

SUBJECT: Authorizing certain minors to consent to home visiting program services

COMMITTEE: Public Health — favorable, without amendment

VOTE: 11 ayes — Klick, Guerra, Allison, Campos, Coleman, Collier, Jetton,  
Oliverson, Price, Smith, Zwiener

0 nays

WITNESSES: For — Brittany McAllister, Nurse-Family Partnership; (*Registered, but did not testify*: Alison Mohr Boleware, National Association of Social Workers-Texas Chapter; Adriana Kohler, Texans Care for Children; Clayton Travis, Texas Pediatric Society; Brittney Taylor, TexProtects; Molly Weiner, United Ways of Texas; Vanessa MacDougal)

Against — None

BACKGROUND: Government Code ch. 531 subch. X establishes the Texas Home Visiting Program and requires the Health and Human Services Commission to maintain a strategic plan to serve at-risk pregnant women and families with children under the age of six through home visits. The commission may determine if a risk factor or combination of risk factors experienced by an at-risk pregnant woman or family qualifies the woman or family for enrollment in a home visiting program.

DIGEST: HB 2490 would authorize an individual younger than 18 years of age to consent to enrollment in and to receive services from a home visiting program if the individual was otherwise eligible for the program.

The bill would take effect September 1, 2021.

SUPPORTERS SAY: HB 2490 would help at-risk, low-income teenage mothers in Texas receive in-home supportive services after their babies are born.

Currently, a pregnant teen can consent to home visits from a registered nurse or other trained professional before the birth of her child and may

continue to accept services for the baby. However, agencies that provide home visits report confusion about whether a new mother younger than 18 can consent to enroll in and receive continuing services for herself after the birth. HB 2490 would clarify the law by allowing these young mothers to consent to ongoing visits while they adjust to the demands of motherhood.

Supportive in-home services, such as those provided by evidence-based community health programs, have been shown to significantly improve the health and economic lives of first-time moms and children living in poverty. At-risk teenage mothers who participate in home visit programs demonstrate increased economic self-sufficiency and preside over more stable families. Their children are less likely to be abused or neglected, experience language delays or behavioral or intellectual problems, or be arrested as teenagers.

HB 2490 would improve health and economic outcomes for the most vulnerable new families in Texas. The bill would save the state money by avoiding the need to provide aid or more expensive services later to broken families.

Currently there is no clear directive allowing minors to consent to home visiting services after their baby is born, which means if they have been receiving services that have been helpful to them during pregnancy and are unable to get in touch with their parents for consent, they may have to stop using the services and lose the support of their nurses at a critical time for their newborn.

**CRITICS  
SAY:**

HB 2490 could improperly interfere with parental authority by allowing a minor who is legally unable to provide consent to enroll in and receive in-home support services.