led to a heart transplant at 6 months old. He spent the first 10 months of his life in the hospital fighting for his life. While hospitalized, he had multiple open heart surgeries, a tracheostomy, ventilator, stroke, seizures, severe sepsis requiring dialysis, blood clots, and an osteomy bag. When he came home, he was a 10 month old baby doing things a 3 week old does. He was able to track people, smile, turn his head, and cry. He could not lift his head, grab items, roll, eat anything by mouth, or communicate. He was on a ventilator 24/7 and required a gtube for nutrition. He has received PT, OT, and speech services while in the hospital. Once home, he was evaluated and qualified for home health PT, OT, and speech services. For the last year, he has received in home PT, OT, and speech therapy 2 times a week. He has made phenomenal progress! He is now 18 months old. He is able to sit up by himself, roll, crawl, come up on his knees, pull up on toys, cruise on the couch, take steps holding an adult's hand, stack items, use his fingers for fine motor tasks, drink water from an open cup, and eat all of his liquid food by mouth. This would not be possible without his therapy services and therapists who work with him each week. The time his therapists spend with him is vital for not only his growth and development, but for also improving his overall health. Because his stamina has greatly increased by working with PT/OT, this has allowed him to come off of the ventilator for 16 hours a day. He is getting close to coming off the ventilator all together and getting his trach out. All of his therapy sessions have helped him get stronger and become a lot healthier. His therapists have also done a lot of parent education. Receiving tips/tricks on how to help support what his therapists are doing within their sessions has been extremely vital for my son's carryover. Without his therapies, he would not be where he is today physically, developmentally, and medically.

Diane Granahan
self
Houston, TX

I urge you to oppose Operation Lone Star's wasteful use of tax dollars and put it towards infrastructure that supports the communities that need it. Instead of militarizing our border regions, we must improve public safety through legitimate solutions that improve the quality of life for these communities rather than spending it on detrimental policies.

Cara Ridlehuber
self
Lubbock, TX

We do NOT need another 6.5 billion dollars for Operation Lone Star—reject this wasteful spending!

Rayna Barefoot
Remington Vinyard
Shamrock, TX

I am the grandmother of Remington Faith Vinyard, an 8 year old girl who has lived with tracheomalacia since birth and requires a ventilator as well as 24 hour private nursing care. When considering Bill SB 1 in the House Appropriations Hearings tomorrow, March 31, please be mindful that these are not statistics or numbers they are real live families who struggle daily to care and find nurses to help with the life giving tasks that nurses provide for their children. The shortage of nurses in home health is very evident in our family as many times, the parent, my daughter has to care for Remi when a nurse is sick, out with their own family emergencies, etc. Last week Remi did not have a night nurse all week. 90% of the time they, my daughter and her husband, have to find and recruit their own nurses due to the shortage of home health nurses. A lot of the reason is because of the lack of pay. An increase of salary would sure make this (home health nursing jobs) a more desirable and possible option for nurses and thereby help impact the patients and families from such crisis when there are no nurses to care for their medically fragile children. Please, please remember these are real life families who endure and experience more trauma and crisis than most of us will ever even begin to know, but with education and real life stories like this of our family will hopefully make you consider helping the most vulnerable..the medically fragile. Make us proud to be a Texan!! A loving, understanding, caring, helpful Texas!! Thank you

Jackson Garibay

Self

Wolfforth, TX

I urge you to divert some of the \$6.5 billion allocated for Operation Lone Star and border security to investments that border communities actually need like water infrastructure, roads, education, and healthcare. Operation Lone Star has wasted billions on militarizing our border regions without improving public safety. Texans deserve real solutions that improve quality of life, not more wasteful spending on harmful policies.

Rhandyl Vinyard

self

Lubbock, TX

My daughter has qualified for PDN services for the last 7 years and qualifies for 168 hours per week. Over the years, it is becoming harder to find nurses. We recruit 90% of her nurses because agencies difficulty recruiting and retaining nurses. When we don't have nurses my daughter medical needs are such that it affects our lives and her life tremendously. She is tracheostomy and ventilator dependent and requires 24/7 supervision. She goes to public school with her PDNs and I work. Without PDNs our entire families quality of life suffers. Please consider supporting 21% rate increase for PDN services that are essential for my child and other children with medically complex conditions, enabling them to participate in school and receive care in the home rather than in costly institutional settings.

Sarah Skinner

Self/teacher

ARLINGTON, TX

I urge you to divert some of the \$6.5 billion allocated for Operation Lone Star and border security to investments that border communities actually need like water infrastructure, roads, education, and healthcare. Operation Lone Star has wasted billions on militarizing our border regions without improving public safety. Texans deserve real solutions that improve quality of life, not more wasteful spending on harmful policies

Billie Duncan

Self

Lubbock, TX

Let's make Texas great again and show everyone that our legislators are capable of allocating money where it will do the most good for the most people. There is a saying, "If it's not broken, don't fix it". However, if it is "broken" then it should be fixed. OPERATION LONE STAR is broken and certainly does not need an additional 6.5 billion dollars spent irresponsibly on top of the 11.5 billion that has already been spent with a resulting lack of improvement in border security issues. I am an 86 year old Texas resident who is still working and knows better than to throw good money after bad. I thought Texans were smarter than that! From the information I have been able to get, it seems that strengthening our border communities would be a more profitable way to increase security and make OPERATION LONE STAR an example for others to follow. Texas can be a leader! Show your leadership and make good choices with this money you have to "spend."

Irene Heitsch

self, housewife

Austin, TX

We don't need 6.5 billion for a politicized campaign to hunt down immigrants. The Legislature prioritizes these efforts while infrastructure improvements are desperately needed across the State. In the Rio Grande Valley, flooding routinely upends our communities. March 27th, 2025, a spring storm caused flooding that shut down businesses and destroyed homes, cars, and schools - this has been happening for years. I fear for what will happen to my fellow Texans when there's a more significant weather event like a hurricane. Somehow, we have funding for border walls, razor wire, and buoys, but not for our residents to live their lives without the fear of a climate catastrophe.

Irma Rodriguez

Self

Austin, TX

Texas has already spent 11.5 billion dollars on Operation Lone Star with nothing to show for it but harm to border communities and immigrants. The Legislature prioritizes these efforts while infrastructure improvements are desperately needed across the State.

I urge you to oppose this wasteful use of taxpayer dollars.

ROSIE REYES

APC HOMEMAKER SERVICES

EAGLE PASS, TX

COMMUNITY CARE

SB 1 by Huffman: Support Rate Increases for Community Care

On behalf of TAHC&H, we urge your support for a significant investment in the administrative portion of the community care attendant rate and the flexibility of a 90% reporting requirement on spending to ensure a balanced rate and to sustain high-quality services for older adults and individuals with disabilities.

For example, supervisory visits, which are required to maintain oversight, must be paid from the administrative rate, as must the hiring and training of caregivers to meet increasing demand. The implementation of EVV has further increased administrative burdens, requiring dedicated staff to troubleshoot technical issues and ensure compliance. Yet, the administrative portion of the rate has not increased since 2007 and is now lower than it was in 2006. While increases to the attendant wage component are necessary and appreciated, they alone will not stabilize the industry. Without an accompanying investment in the administrative rate, providers cannot sustain their operations. The failure to address this shortfall will result in workforce shortages, provider closures, lack of access to care and greater reliance on institutional care.

Equally critical to provider stability is maintaining the 90% reporting requirement. While framed as a reporting measure, a 95% threshold imposes a de facto mandate with severe financial and reputational risks for providers. Those falling below 95% would be placed on a noncompliance list, creating uncertainty and the threat of recoupments that deter providers from expanding services. This rigid requirement contradicts recent legislative investments intended to stabilize the home care system and instead forces providers to contract rather than increase access to care. It also removes the flexibility needed to allocate resources based on regional needs, replacing it with a one-size-fits-all spending model that does not align with the realities of home care delivery. A 90% reporting requirement ensures accountability while maintaining provider stability. It protects access to care, prevents unnecessary provider closures, and allows for sustainable growth. By supporting a significant investment in the administrative portion of the rate and maintaining the 90% reporting requirement, Texas can safeguard home care services and ensure vulnerable Texans receive the support they need to remain in their homes.

Christin Bentley, SREC SD1

State Republican Executive Committeewoman, SD1

Winona, TX

While I appreciate that SB1 adheres to population-plus-inflation growth limits and stays within the constitutional spending cap, it continues to grow government and gives insufficient taxpayer relief. With a \$24 billion surplus and \$28.5 billion projected in the rainy-day fund by 2027, only \$12 billion of the \$32.2 billion in property tax relief is new spending and this could be increased to give Texans much needed relief on their property taxes. Please allow for a more significant property tax relief in the budget. I would like to see appraisal caps and a phasing out of M & O property taxes. We can't have these things if we don't cut spending. Please cut spending, including remove film incentives (\$498 million), which is corporate welfare on the backs of hard-working Texans.

Reiza Edghill

Self

Bonham, TX

[1/3] TO WHOM IT MAY CONCERN

I am writing to you to highlight the importance of Private Duty Nursing services in the home health industry and the impact it has had and continues to have on my severely disabled son, as well as my family.

My 26-year-old son has severe cerebral palsy. He is completely nonverbal and non-ambulatory and suffers from severe seizures. He is microcephalic, cortically blind, and suffers from incontinence of both bladder and feces. In addition to sialorrhea (excessive salivation/drooling) has also been diagnosed with GERD (gastroesophageal reflux). This, in conjunction to weak muscle tone puts him at high risk for aspiration/aspiration pneumonia, for which he has had multiple hospitalizations.

I understand that the average person may not understand what this all means and what it takes to care for someone with such profound disabilities. They certainly will not be able to fully understand the limitations on a family such as ours and the impact on our lives and other children in the home. It is a full-time job where I have not been able to work to help contribute financially towards our family and so my husband is the sole breadwinner of the family. Our son neurological and medical condition causes erratic sleep which in turn impacts both my husband and me and we are constantly exhausted and lacking sleep. In addition, our lives revolve around his routine. His meal routine, his medication routine, his morning and evening routine and everything in between.

Harley Gutierrez

Self, teacher aide

Laredo, TX

I urge you to divert some of the \$6.5 billion allocated for Operation Lone Star and border security to investments that border communities actually need like water infrastructure, roads, education, and healthcare. Operation Lone Star has wasted billions on militarizing our border regions without improving public safety. Texans deserve real solutions that improve quality of life, not more wasteful spending on harmful policies

Lydia Zimmerman

Self

Bynum, TX

Do not vote to pass this bill. This is not good for Texans. We elected you to represent us and to be responsible with our hard earned money. This is not that.

Emeterio Gomez, RN

APC Home Health

Harlingen, TX

COMMUNITY CARE

SB 1 by Huffman: Support Rate Increases for Community Care

On behalf of TAHC&H, we urge your support for a significant investment in the administrative portion of the community care attendant rate and the flexibility of a 90% reporting requirement on spending to ensure a balanced rate and to sustain high-quality services for older adults and individuals with disabilities.

For example, supervisory visits, which are required to maintain oversight, must be paid from the administrative rate, as must the hiring and training of caregivers to meet increasing demand. The implementation of EVV has further increased administrative burdens, requiring dedicated staff to troubleshoot technical issues and ensure compliance. Yet, the administrative portion of the rate has not increased since 2007 and is now lower than it was in 2006. While increases to the attendant wage component are necessary and appreciated, they alone will not stabilize the industry. Without an accompanying investment in the administrative rate, providers cannot sustain their operations. The failure to address this shortfall will result in workforce shortages, provider closures, lack of access to care and greater reliance on institutional care.

Equally critical to provider stability is maintaining the 90% reporting requirement. While framed as a reporting measure, a 95% threshold imposes a de facto mandate with severe financial and reputational risks for providers. Those falling below 95% would be placed on a noncompliance list, creating uncertainty and the threat of recoupments that deter providers from expanding services. This rigid requirement contradicts recent legislative investments intended to stabilize the home care system and instead forces providers to contract rather than increase access to care. It also removes the flexibility needed to allocate resources based on regional needs, replacing it with a one-size-fits-all spending model that does not align with the realities of home care delivery. A 90% reporting requirement ensures accountability while maintaining provider stability. It protects access to care, prevents unnecessary provider closures, and allows for sustainable growth. By supporting a significant investment in the administrative portion of the rate and maintaining the 90% reporting requirement, Texas can safeguard home care services and ensure vulnerable Texans receive the support they need to remain in their homes.

COMMUNITY CARE

SB 1 by Huffman: Support Rate Increases for Community Care

On behalf of TAHC&H, we urge your support for a significant investment in the administrative portion of the community care attendant rate and the flexibility of a 90% reporting requirement on spending to ensure a balanced rate and to sustain high-quality services for older adults and individuals with disabilities.

For example, supervisory visits, which are required to maintain oversight, must be paid from the administrative rate, as must the hiring and training of ca

REIZA JUMABN-EDGHILL

SELF

BONHAM, TX

I am writing to you to highlight the importance of Private Duty Nursing services in the home health industry and the impact it has had and continues to have on my severely disabled son, as well as my family.

My 26-year-old son has severe cerebral palsy. He is completely nonverbal and non-ambulatory and suffers from severe seizures. He is microcephalic, cortically blind, and suffers from incontinence of both bladder and feces. In addition to sialorrhea (excessive salivation/drooling) has also been diagnosed with GERD (gastroesophageal reflux). This, in conjunction to weak muscle tone puts him at high risk for aspiration/aspiration pneumonia, for which he has had multiple hospitalizations.

I understand that the average person may not understand what this all means and what it takes to care for someone with such profound disabilities. They certainly will not be able to fully understand the limitations on a family such as ours and the impact on our lives and other children in the home. It is a full-time job where I have not been able to work to help contribute financially towards our family and so my husband is the sole breadwinner of the family. Our son neurological and medical condition causes erratic sleep which in turn impacts both my husband and me and we are constantly exhausted and lacking sleep. In addition, our lives revolve around his routine. His meal routine, his medication routine, his morning and evening routine and everything in between. This can sometimes feel like a hamster wheel just monitoring and managing it all.

We are beyond grateful for any assistance that allow us some sleep and perhaps some breaks of being able to simply exhale, knowing that a skilled person is monitoring. Home health is crucial to a family like ours where we have chosen to have our son continue to live with us and be surrounded by family and love. Private Duty Nursing is crucial to families like ours! I cannot describe the relief and gratitude we feel knowing a skilled nurse is monitoring closely and able to address as necessary, if he gets a seizure or aspirates or if he needs oxygen or simply has to be re-positioned at intervals throughout the night in order to prevent bed sores.

It is concerning that these essential home health services are overlooked, and that Private Duty Nurses and Home Health rates of pay have not been increased or addressed. As a result, more and more nurses are opting to not to home health resulting in a negative impact on families like ours, as the agencies continue to struggle to find nurses willing to work in this field of care. The support provided by these services are critical to helping our son avoid medical crisis and further decline. It also assists our family and families like ours, so that we can continue to care for our loved ones at home, instead of handing over to the state. I hope this letter sheds some light on the importance of Home Health and the need for an increase in the rate of pay for this much needed area.

Mia Velazquez, Pvt

National Guard

Spring, TX

Lauren Apodaca
Therapy 2000, Green Apple Therapy
Dallas, TX

Dear Sirs and Madams,

Thank you for taking the time to appropriate funds for home healthcare for our pediatric populations and their therapy providers. It is my wish that you will have open hearts to my first-hand witness as I have worked as a Speech-Language Pathologist with this population and in this setting over the past 12 years.

My first patient in home health was a 5-year-old girl with Rhett's syndrome. She was non-verbal and relied on her caregivers for all of her needs. With the help of a speech-generating device which we helped the family procure, and with OT and PT assistance to determine access methods, we were able to get this patient to communicate her most basic wants and needs, from toileting to requests for ice cream.

One of my other most memorable patients was an 8-year-old girl in South Dallas. Her primary diagnosis was Down syndrome, and her verbal expression and auditory comprehension were delayed to the level of a 2-year-old child. Within 2 years, she was communicating verbally in sentences-sharing some her favorite songs and topics with her family members.

Another child I worked with for 5 years, with Autism, started with me saying only 1-word at a time and not understanding how to answer questions. He also had extreme behavioral outbursts as a result of decreased ability to communicate, and by the time he was 10-years-old, he was communicating in complete sentences and responding back to abstract questions. Today, he is 21-years-old and is a voting citizen. He enjoys attending Comic Con events and is training for vocations to help with non-profits in his community.

And finally, I'd love to share with you a story of a little 2-year-old girl with Hypo-plastic Left Heart syndrome, who came in on a G-tube, and we successfully transitioned to full age-appropriate meals within 2 years. The look on her face, the first time we gave her a plate of food so that she could sit and eat with her peers in daycare, is something that will forever stay with me. Over time in therapy, she gained more confidence through skilled interventions, like getting permission approach, food chaining, and developmental progression with systematic desensitization. Today, she is thriving.

These are just a few of the many cases that state funding has contributed to over the past years. It is so important to continue to provide our pediatric population and their families with opportunities to learn how to communicate and be effective, contributing members of society. We couldn't do it without your support!

Thank you!
Lauren Apodaca
Speech-Language Pathologist
Therapy 2000 & Green Apple Therapy

Jeff Mikolajek, Mr
Self
Austin, TX

Health and Human Services Commission, Article II Proposed Rider - Pilot Program for Adults with Serious Mental Illness: Discharge and Appropriate Care Settings for Individuals with Severe and Persistent Mental Illness and Co-Occurring Conditions. Texas has made a HUGE investment of taxpayer dollars in a state hospital system redesign, but without the creation of intermediate care facilities for those who are no longer in need of hospital level care but are not appropriate for community placement, this investment will result in taxpayers' continued funding of the revolving door: hospitalization, incarceration, and homelessness/ inappropriate settings, with no return on investment. The majority of persons in state hospitals, our public mental health system, are coming from county jails for competency restoration. Law enforcement, healthcare providers, stakeholders in the criminal legal system, and families are all too aware that lack of access to appropriate levels of care is forcing our community members with severe mental illness into our jails and our streets. This is a public health crisis that has become a public safety crisis. Senator Perry and Representative Howard proposed Riders to address this gap in the continuum of care, and legislators in both chambers should prioritize this project as it serves those needing a higher level of care AND the greater community.

Krishnaveni Gundu, Co-founder & Executive Director

Texas Jail Project

Cypress, TX

Health and Human Services Commission, Article II Proposed Rider - Pilot Program for Adults with Serious Mental Illness: Discharge and Appropriate Care Settings for Individuals with Severe and Persistent Mental Illness and Co-Occurring Conditions. Texas has made a HUGE investment of taxpayer dollars in a state hospital system redesign, but without the creation of intermediate care facilities for those who are no longer in need of hospital level care but are not appropriate for community placement, this investment will result in taxpayers' continued funding of the revolving door: hospitalization, incarceration, and homelessness/ inappropriate settings, with no return on investment. The majority of persons in state hospitals, our public mental health system, are coming from county jails for competency restoration. Law enforcement, healthcare providers, stakeholders in the criminal legal system, and families are all too aware that lack of access to appropriate levels of care is forcing our community members with severe mental illness into our jails and our streets. This is a public health crisis that has become a public safety crisis. Senator Perry and Representative Howard proposed Riders to address this gap in the continuum of care, and legislators in both chambers should prioritize this project as it serves those needing a higher level of care AND the greater community.

Valerie Garza

APC Homemaker Services

Harlingen, TX

COMMUNITY CARE

SB 1 by Huffman: Support Rate Increases for Community Care

On behalf of TAHC&H, we urge your support for a significant investment in the administrative portion of the community care attendant rate and the flexibility of a 90% reporting requirement on spending to ensure a balanced rate and to sustain high-quality services for older adults and individuals with disabilities.

For example, supervisory visits, which are required to maintain oversight, must be paid from the administrative rate, as must the hiring and training of caregivers to meet increasing demand. The implementation of EVV has further increased administrative burdens, requiring dedicated staff to troubleshoot technical issues and ensure compliance. Yet, the administrative portion of the rate has not increased since 2007 and is now lower than it was in 2006. While increases to the attendant wage component are necessary and appreciated, they alone will not stabilize the industry. Without an accompanying investment in the administrative rate, providers cannot sustain their operations. The failure to address this shortfall will result in workforce shortages, provider closures, lack of access to care and greater reliance on institutional care.

Equally critical to provider stability is maintaining the 90% reporting requirement. While framed as a reporting measure, a 95% threshold imposes a de facto mandate with severe financial and reputational risks for providers. Those falling below 95% would be placed on a noncompliance list, creating uncertainty and the threat of recoupments that deter providers from expanding services. This rigid requirement contradicts recent legislative investments intended to stabilize the home care system and instead forces providers to contract rather than increase access to care. It also removes the flexibility needed to allocate resources based on regional needs, replacing it with a one-size-fits-all spending model that does not align with the realities of home care delivery. A 90% reporting requirement ensures accountability while maintaining provider stability. It protects access to care, prevents unnecessary provider closures, and allows for sustainable growth. By supporting a significant investment in the administrative portion of the rate and maintaining the 90% reporting requirement, Texas can safeguard home care services and ensure vulnerable Texans receive the support they need to remain in their homes.

Abril Arroyo

APC Homemaker Services , auditor

El Paso, TX

On behalf of TAHC&H, we urge your support for a significant investment in the administrative portion of the community care attendant rate and the flexibility of a 90% reporting requirement on spending to ensure a balanced rate and to sustain high-quality services for older adults and individuals with disabilities.

For example, supervisory visits, which are required to maintain oversight, must be paid from the administrative rate, as must the hiring and training of caregivers to meet increasing demand. The implementation of EVV has further increased administrative burdens, requiring dedicated staff to troubleshoot technical issues and ensure compliance. Yet, the administrative portion of the rate has not increased since 2007 and is now lower than it was in 2006. While increases to the attendant wage component are necessary and appreciated, they alone will not stabilize the industry. Without an accompanying investment in the administrative rate, providers cannot sustain their operations. The failure to address this shortfall will result in workforce shortages, provider closures, lack of access to care and greater reliance on institutional care.

Equally critical to provider stability is maintaining the 90% reporting requirement. While framed as a reporting measure, a 95% threshold imposes a de facto mandate with severe financial and reputational risks for providers. Those falling below 95% would be placed on a noncompliance list, creating uncertainty and the threat of recoupments that deter providers from expanding services. This rigid requirement contradicts recent legislative investments intended to stabilize the home care system and instead forces providers to contract rather than increase access to care. It also removes the flexibility needed to allocate resources based on regional needs, replacing it with a one-size-fits-all spending model that does not align with the realities of home care delivery. A 90% reporting requirement ensures accountability while maintaining provider stability. It protects access to care, prevents unnecessary provider closures, and allows for sustainable growth. By supporting a significant investment in the administrative portion of the rate and maintaining the 90% reporting requirement, Texas can safeguard home care services and ensure vulnerable Texans receive the support they need to remain in their homes.

Irma Chavez, Ms.

APC Homemaker Service

El Paso, TX

The urgency of this investment is crucial to service our elderly and clients with disabilities with dignity and respect. In the every day life I personally have experienced seeing that some geriatric and disabled clients daily living are a struggle because of a shortage in hours or provider care services that they qualify for. There a high need of financial allocation to continue the support for these clients to receive the services with dignity.

Pilar Lucio
SELF
Mercedes, TX

COMMUNITY CARE

SB 1 by Huffman: Support Rate Increases for Community Care

On behalf of TAHC&H, we urge your support for a significant investment in the administrative portion of the community care attendant rate and the flexibility of a 90% reporting requirement on spending to ensure a balanced rate and to sustain high-quality services for older adults and individuals with disabilities.

For example, supervisory visits, which are required to maintain oversight, must be paid from the administrative rate, as must the hiring and training of caregivers to meet increasing demand. The implementation of EVV has further increased administrative burdens, requiring dedicated staff to troubleshoot technical issues and ensure compliance. Yet, the administrative portion of the rate has not increased since 2007 and is now lower than it was in 2006. While increases to the attendant wage component are necessary and appreciated, they alone will not stabilize the industry. Without an accompanying investment in the administrative rate, providers cannot sustain their operations. The failure to address this shortfall will result in workforce shortages, provider closures, lack of access to care and greater reliance on institutional care.

Equally critical to provider stability is maintaining the 90% reporting requirement. While framed as a reporting measure, a 95% threshold imposes a de facto mandate with severe financial and reputational risks for providers. Those falling below 95% would be placed on a noncompliance list, creating uncertainty and the threat of recoupments that deter providers from expanding services. This rigid requirement contradicts recent legislative investments intended to stabilize the home care system and instead forces providers to contract rather than increase access to care. It also removes the flexibility needed to allocate resources based on regional needs, replacing it with a one-size-fits-all spending model that does not align with the realities of home care delivery. A 90% reporting requirement ensures accountability while maintaining provider stability. It protects access to care, prevents unnecessary provider closures, and allows for sustainable growth. By supporting a significant investment in the administrative portion of the rate and maintaining the 90% reporting requirement, Texas can safeguard home care services and ensure vulnerable Texans receive the support they need to remain in their homes

Nataly Aguilar

APC HOMEMAKERS SERVICES

Harlingen, TX

On behalf of TAHC&H, we urge your support for a significant investment in the administrative portion of the community care attendant rate and the flexibility of a 90% reporting requirement on spending to ensure a balanced rate and to sustain high-quality services for older adults and individuals with disabilities.

For example, supervisory visits, which are required to maintain oversight, must be paid from the administrative rate, as must the hiring and training of caregivers to meet increasing demand. The implementation of EVV has further increased administrative burdens, requiring dedicated staff to troubleshoot technical issues and ensure compliance. Yet, the administrative portion of the rate has not increased since 2007 and is now lower than it was in 2006. While increases to the attendant wage component are necessary and appreciated, they alone will not stabilize the industry. Without an accompanying investment in the administrative rate, providers cannot sustain their operations. The failure to address this shortfall will result in workforce shortages, provider closures, lack of access to care and greater reliance on institutional care.

Equally critical to provider stability is maintaining the 90% reporting requirement. While framed as a reporting measure, a 95% threshold imposes a de facto mandate with severe financial and reputational risks for providers. Those falling below 95% would be placed on a noncompliance list, creating uncertainty and the threat of recoupments that deter providers from expanding services. This rigid requirement contradicts recent legislative investments intended to stabilize the home care system and instead forces providers to contract rather than increase access to care. It also removes the flexibility needed to allocate resources based on regional needs, replacing it with a one-size-fits-all spending model that does not align with the realities of home care delivery. A 90% reporting requirement ensures accountability while maintaining provider stability. It protects access to care, prevents unnecessary provider closures, and allows for sustainable growth. By supporting a significant investment in the administrative portion of the rate and maintaining the 90% reporting requirement, Texas can safeguard home care services and ensure vulnerable Texans receive the support they need to remain in their homes.

JASON Clark

Self

Princeton, TX

Hell no! Do not pass this garbage!

Criselda Salazar

APC Homemaker Services

Eagle Pass, TX

COMMUNITY CARE

SB 1 by Huffman: Support Rate Increases for Community Care

On behalf of TAHC&H, we urge your support for a significant investment in the administrative portion of the community care attendant rate and the flexibility of a 90% reporting requirement on spending to ensure a balanced rate and to sustain high-quality services for older adults and individuals with disabilities.

For example, supervisory visits, which are required to maintain oversight, must be paid from the administrative rate, as must the hiring and training of caregivers to meet increasing demand. The implementation of EVV has further increased administrative burdens, requiring dedicated staff to troubleshoot technical issues and ensure compliance. Yet, the administrative portion of the rate has not increased since 2007 and is now lower than it was in 2006. While increases to the attendant wage component are necessary and appreciated, they alone will not stabilize the industry. Without an accompanying investment in the administrative rate, providers cannot sustain their operations. The failure to address this shortfall will result in workforce shortages, provider closures, lack of access to care and greater reliance on institutional care.

Equally critical to provider stability is maintaining the 90% reporting requirement. While framed as a reporting measure, a 95% threshold imposes a de facto mandate with severe financial and reputational risks for providers. Those falling below 95% would be placed on a noncompliance list, creating uncertainty and the threat of recoupments that deter providers from expanding services. This rigid requirement contradicts recent legislative investments intended to stabilize the home care system and instead forces providers to contract rather than increase access to care. It also removes the flexibility needed to allocate resources based on regional needs, replacing it with a one-size-fits-all spending model that does not align with the realities of home care delivery. A 90% reporting requirement ensures accountability while maintaining provider stability. It protects access to care, prevents unnecessary provider closures, and allows for sustainable growth. By supporting a significant investment in the administrative portion of the rate and maintaining the 90% reporting requirement, Texas can safeguard home care services and ensure vulnerable Texans receive the support they need to remain in their homes.

COMMUNITY CARE

SB 1 by Huffman: Support Rate Increases for Community Care

On behalf of TAHC&H, we urge your support for a significant investment in the administrative portion of the community care attendant rate and the flexibility of a 90% reporting requirement on spending to ensure a balanced rate and to sustain high-quality services for older adults and individuals with disabilities.

For example, supervisory visits, which are required to maintain oversight, must be paid from the administrative rate, as must the hiring and training of ca

LAURA GARZA, PHC CLERK
APC HOMEMAKER SERVICES
LAREDO, TX

On behalf of TAHC&H, we urge your support for a significant investment in the administrative portion of the community care attendant rate and the flexibility of a 90% reporting requirement on spending to ensure a balanced rate and to sustain high-quality services for older adults and individuals with disabilities.

For example, supervisory visits, which are required to maintain oversight, must be paid from the administrative rate, as must the hiring and training of caregivers to meet increasing demand. The implementation of EVV has further increased administrative burdens, requiring dedicated staff to troubleshoot technical issues and ensure compliance. Yet, the administrative portion of the rate has not increased since 2007 and is now lower than it was in 2006. While increases to the attendant wage component are necessary and appreciated, they alone will not stabilize the industry. Without an accompanying investment in the administrative rate, providers cannot sustain their operations. The failure to address this shortfall will result in workforce shortages, provider closures, lack of access to care and greater reliance on institutional care.

Equally critical to provider stability is maintaining the 90% reporting requirement. While framed as a reporting measure, a 95% threshold imposes a de facto mandate with severe financial and reputational risks for providers. Those falling below 95% would be placed on a noncompliance list, creating uncertainty and the threat of recoupments that deter providers from expanding services. This rigid requirement contradicts recent legislative investments intended to stabilize the home care system and instead forces providers to contract rather than increase access to care. It also removes the flexibility needed to allocate resources based on regional needs, replacing it with a one-size-fits-all spending model that does not align with the realities of home care delivery. A 90% reporting requirement ensures accountability while maintaining provider stability. It protects access to care, prevents unnecessary provider closures, and allows for sustainable growth. By supporting a significant investment in the administrative portion of the rate and maintaining the 90% reporting requirement, Texas can safeguard home care services and ensure vulnerable Texans receive the support they need to remain in their homes.

On behalf of TAHC&H, we urge your support for a significant investment in the administrative portion of the community care attendant rate and the flexibility of a 90% reporting requirement on spending to ensure a balanced rate and to sustain high-quality services for older adults and individuals with disabilities.

For example, supervisory visits, which are required to maintain oversight, must be paid from the administrative rate, as must the hiring and training of caregivers to meet increasing demand. The implementation of EVV has further increased administrative burdens, requiring dedicated staff to troubleshoot

Sonia Medina, Supervisor
APC Homemaker Services/Self
Laredo, TX

COMMUNITY CARE

SB 1 by Huffman: Support Rate Increases for Community Care

On behalf of TAHC&H, we urge your support for a significant investment in the administrative portion of the community care attendant rate and the flexibility of a 90% reporting requirement on spending to ensure a balanced rate and to sustain high-quality services for older adults and individuals with disabilities.

For example, supervisory visits, which are required to maintain oversight, must be paid from the administrative rate, as must the hiring and training of caregivers to meet increasing demand. The implementation of EVV has further increased administrative burdens, requiring dedicated staff to troubleshoot technical issues and ensure compliance. Yet, the administrative portion of the rate has not increased since 2007 and is now lower than it was in 2006. While increases to the attendant wage component are necessary and appreciated, they alone will not stabilize the industry. Without an accompanying investment in the administrative rate, providers cannot sustain their operations. The failure to address this shortfall will result in workforce shortages, provider closures, lack of access to care and greater reliance on institutional care.

Equally critical to provider stability is maintaining the 90% reporting requirement. While framed as a reporting measure, a 95% threshold imposes a de facto mandate with severe financial and reputational risks for providers. Those falling below 95% would be placed on a noncompliance list, creating uncertainty and the threat of recoupments that deter providers from expanding services. This rigid requirement contradicts recent legislative investments intended to stabilize the home care system and instead forces providers to contract rather than increase access to care. It also removes the flexibility needed to allocate resources based on regional needs, replacing it with a one-size-fits-all spending model that does not align with the realities of home care delivery. A 90% reporting requirement ensures accountability while maintaining provider stability. It protects access to care, prevents unnecessary provider closures, and allows for sustainable growth. By supporting a significant investment in the administrative portion of the rate and maintaining the 90% reporting requirement, Texas can safeguard home care services and ensure vulnerable Texans receive the support they need to remain in their homes.

Clarissa Ibarra
SELF /APC Homemaker Services
Laredo, TX

On behalf of TAHC&H, we urge your support for a significant investment in the administrative portion of the community care attendant rate and the flexibility of a 90% reporting requirement on spending to ensure a balanced rate and to sustain high-quality services for older adults and individuals with disabilities.

For example, supervisory visits, which are required to maintain oversight, must be paid from the administrative rate, as must the hiring and training of caregivers to meet increasing demand. The implementation of EVV has further increased administrative burdens, requiring dedicated staff to troubleshoot technical issues and ensure compliance. Yet, the administrative portion of the rate has not increased since 2007 and is now lower than it was in 2006. While increases to the attendant wage component are necessary and appreciated, they alone will not stabilize the industry. Without an accompanying investment in the administrative rate, providers cannot sustain their operations. The failure to address this shortfall will result in workforce shortages, provider closures, lack of access to care and greater reliance on institutional care.

Equally critical to provider stability is maintaining the 90% reporting requirement. While framed as a reporting measure, a 95% threshold imposes a de facto mandate with severe financial and reputational risks for providers. Those falling below 95% would be placed on a noncompliance list, creating uncertainty and the threat of recoupments that deter providers from expanding services. This rigid requirement contradicts recent legislative investments intended to stabilize the home care system and instead forces providers to contract rather than increase access to care. It also removes the flexibility needed to allocate resources based on regional needs, replacing it with a one-size-fits-all spending model that does not align with the realities of home care delivery. A 90% reporting requirement ensures accountability while maintaining provider stability. It protects access to care, prevents unnecessary provider closures, and allows for sustainable growth. By supporting a significant investment in the administrative portion of the rate and maintaining the 90% reporting requirement, Texas can safeguard home care services and ensure vulnerable Texans receive the support they need to remain in their homes.

Jada Lemelle, Ms

TXNRG

Katy, TX

I am deeply disappointed that State Tuition Assistance has been excluded from SB1. As a Soldier in the Texas Army National Guard, this benefit is not just an incentive—it is a critical investment in our education, careers, and ability to continue serving effectively. Removing STA undermines recruitment and retention, making it harder for dedicated Soldiers to balance service and higher education. Without this support, many of us will struggle to afford tuition, which could force us to reconsider our future in the Guard. I strongly urge the House Appropriations Committee to restore STA funding in HB500 and reaffirm its commitment to those who serve Texas.

Jordan Randolph

Self

Austin, TX

As an American citizen with immigrant friends and family, we do not need 6.5 billion for a politicized campaign to hunt down immigrants. The Legislature's use of this money is very inappropriate when infrastructure improvements are desperately needed across the State.

karina herrera

APC HOMEMAKER SERVICES

HARLINGEN, TX

COMMUNITY CARE

SB 1 by Huffman: Support Rate Increases for Community Care

On behalf of TAHC&H, we urge your support for a significant investment in the administrative portion of the community care attendant rate and the flexibility of a 90% reporting requirement on spending to ensure a balanced rate and to sustain high-quality services for older adults and individuals with disabilities.

For example, supervisory visits, which are required to maintain oversight, must be paid from the administrative rate, as must the hiring and training of caregivers to meet increasing demand. The implementation of EVV has further increased administrative burdens, requiring dedicated staff to troubleshoot technical issues and ensure compliance. Yet, the administrative portion of the rate has not increased since 2007 and is now lower than it was in 2006. While increases to the attendant wage component are necessary and appreciated, they alone will not stabilize the industry. Without an accompanying investment in the administrative rate, providers cannot sustain their operations. The failure to address this shortfall will result in workforce shortages, provider closures, lack of access to care and greater reliance on institutional care.

Equally critical to provider stability is maintaining the 90% reporting requirement. While framed as a reporting measure, a 95% threshold imposes a de facto mandate with severe financial and reputational risks for providers. Those falling below 95% would be placed on a noncompliance list, creating uncertainty and the threat of recoupments that deter providers from expanding services. This rigid requirement contradicts recent legislative investments intended to stabilize the home care system and instead forces providers to contract rather than increase access to care. It also removes the flexibility needed to allocate resources based on regional needs, replacing it with a one-size-fits-all spending model that does not align with the realities of home care delivery. A 90% reporting requirement ensures accountability while maintaining provider stability. It protects access to care, prevents unnecessary provider closures, and allows for sustainable growth. By supporting a significant investment in the administrative portion of the rate and maintaining the 90% reporting requirement, Texas can safeguard home care services and ensure vulnerable Texans receive the support they need to remain in their homes.

Maggie Cantu
APC Home Health Service
Harlingen, TX

COMMUNITY CARE

SB 1 by Huffman: Support Rate Increases for Community Care

On behalf of TAHC&H, we urge your support for a significant investment in the administrative portion of the community care attendant rate and the flexibility of a 90% reporting requirement on spending to ensure a balanced rate and to sustain high-quality services for older adults and individuals with disabilities.

For example, supervisory visits, which are required to maintain oversight, must be paid from the administrative rate, as must the hiring and training of caregivers to meet increasing demand. The implementation of EVV has further increased administrative burdens, requiring dedicated staff to troubleshoot technical issues and ensure compliance. Yet, the administrative portion of the rate has not increased since 2007 and is now lower than it was in 2006. While increases to the attendant wage component are necessary and appreciated, they alone will not stabilize the industry. Without an accompanying investment in the administrative rate, providers cannot sustain their operations. The failure to address this shortfall will result in workforce shortages, provider closures, lack of access to care and greater reliance on institutional care.

Equally critical to provider stability is maintaining the 90% reporting requirement. While framed as a reporting measure, a 95% threshold imposes a de facto mandate with severe financial and reputational risks for providers. Those falling below 95% would be placed on a noncompliance list, creating uncertainty and the threat of recoupments that deter providers from expanding services. This rigid requirement contradicts recent legislative investments intended to stabilize the home care system and instead forces providers to contract rather than increase access to care. It also removes the flexibility needed to allocate resources based on regional needs, replacing it with a one-size-fits-all spending model that does not align with the realities of home care delivery. A 90% reporting requirement ensures accountability while maintaining provider stability. It protects access to care, prevents unnecessary provider closures, and allows for sustainable growth. By supporting a significant investment in the administrative portion of the rate and maintaining the 90% reporting requirement, Texas can safeguard home care services and ensure vulnerable Texans receive the support they need to remain in their homes.

LINDA RODRIGUEZ

APC HOMEMAKER SERVICES
EAGLE PASS, TX

COMMUNITY CARE

SB 1 by Huffman: Support Rate Increases for Community Care

On behalf of TAHC&H, we urge your support for a significant investment in the administrative portion of the community care attendant rate and the flexibility of a 90% reporting requirement on spending to ensure a balanced rate and to sustain high-quality services for older adults and individuals with disabilities.

For example, supervisory visits, which are required to maintain oversight, must be paid from the administrative rate, as must the hiring and training of caregivers to meet increasing demand. The implementation of EVV has further increased administrative burdens, requiring dedicated staff to troubleshoot technical issues and ensure compliance. Yet, the administrative portion of the rate has not increased since 2007 and is now lower than it was in 2006. While increases to the attendant wage component are necessary and appreciated, they alone will not stabilize the industry. Without an accompanying investment in the administrative rate, providers cannot sustain their operations. The failure to address this shortfall will result in workforce shortages, provider closures, lack of access to care and greater reliance on institutional care.

Equally critical to provider stability is maintaining the 90% reporting requirement. While framed as a reporting measure, a 95% threshold imposes a de facto mandate with severe financial and reputational risks for providers. Those falling below 95% would be placed on a noncompliance list, creating uncertainty and the threat of recoupments that deter providers from expanding services. This rigid requirement contradicts recent legislative investments intended to stabilize the home care system and instead forces providers to contract rather than increase access to care. It also removes the flexibility needed to allocate resources based on regional needs, replacing it with a one-size-fits-all spending model that does not align with the realities of home care delivery. A 90% reporting requirement ensures accountability while maintaining provider stability. It protects access to care, prevents unnecessary provider closures, and allows for sustainable growth. By supporting a significant investment in the administrative portion of the rate and maintaining the 90% reporting requirement, Texas can safeguard home care services and ensure vulnerable Texans receive the support they need to remain in their homes.

William Peters
Self - entrepreneur
Paris, TX

Texans are over taxed and no amount of money should be going to corporate welfare, especially profitable businesses and industries.

Carlos Garcia
self
Needville, TX

Do not do this

Chelsea Manyen
Self
Kyle, TX

Texas has already spent 11.5 billion dollars on Operation Lone Star with nothing to show for it but harm to border communities and immigrants. I urge you to oppose this wasteful use of taxpayer dollars. Those funds are better served elsewhere.

Alexia Jones
Maxim Healthcare Services
Houston, TX

My name is Alexia Jones, and I work for Maxim Healthcare Services out of the Houston Office. Along with the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

Families qualify for PDN services based on their CONDITION, not on income.
Kids with limited or no PDN services cost the state more money through increased hospitalizations and more days in the hospital.
PDN serves the most fragile, sick kids in our state.

There is no time to delay—Texas must act now to protect access to critical care before more families are left without options.

Eulalia Davila
APC Homemaker Services
McAllen, TX

On behalf of TAHC&H, we urge your support for a significant investment in the administrative portion of the community care attendant rate and the flexibility of a 90% reporting requirement on spending to ensure a balanced rate and to sustain high-quality services for older adults and individuals with disabilities.

For example, supervisory visits, which are required to maintain oversight, must be paid from the administrative rate, as must the hiring and training of caregivers to meet increasing demand. The implementation of EVV has further increased administrative burdens, requiring dedicated staff to troubleshoot technical issues and ensure compliance. Yet, the administrative portion of the rate has not increased since 2007 and is now lower than it was in 2006. While increases to the attendant wage component are necessary and appreciated, they alone will not stabilize the industry. Without an accompanying investment in the administrative rate, providers cannot sustain their operations. The failure to address this shortfall will result in workforce shortages, provider closures, lack of access to care and greater reliance on institutional care.

Equally critical to provider stability is maintaining the 90% reporting requirement. While framed as a reporting measure, a 95% threshold imposes a de facto mandate with severe financial and reputational risks for providers. Those falling below 95% would be placed on a noncompliance list, creating uncertainty and the threat of recoupments that deter providers from expanding services. This rigid requirement contradicts recent legislative investments intended to stabilize the home care system and instead forces providers to contract rather than increase access to care. It also removes the flexibility needed to allocate resources based on regional needs, replacing it with a one-size-fits-all spending model that does not align with the realities of home care delivery. A 90% reporting requirement ensures accountability while maintaining provider stability. It protects access to care, prevents unnecessary provider closures, and allows for sustainable growth. By supporting a significant investment in the administrative portion of the rate and maintaining the 90% reporting requirement, Texas can safeguard home care services and ensure vulnerable Texans receive the support they need to remain in their homes.

Richela Davenport
Speech Therapy
Katy, TX

As a pediatric speech-language pathologist, I see firsthand how essential therapy services are for children's development and well-being. Adequate funding ensures that families can access the care their children need to communicate, learn, and thrive. I strongly support the rate increases in SB-1 to sustain and improve these vital services.

Melinda Akowski
Self
Fort Worth, TX

We do not want to increase spending in anyway. We need property taxes relief. Please do not support this bill. We should have a voice

SONIA REYES, HR CLERK
APC HOMEMAKERS
EL PASO, TX

As being in this type of organization and having family members that are receiving this care, I strongly agree to the funding each individual should deserve to have. It is very important to continue having this program for all of our clients so they can get the assistance they need.

Christina Gonzalez
APC HOMEMAKER SERVICE
San Elizario, TX

It is important to continue with funding with the community care services as much for our population elderly require this type of services.

Jeffrey Page
Self
Lubbock, TX

Vote no to this Democrat written bill. It's a waste of taxpayer money with all the bloated funding for DEI. Lawmakers must have time to read it before voting on it.

Lorien Cuneo, Ms.
Self
Houston, TX

I urge you to divert some of the \$6.5 billion allocated for Operation Lone Star and border security to investments that border communities actually need like water infrastructure, roads, education, and healthcare. Operation Lone Star has wasted billions on militarizing our border regions without improving public safety. Texans deserve real solutions that improve quality of life, not more wasteful spending on harmful policies

Gabriela Enriquez, PHC
APC HOMEMAKERS
EL PASO, TX

I strongly believe that we should continue funding money for the elderly people to have this kind of care due to the fact that at this age they could be very venerable and will not be able to accomplish their daily needs. Some of our clients do not have family they can rely on, but luckily they have APC Homemakers that can provide them with competent and experienced attendants. We could only thank the elderly for their hard work they did on the past by assisting them with their daily needs. Thank you.

ELISA HERNANDEZ, PHC
APC HOMEMAKER SERVICES
ALAMO, TX

On behalf of TAHC&H, we urge your support for a significant investment in the administrative portion of the community care attendant rate and the flexibility of a 90% reporting requirement on spending to ensure a balanced rate and to sustain high-quality services for older adults and individuals with disabilities.

For example, supervisory visits, which are required to maintain oversight, must be paid from the administrative rate, as must the hiring and training of caregivers to meet increasing demand. The implementation of EVV has further increased administrative burdens, requiring dedicated staff to troubleshoot technical issues and ensure compliance. Yet, the administrative portion of the rate has not increased since 2007 and is now lower than it was in 2006. While increases to the attendant wage component are necessary and appreciated, they alone will not stabilize the industry. Without an accompanying investment in the administrative rate, providers cannot sustain their operations. The failure to address this shortfall will result in workforce shortages, provider closures, lack of access to care and greater reliance on institutional care.

Equally critical to provider stability is maintaining the 90% reporting requirement. While framed as a reporting measure, a 95% threshold imposes a de facto mandate with severe financial and reputational risks for providers. Those falling below 95% would be placed on a noncompliance list, creating uncertainty and the threat of recoupments that deter providers from expanding services. This rigid requirement contradicts recent legislative investments intended to stabilize the home care system and instead forces providers to contract rather than increase access to care. It also removes the flexibility needed to allocate resources based on regional needs, replacing it with a one-size-fits-all spending model that does not align with the realities of home care delivery. A 90% reporting requirement ensures accountability while maintaining provider stability. It protects access to care, prevents unnecessary provider closures, and allows for sustainable growth. By supporting a significant investment in the administrative portion of the rate and maintaining the 90% reporting requirement, Texas can safeguard home care services and ensure vulnerable Texans receive the support they need to remain in their homes.

Claudia Flores, Mis Claudia Flores
APC Homemaker Services
Socorro, TX

Many of our elderly and disable clients benefit from community care service to continue with their activities of daily life it is important to continue financial funding program so that they may live a life with dignity and respect as they deserve.

Lisa Jackson
circle of care
League city, TX

Hello I have been a speech pathologist assistant since 2013. And I have noticean influx of need for pediatric speech services. As becoming a speech therapist I find myself having more than just a speech role with patients. But also having to deal with other associating disabilities that contribute to speech deficits.

An example is behavioral issues. Many of my patients suffer with behavioral issues compounded with suffering with Austism. So when implementing speech services it can be extremely difficult to have the patient cooperate during therapy sessions. That's why I feel there should be an increase in reimburstment rates.

Annabelle Acreman
Self
Conroe, TX

I have friends/ family members that rely on these education benefits and do not support them being taken away so abruptly

Mary Gawron
resident
Austin, TX

TOPIC Health and Human Services Commission, Article II Proposed Rider - Pilot Program for Adults with Serious Mental Illness: Discharge and Appropriate Care Settings for Individuals with Severe and Persistent Mental Illness and Co-Occurring Conditions.

Texas has made a HUGE investment of taxpayer dollars in a state hospital system redesign, but without the creation of intermediate care facilities for those who are no longer in need of hospital level care but are not appropriate for community placement, this investment will result in taxpayers' continued funding of the revolving door: hospitalization, incarceration, and homelessness/ inappropriate settings, with no return on investment. The majority of persons in state hospitals, our public mental health system, are coming from county jails for competency restoration.

Our son is sitting in Travis County Correctional Complex right now for the third time. Thankfully, he is in the mental health unit.

Why is there such a disconnect between criminal justice and mental health? How many times do we have to remind and repeat our son's diagnosis? It does not matter to criminal justice.

Our son has a diagnosis and goes off his medication because he has no supervision and because part of his illness is a lack of awareness that he has an illness. Our son needs an appropriate level of care - not jail and not a state hospital.

Law enforcement, healthcare providers, stakeholders in the criminal legal system, and families are all too aware that lack of access to appropriate levels of care is forcing our community members with severe mental illness into our jails and our streets. This is a public health crisis that has become a public safety crisis. Senator Perry and Representative Howard proposed Riders to address this gap in the continuum of care, and legislators in both chambers should prioritize this project as it serves those needing a higher level of care AND the greater community.

Mary Gawron
512-423-1815

Angela Granger
Self
Lorena, TX

Vote No. Stop spending our money on things that is not the Government's job! We need Property Taxes ELIMINATED,

Lyzbeth Carrillo

self

Allen, TX

We do NOT need another 6.5 billion dollars for Operation Lone Star—reject this wasteful spending!

Debbie Wolgemuth, Ms.

Self - Accounting

Waco, TX

OPPOSE - The Texas Legislators are over-spending like drunken-sailors. Be fiscally conservative and cutback BILLIONS!

maria d

SB1

El Paso, TX

I 100% support the rate increase for community care because this program is very important because they need all the care and support, they can get.

Julia Pynes

self, nonprofit manager

Austin, TX

Health and Human Services Commission, Article II Proposed Rider - Pilot Program for Adults with Serious Mental Illness: Discharge and Appropriate Care Settings for Individuals with Severe and Persistent Mental Illness and Co-Occurring Conditions. Texas has made a HUGE investment of taxpayer dollars in a state hospital system redesign, but without the creation of intermediate care facilities for those who are no longer in need of hospital level care but are not appropriate for community placement, this investment will result in taxpayers' continued funding of the revolving door: hospitalization, incarceration, and homelessness/ inappropriate settings, with no return on investment. The majority of persons in state hospitals, our public mental health system, are coming from county jails for competency restoration. Law enforcement, healthcare providers, stakeholders in the criminal legal system, and families are all too aware that lack of access to appropriate levels of care is forcing our community members with severe mental illness into our jails and our streets. This is a public health crisis that has become a public safety crisis. Senator Perry and Representative Howard proposed Riders to address this gap in the continuum of care, and legislators in both chambers should prioritize this project as it serves those needing a higher level of care AND the greater community.

Elizabeth Dawson

Care Options for Kids

AUSTIN, TX

I am a Registered nurse who cares for a medically fragile 6 year old in her home. Medicaid provisions make it possible for her to live at home instead of the pediatric icu, saving the state at least \$15,000 per month. It enables her parents the ability to work verses staying tethered to the patient 24/7. In my patient's case, it has reduced her hospital stays through seizure management, Aggressive respiratory care, prevention of infection thanks to care provided by icu nurses at her bedside. She receives more aggressive physical, occupation and speech therapy as well as a teacher which have all resulted in an improvement in her physical and mental capacity. Please fight for my patient. Texas could show how a compassionate state provides care for its most vulnerable.

Lisa Gelista

APC Homemaker Services

Corpus Christi, TX

Everyone is entitled to good healthcare and this should be the case for everyone in America and abroad.

Andrea Rudnik
Self
Brownsville, TX

I urge you to divert some of the \$6.5 billion allocated for Operation Lone Star and border security to investments that border communities actually need like water infrastructure, roads, education, and healthcare. Operation Lone Star has wasted billions on militarizing our border regions without improving public safety. Texans deserve real solutions that improve quality of life, not more wasteful spending on harmful policies

Kristin Rice, Rev.
Self; pastor
Texarkana, TX

Operation Lone Star does not need an additional \$6.5 billion in funding when it has already done little to improve public safety. I urge you to invest those funds instead in infrastructure, flood mitigation, and other resources that would actually help border communities. The further militarization of our border increases fear and division in our communities and does more harm than good.

Eric Mata
Texas Organizing Project
Dallas, TX

As a resident of Texas, I am writing to express my strong opposition to the allocation of an additional \$6.5 billion in funding for Operation Lone Star within SB 1, the state budget bill.

I understand the importance of addressing border security, but I am deeply concerned that Operation Lone Star has proven to be a costly and ineffective program. The significant financial investment thus far has not yielded demonstrable improvements in border security. Instead, it has resulted in documented and widespread abuses, raising serious ethical and legal questions.

The proposed \$6.5 billion increase represents a substantial misallocation of taxpayer funds. These resources could be better utilized to address critical needs within our state, such as education, healthcare, and infrastructure. Investing in these areas would provide tangible benefits to Texans and contribute to the overall well-being of our communities.

I urge the Committee to reconsider the inclusion of this additional funding for Operation Lone Star in SB 1. I respectfully request that you prioritize programs that demonstrate effectiveness, accountability, and respect for the rights of all individuals.

Jonathan Saenz

Saenz Home Health Services, Inc.

Corpus Christi, TX

On behalf of TAHC&H, we urge your support for a significant investment in the administrative portion of the community care attendant rate and the flexibility of a 90% reporting requirement on spending to ensure a balanced rate and to sustain high-quality services for older adults and individuals with disabilities.

All home health care agencies lower the costs for Texas by keeping Texans in their home and avoiding nursing home placement and unnecessary Emergency room visits. We need an increase in our funding to avoid the growth of higher-cost settings.

For example, supervisory visits, which are required to maintain oversight, must be paid from the administrative rate, as must the hiring and training of caregivers to meet increasing demand. The implementation of EVV has further increased administrative burdens, requiring dedicated staff to troubleshoot technical issues and ensure compliance. Yet, the administrative portion of the rate has not increased since 2007 and is now lower than it was in 2006. While increases to the attendant wage component are necessary and appreciated, they alone will not stabilize the industry. Without an accompanying investment in the administrative rate, providers cannot sustain their operations. The failure to address this shortfall will result in workforce shortages, provider closures, lack of access to care and greater reliance on institutional care.

Equally critical to provider stability is maintaining the 90% reporting requirement. While framed as a reporting measure, a 95% threshold imposes a de facto mandate with severe financial and reputational risks for providers. Those falling below 95% would be placed on a noncompliance list, creating uncertainty and the threat of recoupments that deter providers from expanding services. This rigid requirement contradicts recent legislative investments intended to stabilize the home care system and instead forces providers to contract rather than increase access to care. It also removes the flexibility needed to allocate resources based on regional needs, replacing it with a one-size-fits-all spending model that does not align with the realities of home care delivery. A 90% reporting requirement ensures accountability while maintaining provider stability. It protects access to care, prevents unnecessary provider closures, and allows for sustainable growth. By supporting a significant investment in the administrative portion of the rate and maintaining the 90% reporting requirement, Texas can safeguard home care services and ensure vulnerable Texans receive the support they need to remain in their homes.

Bill Szczepanski
Team Select Home Care
Dallas, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H) and Team Select Home care, we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The current reimbursement rates fail to cover the rising costs of providing skilled nursing care in the home. Despite a modest 2% increase in 2023, providers continue to face extreme difficulty in hiring and retaining nurses, agencies report that they are unable to recruit enough RNs and LVNs to meet demand. The Texas Department of State Health Services projects that demand for home health RNs will grow by nearly 40% by 2036, yet stagnant reimbursement rates are driving skilled nurses away from home care and into hospitals and other higher-paying settings. If Texas fails to act, this workforce crisis will deepen, leaving countless families with no viable care options.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

A 21% rate increase is the minimum necessary to stabilize the private duty nursing workforce, prevent further loss of skilled nurses, and ensure medically complex children can remain safely at home. This investment will save lives, prevent costly hospitalizations, and strengthen Texas's commitment to its most vulnerable. There is no time to delay—Texas must act now to protect access to critical care before more families are left without options.

Taylor Bazajou
Taxpayer
San Antonio, TX

Texas has already spent 11.5 billion dollars on Operation Lone Star with nothing to show for it but harm to border communities. I urge you to oppose this wasteful use of taxpayer dollars.

Gabriel Dinn
Kids Developmental Therapy
Houston, TX

I am testifying on behalf of the Texas Association of Home Care and Hospice as well as my own companies, Kids Developmental Therapy and Kids Developmental Clinic. I'd like to start by thanking you for the work we have done in past sessions to support and ensure the effectiveness of these services for children the state. Despite our best efforts we are still struggling as an industry to hire enough therapists to meet increasing demand or even meet our current caseload. This is due primarily to the Medicaid rates not keeping up with the industry standards. Due to severe cuts in 2015-2016 we are being reimbursed around 20% less than we were for the same services 10 years ago before taking into account inflation and that is after the partial rate restoration we managed two sessions ago.

The impact of underfunding therapy is borne out in the data reported in HHSC's Biannual Therapy Access Monitoring Report. In the most recent report it shows that the number of Home Health Agencies actively billing for Medicaid therapy went from 213 in 2017 to 144 in October of 2023 a reduction of 32%. The number of Outpatient Clinics billing for therapy comparing the same period went from 178 to 130 or a 27% decrease. The same report shows that the number of patients on wait-lists reported by providers and verified by HHSC increased 32% in the most recent 6 month reporting period from 4,961 to 6,532.

On the ground we have seen it become slowly more difficult and expensive to attract and retain highly qualified staff. We are working together as an industry to reduce costs and improve best practices to try and serve as many patients as we can but at the end of the day our funding has not kept up with the rest of the industry or with the same providers in other states.

I am asking that SB1 include a 10% increase to pediatric therapy services to preserve and enhance access to care and ensure adequate and competitive staffing for these vital services. The work that we do not only treats our most vulnerable Texans but it helps them become more healthy and productive citizens and saves the state money in the long run by ensuring their continued health and success.

Vanessa Sandoval, Administrator
Texas Visiting Nurse Service/Texas Association for Home Care & Hospice
Harlingen, TX

I am respectfully requesting monies be added to the administrative portion of the Community Care rate to sustain provider agency operations for those individuals that receive services in their homes. Rising costs, competitive wages, unfunded mandates and an unbalanced rate structure threaten access to care for older adults and individuals with disabilities.

On behalf of Texas Visiting Nurse Service and as a member of the Texas Association for Home Care and Hospice, I urge your support for a significant investment in the administrative portion of the community care attendant rate and the flexibility of a 90% reporting requirement on spending to ensure a balanced rate and to sustain high-quality services for older adults and individuals with disabilities. Our agency provides services to more than 1500 clients in the area of the Rio Grande Valley, Corpus Christi, and as far west as Laredo, Texas. Program rules dictate that we perform attendant orientations, supervisory visits, post hospitalization visits, EVV training visits, and complaint investigations but all are considered non-billable activities. We are required to implement an electronic visit verification system (EVV) but it has cost the agency approximately \$100 thousand to implement and run. Yet, the administrative portion of the rate has not increased since 2007 and is now lower than it was in 2006. While increases to the attendant wage component are necessary and appreciated, they alone will not stabilize the industry. Without an accompanying investment in the administrative rate, my agency will not be able to sustain their operations. The failure to address this shortfall will result in workforce shortages, provider closures, lack of access to care and greater reliance on institutional care. Equally critical to provider stability is maintaining the 90% reporting requirement. While framed as a reporting measure, a 95% threshold imposes a de facto mandate with severe financial and reputational risks for providers. Those falling below 95% would be placed on a noncompliance list, creating uncertainty and the threat of recoupments that deter providers from expanding services. This rigid requirement contradicts recent legislative investments intended to stabilize the home care system and instead forces providers to contract rather than increase access to care. It also removes the flexibility needed to allocate resources based on regional needs, replacing it with a one-size-fits-all spending model that does not align with the realities of home care delivery. A 90% reporting requirement ensures accountability while maintaining provider stability. It protects access to care, prevents unnecessary provider closures, and allows for sustainable growth. Please support the increase that will make a real difference.

Kierstyn Gallegos

Self

San Antonio, TX

I urge you to divert some of the \$6.5 billion allocated for Operation Lone Star and border security to investments that border communities actually need like water infrastructure, roads, education, and healthcare. Operation Lone Star has wasted billions on militarizing our border regions without improving public safety. Texans deserve real solutions that improve quality of life, not more wasteful spending on harmful policies

CRISTINA LEE LOPEZ

APC HOMEMAKER SERVICES

HARLINGEN, TX

COMMUNITY CARE

SB 1 by Huffman: Support Rate Increases for Community Care

On behalf of TAHC&H, we urge your support for a significant investment in the administrative portion of the community care attendant rate and the flexibility of a 90% reporting requirement on spending to ensure a balanced rate and to sustain high-quality services for older adults and individuals with disabilities.

For example, supervisory visits, which are required to maintain oversight, must be paid from the administrative rate, as must the hiring and training of caregivers to meet increasing demand. The implementation of EVV has further increased administrative burdens, requiring dedicated staff to troubleshoot technical issues and ensure compliance. Yet, the administrative portion of the rate has not increased since 2007 and is now lower than it was in 2006. While increases to the attendant wage component are necessary and appreciated, they alone will not stabilize the industry. Without an accompanying investment in the administrative rate, providers cannot sustain their operations. The failure to address this shortfall will result in workforce shortages, provider closures, lack of access to care and greater reliance on institutional care.

Equally critical to provider stability is maintaining the 90% reporting requirement. While framed as a reporting measure, a 95% threshold imposes a de facto mandate with severe financial and reputational risks for providers. Those falling below 95% would be placed on a noncompliance list, creating uncertainty and the threat of recoupments that deter providers from expanding services. This rigid requirement contradicts recent legislative investments intended to stabilize the home care system and instead forces providers to contract rather than increase access to care. It also removes the flexibility needed to allocate resources based on regional needs, replacing it with a one-size-fits-all spending model that does not align with the realities of home care delivery. A 90% reporting requirement ensures accountability while maintaining provider stability. It protects access to care, prevents unnecessary provider closures, and allows for sustainable growth. By supporting a significant investment in the administrative portion of the rate and maintaining the 90% reporting requirement, Texas can safeguard home care services and ensure vulnerable Texans receive the support they need to remain in their homes.

Claudia Medrano

self

Harlingen, TX

COMMUNITY CARE

SB 1 by Huffman: Support Rate Increases for Community Care

On behalf of TAHC&H, we urge your support for a significant investment in the administrative portion of the community care attendant rate and the flexibility of a 90% reporting requirement on spending to ensure a balanced rate and to sustain high-quality services for older adults and individuals with disabilities.

For example, supervisory visits, which are required to maintain oversight, must be paid from the administrative rate, as must the hiring and training of caregivers to meet increasing demand. The implementation of EVV has further increased administrative burdens, requiring dedicated staff to troubleshoot technical issues and ensure compliance. Yet, the administrative portion of the rate has not increased since 2007 and is now lower than it was in 2006. While increases to the attendant wage component are necessary and appreciated, they alone will not stabilize the industry. Without an accompanying investment in the administrative rate, providers cannot sustain their operations. The failure to address this shortfall will result in workforce shortages, provider closures, lack of access to care and greater reliance on institutional care.

Equally critical to provider stability is maintaining the 90% reporting requirement. While framed as a reporting measure, a 95% threshold imposes a de facto mandate with severe financial and reputational risks for providers. Those falling below 95% would be placed on a noncompliance list, creating uncertainty and the threat of recoupments that deter providers from expanding services. This rigid requirement contradicts recent legislative investments intended to stabilize the home care system and instead forces providers to contract rather than increase access to care. It also removes the flexibility needed to allocate resources based on regional needs, replacing it with a one-size-fits-all spending model that does not align with the realities of home care delivery. A 90% reporting requirement ensures accountability while maintaining provider stability. It protects access to care, prevents unnecessary provider closures, and allows for sustainable growth. By supporting a significant investment in the administrative portion of the rate and maintaining the 90% reporting requirement, Texas can safeguard home care services and ensure vulnerable Texans receive the support they need to remain in their homes.

Marleena Escobar

Therapy 2000/Green Apple Therapy

Richmond, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

Over the past 20 years that I have worked as a Speech Language Pathologist in Texas, I have witnessed a significant change in the way of which I am able to provide services to children with special needs. Many providers have had to shut their doors due to not being able to sustain the ever-growing challenges such as increased costs for materials, supplies, and the cost of living. With the number of providers closing doors, the wait list for pediatric therapy services throughout the state has increased. Over the past 20 years, I have been fortunate enough to work in South Texas, Southwest Texas, and Central Texas and I have seen the great need for therapy services and the limited number of providers.

Insufficient reimbursement rates make it difficult to provide services for children with special needs in Texas. Without the necessary early intervention provided to these children, the likelihood of increased hospitalizations, medical needs, and dependency on caregivers or long-term facilities will increase. Subsequently, the ability for these children to become functional working adults for the state of Texas is guaranteed to decrease. The overall long-term consequences would be dire for children and their families in the state of Texas.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care. Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need and deserve.

Manuel Garcia Reyna, SGT

Self

Weslaco, TX

Thank you for keeping your promise just as I started my MA. This is very unprofessional.

Marleena Escobar

Therapy 2000/Green Apple Therapy

Richmond, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings. Many children who need specialized nursing care have parents who are struggling to be able to provide for their basic needs and must balance working and caring for their children. The impact on these families without private duty nursing is significant and often times is inconsistent with delays due to the shortage of nurses and the increasing difficulty in recruiting and retaining nurses. These children must be cared for with nursing who are able to proactively address needs that could be detrimental to the child and result in unnecessary hospitalization. The current reimbursement rates fail to cover the rising costs of providing skilled nursing care in the home. Despite a modest 2% increase in 2023, providers continue to face extreme difficulty in hiring and retaining nurses, agencies report that they are unable to recruit enough RNs and LVNs to meet demand. The Texas Department of State Health Services projects that demand for home health RNs will grow by nearly 40% by 2036, yet stagnant reimbursement rates are driving skilled nurses away from home care and into hospitals and other higher-paying settings. If Texas fails to act, this workforce crisis will deepen, leaving countless families with no viable care options.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

QueShena Dowell, Regional Marketing Manager

Therapy 2000/Green Apple Therapy

Irving, TX

Ensuring timely access to pediatric therapy services is critical for the health and development of Texas children. The growing waitlist means many children are not receiving the care they need, which can lead to long-term challenges. Workforce shortages continue to strain providers, making it increasingly difficult to recruit and retain qualified therapists. Additionally, insufficient reimbursement rates threaten the sustainability of these services, forcing many providers to limit or discontinue care. A 10% rate increase is essential to maintaining access to pediatric therapy and ensuring that children receive the early intervention and support they need to thrive. Without immediate action, countless children will face unnecessary delays in treatment, negatively impacting their future. We urge you to prioritize this issue and take decisive action to support the children of Texas.

CHRISTINE DURAN

TXARNG/CPT/Commanding

Austin, TX

I am writing to express my deep concern regarding the removal of State Tuition Assistance in SB 1. As an MBA student at Baylor University, I rely heavily on this benefit to continue my education. More importantly, I serve as a commander in the Texas Army National Guard, where I lead Soldiers who depend on this critical support to pursue their first opportunities in higher education.

Many of these Service Members do not yet qualify for the GI Bill and simply cannot afford to pay for college out of pocket. When they enlisted in the Texas Army National Guard—whether for four, eight, or more years—they were promised State Tuition Assistance as a core incentive. As a leader responsible for both their development and retention, I can say without hesitation that this benefit has been one of the most compelling tools in my conversations with Soldiers considering continued service.

Since the tuition assistance cap was raised to \$10,000, I have personally seen an increase in reenlistments. The message was clear: the State values their service and is invested in their future. Eliminating this benefit would not only break that trust, but also significantly harm our ability to retain highly capable and motivated individuals.

I respectfully urge you to reconsider this decision and maintain funding for State Tuition Assistance. It is an investment that pays dividends in the strength, morale, and readiness of our force—and our Soldiers have more than earned it.

CPT Christine Duran
christine.duran.mil@army.mil
512-969-8974

John Doe
Self
Austin, TX

Wasteful spending like this is ridiculous and should be shunned upon. I urge you to vote against this demented passion project that is an atrocity.

Beth Hancock, Dr
Therapy 2000
Houston, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

Compared with children who receive services in locations such as Texas Children's Outpatient clinics where services can be quadruple the services we provide in the home setting. Home health services can save so much money but only if we have the staff and can afford to pay them to keep them with us. A rate increase would help us do that.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care.

Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Dexton Shores, Rev.

Self

San Antonio, TX

I urge you to divert some of the \$6.5 billion allocated for Operation Lone Star and border security to investments that border communities actually need like water infrastructure, roads, education, and healthcare. Operation Lone Star has wasted billions on militarizing our border regions without improving public safety. Texans deserve real solutions that improve quality of life, not more wasteful spending on harmful policies

Ninfa Cruz

Self

Austin, TX

I urge you to divert some of the \$6.5 billion allocated for Operation Lone Star and border security to investments that border communities are in true need of, such as water infrastructure, roads, education, and healthcare. Operation Lone Star has wasted billions of crucial dollars on militarizing our border regions without improving public safety. Texans deserve real solutions that improve quality of life, not more fruitless spending on harmful policies that do not benefit communities.

Stephanie Schaefer, SLP

self, Speech-Language Pathologist

Cypress, TX

I am proud to be a pediatric therapist. When I introduce myself to new families, I talk about how my goal is to work myself out of a job. I want all of my patients to graduate from therapy and not need me anymore! Planning for and working towards the end of therapy are goals that I take very seriously. Without the support of the community, many of my patients could not even dream of graduating from therapy.

Erin Bellue

Self/ Speech-Language Pathologist

Frisco, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

I have seen first hand how insufficient therapy services have impacted clients that I serve. I am a Speech-Language pathologist, and I work in pediatric home healthcare. I have an incredible opportunity to work with patients and families of individuals with communication and swallowing disorders. A decrease in funding for necessary services that I provide as a Speech-Language pathologist has negatively affected some of my patients, as they have not been able to receive the needed services required for remediation of their difficulties and disorders. I have especially seen this to be true with clients who were referred to me for services since the time of the Covid shut down. Many children went without vital services and some were born into a society which did not have opportunities for socialization or community. Additionally, those with swallowing difficulties did not have access to critical care for their potential life-threatening deficits. These hindrances limited speech and language development and functional swallowing/feeding skills for several of my children who I now see as clients. The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care.

Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Christopher Carson, Specialist
self, Texas National guard
San Antonio, TX

I joined the Texas National Guard specifically for the state tuition assistance and now state representatives are considering taking it away? I consider this a betrayal of military members who join in order to get a higher education. I am absolutely against this. I consider this a broken promise as to the benefits I was supposed to receive when I enlisted.

Shijia Wang
Self
Sugar Land, TX

Please do not take the state tuition assistance out, I have been serving in the TX Guard for a decade and more than a year at the border mission. STA helps a lot for me to continue my education and better serve my country.

Kennedy Dierckman
Therapy 2000/ Green Apple Physical Therapy
Georgetown, TX

Being a home health physical therapist, I've heard many stories of parents saying that they have waited 6+ months for physical therapy to begin. This is a huge concern because a lot of kids have a window of learning, especially with complex diagnoses, and if that window passes, it is extremely hard for kids to make gains in gross motor milestones. Although the window is not necessarily 6 months long, those couple of months without therapy can be critical because children may learn compensations and poor motor skills that are extremely hard to reverse once they are ingrained in the brain. This sets them up for difficulty down the road, as well as complications like infection from poor posture, balance and fall risk issues due to muscle imbalances and incorrect motor patterns, and poor movement hinders a child's ability to explore their environment and learn social, cognitive, and emotional skills. Due to poor reimbursement rates, it is difficult for therapists to provide services because more often than not, a child may benefit from a certain type of therapy intervention, but insurance will not cover the intervention. Unfortunately, therapists have to pay bills too, so providing a beneficial therapy to a child without getting the proper pay for it is a hard line to walk. If reimbursement rates were higher, and actually covered research backed therapies, then children can benefit from the trending research and techniques, and the therapists can get paid the proper and fair reimbursement rates for providing the skill and allowing the child to grow in a more functional independent way. Therefore, a 10% rate increase is essential to sustain access to therapy for Texas children because it will allow therapists to provide the necessary reimbursement, get the proper pay for the intervention, and it will also keep therapists working. Physical therapy requires a doctorate degree now from a 3 year program. In order to make working as a PT worthwhile, reimbursements rates need to be higher enough for companies to pay their therapists the amount that is fit for the education they have. If therapists are paid the amount that is appropriate, then more therapists will work and more will be available to treat the growing numbers of Texas kids that need therapy. Thank you, and I appreciate the consideration of this topic, and the consideration of raising reimbursement rates by 10%.

The growing waitlist for pediatric therapy services and the impact on children in need.

Workforce shortages and the struggle to recruit and retain qualified therapists.

How insufficient reimbursement rates make it difficult to provide services.

Why a 10% rate increase is essential to sustain access to therapy for Texas children.

Ashley Ott
Connect Pediatrics
North Richland Hills, TX

As a nurse who has worked in pediatric home health for the past 6 years the only thing keeping me in this position are the patients and the families. I make sacrifices in my personal life by not taking a higher-paying job to stay to care for these children. With the current economy, it is becoming more and more challenging for me to stick around. Without change occurring soon I will have to look to a different healthcare specialty to support me and my family. As someone who sees the faces of these families every day, I urge you to support the 21% rate increase for private-duty nursing. This is not just about numbers—it's about real children with real needs. Kids who rely on ventilators, feeding tubes, and around-the-clock care just to survive, let alone thrive. Parents are exhausted. They're not only caregivers but also nurses, advocates, and full-time employees—doing whatever it takes to keep their children safe. But without enough nurses, they're hitting a breaking point. And so are we. We've lost incredible nurses to hospital systems that simply pay more. We're trying everything—sign-on bonuses, flexible shifts, consistent support—but we're losing this battle because rates don't cover the actual cost of care. When a child can't get care at home, they end up in the ER or even hospitalized, which is heartbreaking and far more costly. Please—these families need help. This increase is the bare minimum to keep nurses in homes, stabilize care, and ensure that kids aren't forced into crisis situations. Let's not wait until more families fall through the cracks.

Ashten Stutler
Self-Home Health Physical Therapist
Lubbock, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings. I personally, work in pediatric home health therapy as a physical therapist & I see first hand the incredible impact we as therapist have on these children and their families. The joy in a parent's face when they see their child succeed or reach a milestone that once seemed impossible. To see a child beam with pride when they accomplish a goal that once seemed unattainable. The weight of the world be lifted from parents and caregivers, even just for two to three hours a week as therapists enter their homes to love their children. It is a special and incredible world that we, as home health employees, get to be apart of. Unfortunately due to rate decreases and cuts over the years, it has been increasingly challenging to ensure qualified therapist are employed and companies remain sustainable. These points are key in the medical system as home health therapy companies continues to grow larger and larger waitlists & therapist are becoming burned out as they're maxing their capacity to ensure child receive the care they deserve. It shouldn't have to be this way. Children and families should receive the highest, qualified care and the therapist who went to graduate school and beyond for many years to become as highly trained as we are, deserve the benefits of our sought after time and effort that we put into our jobs daily. The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care. Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment.

Grant Tunell, SFC

Self

Round Rock, TX

I am deeply concerned that my state tuition assistance has been revoked in SB 1.

Texas has one the largest National Guards in the Nation, with some the highest performing soldiers. We've shouldered the burden of securing the border for the state, and yet we have some of the worst state education benefits. Hell, Oklahoma provides 100% free tuition...OKLAHOMA! They're making Texas look like a joke. The state is economically successful, the funds are there... it's about priorities. Do you support your soldiers or not?

Brandee Wheeler, Registered nurse

Self/ registered nurse

Lubbock, TX

I have been a RN for 25 years. I am currently a PDN nurse in Lubbock, TX. I have been taking care of a complicated medically fragile pediatric patient for over 2 years. I love my job. My patient is an amazing child and I work for an amazing family. My patient has changed my life. She brings so much joy to my life. My patient needs 24 hr care. Having a nurse at all times, helps the family and patient so much. When a nurse is not taking care of the little girl, the family loses sleep, has to pick and choose what activities my patient is allowed to do, and so many other things that trickles down to other members of the extended family and their friends. It has been my extreme honor taking care of this little girl. My job is a complicated job too, which is one reason I love it so much. My patient is always changing and her care evolving. You never know what is going to happen when you come on shift. Another reason I absolutely adore my job. My job is truly life and death. I've literally saved my patient's life several times. Without a nurse on duty, it's very hard for the parents to care for the patient and her brother if my patient has an emergency. I could easily make more money working in a hospital or being a travel nurse but I don't want to leave my job. I love it too much. I adore my patient and her family too much. I have had to take on a PRN patient due to the pay. This takes time away from my family and my 2 disabled children I've adopted. An increase in pay would allow me to stay with my patient and spend more time with my family. My health would improve and my life over all would improve greatly. My patient's family is having such a difficult time finding nurses to help due to the pay mostly. We NEED help. The family NEEDS help. This beautiful amazing child has changed so many lives. She brings joy to so many people. She NEEDS help. She needs nurses to help care for her. It's not her or her parents fault that she requires so much care. Why should a disabled child be punished because the state will not pay nurses enough to care for her? This happy loving child should be allowed to live her best life. She deserves that!! We owe her that. A medically fragile child should not be punished because people who are not in her life and caring for her don't understand what is needed to care for her. Some of us have made extreme sacrifices to care for the most fragile people and literally save their lives. Don't punish the nurses who care for the most vulnerable of people in the world we live in.

Reynaldo Reyes, 1SG

Self/ Texas Military Department

Gatesville, TX

I am writing to express my profound concern regarding the potential elimination of State Tuition Assistance (STA) from the budget for Fiscal Year 2025 and beyond, as outlined in Senate Bill 1. As a First Sergeant in the Texas Army National Guard, I have the privilege of leading dedicated Soldiers who rely heavily on this vital program to access their initial opportunities in higher education. For many of these Service Members, the GI Bill remains out of reach due to eligibility requirements, and the financial burden of college tuition is simply insurmountable without external support. Upon enlisting in the Texas Army National Guard—committing to terms of four, eight, or more years—these individuals were assured State Tuition Assistance as a fundamental benefit. In my role as a leader tasked with fostering their professional growth and ensuring retention, I can unequivocally attest that this program is among the most effective incentives in encouraging Soldiers to continue their service. Since the STA cap was increased to \$10,000, I have observed a marked rise in reenlistments within my unit. This enhancement sent a powerful message: the State recognizes and invests in the value of their service and their future potential. Should this benefit be discontinued, it would not only erode the trust placed in these commitments but also severely undermine our capacity to retain skilled and motivated personnel. I respectfully implore you to reconsider this budgetary decision and preserve funding for State Tuition Assistance. This program represents a strategic investment in the morale, readiness, and overall strength of our force—an investment our Soldiers have undeniably earned through their unwavering dedication. Sincerely,

Reynaldo Reyes

First Sergeant, 112thQM Co, Texas Army National Guard

Jared Brand, Captain

Self-TXARNG Company Commander and TXARNG full time unit support staff

Roanoke, TX

Statement on State Tuition Assistance – Texas Army National Guard

I am fortunate to have the privilege of serving as an infantry company commander in the Texas Army National Guard. I count myself lucky to lead and train 132 Texas infantrymen to always be ready to answer whatever call the Governor of Texas or the President of the United States may require of them.

While these soldiers are traditionally only required to train 39 days each year, their sacrifice and commitment run much deeper. They routinely give up professional and educational opportunities to serve on missions at the southern border and deploy overseas. Many train daily on their own time to maintain the high standards the Army and the state of Texas demand—so that they are always ready.

And they do this with very little in return.

Unlike active-duty service members, they pay out-of-pocket for health insurance. They drive—or fly—sometimes from states away to train and serve with what I believe is the best National Guard organization in the 54 states and territories.

That is why I respectfully urge this committee to reconsider any plans to remove State Tuition Assistance.

This program is more than an incentive. It is a lifeline—a tool that helps me retain and develop my soldiers. It empowers them to better themselves through education. It helps them build the knowledge and leadership that strengthens both our military and our communities. Removing it would take away one of the few tangible ways we support the very people who give up so much to serve.

Please help us continue to grow better, smarter, and more ready Soldiers—by protecting State Tuition Assistance

April Anthony

VitalCaring Group

Dallas, TX

The Medicaid home health benefit is critical for pediatric patients with therapy needs. Families with medically fragile children face so many challenges and the ability to receive home based therapy is not only beneficial but also safe and convenient for these families. However, the rate structure is so low that it is difficult to providers to find therapists who will work for these rates. I want to encourage you to support these families by ensuring the pediatric home health benefit remains viable by supporting a stronger rate environment.

Jamie Lim

Self, Speech language pathologist

Houston, TX

Support Rate Increases for Pediatric Therapy

We urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care. Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Zurisdai Flores, SGT

Self

Weslaco, TX

I as a single mother of two who joined the Texas Army National Guard and have served 6 years and have extended for another three and am deeply disappointed in the lack of funding for next FY. I have one more semester left until I have my bachelor and cannot afford to pay out of pocket so I will have to put my education at pause.

Kerri Bennety, Physical Therapist

Self, physical therapist

Crandall, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care. Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Katherine Ward

self, retired school-bus driver

Garland, TX

Operation Lone Star should not be re-funded. It has proven to be harmful to border communities and has not made our state safer. Those 6.5 BILLION dollars should be spent on infrastructure, particularly that which helps with the climate-related disasters we are experiencing more frequently.

Aaron Miller, First Sergeant

71st TIOG

Kerrville, TX

My soldiers depend on state tuition assistance. You're cutting this under false pretenses. The hazelwood act is for federal service not your national guardsman who have never served on title X. You will impact my soldiers in a way that will greatly disrupt their lives and you will limit how many soldiers we retain. This in turn affects your border mission. If you care about soldiers as you claim then I encourage you to put tuition assistance back in place. Please stop making my job as a 1SG more difficult by using us as pawns in your political games. We are here to defend this country. What happens when we can't lure people in? Conscription? Figure it out.

Sara Tellez

self

Buda, TX

My name is Sara Tellez and I am a pediatric speech language pathology intern working in home health in Hays County, Texas. I provide speech, language and feeding therapy services to Texan children ages 12 months to 12 years, many of whom have complex medical histories. A vast majority of the children I see come from low income families who are experiencing poverty. I work in home health because I am able to treat children who need my services the most. Many of these children's parents have limited educational background and are not sufficiently equipped to support their children's complex communication needs. Home health allows me to educate caregivers about how to support their children's speech, language and feeding development. Home health also allows me to target language that is relevant to the individual child. I often develop deep relationships with these families and provide a level of care that is simply not achievable in a clinical setting. Home health speech therapy is a vital lifeline to Texas children and their families.

While these services are critical for Texans, many of these children are waitlisted due to a shortage of speech-language pathologists. This shortage is due in part to the stagnant reimbursement rates compared to the excessive cost of obtaining an advanced degree. A masters in speech pathology can cost from \$30,000 to upwards of \$90,000 for tuition alone and most programs require that students not work when pursuing their degree. This figure does not include the cost of the undergraduate degree required to apply to a masters program.

Ballooning cost-of-living expenses have made it increasingly difficult to continue practicing in recent years. The costs of car repairs from excessive mileage, gas, therapy materials and even food have slowly chipped away at our financial stability making it ever more difficult to support our families on our earnings. A 10% rate increase is essential to providing our services to Texas children. As a clinician, a mother and a Texan, I ask that you invest in Texas's future, to help end the cycle of poverty and uplift the Texas children who need our help the most.

Trenyn Wallum, SPC

Self (Solider)

Salado, TX

The State Tuition Assistance is the main reason I joined the TX Army National Guard, same for a lot of other solders. I rely on the assistance to pay for my school greatly. Without it I would not be able to afford to attend college, and be successful in my future career.

Josh Posados
Self
Converse, TX

I am writing to express my deep concern regarding the removal of State Tuition Assistance. Service Members rely heavily on this benefit to continue their education. More importantly, we have Soldiers and Airmen in the Texas Army National Guard, who depend on this critical support to pursue their first opportunities in higher education.

Many of these Service Members do not yet qualify for the GI Bill and simply cannot afford to pay for college out of pocket. When they enlisted in the Texas Army National Guard whether for four, eight, or more years they were promised State Tuition Assistance as a core incentive. As we continually focus on development and retention, I can say without hesitation that this benefit has been one of the most compelling tools in my conversations with Soldiers & Airmen considering continued service. Since the tuition assistance cap was raised to \$10,000, I have personally seen an increase in reenlistments. The message was clear: the State values their service and is invested in their future. Eliminating this benefit would not only break that trust, but also significantly harm our ability to retain highly capable and motivated individuals.

I respectfully urge you to reconsider this decision and maintain funding for State Tuition Assistance. It is an investment that pays dividends in the strength, morale, and readiness of our force and our Soldiers & Airman have more than earned it.

Ricky Selin, CW2
TXARNG / TMD
Taylor, TX

I am deeply concerned that my state tuition assistance has been revoked in SB 1. The state and TMD has broken their promise on this benefit and that's the thanks I get for serving my country? Cancelling state tuition assistance will hinder my ability to continue and complete my MBA and limit my professional and career development.

Jesus Molina

SELF / REGION & RECRUITING AGR

EDINBURG, TX

Recruitment Tool: The State Tuition Assistance funding is a crucial incentive that attracts potential recruits to the Texas Army National Guard. Its absence may lead to a decrease in enlistment, making it harder to maintain the necessary troop levels for operational readiness.

Retention Incentive: With increasing competition for skilled personnel in both the military and civilian sectors, the exclusion of tuition assistance can hinder efforts to retain Soldiers. Education benefits help Soldiers feel valued and invested in their future, which encourages them to continue their service.

Career Advancement: Many current and prospective members of the Texas Army National Guard view tuition assistance as a vital resource for career advancement. Without it, Soldiers may struggle to pursue the credentials necessary for promotions, leading to stagnation in their military careers.

Access to Higher Education: The absence of State Tuition Assistance funding disproportionately affects Soldiers who may not have the financial means to pursue educational opportunities on their own. This exclusion limits access to higher education and professional development, undermining the overall capability of the Guard.

Negative Impact on Morale: Removing tuition assistance can lead to decreased morale among Soldiers who rely on these benefits for their educational goals. This loss of support can result in dissatisfaction and disengagement from service, ultimately impacting unit cohesion and effectiveness.

Investment in the Future: By excluding tuition assistance, the state undermines its investment in the future of its military personnel. Education plays a vital role in building a knowledgeable and capable force that can adapt to future challenges and technological demands.

Equitable Opportunities: The exclusion may particularly affect lower-income Soldiers who rely on educational benefits to pursue their academic goals. This creates disparities in opportunities within the ranks, which can adversely affect diversity and inclusivity in the National Guard.

Increased Financial Burden: Without tuition assistance, Soldiers may face significant financial burdens in pursuing their education, which can lead to higher levels of student debt. This financial strain may deter potential recruits and affect the well-being of existing personnel.

Community Impact: The State Tuition Assistance program not only benefits individual Soldiers but also contributes to the local economy by producing educated citizens who can support various sectors within Texas. The exclusion could lead to a reduction in educated professionals who are invested in their communities.

Long-term Commitment: Tuition assistance fosters a sense of long-term commitment among Soldiers, encouraging them to view their military service as a viable career path that offers both professional development and personal growth. Without it, recruitment and retention could suffer as Soldiers reassess their long-term goals.

Kara Andrews
self
Richardson, TX

I am writing to express my deep concern regarding the removal of State Tuition Assistance. Service Members rely heavily on this benefit to continue their education. More importantly, we have Soldiers and Airmen in the Texas Army National Guard, who depend on this critical support to pursue their first opportunities in higher education.

Many of these Service Members do not yet qualify for the GI Bill and simply cannot afford to pay for college out of pocket. When they enlisted in the Texas Army National Guard whether for four, eight, or more years they were promised State Tuition Assistance as a core incentive. As we continually focus on development and retention, I can say without hesitation that this benefit has been one of the most compelling tools in my conversations with Soldiers & Airmen considering continued service. Since the tuition assistance cap was raised to \$10,000, I have personally seen an increase in reenlistments. The message was clear: the State values their service and is invested in their future. Eliminating this benefit would not only break that trust, but also significantly harm our ability to retain highly capable and motivated individuals.

I respectfully urge you to reconsider this decision and maintain funding for State Tuition Assistance. It is an investment that pays dividends in the strength, morale, and readiness of our force and our Soldiers & Airman have more than earned it.

Beonka Robinson
Home
Fort Worth, TX

Comment Template:

I am writing to express my deep concern regarding the removal of State Tuition Assistance. Service Members rely heavily on this benefit to continue their education. More importantly, we have Soldiers and Airmen in the Texas Army National Guard, who depend on this critical support to pursue their first opportunities in higher education.

Many of these Service Members do not yet qualify for the GI Bill and simply cannot afford to pay for college out of pocket. When they enlisted in the Texas Army National Guard whether for four, eight, or more years they were promised State Tuition Assistance as a core incentive. As we continually focus on development and retention, I can say without hesitation that this benefit has been one of the most compelling tools in my conversations with Soldiers & Airmen considering continued service. Since the tuition assistance cap was raised to \$10,000, I have personally seen an increase in reenlistments. The message was clear: the State values their service and is invested in their future. Eliminating this benefit would not only break that trust, but also significantly harm our ability to retain highly capable and motivated individuals.

I respectfully urge you to reconsider this decision and maintain funding for State Tuition Assistance. It is an investment that pays dividends in the strength, morale, and readiness of our force and our Soldiers & Airman have more than earned it.

Malaika Green
Self
Fort Worth, TX

Comment Template:

I am writing to express my deep concern regarding the removal of State Tuition Assistance. Service Members rely heavily on this benefit to continue their education. More importantly, we have Soldiers and Airmen in the Texas Army National Guard, who depend on this critical support to pursue their first opportunities in higher education.

Many of these Service Members do not yet qualify for the GI Bill and simply cannot afford to pay for college out of pocket. When they enlisted in the Texas Army National Guard whether for four, eight, or more years they were promised State Tuition Assistance as a core incentive. As we continually focus on development and retention, I can say without hesitation that this benefit has been one of the most compelling tools in my conversations with Soldiers & Airmen considering continued service. Since the tuition assistance cap was raised to \$10,000, I have personally seen an increase in reenlistments. The message was clear: the State values their service and is invested in their future. Eliminating this benefit would not only break that trust, but also significantly harm our ability to retain highly capable and motivated individuals.

I respectfully urge you to reconsider this decision and maintain funding for State Tuition Assistance. It is an investment that pays dividends in the strength, morale, and readiness of our force and our Soldiers & Airman have more than earned it.

Donna Balderston, CSM (Ret)

NGAT/ Self

Bandera, TX

Appropriations March 31, 2025 - 2:00 PM [E1.030]

Destinee Pascal

Army, soldier

Arlington, TX

I am writing to express my deep concern regarding the removal of State Tuition Assistance. Service Members rely heavily on this benefit to continue their education. More importantly, we have Soldiers and Airmen in the Texas Army National Guard, who depend on this critical support to pursue their first opportunities in higher education.

Many of these Service Members do not yet qualify for the GI Bill and simply cannot afford to pay for college out of pocket. When they enlisted in the Texas Army National Guard whether for four, eight, or more years they were promised State Tuition Assistance as a core incentive. As we continually focus on development and retention, I can say without hesitation that this benefit has been one of the most compelling tools in my conversations with Soldiers & Airmen considering continued service. Since the tuition assistance cap was raised to \$10,000, I have personally seen an increase in reenlistments. The message was clear: the State values their service and is invested in their future. Eliminating this benefit would not only break that trust, but also significantly harm our ability to retain highly capable and motivated individuals.

I respectfully urge you to reconsider this decision and maintain funding for State Tuition Assistance. It is an investment that pays dividends in the strength, morale, and readiness of our force and our Soldiers & Airman have more than earned it.

Vicki Barker

Self

Bacliff, TX

I am writing to express my deep concern regarding the removal of State Tuition Assistance. Service Members rely heavily on this benefit to continue their education. More importantly, we have Soldiers and Airmen in the Texas Army National Guard, who depend on this critical support to pursue their first opportunities in higher education.

Many of these Service Members do not yet qualify for the GI Bill and simply cannot afford to pay for college out of pocket. When they enlisted in the Texas Army National Guard whether for four, eight, or more years they were promised State Tuition Assistance as a core incentive. As we continually focus on development and retention, I can say without hesitation that this benefit has been one of the most compelling tools in my conversations with Soldiers & Airmen considering continued service. Since the tuition assistance cap was raised to \$10,000, I have personally seen an increase in reenlistments. The message was clear: the State values their service and is invested in their future. Eliminating this benefit would not only break that trust, but also significantly harm our ability to retain highly capable and motivated individuals.

I respectfully urge you to reconsider this decision and maintain funding for State Tuition Assistance. It is an investment that pays dividends in the strength, morale, and readiness of our force and our Soldiers & Airman have more than earned it.

Richard Newby, SMSgt, Texas Air National Guard, USAF (Retired)

National Guard Association of Texas

Houston, TX

Passage of this Bill would be extremely devastating to our Texas Guardsmen. Texas Guardsmen use this funding to help support their efforts in continuing their education. The education they receive will help them to be better equipped to perform their duties as Texas National Guardsmen, better citizens along with their families of our great state. Please vote No to SB 1.

Amy Carbajal

Self

Rosenberg, TX

I urge you to divert some of the \$6.5 billion allocated for Operation Lone Star and border security to investments that border communities actually need like water infrastructure, roads, education, and healthcare. Operation Lone Star has wasted billions on militarizing our border regions without improving public safety. Texans deserve real solutions that improve quality of life, not more wasteful spending on harmful policies

Ruby Arriaga, SPC
Texas army national guard
Houston, TX

I am writing to express my deep concern regarding the removal of State Tuition Assistance. Service Members rely heavily on this benefit to continue their education. More importantly, we have Soldiers and Airmen in the Texas Army National Guard, who depend on this critical support to pursue their first opportunities in higher education.

Many of these Service Members do not yet qualify for the GI Bill and simply cannot afford to pay for college out of pocket. When they enlisted in the Texas Army National Guard whether for four, eight, or more years they were promised State Tuition Assistance as a core incentive. As we continually focus on development and retention, I can say without hesitation that this benefit has been one of the most compelling tools in my conversations with Soldiers & Airmen considering continued service. Since the tuition assistance cap was raised to \$10,000, I have personally seen an increase in reenlistments. The message was clear: the State values their service and is invested in their future. Eliminating this benefit would not only break that trust, but also significantly harm our ability to retain highly capable and motivated individuals.

I respectfully urge you to reconsider this decision and maintain funding for State Tuition Assistance. It is an investment that pays dividends in the strength, morale, and readiness of our force and our Soldiers & Airman have more than earned it.

Douglas Roblow, SGM
All Soldiers
Lancaster, TX

Comment Template:

I am writing to express my deep concern regarding the removal of State Tuition Assistance. Service Members rely heavily on this benefit to continue their education. More importantly, we have Soldiers and Airmen in the Texas Army National Guard, who depend on this critical support to pursue their first opportunities in higher education.

Many of these Service Members do not yet qualify for the GI Bill and simply cannot afford to pay for college out of pocket. When they enlisted in the Texas Army National Guard whether for four, eight, or more years they were promised State Tuition Assistance as a core incentive. As we continually focus on development and retention, I can say without hesitation that this benefit has been one of the most compelling tools in my conversations with Soldiers & Airmen considering continued service. Since the tuition assistance cap was raised to \$10,000, I have personally seen an increase in reenlistments. The message was clear: the State values their service and is invested in their future. Eliminating this benefit would not only break that trust, but also significantly harm our ability to retain highly capable and motivated individuals.

I respectfully urge you to reconsider this decision and maintain funding for State Tuition Assistance. It is an investment that pays dividends in the strength, morale, and readiness of our force and our Soldiers & Airman have more than earned it.

***Why are we going backwards?

Midge Epstein, Ms.
Self
Corpus Christi, TX

I urge you to divert some of the \$6.5 billion allocated for Operation Lone Star and border security to investments that border communities actually need like water infrastructure, roads, education, and healthcare. Operation Lone Star has wasted billions on militarizing our border regions without improving public safety. Texans deserve real solutions that improve quality of life, not more wasteful spending on harmful policies. Please reject this wasteful bill. Thank you.

Leslie Flores, SPC
Army National Guard
Duncanville, TX

Comment Template:

I am writing to express my deep concern regarding the removal of State Tuition Assistance. Service Members rely heavily on this benefit to continue their education. More importantly, we have Soldiers and Airmen in the Texas Army National Guard, who depend on this critical support to pursue their first opportunities in higher education.

Many of these Service Members do not yet qualify for the GI Bill and simply cannot afford to pay for college out of pocket. When they enlisted in the Texas Army National Guard whether for four, eight, or more years they were promised State Tuition Assistance as a core incentive. As we continually focus on development and retention, I can say without hesitation that this benefit has been one of the most compelling tools in my conversations with Soldiers & Airmen considering continued service. Since the tuition assistance cap was raised to \$10,000, I have personally seen an increase in reenlistments. The message was clear: the State values their service and is invested in their future. Eliminating this benefit would not only break that trust, but also significantly harm our ability to retain highly capable and motivated individuals.

I respectfully urge you to reconsider this decision and maintain funding for State Tuition Assistance. It is an investment that pays dividends in the strength, morale, and readiness of our force and our Soldiers & Airman have more than earned it.

Leslie Flores, SPC
Army National Guard
Duncanville, TX

Comment Template:

I am writing to express my deep concern regarding the removal of State Tuition Assistance. Service Members rely heavily on this benefit to continue their education. More importantly, we have Soldiers and Airmen in the Texas Army National Guard, who depend on this critical support to pursue their first opportunities in higher education.

Many of these Service Members do not yet qualify for the GI Bill and simply cannot afford to pay for college out of pocket. When they enlisted in the Texas Army National Guard whether for four, eight, or more years they were promised State Tuition Assistance as a core incentive. As we continually focus on development and retention, I can say without hesitation that this benefit has been one of the most compelling tools in my conversations with Soldiers & Airmen considering continued service. Since the tuition assistance cap was raised to \$10,000, I have personally seen an increase in reenlistments. The message was clear: the State values their service and is invested in their future. Eliminating this benefit would not only break that trust, but also significantly harm our ability to retain highly capable and motivated individuals.

I respectfully urge you to reconsider this decision and maintain funding for State Tuition Assistance. It is an investment that pays dividends in the strength, morale, and readiness of our force and our Soldiers & Airman have more than earned it.

Tielow-Taneesha Henson, MSG
NGAT
New Braunfels, TX

I am writing to express my deep concern regarding the removal of State Tuition Assistance. Service Members rely heavily on this benefit to continue their education. More importantly, we have Soldiers and Airmen in the Texas Army National Guard, who depend on this critical support to pursue their first opportunities in higher education.

Many of these Service Members do not yet qualify for the GI Bill and simply cannot afford to pay for college out of pocket. When they enlisted in the Texas Army National Guard whether for four, eight, or more years they were promised State Tuition Assistance as a core incentive. As we continually focus on development and retention, I can say without hesitation that this benefit has been one of the most compelling tools in my conversations with Soldiers & Airmen considering continued service. Since the tuition assistance cap was raised to \$10,000, I have personally seen an increase in reenlistments. The message was clear: the State values their service and is invested in their future. Eliminating this benefit would not only break that trust, but also significantly harm our ability to retain highly capable and motivated individuals.

I respectfully urge you to reconsider this decision and maintain funding for State Tuition Assistance. It is an investment that pays dividends in the strength, morale, and readiness of our force and our Soldiers & Airman have more than earned it.

Zachary Thompson

Self

Burleson, TX

Tuition assistance is essential to the Texas Army National Guard's ability to recruit and retain soldiers. Especially in this period of service members rotating between Operation Lone Star, storm response, and federal activations, soldiers and airmen rely on the stability of promised benefits to make staying in the service worth the squeeze. Many of our guardsmen and women currently serving rely on this benefit to secure their future and to drop TA while they are mid-contract is not keeping good faith with those we like to say we support. They can't quit on us, and we shouldn't quit on them. Please fund TA or our current manning woes will worsen, we'll be less able to meet requirements of federal missions abroad and state missions here at home.

Marilyn Mitjans, Sgt

Self

Magnolia, TX

I am writing to express my deep concern regarding the removal of State Tuition Assistance. Service Members rely heavily on this benefit to continue their education. More importantly, we have Soldiers and Airmen in the Texas Army National Guard, who depend on this critical support to pursue their first opportunities in higher education.

Many of these Service Members do not yet qualify for the GI Bill and simply cannot afford to pay for college out of pocket. When they enlisted in the Texas Army National Guard whether for four, eight, or more years they were promised State Tuition Assistance as a core incentive. As we continually focus on development and retention, I can say without hesitation that this benefit has been one of the most compelling tools in my conversations with Soldiers & Airmen considering continued service. Since the tuition assistance cap was raised to \$10,000, I have personally seen an increase in reenlistments. The message was clear: the State values their service and is invested in their future. Eliminating this benefit would not only break that trust, but also significantly harm our ability to retain highly capable and motivated individuals.

I respectfully urge you to reconsider this decision and maintain funding for State Tuition Assistance. It is an investment that pays dividends in the strength, morale, and readiness of our force and our Soldiers & Airman have more than earned it.

Bryan Moody, MSgt

149th FW TXANG

Austin, TX

I am writing to express my deep concern regarding the removal of State Tuition Assistance. Service Members rely heavily on this benefit to continue their education. More importantly, we have Soldiers and Airmen in the Texas Army National Guard, who depend on this critical support to pursue their first opportunities in higher education.

Many of these Service Members do not yet qualify for the GI Bill and simply cannot afford to pay for college out of pocket. When they enlisted in the Texas Army National Guard whether for four, eight, or more years they were promised State Tuition Assistance as a core incentive. As we continually focus on development and retention, I can say without hesitation that this benefit has been one of the most compelling tools in my conversations with Soldiers & Airmen considering continued service. Since the tuition assistance cap was raised to \$10,000, I have personally seen an increase in reenlistments. The message was clear: the State values their service and is invested in their future. Eliminating this benefit would not only break that trust, but also significantly harm our ability to retain highly capable and motivated individuals.

I respectfully urge you to reconsider this decision and maintain funding for State Tuition Assistance. It is an investment that pays dividends in the strength, morale, and readiness of our force and our Soldiers & Airman have more than earned it.

Samuel Garza, SSGT Garza, Samuel
149th SFS/640th sUAS
San Antonio, TX

I am writing to express my deep concern regarding the removal of State Tuition Assistance. Service Members rely heavily on this benefit to continue their education. More importantly, we have Soldiers and Airmen in the Texas Army National Guard, who depend on this critical support to pursue their first opportunities in higher education.

Many of these Service Members do not yet qualify for the GI Bill and simply cannot afford to pay for college out of pocket. When they enlisted in the Texas Army National Guard whether for four, eight, or more years they were promised State Tuition Assistance as a core incentive. As we continually focus on development and retention, I can say without hesitation that this benefit has been one of the most compelling tools in my conversations with Soldiers & Airmen considering continued service. Since the tuition assistance cap was raised to \$10,000, I have personally seen an increase in reenlistments. The message was clear: the State values their service and is invested in their future. Eliminating this benefit would not only break that trust, but also significantly harm our ability to retain highly capable and motivated individuals.

I respectfully urge you to reconsider this decision and maintain funding for State Tuition Assistance. It is an investment that pays dividends in the strength, morale, and readiness of our force and our Soldiers & Airman have more than earned it.

David Paxman
Self (soldier)
Laredo, TX

I am writing to express my deep concern regarding the removal of State Tuition Assistance. Service Members rely heavily on this benefit to continue their education. More importantly, we have Soldiers and Airmen in the Texas Army National Guard, who depend on this critical support to pursue their first opportunities in higher education.

Many of these Service Members do not yet qualify for the GI Bill and simply cannot afford to pay for college out of pocket. When they enlisted in the Texas Army National Guard whether for four, eight, or more years they were promised State Tuition Assistance as a core incentive. It would be a crime to remove this benefit, especially as Texas has leaned so heavily on its servicemen during these past several years.

Artemio Patino, Spc
Self
Houston, TX

As a member of the Texas National Guard one of my main reasons for joining was for the tuition assistance. Patriotism is no longer the driving force of the armed services we can not strip away the few incentives that is available for armed services as that will directly impact the numbers of those that join. We are supposed to be the most elite fighting force around the world please don't make us the most uneducated force.

Luis Garcia, LT
Self/Commander TXARNG OLS
College Station, TX

I am writing to express my deep concern regarding the removal of State Tuition Assistance. Service Members rely heavily on this benefit to continue their education. More importantly, we have Soldiers and Airmen in the Texas Army National Guard, who depend on this critical support to pursue their first opportunities in higher education.

Many of these Service Members do not yet qualify for the GI Bill and simply cannot afford to pay for college out of pocket. When they enlisted in the Texas Army National Guard whether for four, eight, or more years they were promised State Tuition Assistance as a core incentive. As we continually focus on development and retention, I can say without hesitation that this benefit has been one of the most compelling tools in my conversations with Soldiers & Airmen considering continued service. Since the tuition assistance cap was raised to \$10,000, I have personally seen an increase in reenlistments. The message was clear: the State values their service and is invested in their future. Eliminating this benefit would not only break that trust, but also significantly harm our ability to retain highly capable and motivated individuals.

I respectfully urge you to reconsider this decision and maintain funding for State Tuition Assistance. It is an investment that pays dividends in the strength, morale, and readiness of our force and our Soldiers & Airman have more than earned it.

Pedro Lopes, SPC
Texas National Guard/ self
Belton, TX

I am writing to express my deep concern regarding the removal of State Tuition Assistance. Service Members rely heavily on this benefit to continue their education. More importantly, we have Soldiers and Airmen in the Texas Army National Guard, who depend on this critical support to pursue their first opportunities in higher education.

Many of these Service Members do not yet qualify for the GI Bill and simply cannot afford to pay for college out of pocket. When they enlisted in the Texas Army National Guard whether for four, eight, or more years they were promised State Tuition Assistance as a core incentive. As we continually focus on development and retention, I can say without hesitation that this benefit has been one of the most compelling tools in my conversations with Soldiers & Airmen considering continued service. Since the tuition assistance cap was raised to \$10,000, I have personally seen an increase in reenlistments. The message was clear: the State values their service and is invested in their future. Eliminating this benefit would not only break that trust, but also significantly harm our ability to retain highly capable and motivated individuals.

I respectfully urge you to reconsider this decision and maintain funding for State Tuition Assistance. It is an investment that pays dividends in the strength, morale, and readiness of our force.

Manuel Medina, SGT
Self TXARNG
El Paso, TX

I am writing to express my deep concern regarding the removal of State Tuition Assistance in SB 1. As an MHA student, I rely heavily on this benefit to continue my education. More importantly, I serve as a Medical Sergeant in the Texas Army National Guard, where I lead Soldiers who depend on this critical support to pursue their first opportunities in higher education.

Hannah Nguyen
Self
Garland, TX

I am writing to express my deep concern regarding the removal of State Military Tuition Assistance. Service Members rely heavily on this benefit to continue their education. More importantly, we have Soldiers and Airmen in the Texas Army National Guard who depend on this critical support to pursue their first opportunities in higher education.

Many of these Service Members do not yet qualify for the GI Bill and simply cannot afford to pay for college out of pocket. When they enlisted in the Texas Army National Guard whether for four, eight, or more years they were promised State Military Tuition Assistance as a core incentive. As we continually focus on development and retention, I can say without hesitation that this benefit has been one of the most compelling tools in my conversations with Soldiers & Airmen considering continued service.

Since the tuition assistance cap was raised to \$10,000, I have personally seen an increase in reenlistments. The message was clear: the State values their service and is invested in their future. Eliminating this benefit would not only break that trust, but also significantly harm our ability to retain highly capable and motivated individuals.

I respectfully urge you to reconsider this decision and maintain funding for State Tuition Assistance. It is an investment that pays dividends in the strength, morale, and readiness of our force and our Soldiers & Airman have more than earned it.

Rosemary Martínez

Self

Sanger, TX

I am writing to express my deep concern regarding the removal of State Tuition Assistance. Service Members rely heavily on this benefit to continue their education. More importantly, we have Soldiers and Airmen in the Texas Army National Guard, who depend on this critical support to pursue their first opportunities in higher education.

Many of these Service Members do not yet qualify for the GI Bill and simply cannot afford to pay for college out of pocket. When they enlisted in the Texas Army National Guard whether for four, eight, or more years they were promised State Tuition Assistance as a core incentive. As we continually focus on development and retention, I can say without hesitation that this benefit has been one of the most compelling tools in my conversations with Soldiers & Airmen considering continued service. Since the tuition assistance cap was raised to \$10,000, I have personally seen an increase in reenlistments. The message was clear: the State values their service and is invested in their future. Eliminating this benefit would not only break that trust, but also significantly harm our ability to retain highly capable and motivated individuals.

I respectfully urge you to reconsider this decision and maintain funding for State Tuition Assistance. It is an investment that pays dividends in the strength, morale, and readiness of our force and our Soldiers & Airman have more than earned it.

Emil Bowen

78209

San Antonio, TX

Texas has already spent 11.5 billion dollars on Operation Lone Star with nothing to show for it but harm to border communities and immigrants. I urge you to oppose this wasteful use of taxpayer dollars.

I urge you to divert some of the \$6.5 billion allocated for Operation Lone Star and border security to investments that border communities actually need like water infrastructure, roads, education, and healthcare. Operation Lone Star has wasted billions on militarizing our border regions without improving public safety. Texans deserve real solutions that improve quality of life, not more wasteful spending on harmful policies

Morgan Duque, Recruiter

Texas army national guard

Rhome, TX

I am writing to express my deep concern regarding the removal of State Military Tuition Assistance. Service Members rely heavily on this benefit to continue their education. More importantly, we have Soldiers and Airmen in the Texas Army National Guard who depend on this critical support to pursue their first opportunities in higher education.

Many of these Service Members do not yet qualify for the GI Bill and simply cannot afford to pay for college out of pocket. When they enlisted in the Texas Army National Guard whether for four, eight, or more years they were promised State Military Tuition Assistance as a core incentive. As we continually focus on development and retention, I can say without hesitation that this benefit has been one of the most compelling tools in my conversations with Soldiers & Airmen considering continued service.

Since the tuition assistance cap was raised to \$10,000, I have personally seen an increase in reenlistments. The message was clear: the State values their service and is invested in their future. Eliminating this benefit would not only break that trust, but also significantly harm our ability to retain highly capable and motivated individuals.

I respectfully urge you to reconsider this decision and maintain funding for State Tuition Assistance. It is an investment that pays dividends in the strength, morale, and readiness of our force and our Soldiers & Airman have more than earned it.

Chase Maple

Self

North Richland hills, TX

I am writing to express my deep concern regarding the removal of State Military Tuition Assistance. Service Members rely heavily on this benefit to continue their education. More importantly, we have Soldiers and Airmen in the Texas Army National Guard who depend on this critical support to pursue their first opportunities in higher education.

Many of these Service Members do not yet qualify for the GI Bill and simply cannot afford to pay for college out of pocket. When they enlisted in the Texas Army National Guard whether for four, eight, or more years they were promised State Military Tuition Assistance as a core incentive. As we continually focus on development and retention, I can say without hesitation that this benefit has been one of the most compelling tools in my conversations with Soldiers & Airmen considering continued service.

Since the tuition assistance cap was raised to \$10,000, I have personally seen an increase in reenlistments. The message was clear: the State values their service and is invested in their future. Eliminating this benefit would not only break that trust, but also significantly harm our ability to retain highly capable and motivated individuals.

I respectfully urge you to reconsider this decision and maintain funding for State Tuition Assistance. It is an investment that pays dividends in the strength, morale, and readiness of our force and our Soldiers & Airman have more than earned it.

Alejandro Rodriguez

Yourself

Austin, TX

Comment template:

I am writing to express my deep concern regarding the removal of State Military Tuition Assistance. Service Members rely heavily on this benefit to continue their education. More importantly, we have Soldiers and Airmen in the Texas Army National Guard who depend on this critical support to pursue their first opportunities in higher education.

Many of these Service Members do not yet qualify for the GI Bill and simply cannot afford to pay for college out of pocket. When they enlisted in the Texas Army National Guard whether for four, eight, or more years they were promised State Military Tuition Assistance as a core incentive. As we continually focus on development and retention, I can say without hesitation that this benefit has been one of the most compelling tools in my conversations with Soldiers & Airmen considering continued service.

Since the tuition assistance cap was raised to \$10,000, I have personally seen an increase in reenlistments. The message was clear: the State values their service and is invested in their future. Eliminating this benefit would not only break that trust, but also significantly harm our ability to retain highly capable and motivated individuals.

I respectfully urge you to reconsider this decision and maintain funding for State Tuition Assistance. It is an investment that pays dividends in the strength, morale, and readiness of our force and our Soldiers & Airman have more than earned it.

Trinity Purtee

Self

Burleson, TX

I am writing to express my deep concern regarding the removal of State Military Tuition Assistance. Service Members rely heavily on this benefit to continue their education. More importantly, we have Soldiers and Airmen in the Texas Army National Guard who depend on this critical support to pursue their first opportunities in higher education.

Many of these Service Members do not yet qualify for the GI Bill and simply cannot afford to pay for college out of pocket. When they enlisted in the Texas Army National Guard whether for four, eight, or more years they were promised State Military Tuition Assistance as a core incentive. As we continually focus on development and retention, I can say without hesitation that this benefit has been one of the most compelling tools in my conversations with Soldiers & Airmen considering continued service.

Since the tuition assistance cap was raised to \$10,000, I have personally seen an increase in reenlistments. The message was clear: the State values their service and is invested in their future. Eliminating this benefit would not only break that trust, but also significantly harm our ability to retain highly capable and motivated individuals.

I respectfully urge you to reconsider this decision and maintain funding for State Tuition Assistance. It is an investment that pays dividends in the strength, morale, and readiness of our force and our Soldiers & Airman have more than earned it.

Julie Gurley
Self retired
Bee Cave, TX

Please stop wasteful spending on Operation Lone Star. Say no to 6.5 billion. This has not made us safer. Let's focus on education roads healthcare.

Travis Tyler
Self
Austin, TX

Comment template:

I am writing to express my deep concern regarding the removal of State Military Tuition Assistance. Service Members rely heavily on this benefit to continue their education. More importantly, we have Soldiers and Airmen in the Texas Army National Guard who depend on this critical support to pursue their first opportunities in higher education. Many of these Service Members do not yet qualify for the GI Bill and simply cannot afford to pay for college out of pocket. When they enlisted in the Texas Army National Guard whether for four, eight, or more years they were promised State Military Tuition Assistance as a core incentive. As we continually focus on development and retention, I can say without hesitation that this benefit has been one of the most compelling tools in my conversations with Soldiers & Airmen considering continued service. Since the tuition assistance cap was raised to \$10,000, I have personally seen an increase in reenlistments. The message was clear: the State values their service and is invested in their future. Eliminating this benefit would not only break that trust, but also significantly harm our ability to retain highly capable and motivated individuals. I respectfully urge you to reconsider this decision and maintain funding for State Tuition Assistance. It is an investment that pays dividends in the strength, morale, and readiness of our force and our Soldiers & Airman have more than earned it.

Alice Krieger, Sergeant First Class
self / military paralegal
Austin, TX

I am writing to express my deep concern regarding the removal of State Military Tuition Assistance. Service Members rely heavily on this benefit to continue their education. More importantly, we have Soldiers and Airmen in the Texas National Guard who depend on this critical support to pursue their first opportunities in higher education. Many of these Service Members do not yet qualify for the GI Bill and simply cannot afford to pay for college out of pocket. When they enlisted in the Texas National Guard whether for four, eight, or more years, they were promised State Tuition Assistance as a core incentive. As we continually focus on development and retention, I can say without hesitation that this benefit has been one of the most compelling tools in my conversations with Soldiers & Airmen considering continued service. Since the tuition assistance cap was raised to \$10,000, I have personally seen an increase in reenlistments. The message was clear: the State values their service and is invested in their future. Eliminating this benefit would not only break that trust, but also significantly harm our ability to retain highly capable and motivated individuals. I respectfully urge you to reconsider this decision and maintain funding for State Military Tuition Assistance. It is an investment that pays dividends in the strength, morale, and readiness of our force and our Soldiers & Airman have more than earned it.

Xavier Dolphin, Private First Class
Self
Grand Prarie, TX

Hello my name is PFC.Dolphin and I'm here to ask that you don't take away state tuition assistance from Texas NG members.I currently go to school and struggle to pay for schooling on my own with all my other bills I have to pay.The main benefit for my even join the National guard was for my schooling being paid for and without their funding I'm probably not going to be able to continue with furthering my education.

Thank you and please reconsider.

Giselle Carreno, SPC
Texas Army National Guard
Baytown, TX

I am writing to express my deep concern regarding the removal of State Tuition Assistance. Service Members rely heavily on this benefit to continue their education. More importantly, we have Soldiers and Airmen in the Texas Army National Guard, who depend on this critical support to pursue their first opportunities in higher education.

Many of these Service Members do not yet qualify for the GI Bill and simply cannot afford to pay for college out of pocket. When they enlisted in the Texas Army National Guard whether for four, eight, or more years they were promised State Tuition Assistance as a core incentive. As we continually focus on development and retention, I can say without hesitation that this benefit has been one of the most compelling tools in my conversations with Soldiers & Airmen considering continued service. Since the tuition assistance cap was raised to \$10,000, I have personally seen an increase in reenlistments. The message was clear: the State values their service and is invested in their future. Eliminating this benefit would not only break that trust, but also significantly harm our ability to retain highly capable and motivated individuals.

I respectfully urge you to reconsider this decision and maintain funding for State Tuition Assistance. It is an investment that pays dividends in the strength, morale, and readiness of our force and our Soldiers & Airman have more than earned it.

Kyle Kim, CDT
Self
College Station, TX

I am currently serving as a cadet in the Texas Army National Guard. The only reason I am able to attend college in the absence of a full 3 or 4 year ROTC scholarship is because of the state tuition assistance that is provided for National Guard members. In the new budget proposal introduced in the state senate, funding for the state tuition assistance program is absent. Without access to an army ROTC scholarship due to recent budget cuts to TRADOC and without state tuition assistance, my financial situation is placed in extreme jeopardy. Please take this into consideration before making a decision on this budget bill.

Karen Hadden
Texas Nuclear Watchdogs
Austin, TX

Hi, I am Karen Hadden, former director of the Sustainable Energy & Economic Development (SEED) Coalition, testifying on behalf of Texas Nuclear Watchdogs, with concerns about one item in the budget. Please strike the funding for Texas A&M that is for nuclear development. It is found at 1A 43. on pdf page 533/1083 (111-263 at the bottom of the bill). It appears that this funding would be to promote SMRs, small modular (nuclear) reactors. Many SMR designs are merely reworked versions of technologies that failed in the past and were scrapped by the Atomic Energy Commission decades ago. Repackaging them and endless advertising does not eliminate the serious health contamination risks and nuclear waste problems. Many SMR's do not have containment structures and legislation has failed to address this concern, or to establish decommissioning / remediation fund requirements. There are no bills requiring the needed nuclear training or equipment for local emergency responders. Nuclear projects have a history of delays and cost overruns, making nuclear the most expensive type of energy. Of 80 global SMR projects only 3 are operating. Please re-allocate these dollars to Texas A&M to be used for research on clean energy technologies, including renewable generation paired with energy storage, which provides dispatchable energy more affordably.

Jacob Murray, SPC
Texas National Guard
Leander, TX

Please do not take away state tuition assistance to Texas soldiers. I for one moved to Texas for this benefit as I plan to go to physician assistant school. If this were to be taken away I might have to move again in order to pursue my career. This is something that a lot of us have worked hard to get and we resign our contracts for benefits such as these.

Kay Tyler
Self
Cedar Hill, TX

I am writing to express my deep concern regarding the removal of State Military Tuition Assistance. Service Members rely heavily on this benefit to continue their education. More importantly, we have Soldiers and Airmen in the Texas Army National Guard who depend on this critical support to pursue their first opportunities in higher education.

Many of these Service Members do not yet qualify for the GI Bill and simply cannot afford to pay for college out of pocket. When they enlisted in the Texas Army National Guard whether for four, eight, or more years they were promised State Military Tuition Assistance as a core incentive. As we continually focus on development and retention, I can say without hesitation that this benefit has been one of the most compelling tools in my conversations with Soldiers & Airmen considering continued service.

Since the tuition assistance cap was raised to \$10,000, I have personally seen an increase in reenlistments. The message was clear: the State values their service and is invested in their future. Eliminating this benefit would not only break that trust, but also significantly harm our ability to retain highly capable and motivated individuals.

I respectfully urge you to reconsider this decision and maintain funding for State Tuition Assistance. It is an investment that pays dividends in the strength, morale, and readiness of our force and our Soldiers & Airman have more than earned it.

Mario Rodriguez, Citizen
Self
Premont, TX

Please do not cut any funding for children with special needs services or for medical equipment and therapy. Many of these children truly have a dire need for these services and their parents need the financial assistance to be able to get these services for their children. Our state has a tremendous fund balance and there should be no reason to short change the needs for all our children in the state. These should definitely be a high priority for our state leaders to continue this funding and continue supporting all the great health workers that dedicate their lives to helping our needed children. Please consider this for the welfare of our children of all ages. Respectfully request that all funding should continue. Thank you for your attention to this matter.

David Shores
Self - Banking Compliance Professional
San Antonio, TX

We do not need 6.5 billion for a politicized campaign to hunt down immigrants. To add insult to injury, the Legislature prioritizes these efforts while infrastructure improvements are desperately needed across the State. In my home community of the Rio Grande Valley, flooding routinely upends our communities. March 27th, 2025, a spring storm caused flooding that has shut down businesses and destroyed homes, cars, and schools - I have seen these happen since I was a child. I fear for what could come to my family when there's a more significant weather event like a hurricane. Somehow, we have funding for border walls, razor wire, and buoys, but not for our residents to live their lives without the fear of a climate catastrophe.

Chase Casterline, CDT
Self, Cadet in the Texas Army National Guard
Dickinson, TX

It has come to my understanding that State Tuition Assistance (STA) through the Texas Army National Guard is not being funded through this bill. Me and many of my colleagues use this STA to pay our way through college, without any other way to do so. Without this STA you would be depriving the people who help your community and country of an access to education. I implore the representatives of the Texas house to allocate funding for STA and give me and my colleagues the opportunity of an education.

Alondra Nagafuchi

Jolt

San Antonio, TX

This bill includes \$6.5 billion for Operation Lone Star, which is a wasteful use of taxpayer dollars. Texas has already spent \$11.5 billion on Operation Lonestar with nothing to show for it except for harming border communities and immigrants. I urge you to divert some of the \$6.5 billion allocated for Operation Lone Star and border security to investments that border communities actually need, like water infrastructure, roads, education, and healthcare. Operation Lone Star has wasted billions on militarizing our border regions without improving public safety. Texans deserve real solutions that improve quality of life, not more wasteful spending on harmful policies.

Paige Kinkade, CEO

MedCare Pediatric Therapy LP

Stafford, TX

MedCare Pediatric Therapy LP serves hundreds of children in Houston and the surrounding metropolitan area. We have sustained double digit overhead increases in all aspects of our business since COVID 19 in addition to only being reimbursed a percentage of the Texas Medicaid Fee schedule for our largest payer. Despite efforts to renegotiate our contract we are still below the state reimbursement model. We have struggled to hire and retain therapists due to the inability to compete with other healthcare systems in order to serve our current population. We also have a waitlist of over 100 clients. Without this rate increase we will be unable to serve these vulnerable clients who desperately need therapy services. The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care.

Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Mariah Hicks, PFC

TXARNG

Lancaster, TX

As a service member that uses the TA, this has had significant impact on my funding for my education. If efforts are used to better society, this should be one to remain.

Margaret Gardiner, Grandma

Angels of care

Hitchcock, TX

If it wasn't for private duty nursing my grandson would probably still be in the hospital because of his special needs and equipment that sustains his life.

Ezra Urrutia, CFO
MedCare Pediatric Group
Stafford, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

I work directly with the patient population and on the recruiting side attempting to get therapists in the door in order to begin treatment for these kiddos and get them off the waitlist. It is so frustrating and often disheartening to not be able to hire therapists due to reimbursement limitations, we often need to think about sustainability to be able to continue to see patients in general and that just continues to snowball the waitlist to be larger and larger every quarter.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care. Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

David King
Dad
Plano, TX

My daughter requires 24/7 since 2009. She had 108. temperature that melted All her muscles. Which sent her body into renal & liver failure. Unfortunately her body could not breathe on her own so a tracheostomy was placed with a ventilator and oxygen 24/7. She must have breathing treatments every 4 hrs if not sooner depending on her breathing. She requires 24/7 PDN nursing due to her fragile state. She has lost nursing due to her age. Since she turned 21 the pay rate for nursing has decreased. Close to 6-8 dollars an hour. The increase needs to happen so my daughter can get the care she need and deserves.

Thank you
David King

Janice Hise
Connect Pediatrics
Ft Worth, TX

Without action, children will go without care. Right now, we're being forced to turn families away—not because we want to, but because we don't have enough nurses. And it's not for lack of effort. Nurses love home health, but the pay simply doesn't reflect the level of responsibility they carry.

Hospitals are drawing them away with higher wages, and under the current reimbursement structure, we can't compete. The proposed 21% rate increase isn't about asking for more—it's what we need just to break even.

Without this increase, we'll lose even more nurses. More families will be left without critical support. More children will end up hospitalized unnecessarily. We're already at a breaking point. We need you to act now—before the situation becomes even more dire.

The future of medically fragile children in Texas depends on it.

Clarissa Bell
Connect Pediatrics
North Richland Hills, TX

Imagine being told your child can be safe at home—but only if a nurse is available. And then, being told no one can come. Not today, not tomorrow, and maybe not for weeks.

That's happening across Texas. These are children with trachs, seizures, feeding tubes—some unable to breathe without assistance. They're being left without the care they need because we cannot retain nurses at current rates.

We're not asking for extras. We're asking for enough to keep the doors open, to keep nurses working, and to give these children the life they deserve—safe, loved, and home. Please support the 21% increase.

Lauren Davis
Therapy 2000
LINDALE, TX

Therapy 2000 provides quality in-home therapy services for children with delays and disabilities. With the prices of everything going up, the standard of living for our therapists is going down and many are leaving the industry to find higher paying jobs to support their families, even if their passion is pediatric therapy. This is leading to larger waitlist and longer time or a child to get the services they need. Some rural areas have not therapy resources at all.

Challenges

Workforce Shortages & Retention Challenges - major challenge due to competitive job markets and burnout in the industry and major challenge due to competitive job markets and burnout in the industry

Growing Waitlist & Impact on Children - Growing waitlist & impact on children's development, increasing demand for pediatric therapy services has created long waitlists, leaving children without the critical early interventions they need, families are struggling to find available providers, which can significantly impact a child's progress, delays in therapy can lead to worsening developmental delays, making treatment more complex and requiring more intensive interventions later.

Why a 10% Rate Increase is Essential

- A reimbursement rate increase would help providers cover operational costs, offer competitive salaries to retain services for children in need.
- Higher rates would enable clinics to reduce waitlists and improve overall service quality.
- Without this increase, the therapy workforce crisis will continue, leaving more children without timely and necessary care.

Lauren Craven, Mrs.

Therapy 2000/Speech-language pathology home health

New Braunfels, TX

As a pediatric home health therapist, I work with children in Texas who depend on skilled therapy services to reach their full potential. Every day, I see firsthand how access to therapy can mean the difference between a child learning to walk, communicate, or eat independently—or facing lifelong challenges that could have been mitigated with timely intervention. I have witnessed the incredible power of therapy in changing lives. I've worked with children who started therapy unable to say a single word and later went on to succeed academically, confidently participating in school and social settings. I've seen children my colleagues work with who once struggled with basic mobility gain the strength and skills to walk independently, unlocking new opportunities for their future. These success stories are proof that early intervention works—but only if children can access it in time.

Unfortunately, the current state of pediatric therapy services in Texas makes it increasingly difficult for families to get the care their children desperately need. The waitlist for therapy has grown significantly, leaving many children without services during critical developmental windows. I have had to tell families that they must wait months—sometimes longer—before a therapist can see their child, simply because there are not enough providers available.

One of the biggest challenges we face is the ongoing workforce shortage. Recruiting and retaining qualified therapists has become nearly impossible due to the low reimbursement rates. Many skilled professionals who are passionate about working with children are being forced to leave pediatrics to serve adults—and some are even leaving the therapy field entirely. As the cost of living continues to rise across Texas, therapists who want to serve children in home settings simply cannot afford to do so under the current rate structure.

Without an increase in reimbursement rates, more therapists will leave the field, waitlists will continue to grow, and Texas children will suffer the consequences. A 10% rate increase is not just beneficial—it is essential to sustain access to pediatric therapy services. By ensuring fair compensation for providers, Texas can help stabilize the workforce, reduce wait times, and ensure that children with disabilities and developmental delays receive the care they need when they need it most.

Please support this critical investment in Texas children and their future.

Debora Galpern

Therapy 2000, green apple therapy

Austin, TX

As a SLPA, I have been in the field for over 10 years. I feel it would be helpful for medicaid rates to be increased to continue to service more patients that are needing our help. At the same time as a therapist, it will make a tremendous difference to get an increase as cost of living continues to go up.

Lakota Lee

Connect Pediatrics

Granbury, TX

Without action, kids will go without care. Right now, we're turning away families because we don't have enough nurses. And it's not for lack of trying. Nurses love home health, but the pay doesn't match the responsibility.

Hospitals are pulling them away. We can't compete on wages under the current reimbursement structure. The 21% rate increase isn't a request for more—it's what we need just to break even.

If we don't get this increase, we will lose more nurses. Families will go without support. And children will end up hospitalized unnecessarily. We're already on the brink. We're asking you to act before things get worse. The future of medically fragile kids in Texas depends on it.

Paula Thompson
self retired
Coppell, TX

I have ed this out with my son and have seen many others live it out as well. We need to make a difference and be wise and forward thinking in what is best for all taxpayers as well as our loved ones. Their illness is like Alzheimer's, but we don't treat it that way. Health and Human Services Commission, Article II Proposed Rider - Pilot Program for Adults with Serious Mental Illness: Discharge and Appropriate Care Settings for Individuals with Severe and Persistent Mental Illness and Co-Occurring Conditions. Texas has made a HUGE investment of taxpayer dollars in a state hospital system redesign, but without the creation of intermediate care facilities for those who are no longer in need of hospital level care but are not appropriate for community placement, this investment will result in taxpayers' continued funding of the revolving door: hospitalization, incarceration, and homelessness/ inappropriate settings, with no return on investment. The majority of persons in state hospitals, our public mental health system, are coming from county jails for competency restoration. Law enforcement, healthcare providers, stakeholders in the criminal legal system, and families are all too aware that lack of access to appropriate levels of care is forcing our community members with severe mental illness into our jails and our streets. This is a public health crisis that has become a public safety crisis. Senator Perry and Representative Howard proposed Riders to address this gap in the continuum of care, and legislators in both chambers should prioritize this project as it serves those needing a higher level of care AND the greater community.

Paige Kinkade
MedCare Pediatric Nursing LP
Stafford, TX

MedCare Pediatric Nursing LP serves pediatric clients by providing private duty nursing in the home. We have not had a significant and adequate reimbursement adjustment in twenty years. We desperately need the 21% funding increase in order to maintain and attract qualified and experienced pediatric nurses who can safely care for children with ventilators and trachs in their homes. Since COVID we have lost 60% of our home health nurses to other fields and/or retirement since generally nurses who chose to work in home health had been older. This significant decline in staff has increased our waitlist and our ability to serve the children who need these vital services in order to stay out of the hospital and/or other nursing facilities which would cost the state even more.

We respectfully request that the 21% rate increase for private duty nursing be approved and effective this September. Without these increases we will lose additional staff and even more children will end up in long term facilities or with repeat hospitalizations due to their complex medical needs.

Eugene Grayfer
Veritas Home Health
Plano, TX

We urge your support for a significant investment in the administrative portion of the community care attendant rate and the flexibility of a 90% reporting requirement. We mainly provide services to older adults and individuals with disabilities. Over the past 5 years it's become increasingly difficult to staff available clients who are seeking support. We have to turn down 60% of potential clients because we can't find people willing to work for even \$13 per hour. Providing care for clients with dementia or various disabilities is hard work and our caregivers increasingly choose higher paying and less demanding jobs available to them in the community. At the same time we've had to increase our spending on office staff by 45% over past 3 years just to keep up with inflation and to maintain a stable supervisory group in our company. A 90% reporting requirement ensures accountability while maintaining provider stability. We are the safety net for these patients and we are able to identify declines in health and safety many times early enough to prevent very costly acute care treatment in Emergency Departments and post acute rehab at skilled nursing facilities. Thank you for your consideration.

Shae Clark
Care Options for Kids
Fort Worth, TX

An increase in Medicaid funding is imperative for home health agencies. Daily, I see nurses who work hard for their patients but also have to have multiple jobs to make ends meet. Nurses are what makes our society stand when we are in need and no matter the capacity of their job, they are needed. In home health, parents trust nurses to provide for their children, not just for the sake of it but because they need it. While most children are in school, their children need 24/7 care in order to survive. But parents' lives don't stop—they have to provide for themselves and their other children or family members. So it is important to have the appropriate amount of staffing to be able to continue their lives with as much normalcy as possible. I have seen the psychological effects of parents not having staffing and it cause stress, anxiety and even symptoms of depression because of the lack of assistance they need. As a state, we should not let those who are of a minority fall. We should do everything we can to be a support to those in need.

Mallory Dougherty
Therapy2000 and all speech-language pathologists
Tyler, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The outdated rate for our profession is greatly damaging. There are so many pediatric patients that require our interventions so that they are able to effectively communicate, feed and swallow properly, and function in society. Many of these patients are going without speech, occupational, or physical therapy intervention because of staff shortages. Graduates who are completing master's or doctorate programs are looking for competitive pay and without pay increases, we cannot keep up let alone make a living wage and keep up with price increases. If you were a parent that knew their child needed therapy interventions, could you imagine how devastating it would be to find out there is a shortage of therapists to improve their quality of life? An increase in rates would draw more therapists, the best of the best, to provide these interventions.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care.

Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Eleanor Acreman, Ms.
Self, student
Conroe, TX

I have friends and family members that rely on these education benefits and do not support them being taken away so abruptly.

Rachael Schmidt

Self

Austin, TX

Quality private duty nursing is essential for medically complex children. These nurses enable children to live full lives and support their families. Children with complex medical needs require specialized care beyond what families can typically provide, including treatments, medication, respiratory support, and more. Private duty nurses offer expertise in managing these needs, providing security and assurance to parents.

Nurses also enable children to access education and social interaction by providing necessary medical support at school and activities. This allows children to participate and develop socially, while also easing anxieties of school staff.

Caring for a medically complex child is demanding, leading to parental burnout. Private duty nurses offer respite and support, including overnight care, allowing parents to rest and attend to other responsibilities. The emotional support they provide is also invaluable, reducing feelings of isolation.

These nurses ensure the child's quality of life and dignity by providing personalized care and treating each child with respect. They empower children to overcome challenges and advocate for their needs.

The work of private duty nurses is complex and demanding, requiring specialized training and dedication. Adequate compensation is crucial to attract and retain qualified nurses, recognize their responsibilities, and prevent high turnover. Investing in private duty nursing supports the well-being and future of medically complex children and their families, allowing them to live fulfilling lives with dignity and hope.

Anna Marie Simon

Anna Marie Simon, MS, CCC-SLP

Houston, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge you to support a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions.

I am a speech-language pathologist specializing in children under the age of five with severe disabilities that often inhibit oral motor skills necessary for regular feeding. I have been serving these children at their homes, which are their natural environments and the place most conducive to sustained results.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care.

Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Brian Skinner

Self - Energy Market Analyst

Arlington, TX

As a Texas citizen, I would like my tax dollars to be used in ways that effectively help people in need. There are so many that need care, especially in marginalized communities! I urge you to divert some of the \$6.5 billion allocated for Operation Lone Star and border security to investments that border communities actually need like water infrastructure, roads, education, and healthcare. Operation Lone Star has wasted billions on militarizing our border regions without improving public safety. Texans deserve real solutions that improve quality of life, not more wasteful spending on harmful policies

Sharon Chalmers
Therapy 2000
Madisonville, TX

There is a critical need for therapists across Texas and we are losing them due to rates. Please increase the rates that have been too low for too long.

Sharon Chalmers
Self
Madisonville, TX

Please increase the reimbursement rates so we can continue to serve our most vulnerable Texans. Our rates are not keeping therapists from leaving the profession.

Barbara Hordern
Self, retired journalist
Missouri City, TX

Texas has already spent 11.5 billion dollars on Operation Lone Star with nothing to show for it but harm to border communities and immigrants. I urge you to oppose this wasteful use of taxpayer dollars. This is the pervue of the federal government, not our state. Instead, why not spend some of that on things border communities actually need like water infrastructure, roads, education, and healthcare. Operation Lone Star has wasted billions on militarizing our border regions without improving public safety.

Alysha Turner
Therapy 2000
Forney, TX

As someone who was born with bilateral hip dysplasia and told I would not walk u til the age of five, becoming a Physical Therapist Assistant was no question. My PTs were able to get me walking at 10 months old, help assist in gaining strength after multiple surgeries, and help prevent other surgeries in my life time so far. As a PTA I have treated hundreds of children with special needs. I have been able to help these children and their caregivers accomplish milestones such as walking, running, crawling, sitting up, being able to hold their head up, and many other skills that they were told they would not be able to accomplish due to their disorders or injuries. The difference in getting Therapies verse not getting therapies for the families and their children is the difference of seeing them take their first steps verse having a child that never walks. Receiving therapies as early as possible makes all the difference in these children. While some do not reach certain milestones, Physical, Occupational and speech therapy improves their quality of their current daily activities and makes the special needs children as normal as possible to be able to spend time with their family, have conservation with their family, be independent with daily tasks and fend for their selves without relying on others. If pediatric therapies were removed from being covered, many of these children would have a decreased quality of life increasing the amount of hospitalizations and surgeries that would be required. While pediatric therapies are not only for special needs children, we also help children heal from surgeries, amputation, being paralyzed from dramatic events, help become more independent after brain injuries form car accidents, help walk after birth defects etc.

Miracle Johnson

Self/ DOD

Fort Worth, TX

I'm writing to express my deep concern about the removal of State Tuition Assistance. So many of our Soldiers and Airmen in the Texas Army National Guard rely on this benefit to continue their education—especially those who don't yet qualify for the GI Bill and can't afford college out of pocket.

When they enlisted, whether for four, eight, or more years, they were promised State Tuition Assistance as a core incentive. This isn't just a perk—it's been one of the strongest tools for development and retention. I've had countless conversations with Soldiers & Airmen who've chosen to stay in because this benefit showed them that the State values their service and is invested in their future.

Since the tuition assistance cap increased to \$10,000, I've personally seen more reenlistments. That spoke volumes. Removing this benefit now wouldn't just break trust—it would make it harder to retain highly capable and motivated individuals who are committed to serving.

I strongly urge you to reconsider. Keeping State Tuition Assistance isn't just about funding education—it's about strengthening our force, maintaining morale, and ensuring readiness. Our Soldiers & Airmen have more than earned it.

Victoria Uriostegui

Self

Manor, TX

I urge you to divert some of the \$6.5 billion allocated for Operation Lone Star and border security to investments that border communities actually need like water infrastructure, roads, education, and healthcare. Operation Lone Star has wasted billions on militarizing our border regions without improving public safety. Texans deserve real solutions that improve quality of life, not more wasteful spending on harmful policies

Dalia Vazquez

Texas

Lancaster, TX

I urge you to divert some of the \$6.5 billion allocated for Operation Lone Star and border security to investments that border communities actually need like water infrastructure, roads, education, and healthcare. Operation Lone Star has wasted billions on militarizing our border regions without improving public safety. Texans deserve real solutions that improve quality of life, not more wasteful spending on harmful policies

Avalynn Ly
Self - medicine
Houston, TX

Comment template:

I am writing to express my deep concern regarding the removal of State Military Tuition Assistance. Service Members rely heavily on this benefit to continue their education. More importantly, we have Soldiers and Airmen in the Texas Army National Guard who depend on this critical support to pursue their first opportunities in higher education.

Many of these Service Members do not yet qualify for the GI Bill and simply cannot afford to pay for college out of pocket. When they enlisted in the Texas Army National Guard whether for four, eight, or more years they were promised State Military Tuition Assistance as a core incentive. As we continually focus on development and retention, I can say without hesitation that this benefit has been one of the most compelling tools in my conversations with Soldiers & Airmen considering continued service.

Since the tuition assistance cap was raised to \$10,000, I have personally seen an increase in reenlistments. The message was clear: the State values their service and is invested in their future. Eliminating this benefit would not only break that trust, but also significantly harm our ability to retain highly capable and motivated individuals.

I respectfully urge you to reconsider this decision and maintain funding for State Tuition Assistance. It is an investment that pays dividends in the strength, morale, and readiness of our force and our Soldiers & Airman have more than earned it.

Kathryn Van Winkle, Dr.

self, adjunct professor and theatre artist

Leander, TX

The \$6.5 billion allocated for Operation Line Star is a wasteful use of taxpayer dollars. I urge you to oppose it. Texas has already spent 11.5 billion dollars on Operation Lone Star with nothing to show for it but harm to border communities and immigrants. Please divert some of the \$6.5 billion allocated for Operation Lone Star and border security to investments that border communities actually need like water infrastructure, roads, education, and healthcare. Operation Lone Star has wasted billions on militarizing our border regions without improving public safety. Texans deserve real solutions that improve quality of life, not more wasteful spending on harmful policies.

Elizabeth Gomez

Self/Therapy 2000, Playhaus Pediatric Therapy

New Braunfels, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

As a bilingual speech language pathologist who specializes in feeding, I see everyday how my skills are needed in areas such as NICU graduates, children with a failure to thrive dx due to poor weight gain, placed on feeding tubes due to poor oral motor skills, and children with restrictive diets secondary to sensory processing difficulties. The wait list for a feeding therapist is inexcusable, as all children deserve access to live saving care. Moreover, there is a long waitlist for bilingual families , who have a right to receive therapy in their native language and continue to participate in their culture. We are already at about shortage of therapists in our area, with many families expressing their concern and gratitude for my services, as many have had to wait as long as 6 months before being seen.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care.

Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Maura Kinney

self, social worker

Austin, TX

Texas has already spent 11.5 billion dollars on Operation Lone Star with nothing to show for it but harm to border communities and immigrants. I urge you to oppose this wasteful use of taxpayer dollars. I urge you to divert some of the \$6.5 billion allocated for Operation Lone Star and border security to investments that border communities actually need like water infrastructure, roads, education, and healthcare.

Sylvia Coulson

self- Dietitian

Waxahachie, TX

This needs serious amendments. The budget is way too high. We need tax relief. Those taxes that were paid are our money, not the legislatures money. Please carve out much more for relief than the Senate did.

Josh Levine, MR

Self, Social Worker

Austin, TX

Please reject this massive waste of 6.5 billion dollars for Operation Lone Star—there are so many priorities this money would better be spent on, from water to energy to education. We do not need 6.5 billion for a politicized campaign to hunt down immigrants. I was driving home last week and on the side of the road I saw what looked like a military operation. I assumed there was a bomb threat or terrorist cell or something requiring a huge military presence, but no - it was just an ICE operation to arrest people who are just trying to mind their own business living in their own homes. Operation Lone Star is funding operations that terrorize OUR community -- neighborhoods all around Texas -- rather than helping us improve quality of life or improve affordability. Please please please don't throw this money away, we can do so much better with it.

Megan Reed, M.S. CCC-SLP

Playhaus Pediatric Therapy

New Braunfels, TX

I have been in the field for about 11 years and although reimbursement has always been low, the great affect it's having now is the worst it's been. Employers are unable to maintain their employees because they are unable to pay them enough since they are constantly being denied claims or reimbursed at such a low rate that they can not afford to buy materials for their practice or pay their people. Every family I have come into contact with has been on a waitlist or turned away to services due to lack of clinicians.

Beki Halpin

Self

Pflugerville, TX

I am Beki Halpin. I oppose HB 500 due to section 6.06, starting on page 27, line 18. This section opens the state coffers to unlimited requests for taxpayer money for unspecified nuclear energy projects, nuclear energy experimentation and expensive nuclear energy projects that may serve only the private sector, paid for by the public. This section should be struck from the bill.

SECTION 6.06. PUBLIC UTILITY COMMISSION: TEXAS NUCLEAR POWER FUND. Contingent on enactment of legislation by the 89th Legislature, Regular Session, 2025, creating the Texas Nuclear Power Fund:

- (1) the comptroller of public accounts shall immediately transfer the amount of \$_____ from the general revenue fund to the Texas Nuclear Power Fund; and
- (2) the amount of \$_____ is appropriated from the Texas Nuclear Power Fund to the Public Utility Commission for the two-year period beginning on the effective date of this Act to be used for the Texas nuclear power program.

All forms of nuclear energy are more expensive, take much longer to develop and deploy, and have greater inherent dangers than all other forms of energy used to generate electricity. Throwing unspecified heaps of Texas Taxpayer money at this to somehow develop an affordable, fast and safe new nuclear magic bullet will not make it happen.

The reason the nuclear industry is coming to the door of the Texas treasury with hat in hand is that the private sector has already seen astronomical investments in these so-called "advanced designs" go belly up. These advanced designs are, in reality, slightly modified designs that failed previously in spite of their enormous expense. The private sector sees little potential reward for great risk. Texas taxpayers should not be asked to pick up this rick and bear it. No requirements are in place to repay taxpayers when projects fizzle out or fail.

Funding should not be approved by Appropriations Committee Safety and financial standards should be required to be in place before this and other funding related bills move forward. Before any funding is authorized nuclear projects should:

- 1) Have guaranteed private investors to meet projected costs.
- 2) Have decommissioning funds in place to be used to clean up accidents, leaks and radioactive contamination.
- 3) Be required to put energy onto the grid and not provide it just for private companies.
- 4) Be completed before they can receive state grants.
- 5) Be required to have containment structures.
- 6) Not be licensed or built until a national underground permanent repository is in place to accept deadly nuclear waste.
- 7) Assure financial transparency and full public disclosure to prevent corruption schemes.

No appropriations measures should move forward until these basic requirements are in place.

Thank you.

Paul Cerniauskas, COL (Ret)

National Guard Association of Texas and myself

Haslet, TX

I am writing to express my deep concern regarding the removal of State Tuition Assistance. This benefit is a key recruiting and retention benefit for people to join and serve in the Texas Army National Guard. Service Members rely heavily on this benefit to continue their education. More importantly, we have Soldiers and Airmen in the Texas Army National Guard, who depend on this critical support to pursue their first opportunities in higher education.

Many of these Service Members do not yet qualify for the GI Bill which is why State Tuition Assistance is an attractive benefit. It is a core incentive that will greatly hinder folks to join the Guard. Recruiting and retention is always a challenge and this benefit has been one of the most compelling tools in my conversations with the Recruiting force, Soldiers, & Airmen considering continued service.

Our Soldiers and Airmen find value in the increased cap of \$10,000 leading to an increase in reenlistments. The message was clear: the State values their service and is invested in their future. Eliminating this benefit would break that trust and significantly harm our ability to retain highly capable and motivated individuals.

I respectfully urge you to reconsider this decision and maintain funding for State Tuition Assistance. It is an investment that pays dividends in the strength, morale, and readiness of our force and our Soldiers & Airman have more than earned it considering how they deliver success with every mission thrown at them by the State and Nation.

Alexis Carr

Self

Austin, TX

I urge you to divert some of the \$6.5 billion allocated for Operation Lone Star and border security to investments that border communities actually need like water infrastructure, roads, education, and healthcare. Operation Lone Star has wasted billions on militarizing our border regions without improving public safety. Texans deserve real solutions that improve quality of life, not more wasteful spending on harmful policies

Lauren Bybee

Therapy 2000

Wolfforth, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

Melissa Cooprider
Self/ Speech-Language Pathologist
Rockwall, TX

On behalf of TAHC&H and pediatric home health therapy, I urge you to support a critically needed 10% rate increase for pediatric therapy services. These services are essential and medically necessary for children with disabilities and complex medical conditions. I work in rural East Texas, and there are rarely outpatient clinics nearby to support these children. Home health therapy allows the patients and their families, who often lack transportation or funds to travel, to receive treatment at home. Additionally, pediatric therapy, particularly early intervention, prevents costly medical procedures and hospital stays. As a speech-language pathologist, I treat not only speech and language but also feeding. We frequently receive referrals for premature infants who are being discharged from the NICU to home, and who must have feeding therapy to support nutrition and growth, prevent insertion of a feeding tube and provision of nursing services, and avoid aspiration which can lead to pneumonia and hospitalization. Providing therapy services to these infants as they discharge from the NICU preserves not only the health of the child, it saves the state money in future costs!

As part of my position, I manage a team of 20 speech-language pathologists and speech assistants. We have long waitlists for children with speech/language/feeding needs because we struggle to hire and retain qualified therapists. One of my team members, an SLP-Assistant, recently left a position with our company (in the Tyler area) to go work for the public schools. She was offered the same amount of money we paid, but with summers and school holidays off. We have been unable to hire a replacement, and are currently declining services for Tyler patients in need of our therapeutic intervention. Additionally, many therapists are choosing to leave the field because they are making less than they made 15, 20, even 25 years ago in terms of salary, without even factoring in cost-of-living increases. Social media is full of pages and posts where therapists express frustration that they have significant college debt due to the requirement for advanced degrees, yet they could make more without taking on college debt working for companies such as Buc-ee's!

The 10% rate increase for pediatric therapy is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. A 10% rate increase would address the ongoing issues of delayed care by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with lack of access to therapy services. Texas must prioritize this investment to ensure children with disabilities receive the medically necessary care they require without unnecessary and harmful delays.

Chrystal Everett, CEO/Administrator
Wichita Home Health Service, Inc.
Wichita Falls, TX

We urge your support for a significant investment in the administrative portion of the community care attendant rate and the flexibility of a 90% reporting requirement on spending to ensure a balanced rate and to sustain high-quality services for older adults and individuals with disabilities.

Supervisory visits, which are required to maintain oversight, must be paid from the administrative rate, as must the hiring and training of caregivers to meet increasing demand. The implementation of EVV has further increased administrative burdens, requiring dedicated staff to troubleshoot technical issues and ensure compliance. Yet, the administrative portion of the rate has not increased since 2007 and is now lower than it was in 2006. While increases to the attendant wage component are necessary and appreciated, they alone will not stabilize the industry. Without an accompanying investment in the administrative rate, providers cannot sustain their operations. The failure to address this shortfall will result in workforce shortages, provider closures, lack of access to care and greater reliance on institutional care.

Equally critical to provider stability is maintaining the 90% reporting requirement. While framed as a reporting measure, a 95% threshold imposes a de facto mandate with severe financial and reputational risks for providers. Those falling below 95% would be placed on a noncompliance list, creating uncertainty and the threat of recoupments that deter providers from expanding services. This rigid requirement contradicts recent legislative investments intended to stabilize the home care system and instead forces providers to contract rather than increase access to care. It also removes the flexibility needed to allocate resources based on regional needs, replacing it with a one-size-fits-all spending model that does not align with the realities of home care delivery. A 90% reporting requirement ensures accountability while maintaining provider stability. It protects access to care, prevents unnecessary provider closures, and allows for sustainable growth. By supporting a significant investment in the administrative portion of the rate and maintaining the 90% reporting requirement, Texas can safeguard home care services and ensure vulnerable Texans receive the support they need to remain in their homes.

There is a need for a significant investment in the administrative portion of the Community Care rate to sustain provider operations.

The importance of maintaining the 90% reporting requirement rather than increasing it to 95% to ensure provider stability and prevent service reductions.

Rising costs and an unbalanced rate structure threaten access to care for older adults and individuals with disabilities.

Lindsey Harris
Self
Canyon, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

I am a physical therapist of 10 years and working in the pediatric home health setting in the Texas panhandle the last 6 years. I have experienced first hand the growing need for more home health PTs specializing in pediatrics, I have been the only full time PT my company has had in my area that has stayed for longer than a year due to increased demand of the job without increase in pay. We have had a growing waitlist in this time particularly for school aged kids due to less time slot availability forcing me to have to set work/life balance boundaries but then ultimately preventing kids who need care from receiving it because there are simply not enough therapists willing to go the extra mile for the current pay. I recently had a baby this year and only took 6 weeks maternity leave due to the demand of patients as well as needing to make an income myself as I was not able to save enough despite seeing 150% of my productivity expectations during the quarter prior to my baby's arrival. Ultimately the current pay and visits needed to be completed to earn a fair income increases risk of burn out and ultimately could lead to less qualified therapists in the field. Many of our patients don't have transportation or are too physically limited to access outpatient facilities on a weekly basis relying heavily on services coming to them to greatly improve their quality of life with improving physical mobility but also social interaction.

I hope this helps you understand why a 10% rate increase is essential to sustain access to therapy for Texas children

Carolyn Croom, Ms.

self, retired

Austin, TX

I oppose an item in SB 1, funding for nuclear development at Texas A&M, under Article III, pg. 251 (Engrossed). The state shouldn't use taxpayer money to fund unproven, risky, nuclear designs or old nuclear technology that was proven decades ago not to work and to be unsafe. And plans for the Texas A&M Rellis campus would not only be to research several small modular reactors (SMRs), but also to build a larger commercial reactor.

The nuclear industry has proven over the past seventy years that it can't produce a reasonably-priced, on-time, safe product, without a big mess to clean up, and without subsidies. Texas approved the construction of four nuclear reactors at two sites leading to billions of dollars in costly overruns and years of delays, which led our state to utility deregulation. And consumers are still paying for these cost overruns in their electric bills. Economies of scale favor large reactors over small reactors, and large reactors are already the most expensive form of electricity.

A report from the Institute for Energy Economics and Financial Analysis quotes the CEOs of energy companies, as well as a 2023 U.S. Air Force study, on the bad financial risks of proposed small modular reactors. An example of the concerns with financial risk, as well as technological risk, is expressed by John Ketchum, Chairman, CEO and President of NextEra Energy. NextEra owns seven nuclear plants, and is the world's largest electric utility holding company by market capitalization. He states, "... I'm very skeptical with regard to SMRs. They are going to be very expensive and then you're going to be taking a bet on the technology. Right now, I look at SMRs as an opportunity to lose money in smaller batches."

Nuclear reactors routinely release radiation into the air and water. A recent meta-analysis of worldwide studies shows significantly higher risks for cancers such as thyroid cancer and leukemias, among residents living within about 19 miles of nuclear power plants, especially in children under 5 years old, and significantly higher risks for mesothelioma for nuclear plant workers. The Rellis campus, where these proposed reactors would be built, is only 8 miles from the main Texas A&M campus and College Station, well within the area where people would be exposed.

A Stanford study found that most SMRs will produce 2 to 30 times more radioactive waste than conventional nuclear plants, adding to the immense and unknown future costs and safety risks to manage the waste. And at the beginning of the nuclear cycle, uranium mining, in south Texas and elsewhere, causes permanent groundwater contamination. We can't afford to squander Texas' most precious resource.

Please remove this funding that would use taxpayer money for nuclear development at Texas A&M. The nuclear industry can fund its own research without a taxpayer handout. There are much better uses of this public money that would truly benefit the people of Texas. Thank you.

Araceli Martinez, Dr
Texas Association for Home Care & Hospice (TAHC&H)
Dallas, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

I myself have only been a practicing pediatric physical therapist for 6 months and I have already encountered patients who have been on waitlists for services. One of my first evaluations was a 6 yr old with cerebral palsy who's mom said they had been trying to find services for close to a year. In that time, the child's physical disabilities increased along with her safety risks at home and in her community. The child's independence and ability to participate in age-appropriate activities decreased. This is just one of many cases unfortunately. In addition, my caseload quickly filled up due to the high demand for skilled therapy services, and I too had to start a waitlist.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care. Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Jeremy Huff
Texas National Guard
Fort Worth, TX

I am writing to express my deep concern regarding the removal of State Military Tuition Assistance. Service Members rely heavily on this benefit to continue their education. More importantly, we have Soldiers and Airmen in the Texas Army National Guard who depend on this critical support to pursue their first opportunities in higher education. Many of these Service Members do not yet qualify for the GI Bill and simply cannot afford to pay for college out of pocket. When they enlisted in the Texas Army National Guard whether for four, eight, or more years they were promised State Military Tuition Assistance as a core incentive. As we continually focus on development and retention, I can say without hesitation that this benefit has been one of the most compelling tools in my conversations with Soldiers & Airmen considering continued service.

Since the tuition assistance cap was raised to \$10,000, I have personally seen an increase in reenlistments. The message was clear: the State values their service and is invested in their future. Eliminating this benefit would not only break that trust, but also significantly harm our ability to retain highly capable and motivated individuals.

I respectfully urge you to reconsider this decision and maintain funding for State Tuition Assistance. It is an investment that pays dividends in the strength, morale, and readiness of our force and our Soldiers & Airman have more than earned it.

Madeline Howell

Therapy 2000/Green Apple Therapy

Dallas, TX

I am a pediatric speech language pathologist and feeding therapist. These two skills are essential to interact in and thrive in the world. Children in need of services are turned down daily due to therapists already having full caseloads and there not being enough therapists to provide services. We wish we could do more, but overwhelming caseloads reduce the quality of care that can be provided. Therapists are leaving the field to pursue other careers that reduce burnout while also being paid higher salaries. Speech, occupational, and physical therapists have all gotten their Masters and/or Doctorates, but their salaries do not reflect this. We are people who provide skilled interventions that change the lives of our youth, and we deserve fair compensation for those services. Home health services are crucial to support the pediatric population of Texas, as there are limited outpatient settings for children to go to that don't have extensive wait lists. Birth to three-years-of-age is the most crucial time for a child to receive therapy. They don't have time to be on a wait list for 1-2 years. Without home health services/an increase in therapists available to treat, more children will continue to miss out on services and will require more care in the school system and during daily activities without support. I strongly urge you to consider increasing reimbursement rates to support our Texas children. I also strongly urge for anyone who is Pro-Life to remember that life matters outside of the womb and that these children deserve to be seen and cared for.

Natasha James

PALS Home Health/ Director Of Nursing, Administrator, Co-Owner

Moody, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

As an agency owner, director of nursing, and administrator, I have witnessed firsthand the devastating impact of the ongoing critical nursing shortage. PALS Home Health provides private duty nursing (PDN) services across 14 Texas counties, including rural areas like Midland, Odessa, Lubbock, and Amarillo. Despite offering competitive pay, recruiting and retaining nurses in these regions remains a major challenge, leading to high turnover rates that directly impact patient care.

Low Medicaid rates make it near impossible to compete with hospitals, leaving families without care. One family has waited over two months to bring their child home due to a lack of night nurses in the Panhandle. I'm looking for staff daily for this case. Another parent lost their job when their child was hospitalized because their primary nurse had to move on and this impacted Mom's work schedule.

A 21% rate increase is critical to keeping medically fragile children at home and out of hospitals. My own child once depended on this care—today, he is graduating high school. Please support this increase to ensure families get the care they need.

The current reimbursement rates fail to cover the rising costs of providing skilled nursing care in the home. Despite a modest 2% increase in 2023, providers continue to face extreme difficulty in hiring and retaining nurses, agencies report that they are unable to recruit enough RNs and LVNs to meet demand. The Texas Department of State Health Services projects that demand for home health RNs will grow by nearly 40% by 2036, yet stagnant reimbursement rates are driving skilled nurses away from home care and into hospitals and other higher-paying settings. If Texas fails to act, this workforce crisis will deepen, leaving countless families with no viable care options.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

Kathryne de Leon, dr
Self, veterinarian
Houston, TX

As a constituent and life long resident of Texas, I am asking that you vote NO on this wasteful bill. Texas has already spent 11.5 billion dollars on Operation Lone Star with nothing to show for it but harm to border communities and immigrants. I urge you to oppose this wasteful use of taxpayer dollars. So many federal funds are getting cut across the board due to this administration meaning states will need to pick up the slack and my tax dollars don't need to go to wasteful operation lone star which studies show have done NOTHING to improve Texan safety and only serves to harm and scapegoat immigrant communities

Aaron Burgess, SGT
Texas Army National Guard
Weatherford, TX

I am writing to express my deep concern regarding the removal of State Military Tuition Assistance. Service Members rely heavily on this benefit to continue their education. More importantly, we have Soldiers and Airmen in the Texas Army National Guard who depend on this critical support to pursue their first opportunities in higher education. Many of these Service Members do not yet qualify for the GI Bill and simply cannot afford to pay for college out of pocket. When they enlisted in the Texas Army National Guard whether for four, eight, or more years they were promised State Military Tuition Assistance as a core incentive. As we continually focus on development and retention, I can say without hesitation that this benefit has been one of the most compelling tools in my conversations with Soldiers & Airmen considering continued service. Since the tuition assistance cap was raised to \$10,000, I have personally seen an increase in reenlistments. The message was clear: the State values their service and is invested in their future. Eliminating this benefit would not only break that trust, but also significantly harm our ability to retain highly capable and motivated individuals. I respectfully urge you to reconsider this decision and maintain funding for State Tuition Assistance. It is an investment that pays dividends in the strength, morale, and readiness of our force and our Soldiers & Airman have more than earned it.

Rose Rash
Angels At Home, Inc
Corsicana, TX

On behalf of Angels At Home, Inc. and the adult and disabled people I represent urge your support for a significant investment in the administrative portion of the community care attendant rate and the flexibility of a 90% reporting requirement on spending to ensure a balanced rate and to sustain high-quality services for older adults and individuals with disabilities

The administrative portion pays for services that are non-billable such as supervisory visits, which are to maintain oversight, and orientation and training of caregivers. The implementation of EVV has also further increased administrative burdens. I have 2 full time employees and one part time employee doing EVV. It is checked several times a day to ensure compliance. Yet, the administrative portion of the rate has not increased since 2007 and is now lower than it was in 2006. Due to the States generosity, agencies were able to give our caregiver staff great raises. I had people in the parking lot crying with thankfulness. Some even said they didn't have to choose between rent and food now. It does take more than caregivers to stabilize the industry. My office staff has now had to be given more duties with no raise. How would you like it if everyone in the capital but your staff received almost \$2 an hour raise, but your staff received nothing and had more work put on them. This is how my office staff feels. When office staff leaves we do not replace them. I have caregivers making more than some of my office staff. The failure to address this short fall will result in workforce shortages, provider closures, lack of access to care and greater reliance of institution care. This population we serve is only getting larger. As children age out of Pediatric programs, they arrive in the adult programs. We have to be able to meet the needs of this growing population with more than just caregivers.

Equally critical to provider stability is maintain the 90% reporting requirement. While framed as a reporting measure, a 95% threshold imposes a de facto mandate with severe financial and reputational risks for providers. Those falling below 90% would be placed on a noncompliance list. This rigid requirement contradicts recent legislative investments intended to stabilize the home care system.

In home provider (caregiver) saves the States money. We keep people at home, where they want to be, away from contagious diseases, and it is more cost effective than Nursing Home. Please consider increasing the administrative portion of the community care attendant rate to prevent providers from being unable to continue in this program

Cristy Woodland, SLP
Self Speech Language Pathologist
Alto, TX

Working with children who have special needs by providing speech therapy has been the joy of my life. Speech therapy changes lives. Not only providing therapy for speech sound disorders, but also therapy for swallowing disorders to ensure these children meet nutritional needs for growth and development and therapy for language to give them the ability to communicate wants and needs with family members and reduce risk for social isolation.

Amelia Bihl, Social Worker

Therapy 2000

Irving, TX

PLEASE PLEASE PLEASE support Rate Increases for Pediatric Therapy.

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), I urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care. Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays. Thank you kindly and respectfully for your consideration.

Laryn Kropik, Dr.

Self- Pediatric Occupational Therapist

Garland, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

As a home health pediatric occupational therapist, I have helped countless children improve their independence and participation in their everyday routines. Some of these children have presented with compromised immune systems due to diagnoses such as cancer, Down syndrome, genetic conditions, or prematurity at birth. Home health occupational therapy is unique as it allows me to work with a child to increase their independence in dressing, toothbrushing, toileting, and play- all in the environment where it happens the most: home. My caseload continues to grow due to the increased medical needs of my community and every week I have to turn down patients due to availability. Your support for this bill would allow for more staffing of my area, leading to decreased wait times for OT services, preventing more developmental delays, and promoting overall more independence for these children!

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care. Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

ashondra johnson
private nursing
lubbock, TX

Dear Members of the Senate Finance Committee,

On behalf of TAHC&H, I urge your support for a significant investment in the administrative portion of the community care attendant rate and the flexibility of a 90% reporting requirement on spending. These measures are essential to ensuring a balanced rate structure that sustains high-quality services for older adults and individuals with disabilities.

As someone who has seen firsthand the impact of workforce shortages and administrative burdens in community care, I know how critical it is to provide adequate funding for both direct care workers and the operational costs that keep these services running. Hiring and retaining caregivers has become increasingly difficult due to rising costs and limited administrative funding. Many dedicated providers struggle to cover essential oversight expenses, including supervisory visits, caregiver training, and compliance requirements, all of which are necessary to maintain quality care.

For example, the implementation of EVV has added another layer of administrative responsibility, requiring additional staff to manage technical issues and ensure compliance. Yet, the administrative portion of the rate has remained stagnant since 2007 and is now lower than it was in 2006. Without an increase to this portion of the rate, providers are forced to make difficult choices that could ultimately reduce access to care for those who need it most. While wage increases for attendants are important, they are not enough to stabilize the industry. A lack of administrative funding will lead to workforce shortages, provider closures, and greater reliance on institutional care, which is not the best solution for many individuals who rely on home-based services.

Additionally, maintaining the 90% reporting requirement is essential for provider stability. Increasing the threshold to 95% would place providers at risk of financial penalties and noncompliance, creating uncertainty that could deter them from expanding services. This rigid requirement does not account for the varying costs of providing care in different regions and could force providers to contract rather than grow, limiting access for vulnerable Texans. The 90% reporting requirement ensures accountability while allowing providers the flexibility needed to allocate resources effectively.

By investing in the administrative portion of the rate and preserving the 90% reporting requirement, Texas can support a sustainable and effective home care system. These changes will help ensure that older adults and individuals with disabilities continue receiving the high-quality care they deserve in their homes and communities.

Thank you for your time and consideration.

Sincerely,
Ashondra

Eric Mora
St Jude HomeCare
Houston, TX

On behalf of TAHC&H, we urge your support for a significant investment in the administrative portion of the community care attendant rate and the flexibility of a 90% reporting requirement on spending to ensure a balanced rate and to sustain high-quality services for older adults and individuals with disabilities.

We do 400 visits daily, helping those in need of healthcare services, including children, veterans, and disabled. We help those in need. We also help connect people to jobs in low-income communities, which help rebuild and strengthen communities. EVV is an unfunded mandate. EVV helps reduce fraud and abuse, however, agencies are realizing the administrative monetary burdens that go along with it.

For example, supervisory visits, which are required to maintain oversight, must be paid from the administrative rate, as must the hiring and training of caregivers to meet increasing demand. The implementation of EVV has further increased administrative burdens, requiring dedicated staff to troubleshoot technical issues and ensure compliance. Yet, the administrative portion of the rate has not increased since 2007 and is now lower than it was in 2006. While increases to the attendant wage component are necessary and appreciated, they alone will not stabilize the industry. Without an accompanying investment in the administrative rate, providers cannot sustain their operations. The failure to address this shortfall will result in workforce shortages, provider closures, lack of access to care and greater reliance on institutional care.

Equally critical to provider stability is maintaining the 90% reporting requirement. While framed as a reporting measure, a 95% threshold imposes a de facto mandate with severe financial and reputational risks for providers. Those falling below 95% would be placed on a noncompliance list, creating uncertainty and the threat of recoupments that deter providers from expanding services. This rigid requirement contradicts recent legislative investments intended to stabilize the home care system and instead forces providers to contract rather than increase access to care. It also removes the flexibility needed to allocate resources based on regional needs, replacing it with a one-size-fits-all spending model that does not align with the realities of home care delivery. A 90% reporting requirement ensures accountability while maintaining provider stability. It protects access to care, prevents unnecessary provider closures, and allows for sustainable growth. By supporting a significant investment in the administrative portion of the rate and maintaining the 90% reporting requirement, Texas can safeguard home care services and ensure vulnerable Texans receive the support they need to remain in their homes.

Christina Johnson
seld
lubbock, TX

That sounds really tough. When patients and families can't get the nursing care they need, it can lead to a lot of stress and anxiety. It's so important for everyone to have access to the support they require.

Our nurse is the best and there's no one better!! our daughter loves her nurse and this says a lot because our daughter has never attached to anyone so quickly! We NEED OUR NURSES!!!

Amanda Lee
Therapy 2000/Greenapple Therapy
San Antonio, TX

I am writing to urge your support for a critical 10% rate increase for pediatric therapy services in our state. This increase is vital for ensuring that children with disabilities and medically complex conditions continue to receive the care they need in their homes, rather than costly institutional settings.

Pediatric therapy services play a crucial role in helping children develop motor, speech, and cognitive skills, enabling them to lead healthier, more independent lives. These services also allow families to keep their children at home, reducing the emotional and financial burden of institutional care. By offering these services in the home, we can ensure that children receive the personalized, high-quality care they need to thrive.

Unfortunately, the growing demand for pediatric therapy services, coupled with rising operational costs, has created significant challenges for home care providers. The proposed 10% rate increase is essential for ensuring that providers can maintain high-quality care while meeting the needs of children and families across Texas.

In addition to improving the health and well-being of children, supporting this rate increase will ultimately save money in the long run by reducing the need for more expensive institutional care. We urge you to recognize the value of home-based pediatric therapy services and advocate for this essential funding increase.

Thank you for your attention to this matter. Your support can make a difference in the lives of thousands of children and families in Texas.

Holly Sabiston
self / artist and educator
Austin, TX

Respectfully, We do NOT need another 6.5 billion dollars for Operation Lone Star– you must reject this wasteful spending!

Quoting from the testimony of attorneys serving these communities on January 28, 2025:

“In this proposed budget, we are particularly concerned with the nearly \$2 billion dollars allocated to DPS for Operation Lone Star, Texas’s border and immigration enforcement scheme. The total budget allocation for border security is a staggering \$6.5 billion. Since 2021, the State has allocated more than \$12 billion dollars across at least thirteen agencies to the effort with no measurable impact on migration trends.

Instead of improving border security, Operation Lone Star has turned border communities into military encampments, endangered residents, and funnelled both people seeking protection in the U.S. and American citizens into a separate justice system that is rife with abuses. Meanwhile, the Texas communities along the border urgently need investment in infrastructure, education, and economy. We therefore urge the committee to consider diverting some of the billions of dollars currently allocated for border security to investment in the communities and people who call the border home.

Operation Lone Star is a sprawling program that has caused myriad harm to citizens and noncitizens alike.”

A program that terrorizes U.S. Citizens and holds them at gunpoint, causes several dozen deaths and hundreds of injuries from high-speed chases in Operation Lone Star Counties (between March 2021 and July 2023), orders officers to push children as young as four years old into the Rio Grande, fires rubber bullets and pepper balls on migrants across the river (on the Ciudad Juarez side) AS THEY SLEEP, causes razor-wire injuries requiring medical treatment by DPS medics for 133 people including a five year old and trapping many local pets, takes over public spaces physically preventing residents from exercising their First Amendment rights to free speech and peaceable assembly (Shelby Park in 2024), calls them racial slurs and denies human beings water on hot days can only be described as wasteful and harmful!

These abuses of Operation Lone Star over years have been shameful. OLS’ past actions may be ideologically more in line with current federal initiatives, but that doesn’t make them right. These policies affect ALL Texans and make us all less safe. Please Invest this money into infrastructure, education, and healthcare instead of perpetuating such harm and death to our border communities.

Corinna Levine

Self

Richmond, TX

I am writing to urge the legislators to appropriately fund all services related to healthcare for the most vulnerable Texas residents. I work as a Pediatric Occupational Therapist in home health, where all of my patients rely on Medicaid and home health services. The care that we provide for these patients is essential for the well-being and future of these patients. Without proper care and therapy services, the future for many of these patients is bleak. Many of the patients I work with need therapy services to address feeding, and will be left to rely on use of a g-tube long-term if their deficits are not addressed. Additionally, the importance of addressing the needs of these patients early is of the utmost importance, as their needs simply cannot be deferred. Please consider these children who are in need of therapy and general healthcare services, and take care of our most vulnerable Texans.

Rachael Forbis

Therapy 2000

Pflugerville, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

I have been working in the pediatric home health sector for five years as speech therapist and I have only seen increases in waitlists, caseloads and increased turnover rates with my colleagues. This is often due to lack of reimbursement, increased workload demand, and inability to provide for our own families within this field. It is ridiculous that I have to use my personal time to tell educated representatives that children with disabilities not only deserve services to support them and their families but that as therapists we should be properly reimbursed for our skilled services. If you do not increase rates, waitlists will increase, therapists will continue to quit and pursue other careers and children at need will continue to suffer. I hope you can sleep at night with your decision.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care. Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Laurie Duke

self, stay at home mom and organizer

Fort Worth, TX

SB 1 must appropriate more money for the funding of our public schools. We cannot expect schools to do more with less and keep teachers/staff. At the public school my children attend, the cutting of cafeteria monitor positions has impacted everyone in the building. Teachers are now having to monitor at lunch. The students lost a recess which impacts a research program in collaboration w/TCU and office staff are doing double duty as cafeteria monitors for the younger grades. As I have said before, the district is expecting to be able to do a 1% or 1.5% raise, but staff is also experiencing a 20% rise of inflation. By the time you add inflation and no doubt a rise in insurance they will be bringing home less. So not only are we expecting schools to do more with less we are expecting families to do more with less too. As for the teacher incentive allotment, it absolutely should NOT be the primary way of compensating our teachers. Most will not get any benefit and it sets up the same kind of horrid learning/work environment that STAAR has done. We should be paying teachers their worth, not dangling carrots in front of them like TIA and then selling it to the general public as a raise. More funding for across the board raises for all teachers and staff is paramount. Anything less is an insult. Quite frankly in a profession dominated by women, in a field where they are educating, nurturing, and caring for the needs/safety of children it shows a lack of commitment to Texas' women (especially) and men in caregiving roles. It is exactly why the Texas Workforce Commission is tasked with finding solutions for shortages of day care teachers/caregivers and why finding affordable, quality day care is such a struggle. Honestly, as a parent it feels as though the State of Texas is more invested in profiting off our children than investing in them.

Samantha Albanese, RN

Private duty nursing

Lubbock, TX

Private Duty Nursing (PDN) is meant to prevent prolonged and frequent hospitalizations. With the healthcare system as a whole being short staffed, those who require PDN are not receiving the full care they require. This is not only due to staffing issues but also the reimbursement issues. Reimbursements pay for the care, equipment, and other necessities of these patients. With costs of living increasing and reimbursements not changing it leads inconsistent care due to lack of supplies. The nursing shortage is also affected by the reimbursement because of the inability to recruit and retain nursing staff. If PDN is meant to prevent prolonged and frequent hospitalizations, then why can't we adequately provide for these families with the reimbursements needed. PDN helps decrease stress on hospitals by reducing hospitalizations.

Abigail Espinoza, SGT

Self

Dallas, TX

I am writing to express my deep concern regarding the removal of State Tuition Assistance. Service Members rely heavily on this benefit to continue their education. More importantly, we have Soldiers and Airmen in the Texas Army National Guard, who depend on this critical support to pursue their first opportunities in higher education.

Many of these Service Members do not yet qualify for the GI Bill and simply cannot afford to pay for college out of pocket. When they enlisted in the Texas Army National Guard whether for four, eight, or more years they were promised State Tuition Assistance as a core incentive. As we continually focus on development and retention, I can say without hesitation that this benefit has been one of the most compelling tools in my conversations with Soldiers & Airmen considering continued service. Since the tuition assistance cap was raised to \$10,000, I have personally seen an increase in reenlistments. The message was clear: the State values their service and is invested in their future. Eliminating this benefit would not only break that trust, but also significantly harm our ability to retain highly capable and motivated individuals.

I respectfully urge you to reconsider this decision and maintain funding for State Tuition Assistance. It is an investment that pays dividends in the strength, morale, and readiness of our force and our Soldiers & Airman have more than earned it.

Courtney Swift
Therapy 2000
Round Rock, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

In my current position at Therapy 2000, I currently face challenges of being able to retain the qualified therapists to be able to treat the most critical and high needs children. This is due to the fact that we are unable to compete with the pay of other settings, such as hospitals, skilled nursing facilities, nursing homes, and others. Due to our current medicaid rate, we are unable to offer the pay scale of these other settings, so we are currently unable to hire or retain they therapists with the skill set to treat the most vulnerable population in the state.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care. Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Felix Martinez, SPC
Self
Laredo, TX

As a member of the Texas Army National Guard I'm sad to see our state tuition assistance being taken away. This benefit contributed to my decision to remain in the service without which my career development will stymy. Please reconsider including the state tuition assistance provided in years past for the Texas Army National Guard in this bill.

Heather Pitner

THERAPY 2000

North Richland Hills, TX

I am a pediatric Physical Therapist and the VP of Therapy Operations at THERAPY 2000, and have been with the company for the past 16 years. I have been in management for the past 13 years, and I have never seen the waiting list for patients be as astronomically high as it currently is. We have also never had such a lack of therapists wanting to serve in pediatrics or seen the turnover so high. We have always had a turnover rate of around 15-18%, but it has soared to 30% the past year. This is because therapists can make more money in other settings such as nursing facilities and hospital setting. The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care.

Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

PLEASE help us to be able to provide services to these kids! Research is clear that early intervention is key. Thank you!

Marla Lopez

Self

Brownsville, TX

We do NOT need another 6.5 billion dollars for Operation Lone Star—reject this wasteful spending!

Texas has already spent 11.5 billion dollars on Operation Lone Star with nothing to show for it but harm to Texas border communities and immigrants. I urge you to oppose this wasteful use of taxpayer dollars.

I urge you to divert some of the \$6.5 billion allocated for Operation Lone Star and border security to investments that border communities actually need like water infrastructure, roads, education, and healthcare. Operation Lone Star has wasted billions on militarizing our border regions without improving public safety. Texans deserve real solutions that improve quality of life, not more wasteful spending on harmful policies

We do not need 6.5 billion for a politicized campaign to hunt down immigrants. To add insult to injury, the Legislature prioritizes these efforts while infrastructure improvements are desperately needed across the State. In my home community of the Rio Grande Valley, flooding routinely upends our communities. March 27th, 2025, a spring storm caused flooding that has shut down businesses and destroyed homes, cars, and schools - I have seen these happen since I was a child. I fear for what could come to my family when there's a more significant weather event like a hurricane. How can you be proud when Texas spits out funding for border walls, razor wire, and buoys, but not for our residents to live their lives without the fear of a climate catastrophe.

Where is the dignity we treat people and each other with? How can we call ourselves proud Texans when we let people suffer needlessly? I oppose any funding that defunds the freedom to thrive for Texans by militarizing our communities.

Erin Regan

Self

Cedar Park, TX

By not including State Tuition Assistance for Army National Guard, it affects my ability to pay for school. I am currently an SMP cadet at Texas A&M University and rely on State TA to pay for my undergraduate degree and masters. I plan on going to veterinary school and will be relying on state ta in order to walk into vet school debt free. I will be commissioning as an officer in the national guard when I graduate, and the will be going active duty after veterinary school to serve my national and state. By not including this/taking this away, it limits my schooling abilities due to lack of funding, and therefore my career possibilities and opportunities.

Laci McCandless
Care Options for Kids
Lubbock, TX

During my journey as a private duty nursing (PDN) manager, I have witnessed countless families receive the nursing care they need to keep their child safe but I have also seen numerous children go without the nursing care they need. Many families have gone to every PDN agency in their area searching for the care they need with little to no resolution. We have numerous nurse applicants applying daily to the job requisitions, that glimmer of hope to care for the children we service. When it comes down to the financial requirements for these applicants, we are unable to compete with hospitals, clinics, travel agencies, nursing homes, and the list goes on... and secure the nursing staff we desperately need to provide quality care to these children. Many PDN agencies have resorted to the unspoken statement of "you have a pulse and a nursing license, you are hired". This is not fair to the children we service!! We want to find the best nurses for our children and a nurse who is qualified and skilled to perform the one on one care our children need. PDN nurses are alone in the home without that second hand support that hospitals and clinics have! They have tremendous and solo responsibilities for the life they are caring for! Life or death situations arise and it's their nursing duty to make the decisions to ensure these children see another day. They should be compensated for the care they are providing and the solo decisions they are required to make. Remember, there is not always time to phone a physician or another nurse when you are performing critical care in a home setting!! Without an increase in Medicaid rates for private duty nursing, the quality of care continues to suffer and the ability to find the nurse these children require continues to be a hopeful journey.

Corinna Levine
Self
Richmond, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care. Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Xiomara Oviedo
self
Katy, TX

Pediatric therapy is crucial for a child's development. The convenience home health provides for families, takes away some of the stress of being able to attend/ be consistent with therapy. Caregivers/ parents also get first-hand experience on how implement home education programs to better increase the likelihood of progress in targeted area. Helping a child with a delay/disorders also helps them become good models for younger sibling in the home. There is a comfort that home health provides as it allows parents to meet and get to know their therapist and it gives them the access to ask question and communicate concerns.

Leanne Gifford, Dr.

Therapy2000

League City, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

As a physical therapy medical provider with a doctoral degree, these pay cuts have resulted in me having to have multiple jobs to supplement my own income. Multiple jobs results in decreased time to accommodate all the kids within my area that require services. I see a wide area of southeast Houston on my own due to other therapist leaving for higher paying opportunities. The services we provide are medically necessary for improving function and quality of life of a high number of children and should be reimbursed as such.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care.

Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

An-Thu Vuong, Speech language pathologist

Self

Houston, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

It is critical that these children are able to receive the help that they need and many of them are going without the services that will impact them for the rest of their lives.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care.

Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Xiomara Oviedo

self

Katy, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care. Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Cierra Purifoy, Speech and Language Pathologist

Self, Speech and Language Pathologist

Killeen, TX

As a pediatric home health therapist, I work with children in Texas who depend on skilled therapy services to reach their full potential. Every day, I see firsthand how access to therapy can mean the difference between a child learning to walk, communicate, or eat independently—or facing lifelong challenges that could have been mitigated with timely intervention. I have witnessed the incredible power of therapy in changing lives. I've worked with children who started therapy unable to say a single word and later went on to succeed academically, confidently participating in school and social settings. I've seen children my colleagues work with who once struggled with basic mobility gain the strength and skills to walk independently, unlocking new opportunities for their future. These success stories are proof that early intervention works—but only if children can access it in time.

Unfortunately, the current state of pediatric therapy services in Texas makes it increasingly difficult for families to get the care their children desperately need. The waitlist for therapy has grown significantly, leaving many children without services during critical developmental windows. I have had to tell families that they must wait months—sometimes longer—before a therapist can see their child, simply because there are not enough providers available.

One of the biggest challenges we face is the ongoing workforce shortage. Recruiting and retaining qualified therapists has become nearly impossible due to the low reimbursement rates. Many skilled professionals who are passionate about working with children are being forced to leave pediatrics to serve adults—and some are even leaving the therapy field entirely. As the cost of living continues to rise across Texas, therapists who want to serve children in home settings simply cannot afford to do so under the current rate structure.

Without an increase in reimbursement rates, more therapists will leave the field, waitlists will continue to grow, and Texas children will suffer the consequences. A 10% rate increase is not just beneficial—it is essential to sustain access to pediatric therapy services. By ensuring fair compensation for providers, Texas can help stabilize the workforce, reduce wait times, and ensure that children with disabilities and developmental delays receive the care they need when they need it most.

Please support this critical investment in Texas children and their future.

Bailey Galewaler

Self, SLPA

San Marcos, TX

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care. I have seen this firsthand through my shadowing and actual career. Families slip through the cracks, and children are left without necessary services.

Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays. Hoping for a brighter future for children and therapists!

Lauren Gragg, Dr.

Green Apple Therapy Pediatric Home Health

Houston, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

I've worked with so many children who have been waiting for years, even 3+, to receive services to help with basic self-care independence tasks such as dressing, self-feeding, toileting, basic communication skills, Fine motor skills like using writing or eating utensils, or even the ability to sit up, crawl or walk. I've seen them grow in ways they can't with the limited resources they get at school, if any (often 15-30 mins, 1 or 2x/week, IF they're lucky), and school therapy only addresses a few tasks such as writing. They do not learn basic life skills they need for independence or participation, ability to make decisions in their own lives. The families are typically SO appreciative and see the difference we make with their kids and their family balance. I have to supply ALL of my own supplies for a large caseload of very different kids with very different needs, and I never truly have time off, as I am finishing documentation after work and planning lessons and materials on weekends. That's on top of a 8:30-6:30 pm Mon-Fri working hours seeing patients. And I'm still struggling to pay bills each month. I have been forced to start looking for other work, but have not left because I know how much these kids need me.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care.

Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Meca Grant, Mrs
Communication Essentials
Houston, TX

Greetings,

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

Our agency, Communication Essentials, provides pediatric therapy services to over 300 children with disabilities across Greater Houston. We have a long waiting list of patients who are waiting for care to assist with their communication, self-help, and motor skills which impact their ability to participate in daily life activities. We struggle with locating license therapists to provide care for these children, especially in this post-COVID environment. There are so many settings that provide higher wages, including the schools and clinics, and require no travel, which are much more desirable. Houston is large already, so it is a struggle to locate therapists willing to travel, especially across town and in the furthest suburbs and more rural outlying areas. We post positions and get zero to minimal applications, and it takes an extended period to locate therapists. We have been unsuccessful with locating physical therapist as well, as we are trying to complete with skilled nursing facilities and hospitals too. Our children deserve access to care. This increase would help us be more competitive with other settings to help end workplace shortages.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care. Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

We appreciate your support.

Meca Grant, MS, CCC-SLP

Cierra Purifoy, Ms.

Self, Speech and Language Pathologist

Killeen, TX

As a pediatric home health therapist, I work with children in Texas who depend on skilled therapy services to reach their full potential. Every day, I see firsthand how access to therapy can mean the difference between a child learning to walk, communicate, or eat independently—or facing lifelong challenges that could have been mitigated with timely intervention. I have witnessed the incredible power of therapy in changing lives. I've worked with children who started therapy unable to say a single word and later went on to succeed academically, confidently participating in school and social settings. I've seen children my colleagues work with who once struggled with basic mobility gain the strength and skills to walk independently, unlocking new opportunities for their future. These success stories are proof that early intervention works—but only if children can access it in time.

Unfortunately, the current state of pediatric therapy services in Texas makes it increasingly difficult for families to get the care their children desperately need. The waitlist for therapy has grown significantly, leaving many children without services during critical developmental windows. I have had to tell families that they must wait months—sometimes longer—before a therapist can see their child, simply because there are not enough providers available.

One of the biggest challenges we face is the ongoing workforce shortage. Recruiting and retaining qualified therapists has become nearly impossible due to the low reimbursement rates. Many skilled professionals who are passionate about working with children are being forced to leave pediatrics to serve adults—and some are even leaving the therapy field entirely. As the cost of living continues to rise across Texas, therapists who want to serve children in home settings simply cannot afford to do so under the current rate structure.

Without an increase in reimbursement rates, more therapists will leave the field, waitlists will continue to grow, and Texas children will suffer the consequences. A 10% rate increase is not just beneficial—it is essential to sustain access to pediatric therapy services. By ensuring fair compensation for providers, Texas can help stabilize the workforce, reduce wait times, and ensure that children with disabilities and developmental delays receive the care they need when they need it most.

Please support this critical investment in Texas children and their future.

Piper Clark

Therapy2000

Austin, TX

As a pediatric home health therapist, I work with children in Texas who depend on skilled therapy services to reach their full potential. Every day, I see firsthand how access to therapy can mean the difference between a child learning to walk, communicate, or eat independently—or facing lifelong challenges that could have been mitigated with timely intervention. I have witnessed the incredible power of therapy in changing lives. I've worked with children who started therapy unable to say a single word and later went on to succeed academically, confidently participating in school and social settings. I've seen children my colleagues work with who once struggled with basic mobility gain the strength and skills to walk independently, unlocking new opportunities for their future. These success stories are proof that early intervention works—but only if children can access it in time.

Unfortunately, the current state of pediatric therapy services in Texas makes it increasingly difficult for families to get the care their children desperately need. The waitlist for therapy has grown significantly, leaving many children without services during critical developmental windows. I have had to tell families that they must wait months—sometimes longer—before a therapist can see their child, simply because there are not enough providers available.

One of the biggest challenges we face is the ongoing workforce shortage. Recruiting and retaining qualified therapists has become nearly impossible due to the low reimbursement rates. Many skilled professionals who are passionate about working with children are being forced to leave pediatrics to serve adults—and some are even leaving the therapy field entirely. As the cost of living continues to rise across Texas, therapists who want to serve children in home settings simply cannot afford to do so under the current rate structure.

Without an increase in reimbursement rates, more therapists will leave the field, waitlists will continue to grow, and Texas children will suffer the consequences. A 10% rate increase is not just beneficial—it is essential to sustain access to pediatric therapy services. By ensuring fair compensation for providers, Texas can help stabilize the workforce, reduce wait times, and ensure that children with disabilities and developmental delays receive the care they need when they need it most.

Please support this critical investment in Texas children and their future.

Theresa Talamante, RN
Connect Home Health
Corpus Christi, TX

The current reimbursement rates do not cover the increasing costs of skilled nursing care in the home. Although there was a slight increase of 2% in 2023, providers still struggle to hire and retain nurses. Many agencies report being unable to recruit enough RNs and LVNs to meet the demand. The Texas Department of State Health Services predicts that the demand for home health RNs will increase by almost 40% by 2036. However, stagnant reimbursement rates are causing skilled nurses to leave home care for higher-paying positions in hospitals. If Texas does not take action, this workforce crisis will worsen, leaving many families without care options. Underfunding PDN has serious consequences. Without private duty nursing, children with severe conditions may face extended hospital stays. Families struggle to find nurses due to unsustainable reimbursement rates. The cost of a single hospitalization due to a lack of home nursing can be much higher than providing PDN services, making this a matter of fiscal responsibility and patient care. A 21% rate increase is essential to stabilize the private duty nursing workforce, prevent the loss of skilled nurses, and ensure that medically complex children can stay safely at home.

Makenzie Wonder
Connect Pediatrics Home Health
Corpus Christi TX, TX

As an executive in the home health sector, I urge the need for increased funding and reimbursement for home health nurses. These professionals play a vital role in providing high-quality care to vulnerable populations, including seniors and those with chronic conditions. However, current reimbursement rates do not adequately support their work, leading to financial strain and workforce challenges.

Home health nurses are essential in managing complex medical conditions, administering medications, and ensuring continuity of care. Their work prevents unnecessary hospital readmissions and improves patient outcomes. However, rising labor costs and inflation have outpaced current reimbursement rates, creating significant financial pressure on agencies. This has led to challenges in retaining skilled nurses, as agencies struggle to offer competitive salaries.

To address these issues, we recommend the following:

Increase Reimbursement Rates: Current rates do not reflect the true cost of care. Adjusting these rates to keep up with inflation and rising operational costs will ensure agencies can provide quality care and retain skilled staff.

Support Nurse Retention: Competitive pay and benefits are key to retaining experienced nurses. Increasing reimbursement will allow agencies to offer better compensation, reducing burnout and turnover.

Invest in Workforce Development: Funding for nursing education and training is essential to meet the growing demand for home health care, especially in underserved areas.

Adapt Payment Models: A more flexible funding model is needed to address the complexity of home health services. Agencies need support to provide comprehensive care, which often requires more time and resources than traditional settings.

In conclusion, home health nurses are critical to the success of our healthcare system, providing cost-effective care that improves patient outcomes. Adequate funding and reimbursement are essential to ensuring these nurses are compensated fairly for their work and to maintain the sustainability of home health care. We urge policymakers to prioritize these issues in the upcoming budget cycle.

Thank you for your consideration.

Elaina Gilbertson

Self / Speech Language Pathology Assistant

Alvin, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

I have a 4 yr old patient who received an augmentative and alternative communication device and told his mom "I love you" for the first time. Another patient, 2 yrs old, wasn't talking, had limited communication, and wasn't able to get the things he needed. Now, he is requesting items, food, and activities, and continues to make functional progress. One patient, home with her mom and siblings each day, can get the services she needs because of the home health program. When she is misunderstood, she gets frustrated and shuts down. Now, she can pronounce more age-appropriate sounds, and she loves to have meaningful conversations with the people she cares about. Children understand more than we give them credit for, and they all have something to say. It is heartbreaking to see a child break down because they are not being understood and cannot say what they want to. The power that home health provides to children who require services, yet feel intimidated in unfamiliar, clinical settings, makes life easier for the lives of patients and their families. When working in a patient's home environment, progress is quicker and more fruitful.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care. Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Samantha Enriquez, SPC

Texas Army National Guard

Houston, TX

Good Afternoon hope this comment does in fact get read and is heard not only listened to. There are too many people in the state of Texas who depend on financial help. In my family alone I know of two soon to be three with myself but now they will have to decide if continuing their education is above making ends meet. To choose between which bill gets payed the light or a tuition. This funding is vital to so many people and it's unfathomable to think otherwise.

Lacey Voss, Dr.

Therapy 2000, Green Apple Therapy

Spring, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

I am proud to be a pediatric home health occupational therapist. I graduated OT school two years ago and, since then, realize how much of an honor it is to meet children in their home to provide medically necessary OT services and support their caregivers. However, the burden of long waitlists and inadequate reimbursement rates are contributing to therapist burnout, highly educated and qualified therapists leaving the field seeking higher paying jobs just to provide for their families, and our precious children of Texas missing out on necessary therapy services. Due to a shortage of both PTs and OTs in my territory I treat in Houston, my clients have had extended waitlist periods. We are unable to retain qualified therapists due to the economic burden of poor reimbursement rates. My husband is a PT as well and we have both had to pursue “second gigs,” to make more money. It is absurd that two doctorate level educated individuals have to find second jobs to provide for themselves and pursue our dream of starting our own family. Reimbursement rates are severely incongruent with PTs, OTs, and STs level of education. I am extremely passionate about serving the children in my area with medically necessary OT services. However, I don’t know how much longer I can continue in pediatric therapy due to low reimbursement rates and its economic burden on my family.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care. Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services.

Serena Olivares

Connect Pediatrics

Corpus Christi, TX

With this adjustment, we can stabilize a vulnerable workforce, ensure medically complex children remain at home, and lighten the load on families already stretched thin. I’ve witnessed firsthand the dedication of these nurses—they genuinely care. But the reality is, passion alone doesn’t pay the bills. We lose talented individuals every month to other opportunities that offer better pay. This increase gives us the chance to keep these nurses in the field they love, where their work is needed most. Let’s not wait until the system breaks down to act. This is a real opportunity to create something stronger—one that truly supports both the needs of medically fragile children and the nurses who care for them.

Jan Nye
Therapy 2000
Houston, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

I am a Pediatric Occupational Therapist and have a long wait list of children who cannot get services due to poor reimbursement and less therapists getting into this field. I have not had a pay raise since the cuts several years ago. Please reinstate the cuts and increase it by at least 10%. The children's Texas deserve the therapy and services they need without having to wait due to a shortage of therapists

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care. Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Julius Coker, Mr
Maxim Healthcare
Houston, TX

My name is Julius Coker, and I work for Maxim Healthcare Services out of the Houston. Along with the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

- Families qualify for PDN services based on their CONDITION, not on income.
- Kids with limited or no PDN services cost the state more money through increased hospitalizations and more days in the hospital.
- PDN serves the most fragile, sick kids in our state.

There is no time to delay—Texas must act now to protect access to critical care before more families are left without options.

Melissa Campion, Speech language pathologist

Therapy 2000

New Braunfels, TX

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care.

Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Dadrian Davis, PV2

Texas Army Guard

Dallas, TX

Hello, I am a student that is depending and currently using the STATE TUITION ASSISTANCE from Texas. When I joined the guard and found out that my education would get paid for by the state it really motivated and drove me to get my degree and take my army career serious. This is very disheartening because my main reasoning on joining the guard was for my education while able to maintain a civilian presence. I hope this can get overturned and people realize some of our soldiers well-being is dependent on the benefits we were promised.

Elizabeth McNeil, LVN

Self and MGA home care

Pflugerville, TX

Dear [Legislative Committee or Relevant Representative],

I am writing to express my strong support for a Medicaid rate increase for private duty nursing. As a [private duty nurse/caregiver/parent of a medically fragile child], I have firsthand experience with the challenges caused by the current reimbursement rates.

One of the most pressing issues is the severe staffing shortages in home healthcare. Due to low reimbursement rates, many nurses are forced to work multiple jobs or leave the field entirely, making it difficult to provide consistent, high-quality care for medically fragile patients. This directly impacts patient outcomes, caregiver stress, and overall quality of life for both patients and their families.

When private duty nursing shifts go unfilled, patients and their families face significant hardships. Inconsistent care leads to increased hospitalizations, delays in treatment, and added emotional and financial burdens. Additionally, nurses who remain in the field are often overworked, leading to burnout and an even greater loss of qualified professionals.

A Medicaid rate increase would help address these issues by making private duty nursing a more sustainable profession. Higher wages would attract and retain skilled nurses, ensuring that patients receive the continuous, high-quality care they need. Furthermore, this change would reduce hospital readmissions and emergency room visits, ultimately lowering overall healthcare costs.

I urge you to prioritize this rate adjustment in SB 1 to protect the health and well-being of Texas' most vulnerable patients. Thank you for your time and consideration.

Jacquelyn Russell, NRN Supervisor
A Pineywoods Home Srrvices, Inc.
Lufkin, TX

On behalf of TAHC&H, we urge your support for a significant investment in the administrative portion of the community care attendant rate and the flexibility of a 90% reporting requirement on spending to ensure a balanced rate and to sustain high-quality services for older adults and individuals with disabilities.

I am an office employee with A Pineywoods Home Services, Inc, a Medicaid personal attendant services agency serving 44 rural counties in East Texas. I am urging you to ensure program integrity/ accountability, patient safety, and employee safety by supporting an increase to support services portion of the rate. The current draft of the budget is a cut to Medicaid agency employees like me. My job is to ensure excellent patient care occurs daily, work with field employees to deliver care in a safe environment, and implement HHSC directed tasks for compliance and licensure purposes. I respectfully request that there are no cuts to the support services portion of the community attendant program rate.

Did you know? Supervisory visits, which are required to maintain oversight, must be paid from the administrative rate, as must the hiring and training of caregivers to meet increasing demand. The implementation of EVV has further increased administrative burdens, requiring dedicated staff to troubleshoot technical issues and ensure compliance. Yet, the administrative portion of the rate has not increased since 2007 and is now lower than it was in 2006. While increases to the attendant wage component are necessary and appreciated, they alone will not stabilize the industry. Without an accompanying investment in the administrative rate, providers cannot sustain their operations. The failure to address this shortfall will result in workforce shortages, provider closures, lack of access to care and greater reliance on institutional care.

A 90% reporting requirement ensures accountability while maintaining provider stability. It protects access to care, prevents unnecessary provider closures, and allows for sustainable growth. By supporting a significant investment in the administrative portion of the rate and maintaining the 90% reporting requirement, Texas can safeguard home care services and ensure vulnerable Texans receive the support they need to remain in their homes.

Thank you for your time and support of Medicaid agency employees like me.

Belle Garcia

Self, Healthcare Business Development

Dallas, TX

My name is Belinda Belle Garcia, and I work for Maxim Healthcare Services out of the Dallas office. My role allows me the great pleasure of providing education and support to patients, families and care coordinators across north Texas, and has also allowed me the benefit of experiencing, firsthand, the wonderful impact private duty nursing services has on our communities. It allows parents the opportunity to remain in the workforce, especially those who do not live near our children's hospitals. It provides parents the enjoyment of being a parent and gives the role of caregiver to someone who is qualified, skilled and experienced to do so. Allows children to have as normal a life as possible despite any disability. And also allows our hospitals and health systems to continue to care for more of its residents as private duty nursing has been shown to reduce rehospitalizations.

It is for those reasons and many others that along with the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

- Families qualify for PDN services based on their CONDITION, not on income.
- Kids with limited or no PDN services cost the state more money through increased hospitalizations and more days in the hospital.
- PDN serves the most fragile, sick kids in our state.

There is no time to delay—Texas must act now to protect access to critical care before more families are left without options.

Charity Nelson

Connect Pediatrics

Fort Worth, TX

As someone who sees and interacts with families of medically fragile children daily, I strongly urge you to support the 21% rate increase for private duty nursing. This is not just about money—it's about real children with real needs. Children who rely on ventilators, tracheostomies, central lines, feeding tubes, and more. Children who require around-the-clock care just to survive, let alone thrive. Parents are sleep-deprived and worn down. They're not only caregivers but also nurses, advocates, and full-time employees—doing whatever it takes to keep their children safe. But without enough nurses, they're hitting a breaking point. And so are we. We've lost incredible nurses to hospital systems that simply pay more. We're trying everything—sign-on bonuses, flexible shifts, consistent support—but we're losing this battle because rates don't cover the actual cost of care. When a child can't get care at home, they end up in the ER or even hospitalized, which is heartbreaking and far more costly. Please—these families need help. This increase is the bare minimum to keep nurses in homes, stabilize care, and ensure that kids aren't forced into crisis situations. Let's not wait until more families fall through the cracks.

Jennifer Cas
Therapy2000
Austin, TX

As a pediatric home health therapist, I work with children in Texas who depend on skilled therapy services to reach their full potential. Every day, I see firsthand how access to therapy can mean the difference between a child learning to walk, communicate, or eat independently—or facing lifelong challenges that could have been mitigated with timely intervention. I have witnessed the incredible power of therapy in changing lives. I've worked with children who started therapy unable to say a single word and later went on to succeed academically, confidently participating in school and social settings. I've seen children my colleagues work with who once struggled with basic mobility gain the strength and skills to walk independently, unlocking new opportunities for their future. These success stories are proof that early intervention works—but only if children can access it in time.

Unfortunately, the current state of pediatric therapy services in Texas makes it increasingly difficult for families to get the care their children desperately need. The waitlist for therapy has grown significantly, leaving many children without services during critical developmental windows. I have had to tell families that they must wait months—sometimes longer—before a therapist can see their child, simply because there are not enough providers available.

One of the biggest challenges we face is the ongoing workforce shortage. Recruiting and retaining qualified therapists has become nearly impossible due to the low reimbursement rates. Many skilled professionals who are passionate about working with children are being forced to leave pediatrics to serve adults—and some are even leaving the therapy field entirely. As the cost of living continues to rise across Texas, therapists who want to serve children in home settings simply cannot afford to do so under the current rate structure.

Without an increase in reimbursement rates, more therapists will leave the field, waitlists will continue to grow, and Texas children will suffer the consequences. A 10% rate increase is not just beneficial—it is essential to sustain access to pediatric therapy services. By ensuring fair compensation for providers, Texas can help stabilize the workforce, reduce wait times, and ensure that children with disabilities and developmental delays receive the care they need when they need it most.

Please support this critical investment in Texas children and their future.

Joana Diaz
Daughter
Magnolia, TX

My daughter has a terminal illness and because of that the private duty nursing services have helped us a lot with all the medical needs she has.

Angela Averitte
Self
Dallas, TX

I urge you to divert some of the \$6.5 billion allocated for Operation Lone Star and border security to investments that border communities actually need like water infrastructure, roads, education, and healthcare. Operation Lone Star has wasted billions on militarizing our border regions without improving public safety. Texans deserve real solutions that improve quality of life, not more wasteful spending on harmful policies

Reyna Williams, M.S. CCC-SLP

Therapy 2000 SLP

San Antonio, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

I have had several families who have struggled to get all the disciplines they need for their child due to wait lists and the lack of therapists. This essential delay in care has caused additional delays to the child's development. The delay delays then turn, decrease their access to general education, curriculum, and same age peers. Not to mention the increase in caregiver burden.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care. Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Jasmine Lara, PFC

Self

Houston, TX

I am a National Guardsman who mainly depends on State Tuition Assistance to afford a college education. I joined the Army primarily for civic duty reasons but the secondary incentive was the education benefits that came along with service. It is already a struggle to find health clinics and other hospitals that accept Tri-care, the insurance offered to service members. With that said, I strongly feel like the only benefit that proves to be beneficial is the education benefits. Recruitment numbers are already low for our military. If State Tuition Assistance is taken away, those numbers will only decrease and many other service members along with myself, will not be able to afford a degree. Many jobs today, including government positions, will not hire a individual who doesn't have the minimum of a bachelors degree. The importance of education is only increasing and without these benefits, many will not be able to pursue careers and a life of hardship will follow.

Lidiane Santos, RN

Self Care Option for Kids

Leander, TX

Dear, SB 1 by Huffman

As a Licensed Practical Nurse with experience in pediatric healthcare and a current BSN student, I am writing to express my strong support for SB 1, which would increase Medicaid reimbursement rates for private duty nursing. This increase is critical to ensuring that patients receive the care they need while also improving working conditions for nurses.

One of the biggest challenges I face in private duty nursing is chronic staffing shortages. When a patient's home is understaffed, their quality of care suffers significantly. Families are left scrambling to fill gaps in care, and nurses are often stretched beyond their limits, leading to burnout and exhaustion. This not only compromises patient safety but also negatively impacts the well-being of nurses who are forced to work excessive hours or take on multiple jobs just to make ends meet.

With higher Medicaid reimbursement rates, agencies would be able to offer more competitive wages, attract and retain skilled nurses, and ultimately ensure that all shifts are covered. This would create a more sustainable work environment where nurses can focus on providing high-quality, consistent care without the constant stress of being overworked and underpaid.

I urge you to support SB1 and help improve both the quality of care for vulnerable patients and the working conditions for dedicated nurses like myself. Thank you for your time and consideration.

Sincerely,?

Lidiane Santos, LPN?

Sandra Nelle

Texas Association for Home Care & Hospice (TAHC&H)

Seguin, TX

My name is Sandra Nelle and I'm a Speech-Language Pathologist working with pediatrics in the Seguin area. On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings. In my work with children I evaluate and treat feeding disorders as well as speech and language delays and disorders.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care.

Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Please support SB1.

Sincerely,

Sandra Nelle, MA. CCC-SLP

Devanta Brown

Texas Army National Guard

San Antonio, TX

I need Tuition Assistance for college and to become an officer in the armed forces.

Giovanni Mena
JOLT ACTION
Houston, TX

This bill includes \$6.5 billion for Operation Lone Star, which is a wasteful use of taxpayer dollars. Texas has already spent \$11.5 billion on Operation Lonestar with nothing to show for it except for harming border communities and immigrants. I urge you to divert some of the \$6.5 billion allocated for Operation Lone Star and border security to investments that border communities actually need, like water infrastructure, roads, education, and healthcare. Operation Lone Star has wasted billions on militarizing our border regions without improving public safety. Texans deserve real solutions that improve quality of life, not more wasteful spending on harmful policies.

Edgar Sanchez, Mr.
Jolt Action
Cedar Hill, TX

This bill includes \$6.5 billion for Operation Lone Star, which is a wasteful use of taxpayer dollars. Texas has already spent \$11.5 billion on Operation Lonestar with nothing to show for it except for harming border communities and immigrants. I urge you to divert some of the \$6.5 billion allocated for Operation Lone Star and border security to investments that border communities actually need, like water infrastructure, roads, education, and healthcare. Operation Lone Star has wasted billions on militarizing our border regions without improving public safety. Texans deserve real solutions that improve quality of life, not more wasteful spending on harmful policies.

Jocelyn Castillo
Jolt Action
San Antnoi, TX

This bill includes \$6.5 billion for Operation Lone Star, which is a wasteful use of taxpayer dollars. Texas has already spent \$11.5 billion on Operation Lonestar with nothing to show for it except for harming border communities and immigrants. I urge you to divert some of the \$6.5 billion allocated for Operation Lone Star and border security to investments that border communities actually need, like water infrastructure, roads, education, and healthcare. Operation Lone Star has wasted billions on militarizing our border regions without improving public safety. Texans deserve real solutions that improve quality of life, not more wasteful spending on harmful policies.

Erisbel Delgado
JOLT ACTION
Houston, TX

Dear Appropriations Committee , This bill includes \$6.5 billion for Operation Lone Star, which is a wasteful use of taxpayer dollars. Texas has already spent \$11.5 billion on Operation Lonestar with nothing to show for it except for harming border communities and immigrants. I urge you to divert some of the \$6.5 billion allocated for Operation Lone Star and border security to investments that border communities actually need, like water infrastructure, roads, education, and healthcare. Operation Lone Star has wasted billions on militarizing our border regions without improving public safety. Texans deserve real solutions that improve quality of life, not more wasteful spending on harmful policies. Thank you.

Martha Reyna, Mrs.
Jolt Action
Elmendorf, TX

This bill includes \$6.5 billion for Operation Lone Star, which is a wasteful use of taxpayer dollars. Texas has already spent \$11.5 billion on Operation Lonestar with nothing to show for it except for harming border communities and immigrants. I urge you to divert some of the \$6.5 billion allocated for Operation Lone Star and border security to investments that border communities actually need, like water infrastructure, roads, education, and healthcare. Operation Lone Star has wasted billions on militarizing our border regions without improving public safety. Texans deserve real solutions that improve quality of life, not more wasteful spending on harmful policies.

Jessica Torrez, Home services field supervisor

A pineywoods home health services

Corrigan, TX

supervisory visits, which are required to maintain oversight, must be paid from the administrative rate, as must the hiring and training of caregivers to meet increasing demand. The implementation of EVV has further increased administrative burdens, requiring dedicated staff to troubleshoot technical issues and ensure compliance. Yet, the administrative portion of the rate has not increased since 2007 and is now lower than it was in 2006. While increases to the attendant wage component are necessary and appreciated, they alone will not stabilize the industry. Without an accompanying investment in the administrative rate, providers cannot sustain their operations. The failure to address this shortfall will result in workforce shortages, provider closures, lack of access to care and greater reliance on institutional care.

Equally critical to provider stability is maintaining the 90% reporting requirement. While framed as a reporting measure, a 95% threshold imposes a de facto mandate with severe financial and reputational risks for providers. Those falling below 95% would be placed on a noncompliance list, creating uncertainty and the threat of recoupments that deter providers from expanding services. This rigid requirement contradicts recent legislative investments intended to stabilize the home care system and instead forces providers to contract rather than increase access to care. It also removes the flexibility needed to allocate resources based on regional needs, replacing it with a one-size-fits-all spending model that does not align with the realities of home care delivery. A 90% reporting requirement ensures accountability while maintaining provider stability. It protects access to care, prevents unnecessary provider closures, and allows for sustainable growth. By supporting a significant investment in the administrative portion of the rate and maintaining the 90% reporting requirement, Texas can safeguard home care services and ensure vulnerable Texans receive the support they need to remain in their homes.

Adriana Thomas

Self

Pflugerville, TX

Comments:

We do NOT need another 6.5 billion dollars for Operation Lone Star—reject this wasteful spending!

Damaris Perez

Maxim healthcare

SPRING, TX

My name is Damaris Perez, and I work for Maxim Healthcare Services out of the Spring Office . Along with the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

- Families qualify for PDN services based on their CONDITION, not on income.
- Kids with limited or no PDN services cost the state more money through increased hospitalizations and more days in the hospital.
- PDN serves the most fragile, sick kids in our state.

There is no time to delay—Texas must act now to protect access to critical care before more families are left without options.

Ryan Wooley
Therapy 2000
Irving, TX

Dear Members of the House Appropriations Committee,

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), I urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

As the Vice President of Business Strategy for a pediatric home health agency, I've seen firsthand how the combination of workforce shortages and inadequate reimbursement rates is creating a crisis for children and families across Texas. Our agency has been forced to maintain a waitlist for therapy services—not because there is a lack of need, but because we simply cannot find and keep enough qualified therapists to serve the children who desperately need care.

Employee turnover has become a challenge. Talented therapists are leaving our field in search of higher-paying positions in other settings, and our reimbursement rates make it nearly impossible to compete. We're losing exceptional professionals—not because they don't believe in the mission, but because they can't afford to stay. The current reimbursement model doesn't reflect the true cost of delivering high-quality pediatric therapy in a home setting, despite our best efforts to streamline and innovate.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care. Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Please invest in the future of Texas children by supporting this much-needed rate increase.

Thank you for your time and consideration.

Carlos Morales

Texas Association of Home Care and Hospice

Lubbock, TX

On behalf of TAHC&H, we urge your support for a significant investment in the administrative portion of the community care attendant rate and the flexibility of a 90% reporting requirement on spending to ensure a balanced rate and to sustain high-quality services for older adults and individuals with disabilities.

For example, supervisory visits, which are required to maintain oversight, must be paid from the administrative rate, as must the hiring and training of caregivers to meet increasing demand. The implementation of EVV has further increased administrative burdens, requiring dedicated staff to troubleshoot technical issues and ensure compliance. Yet, the administrative portion of the rate has not increased since 2007 and is now lower than it was in 2006. While increases to the attendant wage component are necessary and appreciated, they alone will not stabilize the industry. Without an accompanying investment in the administrative rate, providers cannot sustain their operations. The failure to address this shortfall will result in workforce shortages, provider closures, lack of access to care and greater reliance on institutional care.

Equally critical to provider stability is maintaining the 90% reporting requirement. While framed as a reporting measure, a 95% threshold imposes a de facto mandate with severe financial and reputational risks for providers. Those falling below 95% would be placed on a noncompliance list, creating uncertainty and the threat of recoupments that deter providers from expanding services. This rigid requirement contradicts recent legislative investments intended to stabilize the home care system and instead forces providers to contract rather than increase access to care. It also removes the flexibility needed to allocate resources based on regional needs, replacing it with a one-size-fits-all spending model that does not align with the realities of home care delivery. A 90% reporting requirement ensures accountability while maintaining provider stability. It protects access to care, prevents unnecessary provider closures, and allows for sustainable growth. By supporting a significant investment in the administrative portion of the rate and maintaining the 90% reporting requirement, Texas can safeguard home care services and ensure vulnerable Texans receive the support they need to remain in their homes.

Martha Reyna

Jolt Action

Elmendorf, TX

This bill includes \$6.5 billion for Operation Lone Star, which is a wasteful use of taxpayer dollars. Texas has already spent \$11.5 billion on Operation Lonestar with nothing to show for it except for harming border communities and immigrants. I urge you to divert some of the \$6.5 billion allocated for Operation Lone Star and border security to investments that border communities actually need, like water infrastructure, roads, education, and healthcare. Operation Lone Star has wasted billions on militarizing our border regions without improving public safety. Texans deserve real solutions that improve quality of life, not more wasteful spending on harmful policies.

Adrianna Derrick
A Pineywoods Home Services
Nacogdoches, TX

On behalf of TAHC&H, we urge your support for a significant investment in the administrative portion of the community care attendant rate and the flexibility of a 90% reporting requirement on spending to ensure a balanced rate and to sustain high-quality services for older adults and individuals with disabilities.

I am an office employee with A Pineywoods Home Services, Inc, a Medicaid personal attendant services agency serving 44 rural counties in East Texas. I am urging you to ensure program integrity/ accountability, patient safety, and employee safety by supporting an increase to support services portion of the rate. The current draft of the budget is a cut to Medicaid agency employees like me. My job is to ensure excellent patient care occurs daily, work with field employees to deliver care in a safe environment, and implement HHSC directed tasks for compliance and licensure purposes. I respectfully request that there are no cuts to the support services portion of the community attendant program rate.

Did you know? Supervisory visits, which are required to maintain oversight, must be paid from the administrative rate, as must the hiring and training of caregivers to meet increasing demand. The implementation of EVV has further increased administrative burdens, requiring dedicated staff to troubleshoot technical issues and ensure compliance. Yet, the administrative portion of the rate has not increased since 2007 and is now lower than it was in 2006. While increases to the attendant wage component are necessary and appreciated, they alone will not stabilize the industry. Without an accompanying investment in the administrative rate, providers cannot sustain their operations. The failure to address this shortfall will result in workforce shortages, provider closures, lack of access to care and greater reliance on institutional care.

A 90% reporting requirement ensures accountability while maintaining provider stability. It protects access to care, prevents unnecessary provider closures, and allows for sustainable growth. By supporting a significant investment in the administrative portion of the rate and maintaining the 90% reporting requirement, Texas can safeguard home care services and ensure vulnerable Texans receive the support they need to remain in their homes.

Thank you for your time and support of Medicaid agency employees like me.

Marilyn Hartman

Co-chair, Advocacy Committee, NAMI Central Texas (National Alliance on Mental Illness, affiliate in Austin)
Austin, TX

Health and Human Services Commission, Article II Proposed Rider - Pilot Program for Adults with Serious Mental Illness: Discharge and Appropriate Care Settings for Individuals with Severe and Persistent Mental Illness and Co-Occurring Conditions. Texas has made a HUGE investment of taxpayer dollars in a state hospital system redesign, but without the creation of intermediate care facilities for those who are no longer in need of hospital level care but are not appropriate for community placement, this investment will result in taxpayers' continued funding of the revolving door: hospitalization, incarceration, and homelessness/ inappropriate settings, with no return on investment. The majority of persons in state hospitals, our public mental health system, are coming from county jails for competency restoration. Law enforcement, healthcare providers, stakeholders in the criminal legal system, and families are all too aware that lack of access to appropriate levels of care is forcing our community members with severe mental illness into our jails and our streets. This is a public health crisis that has become a public safety crisis. Senator Perry and Representative Howard proposed Riders to address this gap in the continuum of care, and legislators in both chambers should prioritize this project as it serves those needing a higher level of care AND the greater community.

Kaitlyn Kibaara

Self, Speech-Language Pathologist

Pflugerville, TX

As a pediatric home health therapist, I work with children in Texas who depend on skilled therapy services to reach their full potential. Every day, I see firsthand how access to therapy can mean the difference between a child learning to walk, communicate, or eat independently—or facing lifelong challenges that could have been mitigated with timely intervention. I have witnessed the incredible power of therapy in changing lives. I've worked with children who started therapy unable to say a single word and later went on to succeed academically, confidently participating in school and social settings. I've seen children my colleagues work with who once struggled with basic mobility gain the strength and skills to walk independently, unlocking new opportunities for their future. These success stories are proof that early intervention works—but only if children can access it in time.

Unfortunately, the current state of pediatric therapy services in Texas makes it increasingly difficult for families to get the care their children desperately need. The waitlist for therapy has grown significantly, leaving many children without services during critical developmental windows. I have had to tell families that they must wait months—sometimes longer—before a therapist can see their child, simply because there are not enough providers available.

One of the biggest challenges we face is the ongoing workforce shortage. Recruiting and retaining qualified therapists has become nearly impossible due to the low reimbursement rates. Many skilled professionals who are passionate about working with children are being forced to leave pediatrics to serve adults—and some are even leaving the therapy field entirely. As the cost of living continues to rise across Texas, therapists who want to serve children in home settings simply cannot afford to do so under the current rate structure.

Without an increase in reimbursement rates, more therapists will leave the field, waitlists will continue to grow, and Texas children will suffer the consequences. A 10% rate increase is not just beneficial—it is essential to sustain access to pediatric therapy services. By ensuring fair compensation for providers, Texas can help stabilize the workforce, reduce wait times, and ensure that children with disabilities and developmental delays receive the care they need when they need it most.

Please support this critical investment in Texas children and their future.

Tanya Wilcox, RN. DOCS

COFK

San Antonio, TX

I have been a nurse for 32+ yrs and 15+ years focused on Pediatric PDN. I have witnessed countless families receive the nursing care they need to keep their child safe and clinically stable but I have also seen numerous children go without the nursing care they so desperately need. Many families have gone to every PDN agency in their area searching for the care they need with little to no resolution. We concentrate on recruitment and retention of talented trach/ventilator nurses. When it comes down to the financial requirements for these applicants, we are unable to compete with hospitals, clinics, travel agencies, nursing homes, MCO Case Management, Telehealth nurses, and so forth. We want to find the best nurses for our clients and a nurse who is qualified and skilled to perform the 1:1 care our clients need. PDN nurses are alone in the home without any ancillary support that hospitals and clinics have at their disposal. The responsibilities and stress level caring for such ill patients in the home is tremendous. PDN Nurses should be compensated for the care they are providing and the solo decisions they are required to make in life and death situations. Remember, there is not always time to phone a physician or another nurse when you are performing critical care in a home setting! Without an increase in Medicaid rates for private duty nursing, the quality of care continues to suffer and the ability to find the nurse these children require continues to be a daunting journey. It is sad to see that fast food restaurant employees get paid what a skilled LVN trach /vent nurse gets paid. This is not from greed on behalf of HH agencies as our margins are barely enough to keep the cost of business afloat and offer employees benefits with real life wages and maintain a work/life balance without needing 2 jobs to just survive,

Elizabeth Grigerek

Self/Angels Of Care Pediatric Home Health (foster mother and SLP)

Plano, TX

My 11-year old nephew, of whom I am the guardian, has needed ST services after school. The waitlist for pediatric services is very long. As a parent, we waited to get the services he needed for Speech and Occupational therapies. In addition, I am an SLP in the home health setting. I've worked for two different agencies in both South Dallas and in the Plano/Allen area. The waitlist for services is always 2 or more pages. I specialize in infant and toddler feeding, and there are always children on the waitlist who need my services. Many families reported that they waited years to receive a therapist. In the last two years I have moved to a director role and I am an adjunct professor with an online university. Finding staff to hire in high-need areas is always difficult, many students struggle to find placements. Therapists are leaving the field after 1-2 years because reimbursement is not sufficient to meet the high-caseload demands and long work hours involved in pediatric services. A 10% increase in wages would allow us to market for more therapists and have higher rates of retention. It would allow me to facilitate more student placements so that as the demand grows (in peds and in geriatric) that we are training students to meet this increased demand.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care.

Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Lindsey Grunditz, MS, CCC-SLP

Therapy 2000

Spring, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

I have worked in a number of different settings as a Speech-language pathologist. Within all of these settings, I find the most growth and progress to be with my kiddos that I see in a home health setting. Most recently, I've had the privilege of working with the sweetest little boy with cerebral palsy. His mom requested speech therapy in the home because she knew he couldn't tolerate too many therapy services back-to-back in the clinic. She also knew the importance of getting education at Home on strategies to help facilitate communication. In a recent text message to me, she told me, "I was so scared he would never talk, but you are amazing at what you do". I get these stories so often, but this little boy has such a special place in my heart and I felt he needed to have his story shared. He's working on making choices and vocalizing. He's actually able to point to items that he wants so he's no longer as frustrated. This is what we do every day and it has such a huge impact on the families in our community.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care.

Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Adriana Arbizu, Pvt
Texas army national guard
Katy, TX

State Tuition assistance is so important to not only this state but country. What makes our country so strong is its states. By taking away state tuition assistance you would be taking away the honor that is owed to fellow soldiers. So many people have joined the military for these benefits to make themselves better for their country and taking it away would severely damage an extraordinary opportunity for people to be inspired to joining the military.

Ashleigh McDowell, pass coordinator
Apineywoods home services
Diboll, TX

On behalf of TAHC&H, we urge your support for a significant investment in the administrative portion of the community care attendant rate and the flexibility of a 90% reporting requirement on spending to ensure a balanced rate and to sustain high-quality services for older adults and individuals with disabilities.

I am an office employee with A Pineywoods Home Services, Inc, a Medicaid personal attendant services agency serving 44 rural counties in East Texas. I am urging you to ensure program integrity/ accountability, patient safety, and employee safety by supporting an increase to support services portion of the rate. The current draft of the budget is a cut to Medicaid agency employees like me. My job is to ensure excellent patient care occurs daily, work with field employees to deliver care in a safe environment, and implement HHSC directed tasks for compliance and licensure purposes. I respectfully request that there are no cuts to the support services portion of the community attendant program rate.

Did you know? Supervisory visits, which are required to maintain oversight, must be paid from the administrative rate, as must the hiring and training of caregivers to meet increasing demand. The implementation of EVV has further increased administrative burdens, requiring dedicated staff to troubleshoot technical issues and ensure compliance. Yet, the administrative portion of the rate has not increased since 2007 and is now lower than it was in 2006. While increases to the attendant wage component are necessary and appreciated, they alone will not stabilize the industry. Without an accompanying investment in the administrative rate, providers cannot sustain their operations. The failure to address this shortfall will result in workforce shortages, provider closures, lack of access to care and greater reliance on institutional care.

A 90% reporting requirement ensures accountability while maintaining provider stability. It protects access to care, prevents unnecessary provider closures, and allows for sustainable growth. By supporting a significant investment in the administrative portion of the rate and maintaining the 90% reporting requirement, Texas can safeguard home care services and ensure vulnerable Texans receive the support they need to remain in their homes.

Thank you for your time and support of Medicaid agency employees like me.

Robert Singleton
Nuclear Information and Resource Service & San Antonio Bay Estuarine Waterkeeper
Austin, TX

Nuclear Information and Resource Service and San Antonio Bay Estuarine Waterkeeper oppose SB 1, funding for nuclear development at TX A&M under Article III page 251.

We object to taxpayer money being used to fund risky nuclear designs, some of which have failed in the past—for SMRs [small mythical nuclear] reactors and larger commercial nuclear power reactors. The more intense-long-lasting waste with nowhere to go, routine radioactive releases into air/water/environment/fish and food supply/etc and long-lead time for startup of reactors with significant risks for accidents and large releases is a waste of TX taxpayer resources.

We support the comments from members of Texas Nuclear Watchdogs.

Please oppose SB 1.

Briana Quintero, RN
Registered Nurse At Angels of care pediatric home health
Abilene, TX

Dear Members of the House Appropriations Committee,

I am writing today as a dedicated nurse who has had the privilege of caring for a very special patient through Private Duty Nursing services. My patient is a two-year-old child I have been caring for since he was just six months old. Over the past year and a half, I have witnessed firsthand the incredible progress he has made—progress that would not have been possible without the consistent, skilled care provided through this program.

When I first met him, he required constant monitoring and specialized interventions to support his health and development. With time, care, and love, he has become more alert, more active, and is beginning to meet developmental milestones we weren't sure he would reach. His personality has blossomed, and every small victory—every smile, every movement—feels like a celebration.

This child holds a very special place in my heart. Being a part of his journey has not only strengthened my belief in the power of home-based care, but has also shown me how critical Private Duty Nursing is for children with complex needs. It offers them stability, dignity, and a fighting chance at a better life.

Please ensure that SB 1 includes strong support for Private Duty Nursing. These services are not optional for families like his—they are essential.

Thank you for listening to our stories and recognizing the impact your decisions have on real lives.

Sincerely,
Briana Quintero
Registered Nurse
Abilene, TX Angels of care Pediatric Home Health

sonja burns
Self/ Advocate
Austin, TX

Health and Human Services Commission, Article II Proposed Rider
Pilot Program for Adults with Serious Mental Illness: Discharge and Appropriate Care Settings for Individuals with Severe and Persistent Mental Illness and Co-Occurring Conditions. Texas has made a HUGE investment of taxpayer dollars in a state hospital system redesign, but without the creation of intermediate care facilities for those who are no longer in need of hospital level care but are not appropriate for community placement, this investment will result in taxpayers' continued funding of the revolving door: hospitalization, incarceration, and homelessness/ inappropriate settings, with no return on investment. The majority of persons in state hospitals, our public mental health system, are coming from county jails for competency restoration. Law enforcement, healthcare providers, stakeholders in the criminal legal system, and families are all too aware that lack of access to appropriate levels of care is forcing our community members with severe mental illness into our jails and our streets. This is a public health crisis that has become a public safety crisis. Senator Perry and Representative Howard proposed Riders to address this gap in the continuum of care, and legislators in both chambers should prioritize this project as it serves those needing a higher level of care AND the greater community.

Hope Summers
Maxim Healthcare
Dallas, TX

My name is Hope Summers BSN RN, and I work for Maxim Healthcare Services out of the Dallas office. Along with the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

- Families qualify for PDN services based on their CONDITION, not on income.
- Kids with limited or no PDN services cost the state more money through increased hospitalizations and more days in the hospital.
- PDN serves the most fragile, sick kids in our state.

There is no time to delay—Texas must act now to protect access to critical care before more families are left without options.

Karen Reese, Physical Therapist
Self
Katy, TX

As a Physical Therapist and a grandparent of a child with special needs, I know the benefits of continued access the PT and Ot for children. The cost of providing these services to the needs children has increased as have other services. Families are limited in their ability to work and manage accessing services for the children. An increase in funding will help maintain services for children. This will help them develop skills that lead to a more independent life decreasing the need for the amount of government assistance in the future.

Haley Morales, LVN
Care Options for Kids
Austin, TX

When my patient is short staffed it compromises the patients care and quality of life, along with his parents ability to maintain their daily jobs. My patient requires changing, repositioning, and medications every 2 hours, daily nebulizer treatments, requires a ventilator, and receives feeds through his gastric button every 3 hours; this does not include activities of daily living and the activities required by therapies, such as, applying AFOs for 3-5 hours per day, knee immobilizers for 1-3 hours per day, and using his Tobii (talking device) as much as possible daily. This does also not take into account if the patient has a bad day due to respiratory issues, bowel issues, pain, nerve issues, or just general discomforts. When a nurse is unable to be present due to restriction of work hours to not exceed 40 hours per week, as no over time is allowed, and lower pay rates are being enforced, that leaves the patient with a gap in nursing care which can cause the patient to regress in his overall health. The gap leaves the patient not receiving the proper nursing care needed to sustain life and sustain the patients current health status, rather it opens the patient up for errors due to lack of communication between nurses due to gaps where no report is given to a next nurse on shift, gives the potential for a lower level of care which can cause major issues for a patient who is considered high acuity, allows the patient to stray from routine which just one day off pattern causes the patient to regress in overall health status. This gap in nursing also effects the parents as they have to assume care while also attempting to work their regular daily jobs and care for other kids, leaving the patient open to receiving care that does not meet the patients need as the parents are scrambling to have to be a more, working individual, and parent to other siblings of the patient. Further, for us nurses who rely on certain hours per week and certain pay rates, it leaves us having to either work multiple patient homes or leave the patient in whole to cover a patient who has better benefits, again leaving the patient with more gaps and a lesser status of care. The patient needs to be put first and covering the patients full time care, regardless of pay rates of nurses or hours a nurse works per week, needs to be the top priority, otherwise we are telling the patient and their family their child does not matter only politics and money matters.

Bridget Natale
Connect Pediatrics
Ft.Worth, TX

The need for further consideration towards PDN as an ongoing effort to keep children out of the expensive hospitalizations.

Victor Camilo, RN
Colonial Home Health Inc
San Antonio, TX

Please Support Rate Increases for Community Care

On behalf of all the families and attendants, as well as all Providers we urge your support for a significant investment in the administrative portion of the community care attendant rate and the flexibility of a 90% reporting requirement on spending to ensure a balanced rate and to sustain high-quality services for older adults and individuals with disabilities.

Since the inception of the EVV program the administrative cost for providers has had a big impact on the cost for all providers, not only the addition of required staff to attend the system but also the monthly cost to use a proprietary system.

Other cost to include supervisory visits, which are required to maintain oversight, must be paid from the administrative rate, as must the hiring and training of caregivers to meet increasing demand. The implementation of EVV has further increased administrative burdens, requiring dedicated staff to troubleshoot technical issues and ensure compliance. Yet, the administrative portion of the rate has not increased since 2007 and is now lower than it was in 2006. While increases to the attendant wage component are necessary and appreciated, they alone will not stabilize the industry. Without an accompanying investment in the administrative rate, providers cannot sustain their operations. The failure to address this shortfall will result in workforce shortages, provider closures, lack of access to care and greater reliance on institutional care.

Equally critical to provider stability is maintaining the 90% reporting requirement. While framed as a reporting measure, a 95% threshold imposes a de facto mandate with severe financial and reputational risks for providers. Those falling below 95% would be placed on a noncompliance list, creating uncertainty and the threat of recoupments that deter providers from expanding services. This rigid requirement contradicts recent legislative investments intended to stabilize the home care system and instead forces providers to contract rather than increase access to care. It also removes the flexibility needed to allocate resources based on regional needs, replacing it with a one-size-fits-all spending model that does not align with the realities of home care delivery. A 90% reporting requirement ensures accountability while maintaining provider stability. It protects access to care, prevents unnecessary provider closures, and allows for sustainable growth. By supporting a significant investment in the administrative portion of the rate and maintaining the 90% reporting requirement, Texas can safeguard home care services and ensure vulnerable Texans receive the support they need to remain in their homes.

Jasmine Garcia, LVN
Self/nursing
Lubbock, TX

I am a private duty nurse for a pediatric patient. I go to school with her, out of school activities, therapies. I still work 12 hr shifts as if at a hospital however put in more work when we are short nurses. My patient has 2 day nurses and 2 night nurses, we have been unable to retain prn nurses due to them getting more income elsewhere. As a private duty nurse I am the lifeline of my patient, but also for my patients parents. Without private duty nurses my patients parents would not be able to obtain as normalcy of a life that they can. Without a private duty nurse my patient as well as many others wouldn't be able to attend school, or attend family functions. A 21% rate increase would call to more nurses, more nurses would be interested in doing the work a private duty nurse requires.

Kyle Flores, CDT.
Self, Student
Katy, TX

State Tuition assistance is what made me choose State over federal. It has also allowed me to persuade many of my peers and juniors that the National Guard is a great path for them to build their future. It is the largest recruitment and retention incentive for newer soldiers.

Claire Hart
Self, Registered Nurse
Georgetown, TX

I am writing to you as a private duty nurse to share my perspective on the critical importance of increasing Medicaid reimbursement rates and how such an increase would directly improve the care we provide to the most vulnerable patients. The current rates are insufficient, leading to severe staffing shortages that compromise the quality of care we can deliver and negatively impact our working conditions.

Private duty nurses are tasked with providing high-level, one-on-one care for individuals with complex medical conditions in their homes. These patients rely on us to manage their daily medical needs, provide emotional support, and ensure their well-being. Private duty nurses are their lifeline in their day-to-day lives. However, many of us face constant challenges due to inadequate compensation. Medicaid reimbursement rates, which are intended to support these essential services, have not kept pace with rising costs, including wages, training, and equipment.

This shortfall in compensation has led to a shortage of nurses willing to accept Medicaid patients, resulting in understaffed teams and, in many cases, overwhelming workloads. Nurses have to work multiple jobs or increase their weekly workload to make ends meet. This causes strain on the nurses leading to increased stress, fatigue, and burnout. Increasing the risk of medical errors, which can have devastating impacts on the patient. This can lead to increased healthcare costs, preventable hospitalizations, and even in the worst-case scenario death.

Increasing Medicaid reimbursement rates would lead to hiring and retaining more qualified staff, allowing us to provide a higher level of care to our patients. With adequate staffing, it distributes the work load adequately to staff. To prevent overexertion of staff, and lessen the chances of sentinel events. It would decrease turnover and the disruptions it causes for patients and families.

In essence, improving Medicaid reimbursement rates would allow for better care, a healthier workforce, and a stronger healthcare system overall. I urge you to consider the profound impact that such a change could make on the lives of vulnerable individuals and the caregivers who serve them. Your support would lead to a significant positive shift in private-duty nursing and, more importantly, in the lives of those who rely on these essential services.

Mary Tallent
Self, Student
La Vernia, TX

I am a veteran dependent with friends who rely on this funding and support to get through college. Our government claims to want to help our military and our veterans, so I am begging and pleading with you not to pass this. If you pass this and cut this funding and support, you are NOT helping your military and veterans.

Hillary Ochieng
Texas national guard
Houston, TX

The appropriations bill doesn't include the Tuition Assistance for our Texas national guard warriors which is worrying as it is one of those things that not only make the warriors feel cared for by their state it increases our state army intellectual capabilities as well as literacy levels even for our families. It's important and hope that aspect be reviewed

Brandi Mills
Therapy 2000
Austin, TX

As a pediatric home health therapist, I work with children in Texas who depend on skilled therapy services to reach their full potential. Every day, I see firsthand how access to therapy can mean the difference between a child learning to walk, communicate, or eat independently—or facing lifelong challenges that could have been mitigated with timely intervention.

I have witnessed the incredible power of therapy in changing lives. I've worked with children who started therapy unable to say a single word and later went on to succeed academically, confidently participating in school and social settings. I've seen children my colleagues work with who once struggled with basic mobility gain the strength and skills to walk independently, unlocking new opportunities for their future. These success stories are proof that early intervention works—but only if children can access it in time.

Unfortunately, the current state of pediatric therapy services in Texas makes it increasingly difficult for families to get the care their children desperately need. The waitlist for therapy has grown significantly, leaving many children without services during critical developmental windows. I have had to tell families that they must wait months—sometimes longer—before a therapist can see their child, simply because there are not enough providers available.

One of the biggest challenges we face is the ongoing workforce shortage. Recruiting and retaining qualified therapists has become nearly impossible due to the low reimbursement rates. Many skilled professionals who are passionate about working with children are being forced to leave pediatrics to serve adults—and some are even leaving the therapy field entirely. As the cost of living continues to rise across Texas, therapists who want to serve children in home settings simply cannot afford to do so under the current rate structure.

Without an increase in reimbursement rates, more therapists will leave the field, waitlists will continue to grow, and Texas children will suffer the consequences. A 10% rate increase is not just beneficial—it is essential to sustain access to pediatric therapy services. By ensuring fair compensation for providers, Texas can help stabilize the workforce, reduce wait times, and ensure that children with disabilities and developmental delays receive the care they need when they need it most.

Please support this critical investment in Texas children and their future.

Hannah Coleman
self
Houston, TX

This should not be happening. There are many military members that are depending on the tuition money. We cannot leave them hanging.

Meredith Engelmeyer
My child
Frisco, TX

Dear Senator Huffman,
My son is medically fragile & we recently were able to receive private duty nursing. This service is much needed to keep him healthy and prevent future hospitalizations. Our son had three ICU stays for over 7 days each in a 9 month period. Our goal is to keep him home & to avoid costly hospitalizations due to severe respiratory issues & seizures. A private duty nurse will be able to attend to his medical needs at school & home. They will be able to provide the medical skills that the school staff is unable to & the skills that my husband & I are not formally trained in. We are so thankful to have the skills of a nurse to help our boy continue to stay home without going back to the ICU. Thank you for supporting families like ours!

Sincerely,
Meredith Engelmeyer

Patty King

Mom

Plano, TX

I am the Mother of a 27 yr old medically fragile daughter. Whom requires 24/7 Nursing care! She has a trach, gastronomy feeding tube, breathing treatments, medications, and many machines which allows her to stay alive. The pay rate needs to be highly increased. She does not have continuous coverage due to the pay rate since she turned 21. The rate is lowered when pediatric patients turn 21. So unfair her needs DID NOT CHANGE. She is 100% dependent for everything we take for granted!!!

I was let go from work do to calling out when a nurse didn't show.

There has not been an increase of pay in several years. In fact McDonald's is paying what nurses make. That is JUST WRONG!!!

Cassie Pustejovsky

Self - nonprofit employee

Hallettsville, TX

I urge you to divert some of the \$6.5 billion allocated for Operation Lone Star and border security to investments that border communities actually need like water infrastructure, roads, education, and healthcare. Operation Lone Star has wasted billions on militarizing our border regions without improving public safety. Texans deserve real solutions that improve quality of life, not more wasteful spending on harmful policies

Madison Breland

Self college student

Wharton, TX

Don't do this, this is not in the best interest of the troops. They sacrifice so much to our country and state to protect us, doing this is a disservice.

MARINA FRANCO, PHC CLERK SUPERVISOR

SANTA FE HEALTH CARE, INC.

BENAVIDES, TX

If the state were to increase the minimum pay of service attendants, we at Santa Fe Health Care, Inc. strongly believe that it would be difficult to operate. Due to the low reimbursement rates, agencies are already struggling to profit since they have not been increased in over twenty years. Many of the smaller agencies especially like ourselves in rural areas would not be able to compete or continue to operate and this would lead to many elderly/disabled individuals without necessary assistance to perform their activities of daily living. With the reimbursement rate so low agency is already struggling to retain and show appreciation to current in-house staff, as well as attendants leaving due to some agencies paying well over the reimbursement rate. We as an agency feel that while attendants may benefit from a raise in pay, the only way we see it being a success is if agencies get a raise in reimbursement rates as well. Please take into consideration the well-being of our elderly especially in rural areas where we are stationed.

DEVANE LOVE, CW4

TEXAS ARMY NATIONAL GUARD

AUSTIN, TX

State education and tuition assistance for military service members actively serving in the Texas Army National Guard.

Tatyana Love

Self

Grand Prairie, TX

I urge you to divert some of the \$6.5 billion allocated for Operation Lone Star and border security to investments that border communities actually need like water infrastructure, roads, education, and healthcare. Operation Lone Star has wasted billions on militarizing our border regions without improving public safety. Texans deserve real solutions that improve quality of life, not more wasteful spending on harmful policies

Cassie Vela, Speech-Language Pathologist

Self- Pediatric speech therapy

Houston, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

Because of constant cuts and lack of support from the state, therapists are leaving the field in droves. This has caused a massive waitlist, leaving thousands of children in need unassisted. It also leaves therapists who have received Masters and Doctorates extremely overworked and underpaid. Insufficient rates cause us to be unable to purchase necessary supplies to effectively complete our work. We are essentially paying others to work. This is not seen in other fields. We are AMERICA- we should not be seeing the government deny services or stop supporting help for children with disabilities. They are our future.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care. Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Winnie Odundo

Connect Home health

Dallas, TX

Every week, I see and talk to families who are holding it together with duct tape and prayer.

Parents taking night shifts so nurses can rest. Parents sleeping in recliners beside ventilators. Dads learning to suction tracheostomy tubes because no nurse was available.

This is real. And it's happening across Texas. The system is broken—not because people don't care, but because it's underfunded.

The 21% increase in SB 1 isn't excessive—it's essential. We need to be able to pay nurses a fair wage to keep them in this field. Without them, these families are left alone to manage very difficult situations. And eventually, they end up in the ER, not because of a medical crisis, but because no nurse showed up.

We can fix this. But we need your help. Please pass the rate increase and give these families the care they desperately need.

Carisa Kimbro
self / aerospace mfg
Burleson, TX

I am writing to express my deep concern regarding the removal of State Tuition Assistance. Service Members rely heavily on this benefit to continue their education. More importantly, we have Soldiers and Airmen in the Texas Army National Guard, who depend on this critical support to pursue their first opportunities in higher education.

Many of these Service Members do not yet qualify for the GI Bill and simply cannot afford to pay for college out of pocket. When they enlisted in the Texas Army National Guard whether for four, eight, or more years they were promised State Tuition Assistance as a core incentive. As we continually focus on development and retention, I can say without hesitation that this benefit has been one of the most compelling tools in my conversations with Soldiers & Airmen considering continued service. Since the tuition assistance cap was raised to \$10,000, I have personally seen an increase in reenlistments. The message was clear: the State values their service and is invested in their future. Eliminating this benefit would not only break that trust, but also significantly harm our ability to retain highly capable and motivated individuals.

I respectfully urge you to reconsider this decision and maintain funding for State Tuition Assistance. It is an investment that pays dividends in the strength, morale, and readiness of our force and our Soldiers & Airman have more than earned it.

Dealina Ramey
Maxim Healthcare Services
Deweyville, TX

My name is Dealina and I work for Maxim Healthcare Services out of the Beaumont. Along with the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

- Families qualify for PDN services based on their CONDITION, not on income.
- Kids with limited or no PDN services cost the state more money through increased hospitalizations and more days in the hospital.
- PDN serves the most fragile, sick kids in our state.

Amy Coronado, Speech language pathologist
Therapy 2000 Green Apple Therapy
Pearland, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

I have learned firsthand from parents how long waitlists can lead to significant delays in care for their children. I've witnessed the profound impact that early speech therapy can have on children under the age of five, and I understand the critical role caregiver instruction plays in fostering communication skills at home. However, when patients move out of my treatment area, they often face a considerable gap in services due to the limited availability of therapists in their new locations. This gap only compounds the challenges these families face in securing timely and effective care for their children.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care. Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Carisa Kimbro
self / aerospace mfg
Burleson, TX

I am writing to express my deep concern regarding the removal of State Tuition Assistance. Service Members rely heavily on this benefit to continue their education. More importantly, we have Soldiers and Airmen in the Texas Army National Guard, who depend on this critical support to pursue their first opportunities in higher education. Many of these Service Members do not yet qualify for the GI Bill and simply cannot afford to pay for college out of pocket. When they enlisted in the Texas Army National Guard whether for four, eight, or more years they were promised State Tuition Assistance as a core incentive. As we continually focus on development and retention, I can say without hesitation that this benefit has been one of the most compelling tools in my conversations with Soldiers & Airmen considering continued service. Since the tuition assistance cap was raised to \$10,000, I have personally seen an increase in reenlistments. The message was clear: the State values their service and is invested in their future. Eliminating this benefit would not only break that trust, but also significantly harm our ability to retain highly capable and motivated individuals. I respectfully urge you to reconsider this decision and maintain funding for State Tuition Assistance. It is an investment that pays dividends in the strength, morale, and readiness of our force and our Soldiers & Airman have more than earned it.

Phylicia Olukoju, Dr
Medcare Pediatric Group
Katy, TX

Several of my patients have been directly affected by the cuts. This kiddos need therapy services to attain functional life skills and mobility and are directly impacted by these cuts. The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care.

Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Nicole Harrison, EVV coordinator
EVV Coordinator for A Pineywoods Home Health
Beaumont, TX

The implementation of EVV has further increased administrative burdens, requiring dedicated staff to troubleshoot technical issues and ensure compliance. Yet, the administrative portion of the rate has not increased since 2007 and is now lower than it was in 2006. While increases to the attendant wage component are necessary and appreciated, they alone will not stabilize the industry. Without an accompanying investment in the administrative rate, providers cannot sustain their operations. The failure to address this shortfall will result in workforce shortages, provider closures, lack of access to care and greater reliance on institutional care.

Equally critical to provider stability is maintaining the 90% reporting requirement. While framed as a reporting measure, a 95% threshold imposes a de facto mandate with severe financial and reputational risks for providers. Those falling below 95% would be placed on a noncompliance list, creating uncertainty and the threat of recoupments that deter providers from expanding services. This rigid requirement contradicts recent legislative investments intended to stabilize the home care system and instead forces providers to contract rather than increase access to care. It also removes the flexibility needed to allocate resources based on regional needs, replacing it with a one-size-fits-all spending model that does not align with the realities of home care delivery. A 90% reporting requirement ensures accountability while maintaining provider stability. It protects access to care, prevents unnecessary provider closures, and allows for sustainable growth. By supporting a significant investment in the administrative portion of the rate and maintaining the 90% reporting requirement, Texas can safeguard home care services and ensure vulnerable Texans receive the support they need to remain in their homes.

Heather Baughman, WO1
Self / Multidomain Activities Division Military Intelligence Lead
Round Rock, TX

Excluding State Tuition Assistance funding for Soldiers greatly hinders our ability to recruit and retain curious, intelligent, and motivated Soldiers. This is even more true for Military Intelligence (MI) Soldiers. Advanced education creates better MI Soldiers. It supports MI career development. It offers a benefit that encourages Soldiers to continue their service in a field that is woefully undermanned due to the benefits being offered in the civilian sector for these specialized Soldiers and their skillsets. Good MI Soldiers save lives in the operational environment. To lose these Soldiers because they are unable to develop personally and professionally without the State Tuition Assistance program is both short-sighted and dangerous. Cutting Soldier benefits helps nothing and hurts our ability to recruit and retain the best and the brightest. The federal tuition assistance program restructure has already limited opportunities for Soldier education and growth. Please amend SB 1 to include funding for the State Tuition Assistance Program.

AMBER HACKETT
A PINEYWOODS HOME HEALTH
CROCKETT, TX

Helping to increase access to care is the goal.

Sharon Goolsby
First in Pediatrics Home Health Care, Inc.
Jefferson, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase in private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings. First in Pediatrics has been providing private duty nursing since 2002. Since COVID, it has been increasing hard to meet staffing needs due to the increased salaries nursing homes, traveling nursing agencies and hospitals were able to pay. Some of that is still in place. While PDN received a 2% increase last legislative session it did not bring it up enough to actively compete in the recruitment of nurses. As you are aware, these children that are staffed with nursing can be up to 24 hours per day and very medically complex (tracheostomies, ventilators, TPN nutrition, etc.). Not just any nurse can provide these types of services. Incomplete staffing wears on the family and the family unit suffers. The divorce rate for these families is very high due to the stress. The current reimbursement rates fail to cover the rising costs of providing skilled nursing care in the home. The Texas Department of State Health Services projects that demand for home health RNs will grow by nearly 40% by 2036, yet stagnant reimbursement rates are driving skilled nurses away from home care and into hospitals and other higher-paying settings. If Texas fails to act, this workforce crisis will deepen, leaving countless families with no viable care options. The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than than the cost of providing PDN services, making this a clear issue of fiscal responsibility, as well as patient care. The HHSC has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families. A 21% rate increase is the minimum necessary to stabilize the PDN workforce, prevent further loss of skilled nurses, and ensure medically complex children can remain safely at home. This investment will save lives, prevent costly hospitalizations, and strengthen Texas's commitment to its most vulnerable. There is no time to delay--Texas must act now to protect access to critical care before more families are left without options.

Jantzen Nix
Maxim Healthcare Services
Hideaway, TX

My name is Jantzen, and I work for Maxim Healthcare Services out of the Tyler, Tx office. Along with the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

- Families qualify for PDN services based on their CONDITION, not on income.
- Kids with limited or no PDN services cost the state more money through increased hospitalizations and more days in the hospital.
- PDN serves the most fragile, sick kids in our state.

There is no time to delay—Texas must act now to protect access to critical care before more families are left without options.

BRENDA SMITH
APINEYWOODS
LUFKIN, TX

WE NEED THIS BILL. INCREASE THE RATES

Jason Archer
self
Leander, TX

Our Texas Soldiers are doing amazing work at the Southern Border. To reduce their educational benefits is an awful way to save money. Many of these Soldiers and airmen joined for the educational benefits. The second/third order effects of removing this benefit would hurt recruiting and affect the safety of our state and country.

Amy Ewen, Mrs
Maxim Healthcare Services
Tyler, TX

Please help us be able to serve Texas residents with the access to care they deserve!

Elizabeth Bryant, Mrs.
Pediatric Physical Therapists
Dallas, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

I have been a pediatric physical therapist for 16 years in the state of Texas. Both of my children at home have also received therapy. My daughter Autumn, received speech therapy for approx. 2 years. She had a hearing deficit since birth and language did not come easily for her. She was difficult to understand even though she tried so hard. Kids made fun of her and my once confident spunky child became shy and unwilling to speak up. With therapy from an SLP, she was able to learn to articulate better and gained confidence. She now has a large group of friends and recently had a speaking part in her school play. Without this help, she would have had zero ability to become the person she is growing into and would not have the confidence to contribute to society later in life.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care. Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

LAQUTTA HICKS, CNA/PROVIDER PLACEMENT COORDINATOR
APINEYWOODS HOME SERVICES
LUFKIN, TX

For example, supervisory visits, which are required to maintain oversight, must be paid from the administrative rate, as must the hiring and training of caregivers to meet increasing demand. The implementation of EVV has further increased administrative burdens, requiring dedicated staff to troubleshoot technical issues and ensure compliance. Yet, the administrative portion of the rate has not increased since 2007 and is now lower than it was in 2006. While increases to the attendant wage component are necessary and appreciated, they alone will not stabilize the industry. Without an accompanying investment in the administrative rate, providers cannot sustain their operations. The failure to address this shortfall will result in workforce shortages, provider closures, lack of access to care and greater reliance on institutional care.

Equally critical to provider stability is maintaining the 90% reporting requirement. While framed as a reporting measure, a 95% threshold imposes a de facto mandate with severe financial and reputational risks for providers. Those falling below 95% would be placed on a noncompliance list, creating uncertainty and the threat of recoupments that deter providers from expanding services. This rigid requirement contradicts recent legislative investments intended to stabilize the home care system and instead forces providers to contract rather than increase access to care. It also removes the flexibility needed to allocate resources based on regional needs, replacing it with a one-size-fits-all spending model that does not align with the realities of home care delivery. A 90% reporting requirement ensures accountability while maintaining provider stability. It protects access to care, prevents unnecessary provider closures, and allows for sustainable growth. By supporting a significant investment in the administrative portion of the rate and maintaining the 90% reporting requirement, Texas can safeguard home care services and ensure vulnerable Texans receive the support they need to remain in their homes

Juanita Matthew, Office Manager

ApineyWoods Home Health

Beaumont, TX

For example, supervisory visits, which are required to maintain oversight, must be paid from the administrative rate, as must the hiring and training of caregivers to meet increasing demand. The implementation of EVV has further increased administrative burdens, requiring dedicated staff to troubleshoot technical issues and ensure compliance. Yet, the administrative portion of the rate has not increased since 2007 and is now lower than it was in 2006. While increases to the attendant wage component are necessary and appreciated, they alone will not stabilize the industry. Without an accompanying investment in the administrative rate, providers cannot sustain their operations. The failure to address this shortfall will result in workforce shortages, provider closures, lack of access to care and greater reliance on institutional care.

Equally critical to provider stability is maintaining the 90% reporting requirement. While framed as a reporting measure, a 95% threshold imposes a de facto mandate with severe financial and reputational risks for providers. Those falling below 95% would be placed on a noncompliance list, creating uncertainty and the threat of recoupments that deter providers from expanding services. This rigid requirement contradicts recent legislative investments intended to stabilize the home care system and instead forces providers to contract rather than increase access to care. It also removes the flexibility needed to allocate resources based on regional needs, replacing it with a one-size-fits-all spending model that does not align with the realities of home care delivery. A 90% reporting requirement ensures accountability while maintaining provider stability. It protects access to care, prevents unnecessary provider closures, and allows for sustainable growth. By supporting a significant investment in the administrative portion of the rate and maintaining the 90% reporting requirement, Texas can safeguard home care services and ensure vulnerable Texans receive the support they need to remain in their homes. Office

Elizabeth Bryant

Therapy 2000

Dallas, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

As a PT myself, I have seen countless children. One in particular was a child with MTM, a genetic disorder that caused him little ability for volitional movement. At age 18 months, we started him in a power chair that helped him get out of his home. He recently turned 16. He is a BRILLIANT child who is able to attend high school, allowing both of his parents to work outside of the home and limit the amount of home nursing he must receive. He still have very little movement, but our early intervention with physical therapy and creative thinking has allowed him to be age appropriate in terms of education as well as participate in extra curricular activities. His therapy at home allowed him to participate in dinner time, sibling play, and normal household rhythms as well as be positioned in a safe way to keep him from constantly being in the hospital where quality of life and costs become sadly outrageous.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care.

Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Jennifer Baker

Self

Tyler, TX

My name is Jennifer Baker, and I work for Maxim Healthcare Services out of the Tyler, TX office. Along with the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

- Families qualify for PDN services based on their CONDITION, not on income.
- Kids with limited or no PDN services cost the state more money through increased hospitalizations and more days in the hospital.
- PDN serves the most fragile, sick kids in our state.

There is no time to delay—Texas must act now to protect access to critical care before more families are left without options.

Kevin Johnson
Self
Cedar Park, TX

I am writing to you today with an urgent plea regarding the critical need to increase Medicaid funding for private duty nursing (PDN). My 12-year-old son suffers from an undiagnosed disease that necessitates 100% care from highly trained nurses. His condition renders him extremely vulnerable to life-threatening respiratory and cardiac episodes, requiring constant vigilance and specialized medical knowledge.

For 24 years, I was employed and maintained private health insurance that covered the essential PDN services my son requires. However, due to a recent layoff, our family is now entirely reliant on Medicaid for his care. Unfortunately, the current Medicaid reimbursement rates are woefully inadequate to secure experienced and qualified nurses.

The existing rates only attract inexperienced or newly graduated nurses, many of whom lack the expertise to handle my son's complex medical needs. This puts his life at significant risk. Experienced nurses, who possess the necessary skills and knowledge, are forced to accept substantial pay cuts or work reduced hours, leading to critical gaps in coverage. This instability prevents my wife and I from maintaining consistent employment, severely impacting our ability to support our other two school-aged children.

These dedicated PDNs are not merely caregivers; they are lifelines. They provide the specialized care that keeps my son safe at home, preventing costly hospitalizations. By enabling him to remain at home, these nurses save Medicaid hundreds of thousands of dollars in hospital expenses.

Investing in increased reimbursement rates for PDN is not just a matter of compassion; it is a fiscally responsible decision. By ensuring that experienced nurses are adequately compensated, we can guarantee consistent and high-quality care for children like my son. This will, in turn, reduce the need for expensive hospital stays, ultimately saving Medicaid significant funds in the long term.

I implore you to consider the urgent need to increase Medicaid funding for private duty nursing. The lives of vulnerable children depend on it. Please take action to protect these children and ensure they receive the essential care they deserve.

Thank you for your time and consideration.

Trisha Payne
Maxim Healthcare Services, Tyler
Lindale, TX

My name is Trisha Payne, and I work for Maxim Healthcare Services out of the Tyler office. Along with the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

- Families qualify for PDN services based on their CONDITION, not on income.
- Kids with limited or no PDN services cost the state more money through increased hospitalizations and more days in the hospital.
- PDN serves the most fragile, sick kids in our state.

There is no time to delay—Texas must act now to protect access to critical care before more families are left without options.

Rachel Ricks
Self- Speech Language Pathologist
Katy, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings. Pediatric therapy impacts the future of Texas. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care. Early therapy intervention has been proven to positively impact children's outcomes for the rest of their lives. Please support the 10% rate increase and advocate for the children of Texas.

Elizabeth Bryant

Therapy 2000

Dallas, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

As a PT myself, I have seen countless children. One child I treated and will never forget is a little girl who is now almost 1 years old. I began treating her when she came home from the NICU. She was born at approx. 27 weeks gestation. She received a Cerebral Palsy diagnosis at age 2. She was given very little chance to walk or participate in an age appropriate way. She was not able to eat without medical assistance for a long time and she had incredible physical limitations on her R side resulting in total negligence to her arm, hand, and leg. We did therapy intermittently until she was 5 years old when she was able to attend kindergarten in an age appropriate classroom for typically developing children. She received PT, OT, and ST and walked at age 2.5, ran at age 4, jumped at age 4.5. She is able to to independently go up/down steps and plays soccer on Saturdays. She learned to swim safely. Her speech is understandable and she is able to dress herself and tie her own shoes. The best part is his smile around other children. Without therapy, she would likely still be at home with nursing care and without that smile.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care. Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Lois Overshine, Ms

Apineywood Home Services

Lufkin, TX

For example, supervisory visits, which are required to maintain oversight, must be paid from the administrative rate, as must the hiring and training of caregivers to meet increasing demand. The implementation of EVV has further increased administrative burdens, requiring dedicated staff to troubleshoot technical issues and ensure compliance. Yet, the administrative portion of the rate has not increased since 2007 and is now lower than it was in 2006. While increases to the attendant wage component are necessary and appreciated, they alone will not stabilize the industry. Without an accompanying investment in the administrative rate, providers cannot sustain their operations. The failure to address this shortfall will result in workforce shortages, provider closures, lack of access to care and greater reliance on institutional care.

Equally critical to provider stability is maintaining the 90% reporting requirement. While framed as a reporting measure, a 95% threshold imposes a de facto mandate with severe financial and reputational risks for providers. Those falling below 95% would be placed on a noncompliance list, creating uncertainty and the threat of recoupments that deter providers from expanding services. This rigid requirement contradicts recent legislative investments intended to stabilize the home care system and instead forces providers to contract rather than increase access to care. It also removes the flexibility needed to allocate resources based on regional needs, replacing it with a one-size-fits-all spending model that does not align with the realities of home care delivery. A 90% reporting requirement ensures accountability while maintaining provider stability. It protects access to care, prevents unnecessary provider closures, and allows for sustainable growth. By supporting a significant investment in the administrative portion of the rate and maintaining the 90% reporting requirement, Texas can safeguard home care services and ensure vulnerable Texans receive the support they need to remain in their homes.

BRENDA SMITH
APINEYWOODS
LUFKIN, TX

For example, supervisory visits, which are required to maintain oversight, must be paid from the administrative rate, as must the hiring and training of caregivers to meet increasing demand. The implementation of EVV has further increased administrative burdens, requiring dedicated staff to troubleshoot technical issues and ensure compliance. Yet, the administrative portion of the rate has not increased since 2007 and is now lower than it was in 2006. While increases to the attendant wage component are necessary and appreciated, they alone will not stabilize the industry. Without an accompanying investment in the administrative rate, providers cannot sustain their operations. The failure to address this shortfall will result in workforce shortages, provider closures, lack of access to care and greater reliance on institutional care.

Equally critical to provider stability is maintaining the 90% reporting requirement. While framed as a reporting measure, a 95% threshold imposes a de facto mandate with severe financial and reputational risks for providers. Those falling below 95% would be placed on a noncompliance list, creating uncertainty and the threat of recoupments that deter providers from expanding services. This rigid requirement contradicts recent legislative investments intended to stabilize the home care system and instead forces providers to contract rather than increase access to care. It also removes the flexibility needed to allocate resources based on regional needs, replacing it with a one-size-fits-all spending model that does not align with the realities of home care delivery. A 90% reporting requirement ensures accountability while maintaining provider stability. It protects access to care, prevents unnecessary provider closures, and allows for sustainable growth. By supporting a significant investment in the administrative portion of the rate and maintaining the 90% reporting requirement, Texas can safeguard home care services and ensure vulnerable Texans receive the support they need to remain in their homes.

Shanta Ferguson
A PineyWoods Home Services
Lufkin, TX

Supervisory visits, which are required to be maintain oversight, must be paid from the administrative rate, as must the hiring and training of caregivers to meet increasing demand. The implementation of EVV has further increased administrative burdens, requiring dedicated staff to troubleshoot technical issues and ensure compliance. Yet, the administrative portion of the rate has NOT increased since 2007 and is now LOWER than it was in 2006. While increases to the attendant wage component are necessary and appreciated, they alone will not stabilize the industry. Without an accompanying investment in the administrative rate, providers cannot sustain their operations. The failure to address this shortfall will result in workforce shortages, provider closures, lack of access to care and greater reliance on institutional care.

Equally critical to provider stability is maintaining the 90% reporting requirement. While framed as a reporting measure, a 95% threshold imposes a de facto mandate with severe financial and reputational risks for providers. Those falling below 95% would be placed on a noncompliance list, creating uncertainty and the threat of recoupments that deter providers from expanding services. This rigid requirement contradicts recent legislative investments intended to stabilize the home care system and instead forces providers to contract rather than increase access to care. It also removes the flexibility needed to allocate resources based on regional needs, replacing it with a one-size-fits-all spending model that does not align with the realities of home care delivery. A 90% reporting requirement ensures accountability while maintaining provider stability. It protects access to care, prevents unnecessary provider closures, and allows for sustainable growth. By supporting a significant investment in the administrative portion of the rate and maintaining the 90% reporting requirement, Texas can safeguard home care services and ensure vulnerable Texans receive the support they need to remain in their homes.

Kerri Griffin, CCO

A Pineywoods Home Services

Center, TX

Administrative oversight includes many vital employee-performed operations. For example, supervisory visits, which are required to maintain oversight, must be paid from the administrative rate, as must the hiring and training of caregivers to meet increasing demand. The implementation of EVV has further increased administrative burdens, requiring dedicated staff to troubleshoot technical issues and ensure compliance. Yet, the administrative portion of the rate has not increased since 2007 and is now lower than in 2006. While the attendant wage component increases are necessary and appreciated, they alone will not stabilize the industry. Providers cannot sustain their operations without an accompanying investment in the administrative rate. The failure to address this shortfall will result in workforce shortages, provider closures, lack of access to care, and greater reliance on institutional care.

Equally critical to provider stability is maintaining the 90% reporting requirement. While framed as a reporting measure, a 95% threshold imposes a de facto mandate with severe financial and reputational risks for providers. Those falling below 95% would be placed on a noncompliance list, creating uncertainty and the threat of recoupments that deter providers from expanding services. This rigid requirement contradicts recent legislative investments intended to stabilize the home care system and forces providers to contract rather than increase access to care. It also removes the flexibility needed to allocate resources based on regional needs, replacing it with a one-size-fits-all spending model that does not align with the realities of home care delivery. A 90% reporting requirement ensures accountability while maintaining provider stability. It protects access to care, prevents unnecessary provider closures, and allows for sustainable growth. By supporting a significant investment in the administrative portion of the rate and maintaining the 90% reporting requirement, Texas can safeguard home care services and ensure vulnerable Texans receive the support they need to remain in their homes.

Cole Vinyard, APRN

Self , nurse practitioner

lubbock, TX

My name is Cole Vinyard. I'm currently a nurse practitioner in one of the largest medical facilities in West Texas. I am also the father of a special-needs child who is ventilator dependent and requires 24/7 medical assistance. I'm writing you in regards to SB-1 discussing the importance of increasing funding for agencies in order to properly staff for vulnerable patients in need. It is very difficult for Home health agencies to offer competitive wages for the crucial services that they offer. Hospitals currently have significantly larger budgets that allow increases in wages for medical staff. Home health agencies need the ability to offer competitive wages to main maintain proper staffing numbers. The families of special needs patients need assistance in caring for loved ones. This allows family members to potentially work full-time. With the increasing cost of living, household providers must be able to work and know that their children are taken care of from a medical standpoint. Parents should not be forced to consider placing their special needs children in group care just because home health agencies are unable to hire staff. An increase in funding would result in the agencies, providing more care providers with a higher skill level. This would in turn, reduce potential hospitalizations and complications that could otherwise be avoided. Preventing hospitalizations would ultimately save money in the long-run. As parents, we should have the right to choose to keep our vulnerable child at home rather than placing in a facility. By limiting resources for home health agencies, families will ultimately be forced to place their kids in group homes or stop working in order to be a full-time healthcare provider thus removing a tax paying citizen from the workforce. It IS imperative that these changes be made in order to allow families to provide and care for their loved ones.

Tosin Lee

self- occupational therapist

Rosharon, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care. Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

On Bill Number, select SB 1.

Melissa Bullock, COO
Children's Home Healthcare
Sherman, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), I am writing to advocate for a critical 21% rate increase for private duty nursing (PDN) services. These services are indispensable for children with disabilities and medically complex conditions, allowing them to receive the necessary care within their homes, rather than in more expensive institutional settings.

As a Pediatric Home Healthcare Operator, I've observed increasing challenges in attracting and retaining qualified nursing staff. We've had instances where hospitals sought to admit patients, but we couldn't accept them because our current rates prevent us from offering competitive compensation. We struggle to compete with the higher wages offered by hospitals and nursing homes, and nurses frequently request rates that exceed our reimbursement capabilities.

The current reimbursement rates are insufficient to cover the rising costs of delivering skilled nursing care at home. Despite a slight 2% increase in 2023, providers still struggle to hire and retain nurses, and agencies report they cannot recruit enough RNs and LVNs to meet the growing demand. The Texas Department of State Health Services projects that the demand for home health RNs will surge by almost 40% by 2036. However, stagnant reimbursement rates are driving skilled nurses away from home care and towards hospitals and other higher-paying environments. If Texas does not take action, this workforce crisis will worsen, leaving many families without viable care options.

The consequences of underfunding PDN are significant. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face extended and avoidable hospital stays. Families throughout the state struggle to find nurses due to unsustainable reimbursement rates. Moreover, a single hospitalization resulting from a lack of home nursing care can cost exponentially more than providing PDN services, making this a matter of fiscal responsibility and patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates do not cover actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to avert an access-to-care crisis that would have dire consequences for thousands of families.

A 21% rate increase is the minimum required to stabilize the private duty nursing workforce, prevent further attrition of skilled nurses, and ensure that medically complex children can remain safely at home. This investment will save lives, prevent costly hospitalizations, and reinforce Texas's commitment to its most vulnerable citizens.

Thank you for considering this urgent request.

Sincerely,
Melissa

Mykalee Peterson, Speech language Pathologist (CF)

Therapy 2000

College station, TX

In the field of pediatric therapy, growing waitlists continue to rise each year. After witnessing many families that desire an evaluations and are forced to wait due to limited spots and therapist, there are many that become frustrated and discouraged that therapy is even worth it. I have come into contact with families that truly wish that they had therapy sooner. Some families end up becoming frustrated when not getting into services quickly due to the fact that many children fall more and more behind the longer families wait. I hope in the future that as more people get involved into pediatric therapy, we can have more therapist willing to quickly evaluate and take on cases so that more kids can be seen and decreased chances of pediatric therapy disorders.

In the field of healthcare in general, I feel workforce shortages are very common. However, in the field of pediatric therapy, I noticed that many facilities struggle to recruit and retain therapist that are wanting to continue in the field. I feel a large portion is that many therapists become burnt out within their first few years of working due to overload of clients on their schedule and not having proper support/resources for therapist. I feel that many jobs that constantly have a flow of clients coming in and out don't always take the time to train and effectively communicate with their therapist. I think a way to ensure that workforce shortages do not occur as often is to ensure mental safety for the therapist and provide resources for them during their first few years to learn and not get burnt out easily.

When providing services to different clients reimbursement to those families vital for family continuation in therapy. However, in the recent years insufficient reimbursement rates have been continuing to rise. This can make it difficult for many families due to the financial strain for the healthcare providers and patients. Many reimbursement rates often fall short of covering the full actual cost of providing care which can cause many issues on both sides of therapy parties. I feel that it's important to have good financial reimbursement rates in order to encourage therapist to continue providing adequate healthcare and for families to feel that therapy can be beneficial.

The 10% rate increase is essential to sustain pediatric therapy to clients with disabilities and developmental delays. The reason the increase is important is because it ensures that these children can receive timely and good quality care from therapist across the disciplines. This increase can be essential to providing therapy to very medically complex clients and enabled them to receive the best quality care in their homes other than a costly institutional setting.

Marianne Wilms, Speech Pathologist

Medcare Pediatrics

Pearland, TX

Many families face daily challenges with multiple children having severe disabilities. The schools offer limited assistance and the children suffer from lack of service time. With schools cutting programs and children being so severe they don't have the resources, Home Health is their only option. I work with such a family. I serve four of the five children with two of them being severely Autistic. Without my help to teach them communication skills, they are in danger of safety situations and expressing their wants and needs.

Anthony Cisneros
Maxim Healthcare
Boerne, TX

My name is Tony Cisneros, and I work for Maxim Healthcare Services out of the San Antonio office. Along with the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

- Families qualify for PDN services based on their CONDITION, not on income.
- Kids with limited or no PDN services cost the state more money through increased hospitalizations and more days in the hospital.
- PDN serves the most fragile, sick kids in our state.

There is no time to delay—Texas must act now to protect access to critical care before more families are left without options.

Sharon Goolsby
First in Pediatrics Home Health Care, Inc.
Jefferson, TX

Support rate increases for Community Care -

On behalf of TACH&H, we urge your support for a significant investment in the administrative portion of the community care attendant rate and the flexibility of a 90% reporting requirement on spending to ensure a balanced rate and to sustain high-quality services for older adults and individuals with disabilities. Our agency has been providing non-skilled attendant services to children and adults since 2002. This has been a great service to that patient population that need help with their activities of daily living but are not at the level for skilled care. For example, supervisory visits, which are required to maintain oversight, must be paid from the administrative rate, as must the hiring and training of caregivers to meet increasing demand. The implementation of EVV has further increased administrative burdens requiring dedicated staff to troubleshoot technical issues and ensure compliance. Yet, the administrative portion of the rate has not increased since 2007 and is now lower than it was in 2006. While increases to the attendant wage component are necessary and appreciated, they alone will not stabilize the industry. Without an accompanying investment in the administrative rate, providers cannot sustain their operations. The failure to address this shortfall will result in workforce shortages, provider closures, lack of access to care and greater reliance on institutional care. Equally critical to provider stability is maintaining the 90% reporting requirement. While framed as a reporting measure, a 95% threshold imposes a de facto mandate with severe financial and reputational risks for providers. Those falling below 95% would be placed on a noncompliance list, creating uncertainty and the threat of recoupments that deter providers from expanding services. This rigid requirement contradicts recent legislative investments intended to stabilize the home care system and instead forces providers to contract rather than increase access to care. It also removes the flexibility needed to allocate resources based on regional needs, replacing it with a one-size-fits-all spending model that does not align with the realities of home care delivery. A 90% reporting requirement ensures accountability while maintaining provider stability. It protects access to care, prevents unnecessary provider closures, and allows for sustainable growth. By supporting a significant investment in the administrative portion of the rate and maintaining the 90% reporting requirement, Texas can safeguard home care services and ensure vulnerable Texans receive the support they need to remain in their homes.

Paul Akin
Outreach Health Services
Frisco, TX

On behalf of TAHC&H, we urge your support for a significant investment in the administrative portion of the community care attendant rate and the flexibility of a 90% reporting requirement on spending to ensure a balanced rate and to sustain high-quality services for older adults and individuals with disabilities.

For example, supervisory visits, which are required to maintain oversight, must be paid from the administrative rate, as must the hiring and training of caregivers to meet increasing demand. The implementation of EVV has further increased administrative burdens, requiring dedicated staff to troubleshoot technical issues and ensure compliance. Yet, the administrative portion of the rate has not increased since 2007 and is now lower than it was in 2006. While increases to the attendant wage component are necessary and appreciated, they alone will not stabilize the industry. Without an accompanying investment in the administrative rate, providers cannot sustain their operations. The failure to address this shortfall will result in workforce shortages, provider closures, lack of access to care and greater reliance on institutional care.

Equally critical to provider stability is maintaining the 90% reporting requirement. While framed as a reporting measure, a 95% threshold imposes a de facto mandate with severe financial and reputational risks for providers. Those falling below 95% would be placed on a noncompliance list, creating uncertainty and the threat of recoupments that deter providers from expanding services. This rigid requirement contradicts recent legislative investments intended to stabilize the home care system and instead forces providers to contract rather than increase access to care. It also removes the flexibility needed to allocate resources based on regional needs, replacing it with a one-size-fits-all spending model that does not align with the realities of home care delivery. A 90% reporting requirement ensures accountability while maintaining provider stability. It protects access to care, prevents unnecessary provider closures, and allows for sustainable growth. By supporting a significant investment in the administrative portion of the rate and maintaining the 90% reporting requirement, Texas can safeguard home care services and ensure vulnerable Texans receive the support they need to remain in their homes.

Kimberly McBride
A Pineywoods Home Services
Lufkin, TX

supervisory visits, which are required to maintain oversight, must be paid from the administrative rate, as must the hiring and training of caregivers to meet increasing demand. The implementation of EVV has further increased administrative burdens, requiring dedicated staff to troubleshoot technical issues and ensure compliance. Yet, the administrative portion of the rate has not increased since 2007 and is now lower than it was in 2006. While increases to the attendant wage component are necessary and appreciated, they alone will not stabilize the industry. Without an accompanying investment in the administrative rate, providers cannot sustain their operations. The failure to address this shortfall will result in workforce shortages, provider closures, lack of access to care and greater reliance on institutional care.

Equally critical to provider stability is maintaining the 90% reporting requirement. While framed as a reporting measure, a 95% threshold imposes a de facto mandate with severe financial and reputational risks for providers. Those falling below 95% would be placed on a noncompliance list, creating uncertainty and the threat of recoupments that deter providers from expanding services. This rigid requirement contradicts recent legislative investments intended to stabilize the home care system and instead forces providers to contract rather than increase access to care. It also removes the flexibility needed to allocate resources based on regional needs, replacing it with a one-size-fits-all spending model that does not align with the realities of home care delivery. A 90% reporting requirement ensures accountability while maintaining provider stability. It protects access to care, prevents unnecessary provider closures, and allows for sustainable growth. By supporting a significant investment in the administrative portion of the rate and maintaining the 90% reporting requirement, Texas can safeguard home care services and ensure vulnerable Texans receive the support they need to remain in their homes.

Loren Rodriguez
Apineywoods Home Services
Diboll, TX

On behalf of TAHC&H, we urge your support for a significant investment in the administrative portion of the community care attendant rate and the flexibility of a 90% reporting requirement on spending to ensure a balanced rate and to sustain high-quality services for older adults and individuals with disabilities.

For example, supervisory visits, which are required to maintain oversight, must be paid from the administrative rate, as must the hiring and training of caregivers to meet increasing demand. The implementation of EVV has further increased administrative burdens, requiring dedicated staff to troubleshoot technical issues and ensure compliance. Yet, the administrative portion of the rate has not increased since 2007 and is now lower than it was in 2006. While increases to the attendant wage component are necessary and appreciated, they alone will not stabilize the industry. Without an accompanying investment in the administrative rate, providers cannot sustain their operations. The failure to address this shortfall will result in workforce shortages, provider closures, lack of access to care and greater reliance on institutional care.

Equally critical to provider stability is maintaining the 90% reporting requirement. While framed as a reporting measure, a 95% threshold imposes a de facto mandate with severe financial and reputational risks for providers. Those falling below 95% would be placed on a noncompliance list, creating uncertainty and the threat of recoupments that deter providers from expanding services. This rigid requirement contradicts recent legislative investments intended to stabilize the home care system and instead forces providers to contract rather than increase access to care. It also removes the flexibility needed to allocate resources based on regional needs, replacing it with a one-size-fits-all spending model that does not align with the realities of home care delivery.

A 90% reporting requirement ensures accountability while maintaining provider stability. It protects access to care, prevents unnecessary provider closures, and allows for sustainable growth. By supporting a significant investment in the administrative portion of the rate and maintaining the 90% reporting requirement, Texas can safeguard home care services and ensure vulnerable Texans receive the support they need to remain in their homes.

sue faulkner
self
tyler, TX

My name is Sue Faulkner, and I work for Maxim Healthcare Services out of the Tyler TX. Along with the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

- Families qualify for PDN services based on their CONDITION, not on income.
- Kids with limited or no PDN services cost the state more money through increased hospitalizations and more days in the hospital.
- PDN serves the most fragile, sick kids in our state.

There is no time to delay—Texas must act now to protect access to critical care before more families are left without options

Angela Delaune
Maxim Healthcare Services
Whitehouse, TX

My name is Angela Delaune, and I work for Maxim Healthcare Services out of the Tyler, TX. Along with the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

- Families qualify for PDN services based on their CONDITION, not on income.
- Kids with limited or no PDN services cost the state more money through increased hospitalizations and more days in the hospital.
- PDN serves the most fragile, sick kids in our state.

There is no time to delay—Texas must act now to protect access to critical care before more families are left without options.

Grace Pierce

Maxim Healthcare - Austin/Allegis Group

Austin, TX

REQUEST FOR SUPPORT: 21% RATE INCREASE FOR PRIVATE DUTY NURSING SERVICES

My name is Grace Pierce, and I represent Maxim Healthcare Services in the Austin, Texas area. On behalf of our organization and in alignment with the Texas Association for Home Care & Hospice (TAHC&H), I am writing to urge your support for a critical 21% rate increase for Private Duty Nursing (PDN) services.

FISCAL IMPACT AND RATIONALE

The Health and Human Services Commission (HHSC) has documented a 21% funding shortfall for PDN services in the 2025-26 biennium. This underfunding creates significant fiscal implications for Texas:

1. **Cost Avoidance:** A single preventable hospitalization due to insufficient home nursing care can cost the state 3-4 times more than providing appropriate PDN services.
2. **Healthcare System Efficiency:** When medically fragile children cannot access PDN services, they often remain in hospitals longer than medically necessary, occupying beds needed for acute care patients.
3. **Long-term Savings:** Proper home nursing care prevents medical complications that lead to emergency department visits and intensive care admissions.

CASE STUDY: REAL TEXAS FAMILY

To illustrate the critical nature of this issue, consider one of our current patients: a 3-year-old girl who suffered a severe spinal cord injury in a motor vehicle accident. Following a 7-month hospitalization, she returned home requiring:

- G-button feeding tube management
- Weekly tracheostomy changes
- 24/7 ventilator monitoring

Without adequate PDN reimbursement rates, we struggle to provide the ICU-level nurses required for this child's survival. Her parents, who received hospital training but are not medical professionals, face the impossible task of providing complex medical care while maintaining employment and caring for their other children.

KEY POINTS FOR CONSIDERATION

- PDN eligibility is determined by **MEDICAL CONDITION**, not income level
- Children with insufficient PDN coverage generate higher state expenditures through increased hospitalizations
- PDN services target the most medically fragile pediatric population in Texas
- Current reimbursement rates fall significantly below the actual cost of providing skilled nursing care

URGENT ACTION REQUIRED

The 21% rate increase represents the minimum adjustment needed to prevent an imminent access-to-care crisis for thousands of Texas families. This increase is not only a compassionate response to children with medical complexities but also a fiscally responsible policy decision that will generate net savings for Texas taxpayers.

I welcome the opportunity to discuss this critical issue further or to provide additional information as needed.

Respectfully submitted,

Grace Pierce

Maxim Healthcare Services

Austin, Texas

Courtney Sanders
MVP Pediatric Home Health
Whitehouse, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

Increasingly, we are seeing nurses take jobs that offer higher pay due to rising living costs. At the same time, we have nurses who are deeply passionate about caring for medically fragile children and are willing to make sacrifices to continue doing what they love. However, these dedicated nurses have not received a raise since 2008.

The current reimbursement rates fail to cover the rising costs of providing skilled nursing care in the home. Despite a modest 2% increase in 2023, providers continue to face extreme difficulty in hiring and retaining nurses, agencies report that they are unable to recruit enough RNs and LVNs to meet demand. The Texas Department of State Health Services projects that demand for home health RNs will grow by nearly 40% by 2036, yet stagnant reimbursement rates are driving skilled nurses away from home care and into hospitals and other higher-paying settings. If Texas fails to act, this workforce crisis will deepen, leaving countless families with no viable care options.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

A 21% rate increase is the minimum necessary to stabilize the private duty nursing workforce, prevent further loss of skilled nurses, and ensure medically complex children can remain safely at home. This investment will save lives, prevent costly hospitalizations, and strengthen Texas's commitment to its most vulnerable. There is no time to delay—Texas must act now to protect access to critical care before more families are left without options.

Stacy Clark Afzali
Maxim Healthcare Services
Tyler, TX

My name is Stacy, and I work for Maxim Healthcare Services out of the Tyler Tx office. Along with the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

- Families qualify for PDN services based on their CONDITION, not on income.
- Kids with limited or no PDN services cost the state more money through increased hospitalizations and more days in the hospital.
- PDN serves the most fragile, sick kids in our state.

There is no time to delay—Texas must act now to protect access to critical care before more families are left without options.

Jennifer Brady
Maxim Healthcare
Lumberton, TX

My name is Jennifer Brady, and I work for Maxim Healthcare Services out of the Beaumont, Tx office. Along with the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

- Families qualify for PDN services based on their CONDITION, not on income.
- Kids with limited or no PDN services cost the state more money through increased hospitalizations and more days in the hospital.
- PDN serves the most fragile, sick kids in our state.

There is no time to delay—Texas must act now to protect access to critical care before more families are left without options.

Shanya Hanson
Maxim Healthcare Services
San Antonio, TX

My name is Shanya Hanson, and I work for Maxim Healthcare Services out of the San Antonio office. Along with the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

- Families qualify for PDN services based on their CONDITION, not on income.
- Kids with limited or no PDN services cost the state more money through increased hospitalizations and more days in the hospital.
- PDN serves the most fragile, sick kids in our state.

There is no time to delay—Texas must act now to protect access to critical care before more families are left without options.

Colton Weiss
Maxim Healthcare Services
Austin, TX

My name is Colton Weiss, and I work for Maxim Healthcare Services out of the Austin office. Along with the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

- Families qualify for PDN services based on their CONDITION, not on income.
- Kids with limited or no PDN services cost the state more money through increased hospitalizations and more days in the hospital.
- PDN serves the most fragile, sick kids in our state.

There is no time to delay—Texas must act now to protect access to critical care before more families are left without options.

Lorraine Rios
Maxim Healthcare Services
Tomball, TX

My name is Lorraine Rios, and I work for Maxim Healthcare Services out of the Spring, TX location. Along with the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

- Families qualify for PDN services based on their CONDITION, not on income.
- Kids with limited or no PDN services cost the state more money through increased hospitalizations and more days in the hospital.
- PDN serves the most fragile, sick kids in our state.

There is no time to delay—Texas must act now to protect access to critical care before more families are left without options.

Suzanne Andrews

RiverKids Pediatric Home Health

Pearland, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

As a home health therapy provider in the state of Texas, we have witnessed a continual decline in the number of therapists willing to work in the home health therapy setting due to the low reimbursement rates. Our employment offers are consistently declined due to higher rates offered by hospital systems and outpatient settings. The workforce shortage and the struggle to recruit and retain qualified therapists are currently our biggest challenges and we have been unable to overcome them due to reimbursement rates and the decreases we have experienced over the past decade. Our agency's waitlist for children needing Physical, Occupational, and Speech therapy services in the home continues to grow each month while we lose therapists to settings that offer a higher rate to their therapists. Home health agencies have increased our collaboration with one another since 2020 to find services for these potential patients but the waitlist continues to grow. We require assistance from the state to make an impact.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care.

Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Aaliyah Lara

Maxim Healthcare Services

Tomball, TX

My name is Aaliyah, and I work for Maxim Healthcare Services out of the Spring office. Along with the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

- Families qualify for PDN services based on their **CONDITION**, not on income.
- Kids with limited or no PDN services cost the state more money through increased hospitalizations and more days in the hospital.
- PDN serves the most fragile, sick kids in our state.

Michele Lopacinski
Self / Physical Therapist
Wichita Falls, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings. Consider these points:

The growing waitlist for pediatric therapy services and the impact on children in need.
Workforce shortages and the struggle to recruit and retain qualified therapists.
How insufficient reimbursement rates make it difficult to provide services.
Why a 10% rate increase is essential to sustain access to therapy for Texas children.

Joseph Minassian
Maxim Healthcare Services
Spring, TX

My name is Joey Minassian, and I work for Maxim Healthcare Services out of the Spring 140 office. Along with the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

- Families qualify for PDN services based on their CONDITION, not on income.
- Kids with limited or no PDN services cost the state more money through increased hospitalizations and more days in the hospital.
- PDN serves the most fragile, sick kids in our state.

There is no time to delay—Texas must act now to protect access to critical care before more families are left without options.

Jessica Bisnette

self - nurse

whitehouse, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

Increasingly, we are seeing nurses take jobs that offer higher pay due to rising living costs. At the same time, we have nurses who are deeply passionate about caring for medically fragile children and are willing to make sacrifices to continue doing what they love. However, these dedicated nurses have not received a raise since 2008.

The current reimbursement rates fail to cover the rising costs of providing skilled nursing care in the home. Despite a modest 2% increase in 2023, providers continue to face extreme difficulty in hiring and retaining nurses, agencies report that they are unable to recruit enough RNs and LVNs to meet demand. The Texas Department of State Health Services projects that demand for home health RNs will grow by nearly 40% by 2036, yet stagnant reimbursement rates are driving skilled nurses away from home care and into hospitals and other higher-paying settings. If Texas fails to act, this workforce crisis will deepen, leaving countless families with no viable care options.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care. The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

A 21% rate increase is the minimum necessary to stabilize the private duty nursing workforce, prevent further loss of skilled nurses, and ensure medically complex children can remain safely at home. This investment will save lives, prevent costly hospitalizations, and strengthen Texas's commitment to its most vulnerable. There is no time to delay—Texas must act now to protect access to critical care before more families are left without options.

Genevieve Jones

Maxim Healthcare Services

Spring, TX

We currently provide services on a Gtube, Tracheostomy and Ventilator services 3yo patient who would not have been able to go home otherwise if it wasn't for the assistance of Medicaid. We service this kiddo 24 hours per day/ 7 days per week. This has given her parents the ability to go to work and provide for her and her siblings. This has given them a quality of life that otherwise wouldn't be available if they weren't given the assistance. We love what we do and will do everything we can to find them the best qualified skilled nurses. The more support and resources we have will continue to make an incredible impact on our community!

DONNA TRANTHAM

Therapy 2000 Inc.

IRVING, TX

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care.

Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays

Lisa Shrlton, M.A., CCC-SLP
Therapy 2000/Green Apple Therapy
Cypress, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The wait list to receive speech therapy is lengthy. I am forced to turn down referrals each week because I have no more time in my schedule. It has always been difficult to recruit and retain therapist because of large caseloads/workloads. An increase in funding may help alleviate that issue.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care. Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Tesa Welch
Therapy 2000
Richmond, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

I am a home health pediatric Speech Pathologist and have seen The Magic of what our field does in the home environment. Able to adapt communication needs in the most functional and easiest way by not only providing services to improve communication, especially in the event of a emergency or safety event but also to communicate with families so that they know how to help their child and support their communication needs. In order for us to continue having availability and therapists within our setting, it is imperative that rate increases are considered. Many of our families in this big city of Houston have limited or no transportation and are not able to have services in other settings.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care. Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Ezra Kuenzi

Connect Cares Foundation

Bartonville, TX

Like most families in Texas, I never imagined private duty nursing (PDN) rates would impact my life. My wife and I are blessed with three healthy children. But our nephew, Dillon, went without oxygen at birth and suffered severe medical complications. He is now trach-dependent, tube-fed, and requires 24/7 nursing care to survive.

Watching Dillon's journey opened our eyes. We saw, up close, the extraordinary challenges families face accessing basic nursing care for medically fragile children. We saw the cracks in the system and the toll it takes.

Because of that experience, my wife and I became deeply committed to helping families like my brother's. We founded a nonprofit to support families of medically fragile children and launched a pediatric home healthcare company to help provide the nursing care these children need to survive and thrive.

Over the years, we've seen firsthand how critical access to PDN is—and how devastating the consequences are when that care is out of reach. The truth is, Texas families are breaking under the weight of a system that's failing them. Nursing shortages, burnout, and stagnant reimbursement rates have created a perfect storm. Families desperate for help are left with no viable in-home nursing options, turning instead to ERs and extended hospital stays. Many are exhausted—physically, emotionally, and mentally—trying to hold it all together without the care their children require.

Since the current PDN rate structure was implemented 17 years ago, rates have increased by just 2.5%, while inflation in Texas has risen 47%. This gap has made it nearly impossible to recruit and retain qualified nurses. Even with a 2% increase in 2023, agencies across the state still can't hire enough RNs and LVNs to meet demand.

This is a looming crisis.

The Texas Department of State Health Services projects a 40% increase in demand for home health RNs by 2036. Without meaningful rate adjustments, skilled nurses will continue to leave home care for higher-paying hospital jobs. If Texas fails to act, even more families will be left without care—and children with trachs, ventilators, seizure disorders, and other complex conditions will continue to face preventable and expensive hospitalizations.

The financial impact is clear: a single hospitalization due to lack of home nursing can cost exponentially more than consistent PDN services. This is not just a matter of compassion—it's a matter of fiscal responsibility.

Even the Texas Health and Human Services Commission acknowledges the issue, reporting a 21% funding shortfall in PDN reimbursement for the upcoming biennium. That gap is unsustainable.

We respectfully urge Texas lawmakers to approve at least a 21% rate increase—the minimum needed to stabilize the workforce, prevent further loss of skilled nurses, and ensure medically complex children can safely remain at home. This is an urgent issue and an investment will save lives and reduce costs.

Leann Massie
Maxim Healthcare
Spring, TX

My name is Leann, and I work for Maxim Healthcare Services out of the Spring. Along with the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

- Families qualify for PDN services based on their CONDITION, not on income.
- Kids with limited or no PDN services cost the state more money through increased hospitalizations and more days in the hospital.
- PDN serves the most fragile, sick kids in our state.

There is no time to delay—Texas must act now to protect access to critical care before more families are left without options.

Ayrin Sykes, M.Ed., CCC-SLP
Self, Speech-Language Pathologist
Kyle, TX

Below are the key points you should address in your House Public Comment. We strongly encourage you to share your own perspective and unique challenges:

- The growing waitlist for pediatric therapy services and the impact on children in need.
- Workforce shortages and the struggle to recruit and retain qualified therapists.
- How insufficient reimbursement rates make it difficult to provide services.
- Why a 10% rate increase is essential to sustain access to therapy for Texas children.

COMMENT TEMPLATE for SB 1 by Huffman: Support Rate Increases for Pediatric Therapy

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

*****I'm a speech-language pathologist of 11 years, and in Texas for 9 years. I have also been in leadership for about 8 of those years, so I've seen the difficulty in providing quality services to Texas children without proper compensation. Therapists are actually leave the field entirely to work in better-paid positions. They are doing this not because they want to, but because the cost of living has gotten so high that they feel they need to do this for their families. We're losing some of our best people and it's tragic. Please, please help us keep the most qualified candidates serving our children.*****

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care. Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

GodfreyGodfrey Boado
Therapy 2000/Green Apple Therapy
Katy, TX

We ask for your support for this bill. With the current reimbursement rate and increasing cost of living, it makes it harder for us therapist to provide the home health services for these special needs children who are really in need of these services. There are growing waiting lists for children needing services due to difficulty by home health companies to retain therapists because of the reasons mentioned above. We hope that you can support this bill to give our special needs children better future! Thank you and God bless!

Rachel Filius
Maxim Healthcare Services
Gilmer, TX

As a nurse with over 12 years experience in various nursing backgrounds from Nursing Homes, LTAC, Hospital and ICU I see the need for PDN services. The care that PDN allows not only to patients, but their families goes above and beyond what facilities can provide. Nurses are able to provide holistic care to patients by ensuring not just their physical but mental aspects are being addressed. PDN allows parents and families to simulate some sort of balance in their life. PDN can limit exposure to infections that are encountered in overpopulated and understaffed facilities. Patients can be provided with care that can promote quality of life. Working in the ICU during COVID I watched the patients that survived this horrific pandemic being shipped sometimes states away to a facility that could provide the care required of tracheostomy and ventilator patients. I was unaware of PDN services at this time or else I would have advocated for those patients to be able to stay near their family that they had fought so hard for. I feel very strongly about supporting this bill and ask you to consider how you would like your family and loved ones taken care of. Have you ever really looked around at the facilities patients end up in, have you considered the healthcare crisis and health care burn out present in our country right now?

Norma Reyes
Therapy 2000
Edinburg, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care. Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Mary Smith Overbey
Therapy 2000- Green Apple Therapy
HOUSTON, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

I have personally experienced dozens of caregivers who have informed me that they waited months and months for therapy services their child desperately needed, and they were now concerned that they had declined even further due to the wait time. Children who require these services are put on a waitlist that can last years, due to workforce shortages and lack of qualified therapists available to provide the services. The rate increase is crucial for the children of Texas who desperately need and deserve therapy. These outrageous waitlists, workforce shortages, and insufficient reimbursement rates have made receiving therapy services extremely difficult for thousands of families in Texas. Not receiving timely services can place children at risk for further decline and make it that much harder for them to catch up to their same aged peers, which can have lasting physical and social-emotional impacts.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care.

Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Bianca Lozano, SLP
Therapy 2k
Conroe, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

Cutting funding would not only jeopardize children's health and development but also place an additional strain on families already facing significant challenges. Please consider the profound consequences these budget cuts would have on families. Medicaid funding empowers these children to lead fulfilling lives. Don't cut their lifeline.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care.

Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Sharon Goolsby

First in Pediatrics Home Health Care, Inc.

Jefferson, TX

Support Rate Increase for Pediatric Therapy -

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings. While our agency does not provide therapy services, we depend greatly on therapy companies that service this medically complex section of children. This therapy allows children to maintain flexibility, reduce contractures, and in some instances, allows them to become independently mobile. Home therapy is essential to secure therapy that the family may not be secure for them if they do not have adequate transportation to get them back and forth to outpatient appointments due to other family obligations. The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care. Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Caleb Mize, CCC-SLP

Self - Speech Language Pathologist

San Antonio, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

As a home health speech, language pathologist, providing services to children in the San Antonio Metro area, I know firsthand the difficulty of maintaining staffing and providing sufficient services to the population of our city. Without sufficient reimbursement, it is difficult to properly staff our service areas and reduce wait times for patients desperately seeking services. Often by the time children are seen it is difficult for us as therapists, because parents have not had the support they needed and have been waiting for months or even over a year to be seen or evaluated by a speech pathologist. This further exacerbates speech and communication delays and disorders making our daily job more difficult and providing a burden on caregivers and family members.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care. Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Brenda Green
Therapy 2000
Converse, TX

Dear Members of the House Appropriations Committee,

I urge you to prioritize funding for pediatric home health therapy in SB 1. Children with disabilities and medical complexities rely on home-based therapy services, such as physical, occupational, and speech therapy to develop essential skills, improve their quality of life, and avoid unnecessary hospitalizations. For many families, home health therapy is not just a convenience but a necessity. These services allow children to receive individualized care in a familiar and supportive environment, leading to better long-term outcomes. Without adequate funding, thousands of children could face delays in treatment, negatively impacting their growth, education, and independence. I respectfully ask the committee to support and protect funding for pediatric home health therapy to ensure that all children in Texas receive the care they need to thrive.

Thank you for your time and commitment to this important issue.

Sincerely,
Brenda Green
San Antonio, TX / Therapy 2000

Alison Bennett
Self
Pearland, TX

I ask legislators to appropriate more money toward public education funding and raises for staff, and to oppose the narrow focus on teacher-only raises through the Teacher Incentive Allotment. Our students have dozens of teachers and support staff that assist every single day in public schools. By giving incentives to all public school teachers, staff and support staff, we can retain better professionals who truly care about our public school students.

Mikey Newton, BD Mgr
Maxim Healthcare Services
Houston, TX

My name is Mikey and I work for Maxim Healthcare Services out of the [office]. Along with the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

- Families qualify for PDN services based on their CONDITION, not on income.
- Kids with limited or no PDN services cost the state more money through increased hospitalizations and more days in the hospital.
- PDN serves the most fragile, sick kids in our state.

There is no time to delay—Texas must act now to protect access to critical care before more families are left without options.

My name is [XX], and I work for Maxim Healthcare Services out of the [office]. Along with the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

- Families qualify for PDN services based on their CONDITION, not on income.

Amanda Eason

self, RN

Orange, TX

My name is Amanda Eason, RN and I work for Maxim Healthcare Services out of the Beaumont, Texas office. Along with the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings. Family involvement and social interaction in their personal environment is critical.

The impact of underfunding PDN is severe! Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates and many require second incomes to support their own needs.

Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care. Prevention as we know, is more cost effective than reaction. If we can be more responsible with prevention measures, we would be able to utilize a lesser financial impact to help more souls. Afterall, our politicians went full PRO LIFE and this is part of that journey.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

- Families qualify for PDN services based on their CONDITION, not on income.
- Kids with limited or no PDN services cost the state more money through increased hospitalizations and more days in the hospital.
- PDN serves the most fragile, sick kids in our state.

There is no time to delay—Texas must act now to protect access to critical care before more families are left without options.

Lauren Kammerer

Maxim Healthcare

San Antonio, TX

My name is Lauren Kammerer, and I work for Maxim Healthcare Services out of the San Antonio ,Tx office. Along with the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

- Families qualify for PDN services based on their CONDITION, not on income.
- Kids with limited or no PDN services cost the state more money through increased hospitalizations and more days in the hospital.
- PDN serves the most fragile, sick kids in our state.

There is no time to delay—Texas must act now to protect access to critical care before more families are left without options.

Mary Naranjo, CEO

A Pineywoods Home Services, Inc.

Austin, TX

On behalf of TAHC&H, we urge your support for a significant investment in the administrative portion of the community care attendant rate and the flexibility of a 90% reporting requirement on spending to ensure a balanced rate and to sustain high-quality services for older adults and individuals with disabilities.

For example, IDT meetings addressing abuse neglect and exploitation or patient care issues are paid for out of the administrative portion of our rate. Supervisory visits, which are required to maintain oversight, must be paid from the administrative rate, as must the hiring and training of caregivers to meet increasing demand. The implementation of EVV has further increased administrative burdens, requiring dedicated staff to troubleshoot technical issues and ensure compliance. Yet, the administrative portion of the rate has not increased since 2007 and is now lower than it was in 2006. While increases to the attendant wage component are necessary and appreciated, they alone will not stabilize the industry. Without an accompanying investment in the administrative rate, providers cannot sustain their operations. The failure to address this shortfall will result in workforce shortages, provider closures, lack of access to care and greater reliance on institutional care.

A 90% reporting requirement ensures accountability while maintaining provider stability. It protects access to care, prevents unnecessary provider closures, and allows for sustainable growth. By supporting a significant investment in the administrative portion of the rate and maintaining the 90% reporting requirement, Texas can safeguard home care services and ensure vulnerable Texans receive the support they need to remain in their homes.

Meredith Farley

Therapy 2000

Willow Park, TX

Dear The House Appropriations Committee,

I work as an SLP in the home health setting and am passionate about helping the pediatric population. Needs for therapy services are continually growing, requiring SLPs to cover enormous caseloads and work long hours to serve our community, while many children are still not able to get services. The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care.

Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Trang Loi
self/Maxim Healthcare Services
richmond, TX

My name is Trang Loi, and I work at Maxim Healthcare Services' Houston office. Along with the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

- Families qualify for PDN services based on their CONDITION, not on income.
- Kids with limited or no PDN services cost the state more money through increased hospitalizations and more days in the hospital.
- PDN serves the most fragile, sick kids in our state.

There is no time to delay—Texas must act now to protect access to critical care before more families are left without options.

Shane Saum
City of Lago Vista
Lago Vista, TX

Written Testimony Submitted by Councilman Shane R. Saum
City of Lago Vista, Texas
RE: Support for Water Infrastructure Funding in SB 1 – Article VI

Chairman and Members of the Committee,

My name is Shane R. Saum, and I serve on the Lago Vista City Council, located in Travis County. I'm writing today in strong support of the \$2.5 billion in water infrastructure funding allocated through the Texas Water Development Board (TWDB) in SB 1, including through the Texas Water Fund, SWIFT, DFund II, and related programs.

Lago Vista is a small city on the north shore of Lake Travis, just outside the Austin metro. Like many communities across Texas, we are facing mounting infrastructure needs due to rapid population growth. Our population has more than doubled in the past decade—from 6,000 to over 14,000—and is projected to reach over 51,000 by 2040. However, we do not have a growing industrial or commercial tax base to support the strain on our systems.

While I understand the Legislature's intent to focus TWDB funds on economically disadvantaged areas—and support continuing that focus—I urge the committee to ensure that *some* funding be directed to cities like Lago Vista: communities adjacent to high-growth metros, with limited revenue options, who are seeing sharp growth because of urban expansion from cities like Austin.

We are currently investing in an \$86 million capital improvement plan for water and wastewater—nearly triple our annual budget. This includes expanding our wastewater plant from 1 million to 1.5 million gallons per day and securing future drinking water capacity of up to 8 million gallons per day. We just submitted our applications to the TWDB for the CWSRF for the 3rd year in a row to help fund our wastewater expansion project. We also applied to the DWSRF for our drinking water plant expansion and both projects were submitted for Congressional Community Project Funding. We are exploring all avenues.

SB 1 reflects the Legislature's clear commitment to long-term water infrastructure. The \$600 million annual commitment to State Water Plan projects, the \$550 million through SWIFT, and the maintenance of nearly \$3.8 billion in combined fund balances across TWDB programs are a strong foundation.

However, the bill language and TWDB policy remain largely focused on disadvantaged areas. I ask that the committee consider directing a portion of these funds—whether through line item or directive rider—to communities like Lago Vista, whose challenges stem from regional growth patterns rather than local economic conditions.

Texas needs a water strategy that supports both rural and fast-growing exurban cities. If small towns are expected to take on the growth overflow from our urban centers, we must be equipped with the resources to build sustainable, modern infrastructure.

Thank you for your time and your continued commitment to Texas water infrastructure.

Sincerely,
Councilman Shane R. Saum
City of Lago Vista, Texas

Crisann Skinner

Therapy 2000

Dumas, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

I am a pediatric therapist serving children in the state of Texas for over 40 years and often these children go untreated for years. With proper intervention they are able to be successful in their educational settings and it sets them up for success as adults going into the workforce. Please consider proposals in order to continue treatment for these small Texans.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care.

Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Jennifer Kailbourne

Angels of Care Pediatric Home Health

McKinney, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

I have worked in home health as a pediatric speech pathologist for over 10 years. In that time I have seen countless stories of patients and families who have significantly benefited from home health services. Home health is a unique setting unlike any other where we get to work very closely with patients and their families in their intimate home environment. Our therapy materials and our sessions are unique to what is available in the home and what our families goals are for their child. It's critical that we continue to be able to provide this type of therapy to our patients and families who so urgently need it.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care.

Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Thank you for your attention to this urgent matter.

Aundria Mayes
Maxim Healthcare Services
Magnolia, TX

My name is Aundria Mayes, and I work for Maxim Healthcare Services, out of the North Houston, TX office. Along with the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

- Families qualify for PDN services based on their CONDITION, not on income.
- Kids with limited or no PDN services cost the state more money through increased hospitalizations and more days in the hospital.
- PDN serves the most fragile, sick kids in our state.

There is no time to delay—Texas must act now to protect access to critical care before more families are left without options.

Morgan Rizzo
Self
Mckinney, TX

We adopt that automatically complex baby with a feeding tube in March 20 23 and have needed private duty nursing to help with her ever since. We desperately need these services as a family here in Texas. Please continue to offer them to families like us in need.

Morgan Maldonado
Therapy 2000/Green Apple Therapy
Odem, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

As a home health speech pathologist, I have seen countless times the impact of delayed skilled intervention, in particular when delayed care is provided to children with feeding difficulties, often times resulting in feeding tubes and other life long health changes. Delayed care for speech/language intervention often results in children falling further behind, socially, emotionally and later, academically.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care. Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Victor Cantu, RN
Self RN.
San Antonio, TX

My name is Victor Cantu, and I work for Maxim Healthcare Services out of the San Antonio office. Along with the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

- Families qualify for PDN services based on their CONDITION, not on income.
- Kids with limited or no PDN services cost the state more money through increased hospitalizations and more days in the hospital.
- PDN serves the most fragile, sick kids in our state.

There is no time to delay—Texas must act now to protect access to critical care before more families are left without options.

Elizabeth Rodriguez, RN

Care Options for Kids

Cedar Park, TX

As a Private Duty Nursing (PDN) and Pediatric Trauma and Emergency manager with extensive field experience, I have observed a concerning dichotomy in pediatric home healthcare: while some families successfully secure the nursing care their medically fragile children require, an alarming number go without these essential services despite exhaustive efforts to obtain them.

Our agencies consistently receive applications from qualified nursing professionals interested in serving our vulnerable pediatric population. However, we face an insurmountable challenge in recruitment and retention due to our inability to offer competitive compensation compared to hospitals, clinics, travel agencies, and long-term care facilities.

This financial disparity has forced many PDN agencies into compromising situations where basic licensure becomes the primary hiring criterion rather than specialized pediatric skills. This practice fundamentally undermines our commitment to providing exceptional care to medically complex children.

The distinct nature of private duty nursing demands recognition. These professionals function independently in home settings without the readily available clinical support found in institutional environments. They shoulder considerable responsibility in making time-sensitive, critical care decisions that directly impact patient survival. In emergency situations, there is often no opportunity to consult with physicians or colleagues before implementing life-saving interventions.

Without a substantial increase in Medicaid reimbursement rates for PDN services, we face a continuing crisis on two fronts: deteriorating quality of care and persistent staffing shortages for our most vulnerable pediatric patients. This is not merely a financial issue but a matter of ensuring that children with complex medical needs receive the appropriate level of professional nursing care they require to survive and thrive.

Blair Crawford, Mrs

PDN nursing

Lufkin, TX

To Whom It May Concern:

There's a way forward—and it starts with a 21% rate increase for private duty nursing. With this adjustment, we can stabilize a fragile workforce, keep medically complex children in their homes, and ease the burden on families stretched to their limits. I've seen how much these nurses care. They're dedicated. But the truth is, love for the work isn't enough to pay the bills. We lose great people every month to other settings that can offer higher pay. This increase gives us the ability to keep them doing the work they love—where they're needed most.

Let's not wait for a system collapse to act. This is a real opportunity to build something stronger. One that honors the needs of medically fragile kids and the nurses who serve them. Sincerely,

Matthew Perez

self

San Antonio, TX

Texas has already spent 11.5 billion dollars on Operation Lone Star with nothing to show for it but harm to border communities and immigrants. I urge you to oppose this wasteful use of taxpayer dollars.

Martha Meyers
Kids Developmental Therapy
Houston, TX

I am the director of therapy services at a pediatric home health therapy agency in the greater Houston area. I am also a Speech Pathologist with 30 years of experience in home health. The proposed rate increase is CRITICAL in order to obtain and retain qualified therapists to provide services to very medically fragile children. I have an ongoing need for therapists throughout the city of Houston. I regularly lose therapists to the adult population or to contracting agencies working with school districts. I have also lost therapists to other states where reimbursement is higher.

I personally lived through and experienced pay cuts in response to the rate cuts in 2011 and 2014. Further, with the advent of managed care, my job became much more onerous. Meanwhile, the cost (to me) of providing home based therapy services has increased with increase gas and other costs.

A 10% rate increase would allow me to pay my therapists more, offer more incentives, and ultimately improve my ability to recruit and hire dedicated, quality therapists. The investment in early and aggressive therapy pays off in decreased hospitalizations (for the most medically fragile) and improved academic, medical, and life outcomes for all.

Clint Peery
Connect Pediatrics
Allen, TX

On behalf of Connect Pediatrics, I'm writing to urge your support for the proposed 21% rate increase for private duty nursing (PDN) services. We serve medically fragile children throughout Texas, and we're seeing firsthand how the current reimbursement structure is failing both families and the nursing workforce.

We are in a workforce crisis. Despite the deep calling many nurses feel to serve children with complex medical needs, they are forced to leave home health for hospitals and other settings that offer better pay and more predictable hours. Agencies like ours are doing everything we can—raising internal pay rates, offering flexible schedules, and increasing recruitment efforts—but the current Medicaid reimbursement simply doesn't allow us to be competitive.

Because of this, medically fragile children—those with trachs, ventilators, seizure disorders, and feeding tubes—are being left without care. We have families who call daily, desperate for help, but we don't have enough nurses to staff their homes. Some have to leave jobs or stay up all night rotating shifts with their spouse just to keep their child safe. Others are left with no choice but to turn to emergency rooms or extended hospital stays, which cost the state significantly more than home care.

A 21% rate increase isn't about padding margins—it's about survival. It's the minimum necessary to stabilize the PDN workforce and prevent an access-to-care crisis. The HHSC's own data shows that reimbursement is 21% below the cost of care. Without change, providers will continue to close their doors, nurses will continue to leave the field, and children will be caught in the middle.

We ask you to invest in these families. Invest in keeping children at home, where they can thrive surrounded by loved ones. Invest in nurses who want to work in this field but simply cannot afford to. And most importantly, invest in doing what's right for the most vulnerable Texans.

Thank you for your time and your support.

Cedric Bernier
Self / engineer
San Antonio, TX

The appropriations for Lone Star are ridiculous, that funding is better spent supporting public infrastructure

Anne Polasek
Circle of Care Pediatric Home Health
San Antonio, TX

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care. Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Jessica Boston
Texas Association for Home Care and Hospice
Austin, TX

TAHC&H urges your support for key investments in rates for community care attendants, private duty nursing, and pediatric therapy services to ensure continued access to high-quality care for vulnerable Texans. The administrative/service support portion of the rate sustains the essential wages and costs that enable the delivery of attendant services. These include wages for fraud prevention, caregiver training, support staff salaries and insurance, regulatory compliance, and supervisory visits. These functions are crucial to care quality and preventing fraud but are not reimbursed through the attendant wage portion. Supervisory visits and caregiver training must be paid from the administrative/service support portion. The implementation of Electronic Visit Verification has added further administrative burdens, yet the administrative/service support portion of the rate has remained unchanged since 2007. Without a significant investment in the administrative/service support portion, providers will continue to struggle to sustain operations, leading to workforce shortages, closures, and increased reliance on institutional care. We also urge maintaining the 90% reporting requirement to preserve flexibility and protect providers from financial instability. We urge support for a 21% rate increase for private duty nursing services. These services are essential for children with medically complex conditions, enabling them to receive care at home rather than in costly hospital settings. The current rates fail to cover the rising costs of skilled nursing at home. Despite a modest increase in 2023, agencies continue to face challenges recruiting and retaining nurses. Without action, the workforce crisis will worsen, forcing medically fragile children into hospitals. HHSC has recognized a 21% funding shortfall for PDN in the 2025-26 biennium, making this rate increase essential to addressing this care crisis. We also urge support for a 10% rate increase for pediatric therapy services. These services are vital for children with disabilities and complex conditions, allowing them to receive care at home rather than allowing them to exacerbate to higher levels of care. The demand for pediatric home therapy services has increased by 32% from December 2023 to May 2024, and these workforce shortages continue to delay care. Without proper reimbursement, providers struggle to recruit and retain qualified therapists, leading to delays that impact children's development and increase long-term costs. A 10% rate increase will help stabilize the workforce and reduce long-term therapy costs. TAHC&H thanks the Committee for their attention to these rate increases which will protect access to home care services, ensure care quality, and prevent unnecessary institutionalization. These investments are vital to sustaining home care services and ensuring vulnerable Texans can receive care in their homes.

Barbara Bowen
Self, exhibits manager
San Antonio, TX

Texas has already spent 11.5 billion dollars on Operation Lone Star with nothing to show for it but harm to border communities and immigrants. We need infrastructure. We need money allocated for power expansion for all these massive data centers that are going to end up crashing the grid. (Or we could just not host so many....) We need affordable housing. We need better pay for our public school teachers. We have SO MANY other, much more pressing needs. I urge you to oppose this wasteful use of taxpayer dollars.

Kacie Hitchcock
Self, Registered nurse
Bullard, TX

As someone who sees the faces of these families every day, I urge you to support the 21% rate increase for private duty nursing. This is not just about numbers—it's about real children with real needs. Kids who rely on ventilators, feeding tubes, and around-the-clock care just to survive, let alone thrive. Parents are exhausted. They're not only caregivers but also nurses, advocates, and full-time employees—doing whatever it takes to keep their children safe. But without enough nurses, they're hitting a breaking point. And so are we. We've lost incredible nurses to hospital systems that simply pay more. We're trying everything—sign-on bonuses, flexible shifts, consistent support—but we're losing this battle because rates don't cover the actual cost of care. When a child can't get care at home, they end up in the ER or even hospitalized, which is heartbreaking and far more costly. Please—these families need help. This increase is the bare minimum to keep nurses in homes, stabilize care, and ensure that kids aren't forced into crisis situations. Let's not wait until more families fall through the cracks.

Clinton Miles, Executive Director
Connect Pediatrics
Flint, TX

Without action, kids will go without care. Right now, we're turning away families because we don't have enough nurses. And it's not for lack of trying. Nurses love home health, but the pay doesn't match the responsibility. Hospitals are pulling them away. We can't compete on wages under the current reimbursement structure. The 21% rate increase isn't a request for more—it's what we need just to break even. If we don't get this increase, we will lose more nurses. Families will go without support. And children will end up hospitalized unnecessarily. We're already on the brink. We're asking you to act before things get worse. The future of medically fragile kids in Texas depends on it.

Dawn Vigue
Circle of Care Pediatric Home Care
Boerne, TX

As a pediatric clinician for the past three decade, we have seen an alarming increase in the number of pediatric health conditions including autism, neurological disorders, and other health conditions that impact the future of Texas. The 10% increase in the pediatric therapy services is critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continue to grow resulting in delayed services at a critical period of development. Personally, I have had families on my caseload wait greater than a year to be able to begin to receive the services that were identified by the attending physician. From December 2023 to May 2024, cases have increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait list times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. As a clinical manager for Circle of Care Pediatric home care and AOTA field work educator in the field of occupational therapy, I have trained multiple clinicians who are passionate about pediatrics, however due to the incredible cost of higher education they chose to work in other settings to offset the demands of their debt. As an experienced clinician who has worked in multiple settings throughout my career, home based services are vital and often much more effective than clinic settings due to the parent/therapist working closely together to achieve the functional outcomes. Previous rate cuts in 2011 and 2014, along with the methodology changes that fail to account for the unique cost of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving clinician retention, stabilizing workforce availability, and ultimately reducing long-term cost associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need with unnecessary and harmful delays.

Elvira Lopez
One Lac, Inc d/b/a Alpha Care Home Health
McAllen, TX

Alpha Care Home Health provides primary home care and has been committed for 16 years in assisting the most vulnerable aging population with their specific needs in activities of daily living. Finding the attendants/providers that are compassionate, patient and caring for the elderly has become much more challenging due to a shortage of applicants. As a result, an increase in overtime pay has become more common in each payroll for the existing attendants that remain. To provide a glimpse of the day to day that the administrative staff endures, would mean removing yourself from a work day and spend a day with an elderly, aging, health declining loved one. To meet the needs of that loved means adjusting time, requesting and/or coordinating care with physicians, other health organizations and/or finding a safe place to go to during a weather event. Our ask of our administrative staff is beyond a traditional work day, we are on call 24/7 and we show up to work regardless of the tropical weather event, the freeze warning, the floods or the power outages. We need your support so that we can continue to assist our most important loved ones and community members after all, they are the ones that created our history, our culture and our existence. Alpha Care Home Health in McAllen, Texas asks for your support and pass SB 1 by Huffman.

Sophia Espino
Self. TMD member. TXANG
Alton, TX

State tuition assistance for TMD and GUARD members is a VITAL reason why thousands of members STAY in the guard. Removing this will drastically change the retention rates, which are already dwindling. Thousands of members have motivation to continue or pursue education, and not funding state TA means members cannot grow, cannot become something better, cannot commission and be an officer for the DoD and Texas state. Pride we had in being students and motivation will now be removed. Thousands will have to stop pursuing their education. STA CANNOT and SHOULD NOT be removed. There are ZERO positive consequences in not funding STA. please reconsider on behalf of all service members.

Velma Trevino, Miss
Texas Army National Guard
Harlingen, TX

This mission is essential to keep the border safe and allow SM to support their families. Without this mission I would not be able to support my family. Being a soldier I get to show my children how brave you can become by serving our great nation. The number of illegals crossing the border since our presence has decreased tremendously.

Brandi Anaya
Therapy 2000
Shallowater, TX

I have been a home health pediatric therapist for 10 years and there is no better way to provide services to children than through home health. Children and families show greater gains, discharge more quickly, and gain more education to be independent outside of therapy services than in any other setting. We are able to treat children in a more targeted way to be sure our interventions remain functional and are top priority so that we are responsible stewards of not just the family and child's time but also with their insurance dollars.

Devon Shawgo
Self
Hallettsville, TX

State Tuition Assistance funding has been excluded from Senate Bill (SB1). This exclusion directly impacts the primary tool in effectively recruiting and retaining Texan Soldiers, as it constitutes one of the most significant benefits associated with service in the Texas Army National Guard

Madison Duna
Therapy 2000
Irving, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

As a pediatric home health SLP, every single day I see firsthand the severity of developmental disabilities and communication disorders that is prevalent in our Texas communities. The children we work with have a profound need for specialized intervention from skilled professionals - and we need these skilled professionals to be properly compensated to ensure retention and continuity of care. Our patients work on basic skills that are foundational to any measure of quality of life - protesting, requesting, expressing bodily needs, safely eating and drinking, and communicating with caregivers. Well-funded therapeutic intervention is the bedrock of these children's daily functioning both at home and in the broader community. High-quality intervention results in less drainage on other public resources long-term, such as education, unemployment, crime, and housing crises.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care. Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Danielle Constanzo
Self/Speech-Language Pathologist
San Antonio, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

I recently left adult inpatient rehabilitation (who have superior visit rates) to follow my passion and work with children who have difficulty swallowing, an inability to maintain their nutrition and hydration by mouth versus get their nutrition from tube feedings, and are unable to engage with neurotypical children because of severe language deficits. I have worked with complex patients for over 16 years and continue to find it difficult to rely on our current rates to support my family especially since I am a parent of a child with ADHD and Autism. These children need therapy to be able to function in this world, find their purpose and be able to communicate their wants and needs. However, without qualified and quality therapists who rely on good visit rates for their family there will never be enough supply to meet the needs.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care. Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Kari Nunez, SLP
Self SLP
San Antonio, TX

I personally service NICU babies and their families first coming home from the hospital after months in the NICU. I also service the medically fragile kiddos with complex disorders that our current medical advancements have allowed to come home to be with their families. I've seen first hand the parents who are full of fear and questions that need in home services for their babies safety and well being for just bottle feeding because they're high aspiration risk. The prevalence of these cases and the every day delayed development of language kiddos is at an all time high as our covid babies are no longer babies and toddlers but children 4-5 years old and barely using 10 words. I hear parents saying how they've waited 6 months or even 9 months trying to get speech therapy, occupational therapy, or even physical therapy for their kiddos. 10% is just a number until it's your kid, your niece, your nephew, or grand child..but these kids are all our fellow Texans and they are someone's child who deserves a chance to live their best life. Be a part of that for your family and every family in Texas, thank you reading this and have a blessed day!

Katrina Hornsby
Green Apple Therapy
Texarkana, TX

I serve children with physical and mental disabilities in the state of Texas. Reductions in appropriations would greatly limit the children's access to receive much needed services to address their disabilities. My goal is to increase their function, increase their ability to be a successful citizen, decrease the need for caregiver intervention and have a good quality of life. Reducing appropriations will only keep these children in the system for a longer period of time if not life long. The amount of money that would be saved would then be spent to care for these individuals as an adult; a direct result of limiting their access to therapy services. Therapy services serve to either remediate or facilitate dysfunctions present in children and the remediation or facilitation allow them to be successful and function and be successful in life. It's an area that each child deserves the chance to achieve the highest quality of life possible.

Zaira Delgado, SLPA
SELF Speech Language Pathologist Assistant
Corpus Christi, TX

I have been working as a Speech language pathologist assistant for the past 15 years. The majority of my professional experience has been in the home health setting. I strongly believe that the services we provide for our patients has greatly benefits to our patients and their families. I have had many clients that are so grateful and so thankful to see their children succeed and thrive thanks to the services we provide. I strongly believe that every client is more than a number. To me they deserve an opportunity to be successful in life. Please consider that my line of work does make a difference in my client's life. Thank you for your time.

Kellie Ridlehuber
self
Lubbock, TX

Texas has already spent 11.5 billion dollars on Operation Lone Star with nothing to show for it but harm to border communities and immigrants. I urge you to oppose this wasteful use of taxpayer dollars.

John Lenderman, Major
Self - Student utilizing State Tuition Assistance
College Station, TX

Howdy,

I am using State Tuition Assistance from the Texas Military Department to pay for my degree from Texas A&M University. State tuition assistance is an incredible benefit that causes many Soldiers to enlist in the Texas National Guard and also serves as a great retention tool.

I recently learned that the Senate's appropriations bill eliminated State Tuition Assistance. I urge you to reconsider eliminating this powerful and impactful benefit. The removal of State Tuition Assistance feels like the rug is being pulled out from under me - how many Soldiers and Airmen started their degrees due to this benefit, and will now have to take out loans or find other ways to pay for school? Or simply drop out?

While there are other education benefits available to Texas Guardsmen (like the G.I. Bill and Hazelwood), they are more difficult to qualify for (they typically require an overseas deployment or other active duty service). Most young Guardsmen don't qualify for these other benefits. Operation Lone Star does not count towards active duty time, so there are Guardsmen deployed to the border right now, doing everything that their State has asked of them and serving honorably, who will now have no way to pay for college.

Please add State Tuition Assistance for the Texas Military Department back to the appropriations bill. I am happy to discuss this matter further and can be reached at 936-222-2820 or jdenderman@tamu.edu.

Christian Van Buren, Staff Sergeant

Army National Guard

San Angelo, TX

Hello,

I am currently an Army National Guard recruiter in the West Texas area. I was recently notified that the State Tuition Assistance benefits were excluded from the General Appropriations Bill and would no longer be accessible to Army National Guard Soldiers. I can attest, first-hand, to the fact that this is the number one benefit that all of my recently enlisted Soldiers decided to join the Army National Guard for. In addition to their ambitions to serve, the hope of achieving their college degrees while using State Tuition Assistance has given most of these newly enlisted members the passion to pursue college after high school without the need of excessive student loans. I believe that excluding this benefit and making it inaccessible to Soldiers who are currently serving as well as newly enlisted members who plan to use the benefit after initial entry training is devastating news to all of those who have volunteered to serve the Nation and the State of Texas while also having the time to pursue their college degree. I believe this will negatively impact the recruiting efforts drastically for the National Guard, both Army and Air. I believe this will also cause a major decline in retention efforts as many currently serving members use this benefit to further their education and careers within the National Guard. If the goal is not to experience a decrease in recruitment and retention, I believe a reconsideration of this decision would be in the best interest of the Texas Military Department as a whole.

Denisse Molina

Texas Civil Rights Project

Austin, TX

I was raised in Brownsville, TX, in the heart of the borderlands, and I am submitting this comment because I know firsthand what my community needs. Just yesterday, on March 27, 2025, Brownsville and the Rio Grande Valley were severely flooded—a recurring crisis that plagues our region year after year. Yet, instead of addressing this pressing and ongoing issue, the Texas Legislature continues to allocate \$6.5 billion to programs like Operation Lone Star (OLS), which only serve to further criminalize and marginalize my community.

I strongly oppose the \$6.5 billion in funding for OLS. These resources should be diverted toward solving real problems affecting Texans, such as improving infrastructure and mitigating the devastating impact of flooding. Our communities deserve investment in sustainable solutions, not policies that harm and divide us.

Ida Prado

Self

Harlingen, TX

We do not need 6.5 billion for a politicized campaign to hunt down immigrants. To add insult to injury, the Legislature prioritizes these efforts while infrastructure improvements are desperately needed across the State. In my home community of the Rio Grande Valley, flooding routinely upends our communities. March 27th, 2025, a spring storm caused flooding that has shut down businesses and destroyed homes, cars, and schools - I have seen these happen since I was a child. I fear for what could come to my family when there's a more significant weather event like a hurricane. Somehow, we have funding for border walls, razor wire, and buoys, but not for our residents to live their lives without the fear of a climate catastrophe.

Anel Molina

N/a

Brownsville, TX

I strongly oppose the \$6.5 billion in funding for OLS. The funding of this bill will impact my community primarily since we are a border town. The funding should be used to fix the real issues we are facing in our area such as major floods, and lack of job opportunities.

Sergio Trevino

Self

Weslaco, TX

We do not need 6.5 billion for a politicized campaign to hunt down immigrants. To add insult to injury, the Legislature prioritizes these efforts while infrastructure improvements are desperately needed across the State. In my home community of the Rio Grande Valley, flooding routinely upends our communities. March 27th, 2025, a spring storm caused flooding that has shut down businesses and destroyed homes, cars, and schools - I have seen these happen since I was a child. I fear for what could come to my family when there's a more significant weather event like a hurricane. Somehow, we have funding for border walls, razor wire, and buoys, but not for our residents to live their lives without the fear of a climate catastrophe.

Nina Beard

Connect Home Health LLC

North Richland Hills, TX

The private duty nursing field is in crisis due to inadequate Medicaid reimbursement rates. Our ability to hire and retain skilled nurses is directly impacted, and families are suffering as a result.

Without this 21% increase, more children will go without care, hospitals will see increased admissions, and agencies will continue losing nurses to higher-paying jobs in other sectors.

This rate adjustment is not a luxury—it's a necessity. It ensures medically complex children receive care at home, keeps families intact, and saves the state money long-term. I strongly urge you to support the increase outlined in SB 1.

Additionally, as a provider of pediatric therapy services in Texas, I can attest to the growing strain on our ability to meet the needs of families. The workforce shortage is real, and it is directly tied to unsustainable reimbursement rates. Without this 10% increase, we will continue losing therapists and turning away children who need care. This is a crisis that must be addressed now to protect the future of Texas children.

The data is clear — a 32% increase in waitlist cases in just five months is a sign of a system under pressure. This is not about politics; it's about meeting the real needs of children with disabilities. The 10% rate increase is backed by providers, therapists, families, and advocates. We urge you to act now before the gap widens even further.

Tracy Reeves

Therapy 2000 Green Apple Therapy

Houston, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

I have been a pediatric occupational therapist since 2012. I have the honor of meeting children of all walks of life and abilities serving the Houston community daily. I am currently practicing in the HH setting and see the urgency of increased support in funds to help these families not just survive but thrive in their homes and community. Without funds, our waitlist grows increasing the time children are without skilled interventions that impact their development and participation and increase risk of further delay and costly hospitalizations.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care. Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Alexis Woodard
Connect Pediatrics
Arlington, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The current reimbursement rates fail to cover the rising costs of providing skilled nursing care in the home. Despite a modest 2% increase in 2023, providers continue to face extreme difficulty in hiring and retaining nurses, agencies report that they are unable to recruit enough RNs and LVNs to meet demand. The Texas Department of State Health Services projects that demand for home health RNs will grow by nearly 40% by 2036, yet stagnant reimbursement rates are driving skilled nurses away from home care and into hospitals and other higher-paying settings. If Texas fails to act, this workforce crisis will deepen, leaving countless families with no viable care options.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

A 21% rate increase is the minimum necessary to stabilize the private duty nursing workforce, prevent further loss of skilled nurses, and ensure medically complex children can remain safely at home. This investment will save lives, prevent costly hospitalizations, and strengthen Texas's commitment to its most vulnerable. There is no time to delay—Texas must act now to protect access to critical care before more families are left without options.

Kristen Stubblefield
Connect Pediatrics Home Health
San Antonio, TX

The private duty nursing field is in crisis due to inadequate Medicaid reimbursement rates. Our ability to hire and retain skilled nurses is directly impacted, and families are suffering as a result. In San Antonio, we have multiple families going without the full time nursing services they need, because we are unable to keep up with the cost of living for nurses in the city.

Without this 21% increase, more children will go without care, hospitals will see increased admissions, and agencies will continue losing nurses to higher-paying jobs in other sectors.

This rate adjustment is not a luxury—it's a necessity. It ensures medically complex children receive care at home, keeps families intact, and saves the state money long-term. I strongly urge you to support the increase outlined in SB 1.

Crystal Lopez

Care Options for Kids

Austin, TX

Over the course of 5 years in the Private Duty Nursing field, I have witnessed the benefits and struggles included in PDN for not only the nurses but the families we service. Families that have adequate staffing to care for their child are able to sleep at night, or even do daily tasks such as showering, cooking working. Families that do not have staff are suffering. Going 24+ hours without sleeping, not able to physically take care of themselves due to having to be side by side with their child who needs monitoring at all times. The main cause in not having staff, simply boils down to hourly wages. PDN companies are not able to compete with other medical facilities due to low reimbursement rates. The cost of living far outweighs the wages we are able to provide for skilled nurses. With the low rates, we are often hiring ANY nurse who is willing to take a lower rate and doing our best to train them appropriately. These nurses are the MAIN caregiver and are forced to make life or death situations without the help of a full medical team and should be compensated as such. The nurses that we do have, are overworked due to short staff and the compassion that they feel towards the families they care for. This is not a healthy work/life balance for our nurses. Without a Medicaid reimbursement increase for PDN, the quality of care will continue to be a struggle and families will continue to go understaffed and overwhelmed which is a recipe for continued hospitalizations for these children. Hospitalization costs far outweigh the cost for PDN reimbursement and the QUALITY OF LIFE of these children is affected in such a negative way every time they have to leave the comfort of their own home to stay in a hospital.

Noemi Cottle

Myself

Canyon Lake, TX

I am writing to express my deep concern regarding the removal of State Tuition Assistance. Service Members rely heavily on this benefit to continue their education. More importantly, we have Soldiers and Airmen in the Texas Army National Guard, who depend on this critical support to pursue their first opportunities in higher education.

Many of these Service Members do not yet qualify for the GI Bill and simply cannot afford to pay for college out of pocket. When they enlisted in the Texas Army National Guard whether for four, eight, or more years they were promised State Tuition Assistance as a core incentive. As we continually focus on development and retention, I can say without hesitation that this benefit has been one of the most compelling tools in my conversations with Soldiers & Airmen considering continued service. Since the tuition assistance cap was raised to \$10,000, I have personally seen an increase in reenlistments. The message was clear: the State values their service and is invested in their future. Eliminating this benefit would not only break that trust, but also significantly harm our ability to retain highly capable and motivated individuals.

I respectfully urge you to reconsider this decision and maintain funding for State Tuition Assistance. It is an investment that pays dividends in the strength, morale, and readiness of our force and our Soldiers & Airman have more than earned it.

Adam Nixon

self, Speech-Language Pathologist (Speech Therapist)

Houston, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings

Many speech therapists often regret their chosen field, myself included. This is not for lack of passion, but lack of value given to our role. As a Speech-Language Pathologist, I received a highly specialized, and highly challenging, education in the neuroscience, anatomy, physiology, and child development of communication. I provide intervention not only for children who cannot speak clearly, but many children who cannot speak at all, cannot understand spoken language, or have great difficulty learning to communicate by any means. I provide them and their parents with the means to communicate. This work prepares them for increased personal, academic, and professional success. Because of my work, children are able to lead more independent lives and rely less on the time and effort of others. My work is worth more than I am paid.

I serve families in 5 zip codes. Though my company is one of the largest in the state, there are no replacements for me, should I move to a different area. Most of my children would not have access to services for months at minimum, and sometimes are unable to find therapy providers for years.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care.

Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Lisa Alvarado

Connect Pediatrics

Houston, TX

Without action, kids will go without care. Right now, we're turning away families because we don't have enough nurses. And it's not for lack of trying. Nurses love home health, but the pay doesn't match the responsibility.

Hospitals are pulling them away. We can't compete on wages under the current reimbursement structure. The 21% rate increase isn't a request for more—it's what we need just to break even.

If we don't get this increase, we will lose more nurses. Families will go without support. And children will end up hospitalized unnecessarily. We're already on the brink. We're asking you to act before things get worse. The future of medically fragile kids in Texas depends on it.

Kayli Hanson

Self, RN

Conroe, TX

I have worked in PDN for about 10 years now and have seen firsthand the struggles that families of dying and medically fragile children face on an everyday basis. Some of the things I have seen are incomprehensible. Nurses who chose to care for and even dedicate their lives to caring for this underserved community do so at the lowest possible wages available in the nursing field. Their dedication and care have proven countless times to save on astronomical healthcare costs by keeping these children at home. PDN not only saves on recurrent hospitalizations but provides optimal outcomes to some of this state's sickest children. These nurses are providing care without the direct support of additional nurses, doctors, and other healthcare professionals at their disposal in the home. They must rely heavily on their nursing judgement and sound reasoning to make the best possible decisions for their patients at any given moment. The children within the PDN community deserve high quality nursing care that produces optimal health outcomes and saves lives. The nurses dedicating their lives to these children deserve adequate wages for the level of care and expertise they provide. Without an increase in wages, the PDN community cannot continue to compete with hospitals, clinics, nursing homes, etc. Without PDN, the state faces an increase in in-patient stays, including life-long institutions, as these patients will not be able to survive in the home setting alone. It is time we as a state own the responsibility of ensuring the needs of our smallest and sickest population are being met.

Shollie Wood, LVN

Self LVN

Anton, TX

I am speaking on the severe workforce shortage and the difficulty in recruiting new nurses and retaining well trained nurses for Private Duty. All medically fragile children should be given a chance to live a full life like all other children full of school activities and recreational activities with medical help for them and their families. The patients and their families have overcome so many hardships and obstacles that they deserve to have the medical attention and help to all live a normal life. The nurses shortages due to low pay makes it so difficult to provide all the care needed. We are taken away from our families more to provide as much help and support to the patient and the family by having to work so much overtime. And as well as the patient's family work schedules and everyday schedules being disrupted trying to care for the patient's more and missing work taking away from money needed for the family. The 21% rate increase is essential to keeping medically fragile children safely at home with the increase in nurses and medical care and keeping our patients out of the hospital which is the ultimate goal.

Ashlyn Hudson, MOT, M.Ed

Therapy 2000

Tyler, TX

PEDIATRIC THERAPY

Below are the key points you should address in your House Public Comment. We strongly encourage you to share your own perspective and unique challenges:

The growing waitlist for pediatric therapy services and the impact on children in need.

Workforce shortages and the struggle to recruit and retain qualified therapists.

How insufficient reimbursement rates make it difficult to provide services.

Why a 10% rate increase is essential to sustain access to therapy for Texas children.

COMMENT TEMPLATE for SB 1 by Huffman: Support Rate Increases for Pediatric Therapy

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

I have worked in the Northeast Texas area as a home health occupational therapist for the past 10 years and the area I support is constantly growing. I have to drive over 60 miles one way to reach some of my patients because there are not enough therapists to cover rural areas. I treat children with the most medically complex conditions and without early intervention they are at risk for lifelong dependencies on caregivers and community supports. When we are able to address issues early and support more independence, caregivers are able to work more consistently, and children are healthier and have improved outcomes.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care.

Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Lisa Alvarado

Connect Pediatricis

Houston, TX

As a provider of pediatric therapy services in Texas, I can attest to the growing strain on our ability to meet the needs of families. The workforce shortage is real, and it's directly tied to unsustainable reimbursement rates. Without this 10% increase, we will continue losing therapists and turning away children who need care. This is a crisis that must be addressed now to protect the future of Texas children.

Jillian Edgerly, CCC Speech Language Pathologist
Therapy 2000 Pediatric Home Health
Houston, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

I as well as many other therapist are operating at or over full capacity of patients and are unable to accept more, leaving so many children in need without necessary services. It is imperative that these hard working and devoted therapists can be compensated accordingly to continue this important work. Offering a needed pay increase will help draw others to this field in order fill the therapist shortage and get children their services in a timely manor. It will also incentivize the therapist who are already working tirelessly to help this community in need.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care. Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Stephanie Cone
self-physical therapist
The Colony, TX

I urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

I have been a pediatric physical therapist for over 20 years. I have worked in pediatric home health for more than 15 years. Home-based care is one of the best places to provide services, as it helps children in their natural environment and supports families in their day-to-day activities and routines. Children with disabilities often have challenges generalizing their skills to other environments, so providing care in their homes is an ideal way to support the families and help the child reach their maximal functional abilities. Providing therapy early in the child's life can help prevent costly medical expenses further in their life, including things like orthopedic surgeries mitigated by appropriate positioning and activity and preventable hospital admissions from respiratory or cardiac complications. It can also allow children to become more independent so they can eventually become a productive member of society.

I have seen the number of therapy providers in home health agencies go down greatly in the past few years, due to the decreased salaries, directly related to the therapy rates. Many children are having to go on wait lists and not receive the care they need. As part of my role with my home health agency, I review all client satisfaction surveys we receive. One of the top complaints I have seen is related to our agency not being able to provide one of the therapy services their child needs. We frequently receive comments such as "We have been waiting for OT services for over a year. When will you hire more OTs?" Our agency actively recruits in these areas but are unable to hire and staff these children because we are unable to offer competitive salaries due to the reimbursement rates. These rates have not increased in years, so the salaries we provide are not able to keep up with therapist salaries outside of pediatric home health therapy. A 10% rate increase would greatly help us be able to provide services to these children. The therapists that work with these children are certainly not in this business to make a lot of money, but at some point, therapists must be able to make a livable wage, and they often leave pediatric home health to pursue other specialties or leave the profession all together. This leaves children without access to medically necessary care.

Please help support pediatric home health therapy by supporting the 10% rate increase for pediatric therapy to allow us to provide needed services to some of the smallest and most fragile Texans.

Rachel Smith

self, pediatric speech-language pathologist and feeding therapist

Del Valle, TX

Re: TX State Budget and Funds for Pediatric Home Therapy; On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

I have been serving children and their families as a Pediatric Speech-Language Pathologist and feeding therapist in Texas for 24 years. I have been raised here, earned 2 degrees here, raised my son here. Texas is where I learn, grow and invest my gifts and passions. I have a passion for going into the home and guiding and training families in the midst of fears and crisis - their child isn't developing as they should. I work with NICU graduates who can't drink bottles, have feeding tubes, and struggle to breathe on their own. Over time, my patients learn to suck-swallow-breathe, drink bottles, grow and thrive as I help them transition to solid foods. I also come alongside children with severe language delays, that throw fits because they cannot tell mom/dad what they need. What we do every day with children and their families changes lives. Please invest in the growth of our vulnerable kiddos who will grow up and bless many others in their lives here in Texas. Invest in our future, invest in our present, invest in tiny Texans this year as you finalize the budget.

A 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care. Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Tricia Balmos

Self; Pediatric home health Physical Therapist

Cypress, TX

I am a pediatric physical therapist with over 25 years of experience. I also recruit for Therapy 2000 for other pediatric occupational and physical therapists. I have seen firsthand the tremendous impact that comes with providing therapy to a child or infant in their home. I have the opportunity to adjust treatment and the home program to meet the needs of the child and the family in their specific challenges and opportunities where the infant or child spends the most time - their home. Providing services in the home environment is particularly important for children with disabilities and medically complex challenges. The home is the most relevant and important place for the child to receive care and avoids utilizing costly institutional settings. I can address the specific access from their garage to the inside of their home. Or the stairs they must negotiate to get to their second-floor apartment, to name only two of countless opportunities. Skills taught at a clinic do not most effectively transfer over with a child with developmental disabilities. Sometimes they do not transfer over at all. As a recruiter for pediatric OTs and PTs, I have encountered workforce shortages and financial competition from other settings. Positions in other settings pay significantly more than pediatric positions in home health. Plainly stated, I routinely lose therapists to other settings based on low visit rates provided in the pediatric home health setting. This results in longer wait times for children, our most vulnerable population and our future, to receive services. Their developmental or medical condition does not wait for therapists to be found. It worsens without intervention. Delay in treatment is detrimental. The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. As we all know, cost of living has significantly increased during this same time. I am making less money today than I was 10 years ago. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize our children so they can receive the care they need without harmful and unnecessary delays.

Ginger Cryer

Connect Home Health

Fort Worth, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The current reimbursement rates fail to cover the rising costs of providing skilled nursing care in the home. Despite a modest 2% increase in 2023, providers continue to face extreme difficulty in hiring and retaining nurses, agencies report that they are unable to recruit enough RNs and LVNs to meet demand. The Texas Department of State Health Services projects that demand for home health RNs will grow by nearly 40% by 2036, yet stagnant reimbursement rates are driving skilled nurses away from home care and into hospitals and other higher-paying settings. If Texas fails to act, this workforce crisis will deepen, leaving countless families with no viable care options.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

A 21% rate increase is the minimum necessary to stabilize the private duty nursing workforce, prevent further loss of skilled nurses, and ensure medically complex children can remain safely at home. This investment will save lives, prevent costly hospitalizations, and strengthen Texas's commitment to its most vulnerable. There is no time to delay—Texas must act now to protect access to critical care before more families are left without options.

Justyn King
Connect Pediatrics
McKinney, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The current reimbursement rates fail to cover the rising costs of providing skilled nursing care in the home. Despite a modest 2% increase in 2023, providers continue to face extreme difficulty in hiring and retaining nurses, agencies report that they are unable to recruit enough RNs and LVNs to meet demand. The Texas Department of State Health Services projects that demand for home health RNs will grow by nearly 40% by 2036, yet stagnant reimbursement rates are driving skilled nurses away from home care and into hospitals and other higher-paying settings. If Texas fails to act, this workforce crisis will deepen, leaving countless families with no viable care options.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

A 21% rate increase is the minimum necessary to stabilize the private duty nursing workforce, prevent further loss of skilled nurses, and ensure medically complex children can remain safely at home. This investment will save lives, prevent costly hospitalizations, and strengthen Texas's commitment to its most vulnerable. There is no time to delay—Texas must act now to protect access to critical care before more families are left without options.

Maranda Mackie
Connect Home Health
Tyler, TX

Families in rural Texas are facing the greatest challenges. Workforce shortages are preventing timely access to pediatric therapy, creating a growing gap for children with complex medical needs. Providers struggle to staff these areas without competitive compensation. A 10% rate increase is not just necessary — it's crucial to ensure that every child in Texas, regardless of location, has the opportunity to thrive.

Kristi Poe
Self
Lubbock, TX

Good home health nurses are hard to come by and my child needs one daily. They work very hard and deserve to be paid appropriately.

Victoria Crites, Mrs.
Self
Kyle, TX

A rate increase will benefit my child by providing accurate nursing. It will prevent a shortage of nursing because nurses will be able to hold this as their full time job. It will benefit my child to have the proper care for her severe illness. It also helps us as a family manage a full time job and better knowledge of our daughter's condition.

Rachel Brothers

Self

Cedar Park, TX

Medical Staffing (private duty nursing/PDN) is critical to ensuring medically fragile patients stay alive. Many kids like my daughter Addy need medical interventions 24/7, and that is not something that parents can do, especially when they also need to work to provide for their families and cover basic expenses. It is very difficult to hire and retain nurses to work in home health when they can get paid so much more in other places. It is imperative that we (medicaid!) reimburse nurses more. We also need to remove barriers to entry for the nursing profession so that supply can meet demand.

Laura Freeman, Vice President of Public Affairs

Therapy 2000

Lubbock, TX

The growing waitlist for pediatric therapy services and the impact on children in need.

Workforce shortages and the struggle to recruit and retain qualified therapists.

How insufficient reimbursement rates make it difficult to provide services.

Why a 10% rate increase is essential to sustain access to therapy for Texas children.

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care.

Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

MELANIE LEACH

MVP Pediatric Home Health Corp

TYLER, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

Increasingly, we are seeing nurses take jobs that offer higher pay due to rising living costs. At the same time, we have nurses who are deeply passionate about caring for medically fragile children and are willing to make sacrifices to continue doing what they love. However, these dedicated nurses have not received a raise since 2008.

The current reimbursement rates fail to cover the rising costs of providing skilled nursing care in the home. Despite a modest 2% increase in 2023, providers continue to face extreme difficulty in hiring and retaining nurses, agencies report that they are unable to recruit enough RNs and LVNs to meet demand. The Texas Department of State Health Services projects that demand for home health RNs will grow by nearly 40% by 2036, yet stagnant reimbursement rates are driving skilled nurses away from home care and into hospitals and other higher-paying settings. If Texas fails to act, this workforce crisis will deepen, leaving countless families with no viable care options.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

A 21% rate increase is the minimum necessary to stabilize the private duty nursing workforce, prevent further loss of skilled nurses, and ensure medically complex children can remain safely at home. This investment will save lives, prevent costly hospitalizations, and strengthen Texas's commitment to its most vulnerable. There is no time to delay—Texas must act now to protect access to critical care before more families are left without options.

Robby Leach

MVP Pediatric Home Health Corp

TYLER, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

Increasingly, we are seeing nurses take jobs that offer higher pay due to rising living costs. At the same time, we have nurses who are deeply passionate about caring for medically fragile children and are willing to make sacrifices to continue doing what they love. However, these dedicated nurses have not received a raise since 2008.

The current reimbursement rates fail to cover the rising costs of providing skilled nursing care in the home. Despite a modest 2% increase in 2023, providers continue to face extreme difficulty in hiring and retaining nurses, agencies report that they are unable to recruit enough RNs and LVNs to meet demand. The Texas Department of State Health Services projects that demand for home health RNs will grow by nearly 40% by 2036, yet stagnant reimbursement rates are driving skilled nurses away from home care and into hospitals and other higher-paying settings. If Texas fails to act, this workforce crisis will deepen, leaving countless families with no viable care options.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

A 21% rate increase is the minimum necessary to stabilize the private duty nursing workforce, prevent further loss of skilled nurses, and ensure medically complex children can remain safely at home. This investment will save lives, prevent costly hospitalizations, and strengthen Texas's commitment to its most vulnerable. There is no time to delay—Texas must act now to protect access to critical care before more families are left without options.

Robert Weisinger
Connect Pediatrics
Tyler, TX

I am writing to urgently request your support for SB 1, which proposes a 21% increase in Medicaid reimbursement rates for private duty nursing services. The current reimbursement rates are insufficient, and this crisis is directly impacting our ability to hire and retain skilled nurses, putting vulnerable children and families at risk.

Without this rate adjustment, the situation will continue to deteriorate. More children will go without the critical care they need at home, and hospitals will experience higher admission rates as families are forced to seek care in emergency settings. Additionally, our nursing agencies are losing staff to higher-paying jobs in other sectors, exacerbating the shortage of qualified nurses.

This proposed increase is not just a financial necessity; it is an investment in the well-being of medically complex children and families. It will ensure that children who need care at home can continue to receive it, helping families stay intact and reducing long-term healthcare costs for the state.

I urge you to take immediate action to support SB 1 and the vital 21% increase. This adjustment is essential for the future of private duty nursing, the children who rely on it, and the families who depend on it.

Catherine Morrison
Maxim Healthcare Services
Austin, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 21% rate increase for private duty nursing services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings. At Maxim Healthcare Services, we serve 600 patients throughout the state of Texas and employ another 600 caregivers. We operate ten offices.

The current reimbursement rates fail to cover the rising costs of providing skilled nursing care in the home. Despite a modest 2% increase in 2023, providers continue to face extreme difficulty in hiring and retaining nurses, agencies report that they are unable to recruit enough RNs and LVNs to meet demand. The Texas Department of State Health Services projects that demand for home health RNs will grow by nearly 40% by 2036, yet stagnant reimbursement rates are driving skilled nurses away from home care and into hospitals and other higher-paying settings. If Texas fails to act, this workforce crisis will deepen, leaving countless families with no viable care options.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium. Texas must act to prevent an access-to-care crisis that would have devastating consequences for thousands of families.

A 21% rate increase is the minimum necessary to stabilize the private duty nursing workforce, prevent further loss of skilled nurses, and ensure medically complex children can remain safely at home. This investment will save lives, prevent costly hospitalizations, and strengthen Texas's commitment to its most vulnerable. There is no time to delay—Texas must act now to protect access to critical care before more families are left without options.

Jan Stovall
Connect Pediatric Home Health
Haslet, TX

As someone who sees the faces of these families every day, I urge you to support the 21% rate increase for private duty nursing. This is not just about numbers—it's about real children with real needs. Kids who rely on ventilators, feeding tubes, and around-the-clock care just to survive, let alone thrive.

Parents are exhausted. They're not only caregivers but also nurses, advocates, and full-time employees—doing whatever it takes to keep their children safe. But without enough nurses, they're hitting a breaking point. And so are we.

We've lost incredible nurses to hospital systems that simply pay more. We're trying everything—sign-on bonuses, flexible shifts, consistent support—but we're losing this battle because rates don't cover the actual cost of care. When a child can't get care at home, they end up in the ER or even hospitalized, which is heartbreaking and far more costly.

Please—these families need help. This increase is the bare minimum to keep nurses in homes, stabilize care, and ensure that kids aren't forced into crisis situations. Let's not wait until more families fall through the cracks.

Valerie Wilson, MA CCC-SLP
MedCare Pediatric Therapy, LP
Hempstead, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

I have been a pediatric therapist for 15 years with thirteen of them working in some sort of managerial role. We have seen some drastic rate reductions over this time – in which at one point it cut our ability to treat by 2/3s. We went from over 75 therapists to 25 therapists; we went from treating 600-700 patients each week, to toping out around 150 to 200. This rate increase is crucial for Therapy services in order to continue to hire therapists and pick up patients. Following the pandemic, we have seen a major uptick in the number of children needing services, which we have not been able to provide. Our waitlists have continued to grow. These children need our help! Please pass our 10% rate increase for therapy; it would aid each agency in the ability to hire and/or retain therapists to reduce this shortage.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care. Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Allison Oliver
A Pineywoods
Lufkin, TX

On behalf of TAHC&H, we urge your support for a significant investment in the administrative portion of the community care attendant rate and the flexibility of a 90% reporting requirement on spending to ensure a balanced rate and to sustain high-quality services for older adults and individuals with disabilities. For example, supervisory visits, which are required to maintain oversight, must be paid from the administrative rate, as must the hiring and training of caregivers to meet increasing demand. The implementation of EVV has further increased administrative burdens, requiring dedicated staff to troubleshoot technical issues and ensure compliance. Yet, the administrative portion of the rate has not increased since 2007 and is now lower than it was in 2006. While increases to the attendant wage component are necessary and appreciated, they alone will not stabilize the industry. Without an accompanying investment in the administrative rate, providers cannot sustain their operations. The failure to address this shortfall will result in workforce shortages, provider closures, lack of access to care and greater reliance on institutional care. Equally critical to provider stability is maintaining the 90% reporting requirement. While framed as a reporting measure, a 95% threshold imposes a de facto mandate with severe financial and reputational risks for providers. Those falling below 95% would be placed on a noncompliance list, creating uncertainty and the threat of recoupments that deter providers from expanding services. This rigid requirement contradicts recent legislative investments intended to stabilize the home care system and instead forces providers to contract rather than increase access to care. It also removes the flexibility needed to allocate resources based on regional needs, replacing it with a one-size-fits-all spending model that does not align with the realities of home care delivery. A 90% reporting requirement ensures accountability while maintaining provider stability. It protects access to care, prevents unnecessary provider closures, and allows for sustainable growth. By supporting a significant investment in the administrative portion of the rate and maintaining the 90% reporting requirement, Texas can safeguard home care services and ensure vulnerable Texans receive the support they need to remain in their homes.

Nathan James, SSG
Self / Soldier
New Braunfels, TX

Ending State Tuition Assistance for National Guard Soldiers and Airman will be a disaster for the preparedness, lethality, and prestige of the Texas Military Department. Abruptly terminating this program will destroy the trust and credibility of the organization for at least the next 5 years, harming unit readiness and the recruiting and retention mission. Trust is hard won and easily destroyed. How will the teachers, administrators, parents, and family members react to this overzealous decision? The recruiting landscape has become highly competitive as service branches compete directly for the shrinking pool of willing and eligible candidates our state produces. The State Tuition Assistance Program represents the single biggest incentive for quality young men and women to join our ranks. Should this measure pass, there will be little reason for our best and brightest to serve Texas. This will exacerbate an already challenging recruiting environment and provide a leverage point for competing service branches to dissuade potential National Guard applicants. I agree with the sentiment that government should be more financially responsible but, cutting this program without regard for the second and third order consequences will be far more damaging long term than any quick financial budget gains.

Allison Biehl Garson, Mrs
Self
Houston, TX

I am a Texas teacher and parent, and I am writing to urge the committee to reject teacher only raises to the Teacher Incentive Allotment. Our schools cannot function without support staff like custodians, cafeteria staff, and office support staff. They work just as hard as teachers and should be included in the Teacher incentive allotment raise. This would encourage more school staff to remain in their positions, demonstrate respect for their hard work, and help build thriving local economies.

Sara Flowers, evv cord
APinewoods HomeHealth
DIBOLL, TX

On behalf of TAHC&H, we urge your support for a significant investment in the administrative portion of the community care attendant rate and the flexibility of a 90% reporting requirement on spending to ensure a balanced rate and to sustain high-quality services for older adults and individuals with disabilities.

For example, supervisory visits, which are required to maintain oversight, must be paid from the administrative rate, as must the hiring and training of caregivers to meet increasing demand. The implementation of EVV has further increased administrative burdens, requiring dedicated staff to troubleshoot technical issues and ensure compliance. Yet, the administrative portion of the rate has not increased since 2007 and is now lower than it was in 2006. While increases to the attendant wage component are necessary and appreciated, they alone will not stabilize the industry. Without an accompanying investment in the administrative rate, providers cannot sustain their operations. The failure to address this shortfall will result in workforce shortages, provider closures, lack of access to care and greater reliance on institutional care.

Equally critical to provider stability is maintaining the 90% reporting requirement. While framed as a reporting measure, a 95% threshold imposes a de facto mandate with severe financial and reputational risks for providers. Those falling below 95% would be placed on a noncompliance list, creating uncertainty and the threat of recoupments that deter providers from expanding services. This rigid requirement contradicts recent legislative investments intended to stabilize the home care system and instead forces providers to contract rather than increase access to care. It also removes the flexibility needed to allocate resources based on regional needs, replacing it with a one-size-fits-all spending model that does not align with the realities of home care delivery. A 90% reporting requirement ensures accountability while maintaining provider stability. It protects access to care, prevents unnecessary provider closures, and allows for sustainable growth. By supporting a significant investment in the administrative portion of the rate and maintaining the 90% reporting requirement, Texas can safeguard home care services and ensure vulnerable Texans receive the support they need to remain in their homes.

Nicole Trillo
Outreach Health Services
El Paso, TX

I am writing to address the ongoing and critical challenges that families with children of special needs face in securing the nursing care essential for their well-being. The severe workforce shortage and the growing difficulty in recruiting and retaining qualified nurses have left many families in a dire situation, struggling to provide the care their children desperately need.

Inadequate reimbursement rates further exacerbate this crisis, making it increasingly difficult for care providers to sustain services. These financial constraints force families into an impossible position, often resulting in a medical crisis that could have been avoided with proper nursing support.

The real-life impact of this shortage is devastating. Parents are left without the necessary support to care for their medically fragile children at home, which can lead to hospitalizations or even unnecessary institutionalization—both costly and emotionally taxing options.

To prevent this from happening, we urgently need a 21% rate increase for pediatric nursing care. This adjustment is essential to ensure that families can continue to safely care for their children in the comfort of their own homes, keeping them out of hospital settings and preserving the quality of life for both patients and families.

Thank you for your attention to this critical matter. We need your support to ensure that every child has access to the care they deserve.

The current reimbursement rates fail to cover the rising costs of providing skilled nursing care in the home. Despite a modest 2% increase in 2023, providers continue to face extreme difficulty in hiring and retaining nurses, agencies report that they are unable to recruit enough RNs and LVNs to meet demand. The Texas Department of State Health Services projects that demand for home health RNs will grow by nearly 40% by 2036, yet stagnant reimbursement rates are driving skilled nurses away from home care and into hospitals and other higher-paying settings. If Texas fails to act, this workforce crisis will deepen, leaving countless families with no viable care options.

The impact of underfunding PDN is severe. Without access to private duty nursing, children with tracheostomies, ventilators, seizure disorders, and other serious conditions face prolonged and preventable hospital stays. Families across the state struggle to secure nurses due to unsustainable reimbursement rates. Meanwhile, a single hospitalization due to lack of home nursing can cost exponentially more than the cost of providing PDN services, making this a clear issue of fiscal responsibility as well as patient care.

The Health and Human Services Commission (HHSC) has acknowledged that current PDN reimbursement rates are failing to meet actual costs, reporting a 21% funding shortfall for the 2025-26 biennium.

Sincerely,
Nicole Trillo, RN
Administrator / Outreach Health Services

Lois Overshine
SELF
Lufkin|ANGELINA, TX

Please increase rate

Katelyn Gibson

A PineyWoods Home Health

Pollok, TX

Supervisory visits, which are required to maintain oversight, must be paid from the administrative rate, as must the hiring and training of caregivers to meet increasing demand. The implementation of EVV has further increased administrative burdens, requiring dedicated staff to troubleshoot technical issues and ensure compliance. Yet, the administrative portion of the rate has not increased since 2007 and is now lower than it was in 2006. While increases to the attendant wage component are necessary and appreciated, they alone will not stabilize the industry. Without an accompanying investment in the administrative rate, providers cannot sustain their operations. The failure to address this shortfall will result in workforce shortages, provider closures, lack of access to care and greater reliance on institutional care.

Equally critical to provider stability is maintaining the 90% reporting requirement. While framed as a reporting measure, a 95% threshold imposes a de facto mandate with severe financial and reputational risks for providers. Those falling below 95% would be placed on a noncompliance list, creating uncertainty and the threat of recoupments that deter providers from expanding services. This rigid requirement contradicts recent legislative investments intended to stabilize the home care system and instead forces providers to contract rather than increase access to care. It also removes the flexibility needed to allocate resources based on regional needs, replacing it with a one-size-fits-all spending model that does not align with the realities of home care delivery. A 90% reporting requirement ensures accountability while maintaining provider stability. It protects access to care, prevents unnecessary provider closures, and allows for sustainable growth. By supporting a significant investment in the administrative portion of the rate and maintaining the 90% reporting requirement, Texas can safeguard home care services and ensure vulnerable Texans receive the support they need to remain in their homes.

Ashton Martin

A Pineywoods Home Services Inc.

Lufkin, TX

For example, supervisory visits, which are required to maintain oversight, must be paid from the administrative rate, as must the hiring and training of caregivers to meet increasing demand. The implementation of EVV has further increased administrative burdens, requiring dedicated staff to troubleshoot technical issues and ensure compliance. Yet, the administrative portion of the rate has not increased since 2007 and is now lower than it was in 2006. While increases to the attendant wage component are necessary and appreciated, they alone will not stabilize the industry. Without an accompanying investment in the administrative rate, providers cannot sustain their operations. The failure to address this shortfall will result in workforce shortages, provider closures, lack of access to care and greater reliance on institutional care.

Equally critical to provider stability is maintaining the 90% reporting requirement. While framed as a reporting measure, a 95% threshold imposes a de facto mandate with severe financial and reputational risks for providers. Those falling below 95% would be placed on a noncompliance list, creating uncertainty and the threat of recoupments that deter providers from expanding services. This rigid requirement contradicts recent legislative investments intended to stabilize the home care system and instead forces providers to contract rather than increase access to care. It also removes the flexibility needed to allocate resources based on regional needs, replacing it with a one-size-fits-all spending model that does not align with the realities of home care delivery. A 90% reporting requirement ensures accountability while maintaining provider stability. It protects access to care, prevents unnecessary provider closures, and allows for sustainable growth. By supporting a significant investment in the administrative portion of the rate and maintaining the 90% reporting requirement, Texas can safeguard home care services and ensure vulnerable Texans receive the support they need to remain in their homes.

Lacy Moore

self

Pollok, TX

On behalf of TAHC&H, we urge your support for a significant investment in the administrative portion of the community care attendant rate and the flexibility of a 90% reporting requirement on spending to ensure a balanced rate and to sustain high-quality services for older adults and individuals with disabilities.

For example, supervisory visits, which are required to maintain oversight, must be paid from the administrative rate, as must the hiring and training of caregivers to meet increasing demand. The implementation of EVV has further increased administrative burdens, requiring dedicated staff to troubleshoot technical issues and ensure compliance. Yet, the administrative portion of the rate has not increased since 2007 and is now lower than it was in 2006. While increases to the attendant wage component are necessary and appreciated, they alone will not stabilize the industry. Without an accompanying investment in the administrative rate, providers cannot sustain their operations. The failure to address this shortfall will result in workforce shortages, provider closures, lack of access to care and greater reliance on institutional care.

Equally critical to provider stability is maintaining the 90% reporting requirement. While framed as a reporting measure, a 95% threshold imposes a de facto mandate with severe financial and reputational risks for providers. Those falling below 95% would be placed on a noncompliance list, creating uncertainty and the threat of recoupments that deter providers from expanding services. This rigid requirement contradicts recent legislative investments intended to stabilize the home care system and instead forces providers to contract rather than increase access to care. It also removes the flexibility needed to allocate resources based on regional needs, replacing it with a one-size-fits-all spending model that does not align with the realities of home care delivery. A 90% reporting requirement ensures accountability while maintaining provider stability. It protects access to care, prevents unnecessary provider closures, and allows for sustainable growth. By supporting a significant investment in the administrative portion of the rate and maintaining the 90% reporting requirement, Texas can safeguard home care services and ensure vulnerable Texans receive the support they need to remain in their homes.

Jerre van den Bent

Texas Association for Home Care and Hospice

Dallas, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

Therapy is a smart investment for the State to make. Kids who receive therapy service at a young age go on to become productive Texans, contributing to the Texas economy and paying back the investment the State made in them.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care.

Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.

Kelly Hart

Connect Pediatrics/Vice President of Therapy Services & Speech-Language Pathologist

Dallas, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

I have had the pleasure of working with these children not only on an administrative level but also as a Speech-Language Pathologist and have seen first hand, the significant impact that therapy services have on these children. Witnessing a medically complex patient who is non-verbal and predicted to never speak say their first words at 8 yrs old, or helping a patient taste their first flavor ever after never being able to have anything in their mouth are moments I have been able to be a part of because of their ability to receive much needed therapy services in their home. Imagine being a parent of one of these children and facing ongoing challenges without access to the knowledge, skills and training that a therapist can provide and losing all hope. Their situations and family dynamics are sometimes so dire, that they do not have the specialized transportation, funding or they cannot take the risk of transporting their fragile child outside the home to receive treatment and potentially be exposed to illnesses that could affect their already complex medical situations. I have also personally seen the loss of therapy staffing options greatly affect these children on an administrative side due to therapists having to seek opportunities that will afford them a stable, livable wage and have known many therapists who have either left the home health setting or pursued new careers and completely left the therapy field altogether. Lower reimbursement rates not only impacts the ability to hire therapists but it also affects our ability to hire the experienced and highly skilled staff that is needed to address specialized patient needs. This collectively impacts our agency's ability to provide services to these children and improve their ability to be functional and engage in the quality of life they deserve.

The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability by decreasing the ever growing waitlists for therapy and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize these children.

Jessica Penick

self

Lufkin, TX

supervisory visits, which are required to maintain oversight, must be paid from the administrative rate, as must the hiring and training of caregivers to meet increasing demand. The implementation of EVV has further increased administrative burdens, requiring dedicated staff to troubleshoot technical issues and ensure compliance. Yet, the administrative portion of the rate has not increased since 2007 and is now lower than it was in 2006. While increases to the attendant wage component are necessary and appreciated, they alone will not stabilize the industry. Without an accompanying investment in the administrative rate, providers cannot sustain their operations. The failure to address this shortfall will result in workforce shortages, provider closures, lack of access to care and greater reliance on institutional care.

Equally critical to provider stability is maintaining the 90% reporting requirement. While framed as a reporting measure, a 95% threshold imposes a de facto mandate with severe financial and reputational risks for providers. Those falling below 95% would be placed on a noncompliance list, creating uncertainty and the threat of recoupments that deter providers from expanding services. This rigid requirement contradicts recent legislative investments intended to stabilize the home care system and instead forces providers to contract rather than increase access to care. It also removes the flexibility needed to allocate resources based on regional needs, replacing it with a one-size-fits-all spending model that does not align with the realities of home care delivery. A 90% reporting requirement ensures accountability while maintaining provider stability. It protects access to care, prevents unnecessary provider closures, and allows for sustainable growth. By supporting a significant investment in the administrative portion of the rate and maintaining the 90% reporting requirement, Texas can safeguard home care services and ensure vulnerable Texans receive the support they need to remain in their homes.

LAURA MENDOZA

self

lufkin, TX

For example, supervisory visits, which are required to maintain oversight, must be paid from the administrative rate, as must the hiring and training of caregivers to meet increasing demand. The implementation of EVV has further increased administrative burdens, requiring dedicated staff to troubleshoot technical issues and ensure compliance. Yet, the administrative portion of the rate has not increased since 2007 and is now lower than it was in 2006. While increases to the attendant wage component are necessary and appreciated, they alone will not stabilize the industry. Without an accompanying investment in the administrative rate, providers cannot sustain their operations. The failure to address this shortfall will result in workforce shortages, provider closures, lack of access to care and greater reliance on institutional care.

Equally critical to provider stability is maintaining the 90% reporting requirement. While framed as a reporting measure, a 95% threshold imposes a de facto mandate with severe financial and reputational risks for providers. Those falling below 95% would be placed on a noncompliance list, creating uncertainty and the threat of recoupments that deter providers from expanding services. This rigid requirement contradicts recent legislative investments intended to stabilize the home care system and instead forces providers to contract rather than increase access to care. It also removes the flexibility needed to allocate resources based on regional needs, replacing it with a one-size-fits-all spending model that does not align with the realities of home care delivery. A 90% reporting requirement ensures accountability while maintaining provider stability. It protects access to care, prevents unnecessary provider closures, and allows for sustainable growth. By supporting a significant investment in the administrative portion of the rate and maintaining the 90% reporting requirement, Texas can safeguard home care services and ensure vulnerable Texans receive the support they need to remain in their homes.

Joyce Johnson, Receptionist

A-Pineywoods Home Health & Home Services

Beaumont, TX

For example, supervisory visits, which are required to maintain oversight, must be paid from the administrative rate, as must the hiring and training of caregivers to meet increasing demand. The implementation of EVV has further increased administrative burdens, requiring dedicated staff to troubleshoot technical issues and ensure compliance. Yet, the administrative portion of the rate has not increased since 2007 and is now lower than it was in 2006. While increases to the attendant wage component are necessary and appreciated, they alone will not stabilize the industry. Without an accompanying investment in the administrative rate, providers cannot sustain their operations. The failure to address this shortfall will result in workforce shortages, provider closures, lack of access to care and greater reliance on institutional care.

Equally critical to provider stability is maintaining the 90% reporting requirement. While framed as a reporting measure, a 95% threshold imposes a de facto mandate with severe financial and reputational risks for providers. Those falling below 95% would be placed on a noncompliance list, creating uncertainty and the threat of recoupments that deter providers from expanding services. This rigid requirement contradicts recent legislative investments intended to stabilize the home care system and instead forces providers to contract rather than increase access to care. It also removes the flexibility needed to allocate resources based on regional needs, replacing it with a one-size-fits-all spending model that does not align with the realities of home care delivery. A 90% reporting requirement ensures accountability while maintaining provider stability. It protects access to care, prevents unnecessary provider closures, and allows for sustainable growth. By supporting a significant investment in the administrative portion of the rate and maintaining the 90% reporting requirement, Texas can safeguard home care services and ensure vulnerable Texans receive the support they need to remain in their homes.

Vanessa Allen
A Pineywoods/ Evg Coordinator
Beaumont, TX

The implementation of EVV has further increased administrative burdens, requiring dedicated staff to troubleshoot technical issues and ensure compliance. Yet, the administrative portion of the rate has not increased since 2007 and is now lower than it was in 2006. While increases to the attendant wage component are necessary and appreciated, they alone will not stabilize the industry. Without an accompanying investment in the administrative rate, providers cannot sustain their operations. The failure to address this shortfall will result in workforce shortages, provider closures, lack of access to care and greater reliance on institutional care.

Equally critical to provider stability is maintaining the 90% reporting requirement. While framed as a reporting measure, a 95% threshold imposes a de facto mandate with severe financial and reputational risks for providers. Those falling below 95% would be placed on a noncompliance list, creating uncertainty and the threat of recoupments that deter providers from expanding services. This rigid requirement contradicts recent legislative investments intended to stabilize the home care system and instead forces providers to contract rather than increase access to care. It also removes the flexibility needed to allocate resources based on regional needs, replacing it with a one-size-fits-all spending model that does not align with the realities of home care delivery. A 90% reporting requirement ensures accountability while maintaining provider stability. It protects access to care, prevents unnecessary provider closures, and allows for sustainable growth. By supporting a significant investment in the administrative portion of the rate and maintaining the 90% reporting requirement, Texas can safeguard home care services and ensure vulnerable Texans receive the support they need to remain in their homes.

Adrianna Hutson
Care Options for Kids
Lubbock, TX

As a Private Duty Nursing (PDN) Clinical Supervisor and previous PDN Nurse in the home setting, I have witnessed firsthand the profound impact of quality nursing care on families striving to keep their children safe at home. However, I have also seen the heartbreaking reality—too many children go without the care they desperately need. Families exhaust every PDN agency in their area, searching for a solution, yet often find none. Every day, we receive numerous applications from compassionate nurses eager to serve these children. Yet, when financial realities come into play, we simply cannot compete with hospitals, clinics, travel agencies, and nursing homes. The result? A dire shortage of skilled nurses available to provide the specialized, one-on-one care these children require. Many PDN agencies, in sheer desperation, have adopted an unspoken policy: "If you have a pulse and a nursing license, you're hired." But this is not fair to the children we serve! They deserve the best—nurses who are not only qualified but also capable of handling the immense responsibility of solo care in a home setting. Unlike hospital environments where additional support is readily available, PDN nurses stand alone, making critical, life-or-death decisions in the moment. They don't always have time to call a physician or another nurse for guidance; their training, experience, and judgment are the difference between life and tragedy. PDN nurses carry an extraordinary burden, and they should be compensated accordingly. Without an increase in Medicaid rates for private duty nursing, the quality of care will continue to suffer, and families will remain in a constant, desperate search for the nurses their children need. It's time to recognize the value of these dedicated professionals and ensure they receive the support, pay, and respect they deserve. Because at the end of the day, these children's lives depend on it.

Gladys Rubico

MedCare Pediatric Therapy

Stafford, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), we urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

Families and children are having to be added to multiple waitlists across several companies due to limited staffing availabilities. The 10% rate increase for pediatric therapy services is a critical and necessary step to ensure children with disabilities and developmental delays receive timely and essential care. Despite previous funding allocations, the waitlist for pediatric home therapy services continues to grow at an alarming rate. From December 2023 to May 2024, cases increased by 32%, highlighting the persistent gap between demand and provider availability. Many children endure prolonged wait times for medically necessary therapy due to workforce shortages, as therapists leave for higher-paying opportunities elsewhere. This situation disproportionately affects school-aged children and those in rural areas, exacerbating disparities in access to care.

Previous rate cuts in 2011 and 2014, along with methodology changes that fail to account for the unique costs of home health services, have left reimbursement rates insufficient. Although partial restorations were made in 2019 and 2021, current rates remain below pre-cut levels, failing to support sustainable provider operations. A 10% rate increase would address these ongoing issues by improving provider retention, stabilizing workforce availability, and ultimately reducing long-term costs associated with delayed therapy services. Texas must prioritize this investment to ensure children with disabilities receive the care they need without unnecessary and harmful delays.