(Continued from inside)

A Smart Investment

Detractors to these initiatives argue that universal meals are too costly. but the reality is that the long-term savings far outweigh the upfront investment. A report from the National Library of Medicine highlights how eliminating administrative costs, increasing student participation, and improving public health can offset much of the expense.

Congress has already introduced the *Universal School Meal Program Act* to expand federal funding for free school meals. Supporting and passing this legislation is a necessary step toward ensuring that no child goes hungry at school, and should be a priority for Congress. Additionally, states and local governments can leverage federal grants and partner with local food suppliers to make high-quality, nutritious meals available to all students.

Beyond Access: Prioritizing Nutrition and Inclusion

Ensuring access to free meals is just the first step. Schools must also prioritize:

- Nutritional quality, by working with local farms and food suppliers to serve fresh, balanced meals.
- Cultural relevance, by incorporating diverse meal options that reflect students' backgrounds and dietary needs.
- Infrastructure improvements, by upgrading kitchen facilities and hiring additional staff to accommodate increased meal participation.

As leaders, we must work with our local, state and federal partners to ensure every child has the nutrition they need to learn, grow, and thrive. This is not a partisan issue. It's about doing what is right for our children, our families, and our future. Our students deserve nothing less.

NHCSL
National Hispanic Caucus of State Legislators
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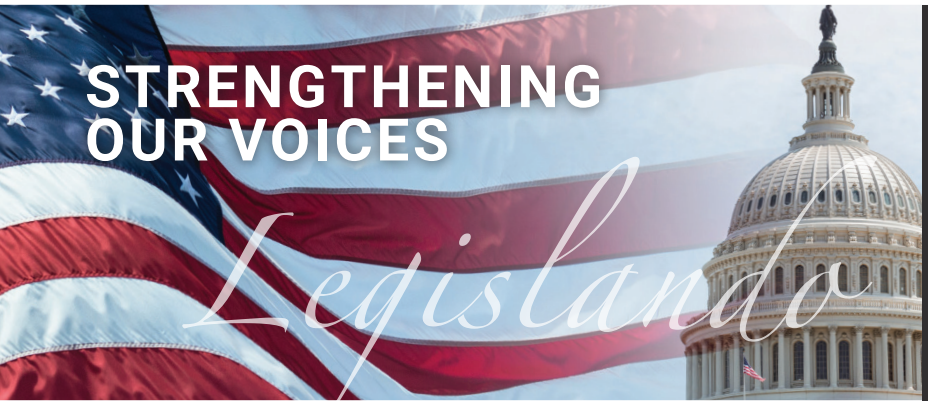


IN THIS ISSUE:

ADDRESSING THE HEALTHCARE WORKFORCE SHORTAGE

By Sen. WInsvey Campos (OR)

Our country is currently facing a healthcare workforce shortage, a crisis that has severe consequences for patient care, hospital systems, and public health. While this issue impacts all Americans, members of the Hispanic communities are more vulnerable because they already experience significant barriers to healthcare access.

These barriers and challenges are only worsened by the lack of Hispanic representation among healthcare professionals. Addressing this issue is critical for ensuring health equity and strengthening the healthcare system overall.

The Current Landscape

According to the US Census Bureau, Hispanics make up around 19.5% of the US population, yet they are very underrepresented in the healthcare workforce: about 5.8% of active physicians in 2019 identified as Hispanic, and the number is low in nursing and other healthcare professions as well per the Association of American Medical Colleges (AAMC).

Aside from the underrepresentation of Hispanics in the healthcare workforce, the overall shortage is worsening due to an aging population, burnout among healthcare workers, and the ongoing effects of the COVID-19 pandemic that pushed many healthcare workers to leave the field due to extreme stress and exhaustion, while older professionals retired earlier than expected.

Barriers to Healthcare Access in Hispanic Communities

Several structural and systemic factors contribute to the healthcare access challenges faced by Hispanic communities. For example, Hispanic patients may prefer or require Spanish-speaking healthcare providers, yet the shortage of bilingual professionals leaves gaps in care. Studies show that patients who cannot communicate effectively with their doctors are less likely to adhere to treatment plans, leading to poorer health outcomes.

Additionally, a significant portion of the Hispanic workforce is employed in industries that do not offer health insurance benefits, making healthcare unaffordable for many individuals and families. Without employer-sponsored insurance, many are forced to rely on cost-prohibitive out-of-pocket expenses or complicated public assistance programs that may not meet their needs.

Additionally, undocumented people face unique challenges, as fear of immigration-related repercussions in some cases discourages them from seeking medical attention, even when they qualify for certain public benefits.

For example, programs like Medicaid and the Children's Health Insurance Program (CHIP) provide coverage for low-income people and children, including some non-citizens under specific conditions. However, many immigrants avoid enrolling due to concerns about the "public charge rule", a policy that historically made it more difficult for individuals to obtain legal permanent residency if they were deemed likely to rely on public assistance. Although recent changes to the rule clarified that Medicaid and CHIP do not count against applicants in immigration proceedings, misinformation and fear discourage many eligible families from applying. Also, some states impose waiting periods for lawfully present immigrants to access Medicaid and CHIP, creating further barriers to enrollment.

In addition to these financial barriers, many Hispanic populations are concentrated in rural and underserved urban areas, where healthcare facilities are limited or nonexistent. This geographic disparity makes it difficult for people to access routine and specialized medical care, resulting in delayed diagnoses and inadequate treatment options.

Initiatives to Bridge the Gap

Several initiatives are underway to recruit and retain Hispanic healthcare professionals, aiming to build a workforce that better reflects the communities it serves. Programs such as the Latino Center for Medical Education and Research in California focus on encouraging middle and high school students from underrepresented communities to pursue medical careers. Similar efforts across the country provide mentorship, scholarships, and academic support to Hispanic students interested in healthcare fields. Another great initiative is "Welcome Back Centers". These assist internationally trained Hispanic health professionals in obtaining the necessary licensure to practice in the U.S. by streamlining the credentialing process, helping integrate skilled professionals into the workforce while addressing shortages.

Another widely used community health initiative is the Promotores de Salud model, implemented by various organizations to address health disparities in Hispanic communities. Promotores de Salud serve as trusted liaisons between healthcare systems and Hispanic populations, particularly in underserved areas. They provide culturally relevant health education, help individuals navigate complex healthcare systems, and connect patients with essential resources. By leveraging these community-based workers, this model improves health literacy and access to care while creating trust between healthcare providers and Hispanic communities.

Addressing this crisis requires a comprehensive approach that includes increasing Hispanic representation in the healthcare sector, improving educational and professional pathways, and implementing policies that remove barriers to care. By taking these steps, we can create a healthcare system that is more inclusive, equitable, and effective for all Americans.

LETTER FROM THE PRESIDENT

Dear *Familia*,

These first few weeks of the year have been very busy for most of us with the start of the 2025 legislative session. Additionally, with a new administration in the White House that implemented drastic shifts in policy, there's a lack of clarity around funding and the future of several programs and initiatives that have left most of our states looking inwards for long-term solutions and stability.

It has also helped create an atmosphere where accountability is no longer the norm but something that's, maybe, optional, and has blurred the lines between the separation of powers. In my home state of Utah, the recurring theme of our 2025 session has been precisely that: bills that seek to intercede with the autonomy of cities, universities, school districts, State Supreme Court appointments, among many others.

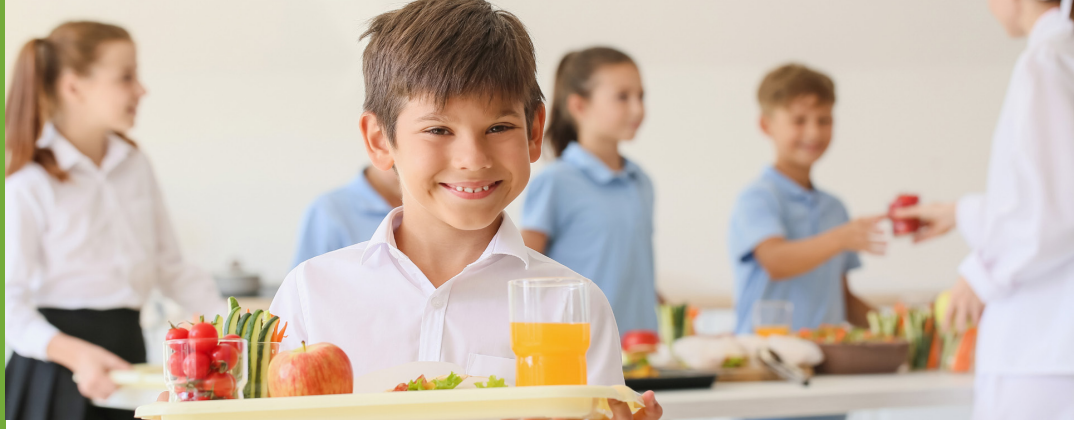
We need to remember the mandate we got from our constituents in the last election: to improve the economic conditions so we can all thrive, not just scrape by. We, as a Caucus, have always been vocal and proactive in calling out policies that we know are detrimental to our constituents and communities —regardless of on which side of the aisle they were crafted. This cannot change now, and we need to make a conscious effort to, despite the noise around us, stay focused on our mission to work collaboratively and fulfill this mandate.

It was great to see so many of you in DC for our 2025 Spring Meeting and look forward to seeing you at our Summer Meeting in Boston!

Respectfully,

Angela Romero

Rep. Angela Romero (UT)
NHCSL President



UNIVERSAL FREE SCHOOL MEALS FOR A HEALTHIER & STRONGER FUTURE

By Rep. Geraldo Reyes (CT)

Food insecurity among students remains an urgent issue in America, disproportionately impacting Hispanic communities. While federal programs like the National School Lunch Program (NSLP) and the School Breakfast Program (SBP) provide free or reduced-price meals to low-income students, too many children are still slipping through the cracks. Families earning just above the eligibility threshold often struggle to afford school meals, while the stigma associated with free lunches discourages many students from participating. Bureaucratic barriers—such as complex applications, language obstacles, and concerns about immigration status—further prevent access.

The solution is clear: universal free school meals. By ensuring that every child, regardless of income, receives free breakfast and lunch at school, we can eliminate food insecurity, improve academic performance, and promote health equity. It is time to move beyond outdated, means-tested meal programs and adopt a system that works for all students.

Hispanic communities faces food insecurity at twice the rate of white households, according to a 2022 U.S. Department of Agriculture study. Many working-class families earn just enough to be ineligible for free or reduced-price meals but still struggle to afford school lunch. These families are left with an impossible choice: pay for meals or risk their child going hungry.

States like California, Colorado, Maine, and Minnesota have already shown that universal free meal programs work. These states have increased student participation, improved academic outcomes, and reduced administrative burdens on schools. My state of Connecticut was previously able to offer free meals to all students due to waivers from the U.S. Department of Agriculture, which expired in the Summer of 2024. The state legislature stepped in to continue this program, but the future of federa funding. Nevertheless, I've kept advocating to keep advancing bills that tackles food insecurity in our communities.

Most recently, the Finance, Revenue and Bonding Committee held a public hearing on House Bill 7273, which would impose a tax of $.02 per ounce on sweetened beverages, syrups and powders, with revenue ear is uncertain. Nevertheless, I've kept advocating to keep advancing bills that tackles food insecurity in our communities. Most recently, the Finance, Revenue and Bonding Committee held a public hearing on House Bill 7273, which would impose a tax of $.02 per ounce on sweetened beverages, syrups and powders, with revenue earmarked to fund a universal free school meals program for all public school students.

The Case for Universal Free School Meals

Universal free meals eliminate the problems of the current system while benefiting all students and families. This approach:

- ✓ **Ensures every student gets the nutrition they need without the need for applications or income verification.**
- ✓ **Eliminates stigma, so no child has to feel embarrassed about receiving a free meal.**
- ✓ **Increases participation rates, helping students focus, learn, and perform better in school.**
- ✓ **Reduces administrative costs by allowing schools to redirect resources toward education instead of meal program paperwork.**
- ✓ **Ends meal debt, so families no longer face financial penalties for struggling to afford school lunch.**

Universal free school meals are not just a social policy—they are an economic and educational necessity. *(Continues on back)*

SEPARATING COMPOUNDED SEMAGLUTIDE MYTHS FROM TRUTHS

By Peter J. Pitts, President of the Center for Medicine in the Public Interest

The semaglutide shortage is over, but the illegal, unsafe, and venal exploitation of the American public by drug compounders masquerading as pharmaceutical companies continues. Let's look at the facts.

Recently the FDA reclassified the semaglutide shortage as "resolved." That means compounding of semaglutide will no longer be permitted under current regulations. The FDA said it will give compounding pharmacies time to wind down "to avoid unnecessary disruption to patient treatment."

Over and done with? Hardly. The result of this largesse of regulatory discretion -- lawsuits from two shady outfits, the Outsourcing Facilities Association (OFA) and FarmaKeio Superior Custom Compounding alleging that the agency is "dismissing evidence that the shortage persists." The lawsuits refer to the FDA's "reckless and arbitrary decision—lacking any semblance of lawful process. The word for that in Yiddish is "chutzpah." In English, it's "hubris." In plain English, it's nonsense – dangerous nonsense.

Compounding pharmacies aren't pharmaceutical companies. The safety and effectiveness of their drugs aren't tested by the FDA and their manufacturing facilities aren't inspected. These "compounding cowboys" don't report adverse events to the FDA and the agency has "received reports that in some cases, compounders may be using salt forms of semaglutide, including semaglutide sodium and semaglutide acetate. The salt forms are different active ingredients than is used in the approved drugs, which contain the base form of semaglutide. The agency is not aware of any basis for compounding using the salt forms that would meet the FD&C requirements for types of active ingredients that can be compounded." "Buyer beware" isn't acceptable and no one should be playing Russian Roulette with unapproved, untested, unregulated drugs.

The FDA has received reports of people overdosing on compounded semaglutide, giving themselves as much as 20 times the intended dose of the medication. Posts on TikTok, YouTube and Instagram often omit information about difficult side effects and that some influencers and companies profit from the posts. This is why the FDA makes it very clear that "Patients and health care professionals should understand that the agency does not review compounded versions of these drugs for safety, effectiveness, or quality."

Why hasn't there been more aggressive regulatory action? Currently, the FDA can only target false or misleading posts by influencers or telehealth companies when they have an established financial relationship with the legitimate manufacturer of the drug and, in the age of social media and aggressive pharmaceutical compounding, that loophole has become an ever-expanding wormhole of dangerous behavior. The horrific Superbowl ad for these illegal products is only the most recent, brazen, and illegal manifestation of greed trumping public health.

The good news is that the agency has proposed a new rule that addresses what drugs should not be permitted for compounding. Per "Drug Products or Categories of Drug Products That Present Demonstrable Difficulties for Compounding," those criteria are "the formulation complexity, drug delivery mechanism complexity, dosage form complexity, complexity of achieving or assessing bioavailability, compounding process complexity, and complexity of physicochemical or analytical testing of the drug product or category of drug products." GLP-1 medicines would meet all these enhanced standards. It's a start, but the FDA moves deliberately, while cowboy compounders, fighting for their lives, are filing lawsuits and amping up aggressive public relations programs.

The ballooning regulatory end-run to slimness also has serious systemic implications – such as slowing research into new and important uses for GLP-1 medicines. There's mounting evidence that these medicines may potentially treat other serious conditions, but to really dig into the scientific opportunities, the legitimate manufacturers of FDA-approved semaglutide products will have to invest hundreds of millions into research and development. That's the good news. The bad news is that if the compounding snake oil salesmen hawking their knock-off products continue their dangerous exponential growth, legitimate manufacturers may be dissuaded from undertaking these additional high-risk research programs.

Cowboy compounders are just another part of the misinformation crisis facing the FDA. Actions have consequences. Attention must be paid.

Peter J. Pitts, a former FDA Associate Commissioner and member of the United States Senior Executive Service, is President of the Center for Medicine in the Public Interest and a Visiting Professor at the University of Paris School of Medicine.