



2025

# 89<sup>th</sup> LEGISLATIVE SESSION REPORT



METROPOLITAN  
HEALTH DISTRICT







# Executive Summary

As a nationally accredited local public health department, the City of San Antonio Metropolitan Health District (Metro Health) engages in policy development and support, a foundational capability for all robust public health agencies. The Policy and Civic Engagement (PaCE) Office, now part of the Center for Policy & Health Improvement, collaborates with external partners and departmental subject matter experts to determine departmental policy priorities at the local, state, and federal levels. During state legislative sessions, we work closely with the City’s Government Affairs Department to track state legislative priorities and policy trends and provide analyses of bills related to public health.

In May 2024, the PaCE Office issued three policy briefs highlighting food insecurity, reproductive health, and mental and behavioral health as pressing health concerns for San Antonio. These concerns were recommended as policy and legislative priorities for the City. Based on these recommendations, PaCE supported the Government Affairs Department (GA) in successfully incorporating food insecurity and mental and behavioral health into the City’s legislative program for the 89<sup>th</sup> State Legislative Session. Staff collaborated with strategic partners, including the Bexar Health Coalition, the San Antonio Food Bank, Feeding America, the Texas Food Policy Roundtable, the Texas Women’s Healthcare Coalition, and the Texas Association of City and County Health Officials (TACCHO) to advocate for these and other health priorities during the legislative session. Notable outcomes of the legislative session include:

- SB 379 prohibited SNAP benefits from being used to purchase sweetened beverages and candy.
- The governor line-item vetoed funding for Summer EBT.
- The Texas Department of State Health Services (DSHS) received \$5 million annually and eight new staff positions to advance maternal health and safety across Texas.

The 89<sup>th</sup> State Legislative Session convened on January 14, 2025, and adjourned June 2, 2025. The session addressed a wide range of topics, including education, taxation and water infrastructure. GA identified 165 bills that were deemed relevant to public health. Bills that passed the Legislature but were not signed or vetoed by the Governor still become law in process called “filed without signature”.

	Bills filed	Bills passed	Bills Metro Health followed	Metro Health bills that passed their original chamber	Metro Health bills that passed both chambers	Metro Health bills that became law
Total	8719	1213	165	36	22	21





# Introduction

Policy development and support is recognized as one of eight foundational capabilities by the Public Health Accreditation Board, which first accredited Metro Health in 2019. Metro Health 2.0, our department's 2022-2027 internal strategic plan, calls for advancing the department's public policy agenda through policy analysis, coalition building, and engaging the legislative process. An anchor to the department's external-facing SA Forward plan, Metro Health 2.0, serves as the departmental framework for building capacity to respond to future public health threats and for working with partners to achieve our vision of *"Healthy People Thriving in a Healthy Community."*

The Healthy Bexar Community Health Improvement Plan (CHIP), meanwhile, guides the work of our local public health stakeholders and outlines our community's strategy for making measurable improvements in four priority areas through 2027: behavioral health and mental well-being, food security, housing stability, and prenatal care. The Healthy Bexar CHIP identifies strategic goals, measurable population-level objectives, activities, timelines—and importantly, policy recommendations—aligned with the four priority areas.

Metro Health created the PaCE Office in January 2022 to support strong cross sector partnerships and promote equitable health outcomes through policy and systems change initiatives. PaCE, now part of the Center for Policy & Health Improvement, focuses on strengthening Metro Health's backbone support role, incubating policy and systems change efforts, cultivating a network of health advocates, and advancing healthy public policies in sectors beyond health.

To advance health equity through policy change at the state level, PaCE staff collaborated externally with four health advocacy coalitions. Internally, we convened a Public Health Policy Workgroup, which included department-wide subject matter experts who tracked state legislative priorities and policy trends, analyzed legislative proposals, and proposed policy actions.

## Metro Health Policy Priorities

In May 2024, the PaCE Office released three policy briefs identifying food insecurity, reproductive health, and mental and behavioral health as critical public health concerns for San Antonio. These priorities were developed with guidance and expertise from Metro Health's internal Public Health Policy Workgroup. Based on these recommendations, PaCE staff supported GA in successfully incorporating food insecurity, reproductive, and mental and behavioral health into the City's Legislative Program for the 89<sup>th</sup> State Legislative Session.



**1. Food Insecurity:** Metro Health recommended supporting increased funding for services that increase food security, specifically:

- Addressing processing and approval delays for SNAP applications
- Implementing Summer EBT to provide low-income parents with \$120 per child for the three summer months, when school meals are not available.



**2. Reproductive Health:** Metro Health recommended that the City of San Antonio support funding and legislation that would:

- Use information from the Texas Maternal Mortality & Morbidity Review Committee to develop policy interventions that support prenatal and postpartum health.





- Expand access to contraception by lowering financial and administrative barriers, such as burdensome applications for Healthy Texas Women and the Texas Family Planning Program.
- Support postpartum paid family and medical leave for working families.



**3. Mental and Behavioral Health:** Metro Health recommended that the City of San Antonio support funding and legislation focused on:

- Insurance reform and enforcement of mental health and substance use treatment parity.
- Increased hospital capacity through higher payments for contract beds and additional state hospital beds for youth and adults who are civil, rather than forensic.
- Funding youth peer support services
- Harm reduction efforts, including wider use of naloxone, including in schools, and expanding Bexar County's pilot syringe exchange program to other counties and municipalities in Texas.
- Supporting the development of more permanent supportive housing

Additional health and safety position statements that were included in the City's Legislative program can be seen in Appendix A.


## Advocacy Partners & Allies

Metro Health collaborated closely with four state advocacy partners and allies at the local and state levels, including the Bexar Health Coalition, the Texas Food Policy Roundtable (TFPR), the Texas Women's Healthcare Coalition (TWHC), and the Texas Association of City and County Health Officials (TACCHO), to advocate for the priorities listed above and others during the 89<sup>th</sup> State Legislative Session. These partners focus on a variety of policy areas, including behavioral health, city and county health department funding and infrastructure, women's access to reproductive care, maternal morbidity and mortality, and expansion of food assistance programs. We also tracked legislative priorities of six additional statewide coalitions: The Partnership for a Healthy Texas, the Texas Coalition on Family Violence, Texas Public Health Coalition, Texas Silver Haired Legislature, Texas Strike Force, and the Texas Tobacco Control Coalition.

## Legislative Overview

The 89<sup>th</sup> State Legislative Session convened on January 14, 2025, and adjourned on June 2, 2025. The session addressed a wide range of topics, including education, healthcare, transportation, and taxation. GA identified 165 bills that were deemed relevant to public health and of interest to Metro Health.

	Bills filed	Bills passed	Bills Metro Health followed	MH bills that passed their original chamber	MH bills that passed both chambers	MH bills signed/ filed without signature by Governor
<b>House</b>	5644	619	105	20	11	10
<b>Senate</b>	3075	594	59	16	11	11
<b>Total</b>	8719	1213	165	36	22	21



In addition to the bills identified by GA, Metro Health tracked an additional 39 bills that were identified by advocacy partners and allies as priorities. A full list of these bills and the key events and dates for each can be found in Appendix B.

# Metro Health Policy Recommendations

## *Food Insecurity*

The 89<sup>th</sup> Texas State Legislative Session brought a mix of progress and setbacks in efforts to address food insecurity across the state. One of the most contentious bills was SB 379, which initially proposed banning Supplemental Nutrition Assistance Program (SNAP) benefits from being used to purchase chips, cookies, candy, and sweetened drinks. After strong pushback from advocates statewide, the bill was amended to align with the Governor's directive, limiting restrictions to sweetened beverages and candy only. Advocates had raised concerns that restrictions unfairly limit food choices and stigmatize low-income families, while failing to address systemic root causes of food insecurity, such as rising food costs, limited access to healthy options, and stagnant wages. These changes take effect on September 1, 2025.


Meanwhile, the Legislature approved nearly \$300 million to modernize Texas' outdated public benefits system, TIERS, which processes applications for SNAP, Medicaid, CHIP, and TANF. Chronic delays and backlogs have left many eligible Texans waiting weeks or months for assistance. The new funding, spread across fiscal years 2026 and 2027, will support upgrades to speed processing and reduce errors, helping families access benefits more quickly.


A bill to improve SNAP recertification, HB 2202 / SB 1031, was also introduced. It would have provided benefits for a full 12 months after approval or renewal and aligned recertification with other programs like Medicaid and CHIP. Though it did not advance, the need remains urgent. Texas faces a backlog of over 222,000 SNAP applications, partly due to manual six-month recertifications. Adopting a streamlined "periodic reporting" system that automatically verifies brief updates could reduce staff workload, cut errors, save funds, and clear the backlog. Texas is one of only five states without this approach. Modernizing recertification is essential to ensure stable, timely food assistance and will remain a public health priority.

Beyond SNAP, the Legislature approved funding to provide free school breakfasts and lunches to students who previously qualified for reduced-price meals, expanding access to nutritious meals during the school day. However, a major opportunity was lost with the veto of Summer EBT funding. This federally supported program would have brought an estimated \$450 million annually to feed over 3.8 million Texas children during summer months when school meals are unavailable. Although the Legislature approved \$60 million to implement the program by 2027, the Governor ultimately vetoed the funding, citing federal uncertainty and leaving a critical gap in summer food access.

## *Reproductive Health*

The state budget, SB 1, contains two provisions that address Metro Health's legislative priorities in reproductive health. The budget allocates \$5 million annually and eight new staff positions for Texas DSHS to advance maternal health and safety across Texas. This funding is intended to implement and operate maternal safety initiatives statewide, expand a high-risk maternal care coordination services pilot and increase public awareness and prevention activities related to maternal mortality and morbidity. DSHS is required to collect and report data on postpartum depression screening and treatment within state health programs. The budget also calls on the Health and Human Services Commission to implement a short





from application for the Healthy Texas Women program, provides \$10 million in FY 2026 to support increased caseloads in Healthy Texas Women, and provides \$20 million to maintain existing Mobile Health Units (MHUs) and expand their numbers in rural, unserved and underserved areas. While a handful of bills related to Metro Health's priority of supporting paid medical and parental leave were introduced this session, none advanced beyond the committee level.

## ***Mental and Behavioral Health***

Texas's 89<sup>th</sup> Legislative Session reflected a growing—though still uneven—statewide commitment to addressing mental health infrastructure, access, and coordination. House Bill 1644 would have legalized fentanyl test strips, a strategy supported by public health to curb accidental overdoses by helping individuals identify dangerous adulterants in street drugs. The bill passed the House but did not make it through the Senate. Texas will continue to classify these strips as drug paraphernalia, contrary to Centers for Disease Control and Prevention (CDC) recommendations on overdose prevention.


SB 897 demonstrates bipartisan support for targeted mental health investment. The bill lowers the local dollar contribution required to receive state grants for community-based mental health services for veterans. This bill represents a key advance in supporting veterans' mental health with locally administered programming, especially in areas where access to VA services is limited. The bill contains a provision that states that the Health and Human Services Commission is not mandated to reduce the match requirement unless the legislature appropriates funding to support this change. House Bill 1119, which passed the House but did not make it through a Senate committee, would have required DSHS to provide more detailed reports on the regional allocation of mental health beds. The aim was to improve system transparency and equity in service delivery.

Several proposals to expand Medicaid eligibility under the Affordable Care Act failed, and the U.S. Congress penalized Medicaid expansion states with its budget reconciliation legislation in July 2025. The chance of Medicaid expansion in Texas is dimmer than ever, and Texas will maintain its status as the state with the highest uninsured rate in the nation. Many working-age adults will continue to lack access to routine and preventive mental health services. As the PaCE Office noted in its policy brief, closing this gap remains one of the most significant opportunities for improving mental and behavioral health outcomes statewide. Moving forward, partnerships between city health officials, coalitions such as TACCHO, and mental health advocates will be key to building on the incremental gains made during the 89<sup>th</sup> session.

## **Other Metro Health Priority Areas**

### ***Violence Prevention***

The 89<sup>th</sup> Legislature passed several pieces of legislation that strengthened some protections for victims of family violence but continued to weaken regulations on firearms. This included enacting SB 1362, known as the Anti-Red Flag Act. As its name implies, SB 1362 prevents governmental entities from adopting "Red Flag Laws" that allow civil judges to temporarily remove firearms from individuals after an evidentiary hearing. These laws exist in 21 other states and are mostly used in situations with a high risk of family/intimate partner violence or suicide. Another new law preempting local authority over firearm regulations is HB 3053. This legislation prohibits local governments from sponsoring or participating in firearm buyback programs. These laws go into effect on September 1, 2025.





The Governor signed SB 1120, adding victims of family violence to the list of crime victims who have the right to confer with prosecutors on disposition decisions, including plea agreements, rather than solely getting notice of those decisions. The intent of this legislation is to give victims of family violence more voice and agency in the criminal justice process and to minimize re-traumatization by the process. The legislation also provides victims with notice if the offender is paroled and keeps orders of protection against a party involved in marriage dissolution or custody cases for two years after the marriage dissolution or custody ruling.

The Governor also signed into law SB 1946, establishing a two-year task force to develop policy recommendations to prevent and reduce family violence homicides for Texas's 90th Legislature. This task force is modeled after the Sexual Assault Survivors' Task Force and will be composed of key stakeholders, including law enforcement, the criminal and civil legal systems, healthcare professionals, family violence centers, and survivors. This bill will go into effect on September 1, 2025.

## **Housing**

This session saw both concerning housing proposals and key improvements after public input. SB 38 underwent substantial changes before passage. Initially written as a harmful eviction bill that would have expedited the removal of tenants with limited protections, the final version was narrowed to address true squatter cases. Notably, it included a new “right to cure” provision, allowing tenants a short window to pay back rent before eviction. This marks a modest shift toward tenant protections in Texas. While the bill still raises concerns, the amendments significantly reduced its potential harm, and the inclusion of a right-to-cure sets an important precedent for future housing policy. Lastly, SB 2623 sought to prohibit nonprofits, including food banks, from serving people experiencing homelessness near schools. This bill ultimately failed to pass, a win for communities that rely on nonprofit organizations to fill gaps in services. Preventing outreach to unhoused individuals would have further criminalized poverty and disrupted access to basic necessities. Its defeat preserves the ability of local organizations to continue serving vulnerable populations with compassion and care.

## **Vaccines**

During this legislative session, 70 immunization-related bills were proposed, with many focused on informed consent, manufacturer and provider liability, and mandatory vaccinations for school-aged children. These bills proposed restricted or altered DSHS and school policies on mandatory vaccinations; some would have allowed some unimmunized children to attend school during public health emergencies (SB 118, HB 3340), limited or eliminated the list of required vaccinations (HB 3304), and altered the official process for submitting non-medical vaccine exemptions. House Bill 1586 states that DSHS must provide a blank exemption form on its website for public use, no longer requiring an official seal for validation. Advocates for this legislation argued that the current process where parents and guardians must wait to receive the official form in the mail from DSHS was leading to delays in school enrollment. HB 1586 did reach the governor's desk and was signed. HB 3441 and SB 269, also signed by the governor, increase the liability of manufacturers and vaccine providers in the case of harm or injury. HB 3441 states that if a vaccine manufacturer seeks to advertise in Texas, it will be liable for an individual harmed by its vaccine. SB 269 states that a physician will face disciplinary action from the Texas Medical Board if they do not report adverse events into the Vaccine Adverse Event Reporting System (VAERS), as already required by law. (VAERS is an unverified, open access database that gained prominence among vaccine skeptics during the pandemic.) All three laws take effect September 1, 2025, and collectively, could lead to lower vaccination rates and more vaccine-preventable infections.







## ***Food & Environmental***

Two bills signed into law this session will affect Metro Health by preempting local government regulation of mobile food vendors. House Bill 2844 creates a statewide licensing system for mobile food vendors, replacing current systems operated by local governments. Under this law, DSHS will issue mobile food vendor licenses and will be responsible for inspection and enforcement either by conducting these activities themselves or entering into a collaborative agreement with a local government to carry them out. This law takes effect July 1, 2026, except for the section authorizing DSHS to adopt the rules needed to implement this law. That section takes effect September 1, 2025.

Senate Bill 1008 limits the number of permits and fees that municipalities can require of food establishments, retail food stores, mobile food units, roadside vendors, and temporary food service establishments. This legislation may limit inspections completed by Metro Health, including routine food safety checks, responses to complaints, re-inspections, and inspections for licensing, temporary events, and mobile vending. The fees that Metro Health collects from these permits go to the City of San Antonio General Fund and support food inspection operations.

## ***State Preemption***

The Texas Legislature continued its efforts to preempt local law and authority, with some examples already given above under *Violence Prevention and Food & Environmental*. Additionally, SB 33 was signed into law on June 20, 2025. It prohibits local governments from using taxpayer funds to support or facilitate out-of-state abortion services. Under this law, governmental entities are not allowed to fund any organization or individual that provides financial support, travel arrangements, childcare, or other logistical services that facilitate access to abortions. This law impacts the San Antonio's Reproductive Justice Fund, which was created by City Council in September 2023 and, as of April 2025, allocates funds specifically for out-of-state travel for abortions.

Two additional bills that Metro Health and GA tracked closely this session were SB 689 and SB 2858. SB 689 would have prohibited local governmental entities from engaging in certain diversity, equity, and inclusion initiatives. The bill was an expansion of SB 17, enacted in 2023, which banned diversity, equity and inclusion offices and services at public colleges and universities. That law led to the dismantling of DEI programs in all seven public university systems in the state. While SB 689 died in the House this session, similar legislation affecting public K-12 schools was passed (SB 12).


SN 2858 would have expanded the areas of law subject to state preemption under HB 2127 (passed in 2023) to include Election Code, Health and Safety Code, and Penal Code and would have authorized the attorney general to act against local governments that are perceived to violate the law. SB 2858 also died in the House.

## **Advocacy Partner Interests**

### ***Bexar Health Coalition***

The Bexar Health Coalition is made up of local healthcare, public health, mental and behavioral health and social services organizations and is anchored by Methodist Healthcare Ministries. The coalition's legislative priorities centered around children's health, women's health, behavioral health, food security and nutrition, public health, economic mobility, public infrastructure and the healthcare workforce. Many of the bills tracked by the Bexar Health Coalition overlapped with legislation that Metro Health and our other advocacy partners tracked this session.





Two pieces of legislation tracked by the Bexar Health Coalition that were signed into law by the governor and become effective on September 1, 2025, are SB 2069 and HB 2294. Senate Bill 2069 requires the Texas Health and Human Services Commission to establish a workgroup to assess the feasibility and effectiveness of creating a statewide or regional registry of available acute psychiatric beds at inpatient mental health facilities. Seventeen other states have implemented this type of registry and have demonstrated improved access to psychiatric beds and reduced wait times. HB 2294 provides workforce development boards with the flexibility to reimburse Texas Rising Star childcare providers at the maximum rate for their quality rating to ensure that high-quality providers in low-income areas can sustain their operations, improving access to childcare for disadvantaged families.

## ***Texas Association of City & County Health Officials***

The Texas Association of City and County Health Officials (TACCHO) is a statewide member organization made up of local public health officials and their local health departments, with the goal of enhancing local public health practice in Texas and improving the health of Texans. TACCHO's legislative priorities center around tuberculosis control and prevention, childhood immunization services, and STI/HIV and congenital syphilis treatment and prevention. TACHHO closely tracked immunization legislation this session along with legislation that would preempt the regulatory authority of public health departments, such as the mobile food vendor bills outlined under *Food & Environmental*.


## ***Texas Women's Healthcare Coalition***

The Texas Women's Healthcare Coalition (TWHC) is a partnership of 78 healthcare, faith, and community-based member organizations promoting access to preventive healthcare for all Texas women. The primary policy priority for the Texas Women's Healthcare Coalition is ensuring that women's health care programs are adequately funded in the state budget. In addition to advocating for adequate funding for women's health care programs, TWHC advocated for legislation to provide access to contraceptives, improve maternal health, and support the provider workforce.

The most high-profile piece of priority legislation related to reproductive health care was SB 31 or "The Life of the Mother Act." The legislation attempted to provide clarity for health care providers about when they can legally provide abortion services by defining life-threatening physical condition and exempting physicians from criminal and civil liability if they determine, using reasonable medical judgement, that an abortion is necessary to prevent a life-threatening physical condition. Senate Bill 31 was signed by Governor Abbott on June 20, 2025, and was effective immediately.

Another TWHC priority, HB 3151, reduces delays in credentialing of new clinics and new providers at Federally Qualified Health Centers. Some health plans may require a provider to be credentialed before they will pay for services. FQHCs are nonprofits with limited resources and rely on timely reimbursements from payors to sustain and continue operations.

Two additional TWHC priorities that did not advance to the Governor's desk were HB 2159 and HB 2573. House Bill 2159 would have allowed parents under the age of 18 to consent for their and their children's health care. This bill passed the House, but did not make it out of committee in the Senate. House Bill 2573 would have provided Medicaid reimbursement for doula services. This bill did not advance out of committee in the House.





## ***Texas Food Policy Roundtable***

The Texas Food Policy Roundtable (TFPR) is a coalition of more than 80 organizations led by Feeding Texas, United Ways of Texas, and No Kid Hungry Texas. The group works to advance equitable, evidence-based food policy that improves food access across the state. This session, TFPR supported efforts aligned with Metro Health food insecurity priorities, including limiting harmful SNAP restrictions, modernizing the TIERS eligibility system, and streamlining SNAP recertification to prevent benefit disruptions.

They also followed broader initiatives to expand food access, including the proposed launch of the Summer EBT program, which, despite receiving initial legislative funding, was ultimately vetoed by the Governor. In contrast, HB 26 (Food is Medicine) marked a significant win, allowing Medicaid to cover nutrition counseling, and funding a pilot program to deliver medically tailored meals to high-risk pregnant women. By providing direct food support to individuals who may not otherwise afford it, HB 26 offers a strong example of how public health programs can be leveraged to address food insecurity while improving health outcomes for vulnerable populations. This bill goes into effect September 1, 2025.



# Key Partners



**Texas Women's Healthcare Coalition**



**Texas Food Policy Roundtable**



**Bexar County Health Coalition**



**Texas Association of City and County Health Officials**





# Appendix A

## *City of San Antonio State Legislative Program*

In November 2024, San Antonio City Council approved the City's 89<sup>th</sup> State Legislative Program. The program included four pillars and 24 position statements. The four pillars were Protection of Community Interests, Community Development, Public Health & Safety, and Infrastructure & Resiliency.

Under the Public Health & Safety pillar, GA included seven position statements. Of those seven, six were directly related to work done by Metro Health:

- Support funding to expand San Antonio's psychiatric and behavioral health system and add facilities to provide additional mental health services to our community.
- Support legislation that improves access to healthcare services for all San Antonians.
- Support additional funding for services and programs that provide food assistance, increase access to nutritious foods, and promote food security.
- Support improved state funding and access to comprehensive and timely mental health care in Texas.
- Support efforts to prevent and mitigate domestic and targeted violence in order to ensure the safety and well being of all San Antonians.
- Support responsible firearm safety practices and additional resources to help aid in the prevention of gun violence in our community.

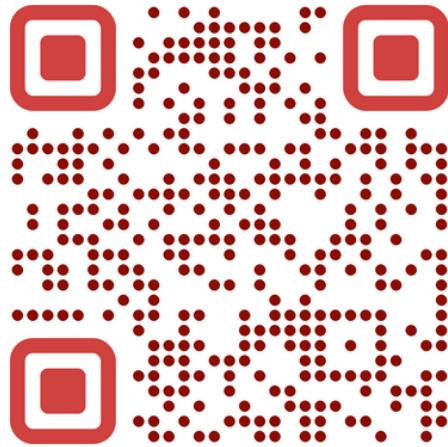
The City's [full legislative agenda](#) can be found on the Government Affairs Department website.



# Appendix B

## *Bill Tracking*

To explore the details, summary, and relevant dates for the bills that Metro Health tracked through the 89<sup>th</sup> State Legislative Session, visit the [2025 Legislative Tracking & Recommendations](#). To navigate, use the tabs at the bottom.





# Appendix C

Acknowledgments to the individuals involved in the creation of this report:

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