WHO ARE THE UNINSURED?

Nearly 5 million Texans lack health insurance, despite. many qualifying for government programs or subsidies.

DECEMBER 2023

TEXAS 2036

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01 / Executive Summary

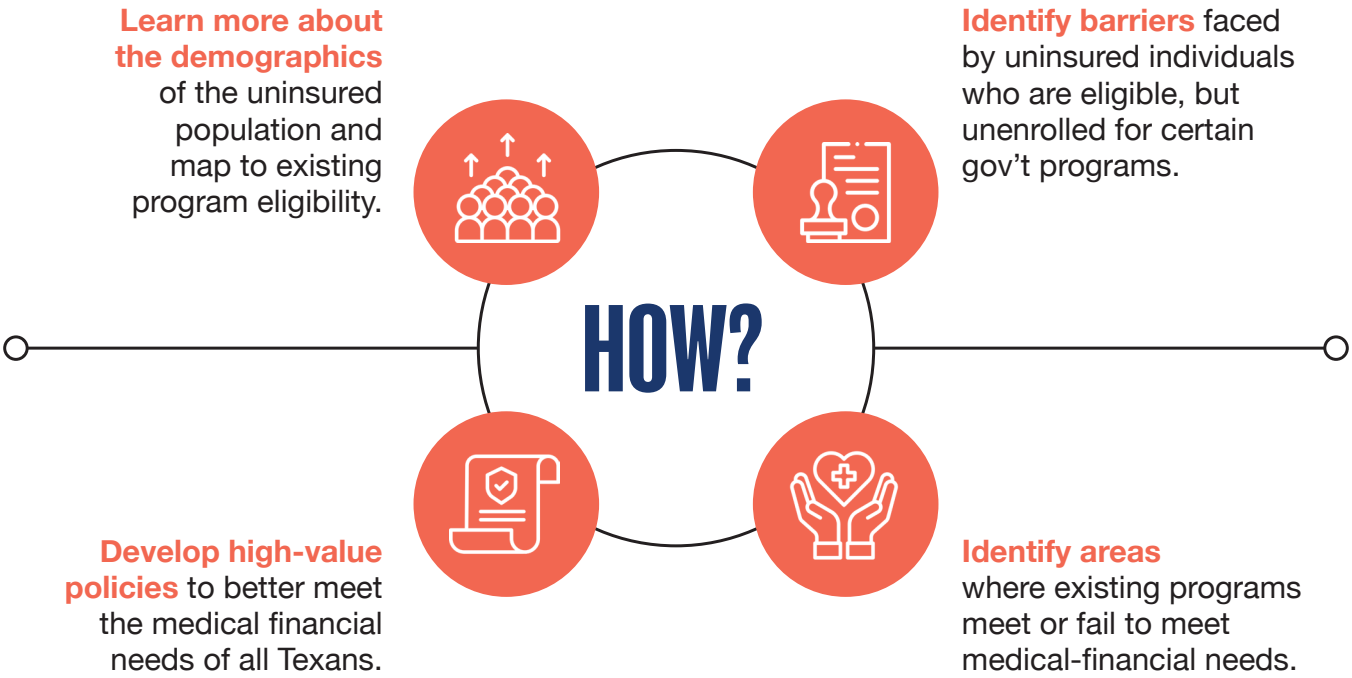
For decades, Texas has been home to the nation's largest population of individuals without health insurance. While health advocates and lawmakers have made several attempts to address the state's large uninsured population, a comprehensive solution remains elusive. The number of uninsured Texans remains at nearly 5 million, representing more than 16% of the total population – the largest percentage of any state and more than double the national average.

In 2021, Texas 2036 developed an online data analysis tool that allowed Texans to explore the costs and benefits of more than 500 possible policy scenarios available to Texas legislators during the 87th Legislature to address the high uninsured rate in Texas. One finding was that while Medicaid expansion could be an efficient and cost-effective solution for many uninsured Texans, additional strategies would be needed to support the large majority of uninsured Texans who would not become newly eligible for coverage if Medicaid were expanded.

Developing these strategies, however, required a better understanding of the factors that influence uninsured Texans' decision-making regarding health insurance. In response, Texas 2036 initiated a multi-year project comprising targeted opinion surveys and focus groups designed to provide a holistic understanding of Texas' uninsured population and to identify systemic, behavioral and psychological obstacles to Texans having access to affordable care.

Primary Objective and Methods

To increase the number of Texans whose medical-financial needs are met



Key Findings

Medicaid expansion alone won't solve Texas' uninsured crisis
While expanding eligibility for Medicaid to 138% of the federal poverty level (approximately $38,300 annually for a family of four) offers a cost-effective solution for the state to increase coverage eligibility, it would only add coverage eligibility for an estimated 15% of Texas' uninsured population. Regardless of whether Texas decides to expand eligibility for Medicaid, meeting the needs of the remaining 85% of uninsured Texans will require additional solutions.

Many uninsured Texans have middle-class incomes
Roughly half of uninsured Texans have incomes over 200% of the federal poverty level (about $55,500 annually for a family of four). This challenges the notion that the vast majority of uninsured Texans are low-income, and it shows that accessing affordable coverage is a challenge for working, middle-class Texas families.

Underutilized programs contribute to a high uninsured rate
Between 56-71% of the Texas uninsured population likely qualifies for either Medicaid or federal subsidies that would help pay for health insurance through ACA marketplaces, but are nonetheless unenrolled. Many uninsured focus group participants expressed the belief that health insurance would cost them hundreds of dollars per month. However, the actual prices these participants could expect to pay are much lower. In fact, about 8.3% of the uninsured population in Texas is likely eligible for Medicaid, 29.2% is likely eligible for a free ACA plan, 18.4% is eligible for a subsidized ACA plan, and an additional 14.9% earn more than 400% of the Federal Poverty Level, but may also be currently eligible for a subsidized ACA plan depending on prices in their local market.

Most uninsured Texans want health insurance
Just 11% of uninsured Texans indicated that not being insured was due to personal choice. Perceived barriers to health insurance, such as the cost of monthly premiums, are often disconnected from the current offerings, which are often free or low-cost for many uninsured Texans.

The most cited reasons among uninsured Texans for not having health coverage are related to employment
While there are ways to obtain coverage outside of employer-sponsored insurance, the primacy of these responses demonstrates that many uninsured Texans think about coverage as an employment benefit rather than a stand-alone plan.

02 / Texas' large – and largely misunderstood – uninsured population

Researchers have known for decades about Texas' large population of residents who lack health insurance. What has largely been misunderstood is who the individuals are that make up the population of uninsured Texans. Since health insurance is often provided by employers, uninsured Texans were frequently assumed to be poor, unemployed, and/or often undocumented. Today, we know that individuals lacking health insurance come from all walks of life.

For these nearly five million Texans, a lack of health insurance presents the most significant barrier to accessing care when they need it at a price they can afford. According to a recent study by the Episcopal Health Foundation, 85% of Texans without health insurance skipped or postponed care due to cost in the past year. This means they are less likely to receive needed medical care, including prescription drugs and early intervention for medical conditions. For those uninsured Texans who receive care, medical debt emerges as a major concern: 39% of uninsured Texans had problems in the past year with unpaid medical debt, which can impact credit scores, housing, and future prosperity.

Baseline numbers

How many Texans lack health insurance?

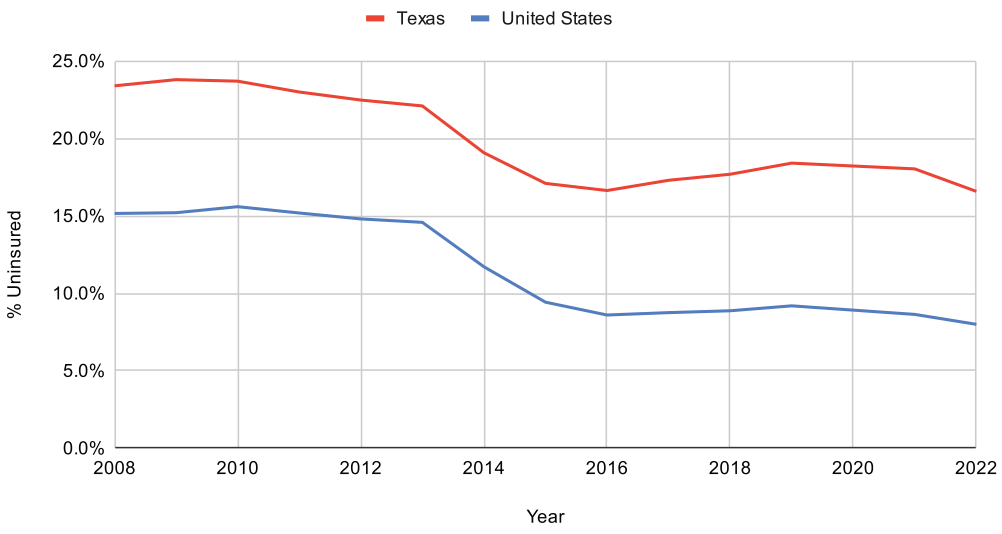
According to the most recent data from the U.S. Census Bureau's American Community Survey, nearly 4.9 million Texans, or 16.6% of the state's population, do not have health insurance. This is the highest amount of any state, both in total number of uninsured residents and percentage.

Texas has long been among the nation's least insured states. In 1994, for example, 4.4 million Texans – 24.2% of the total population at the time – lacked health insurance according to the U.S. Census, the highest percentage of any state. Over the past 15 years – the period including both before and after the implementation of the ACA – Texas has seen its uninsured rate decline from a recent peak of 23.8% in 2009 to 16.6% in 2022 – but this rate still more than doubles the national average of 8%.

The Uninsured Texas Population	
Percentage Uninsured	**16.6%**
Total Uninsured	**4,898,967**

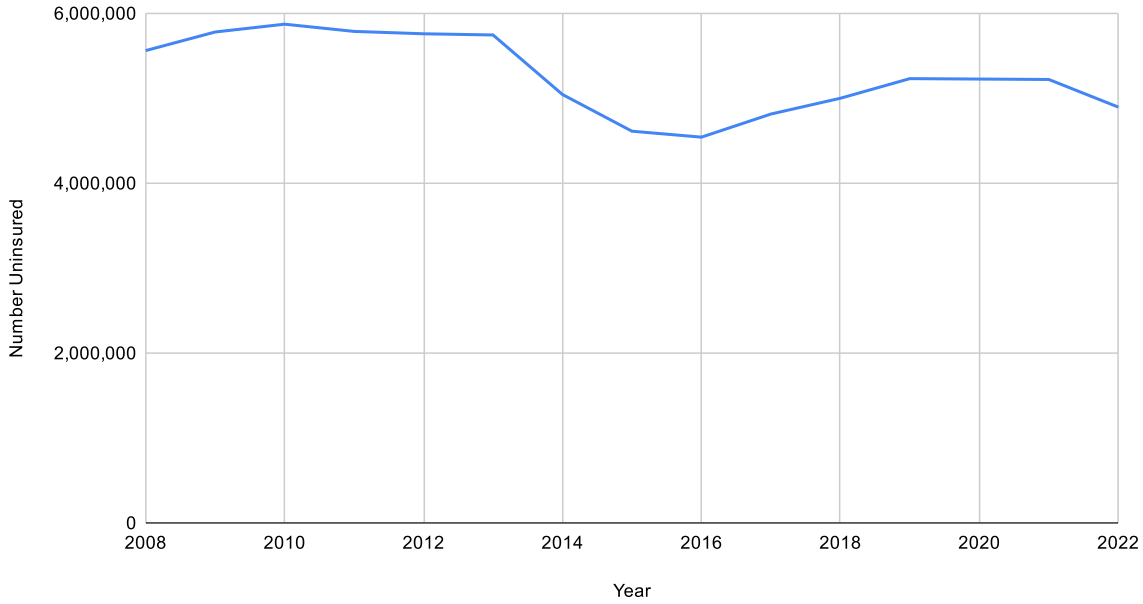
* *State-level data about the 2022 uninsured population was released in September 2023 by the U.S. Census Bureau.*

Texas Uninsured Rate Over Time



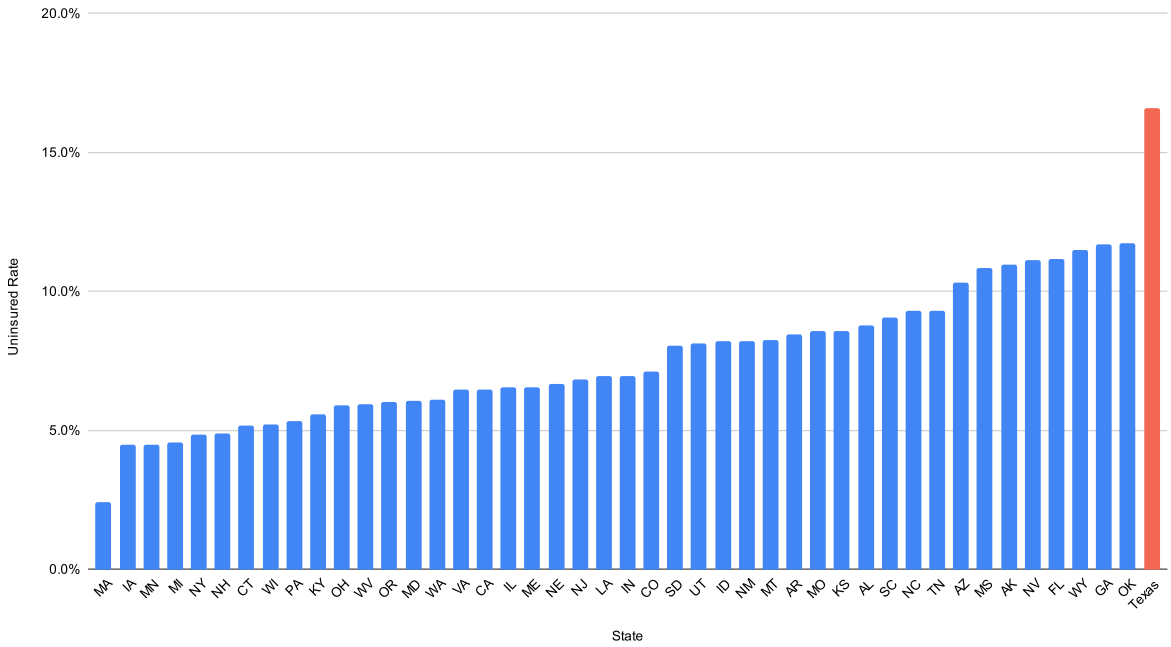
While Texas' uninsured population is lower than in recent years, declines have not been consistent. In fact, Texas' total uninsured population is larger today at 4.9 million than it was in 2016 when it dropped to 4.5 million. The 16.6% uninsured rate in 2016 rose as high as 18.4% in 2019 before beginning its current downward trend.

Number of Uninsured in Texas: 2008-2022



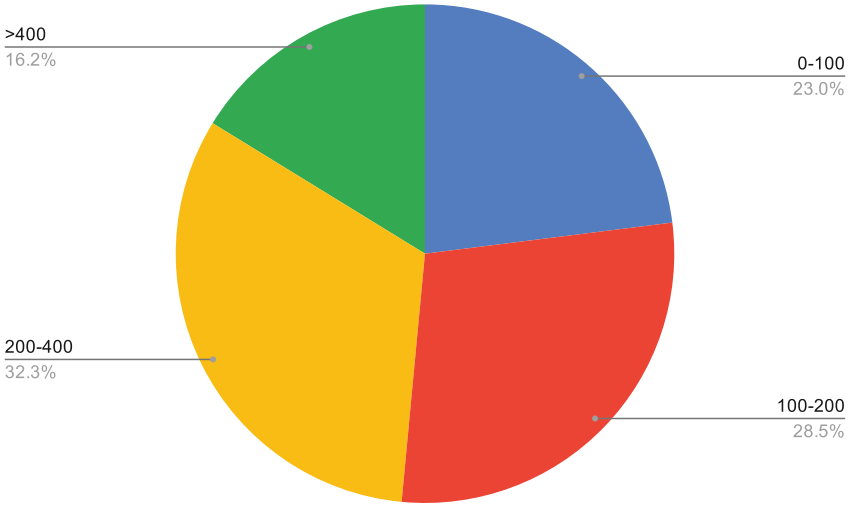
Relative to other states, Texas has an anomalously high uninsured population. The Texas uninsured population is 4.9 percentage points larger than the next highest states, Oklahoma and Georgia, which tied at 11.7%. The total population of uninsured Texans (4.9 million) is nearly twice as high as the next state, California (2.5 million) – despite California having 9 million more residents.

2022 Uninsured Rates by State



Are most uninsured Texans living in poverty?

Many people perceive a lack of health insurance to be a result of poverty. However, according to U.S. Census Bureau data, most uninsured Texans live above the poverty line, with less than one-quarter of the uninsured population earning an income below the federal poverty level, which is updated annually. Nearly a third of the uninsured are middle class with incomes between 200% and 400% of the poverty level (between $27,180-$54,360 for an individual, or $55,500-$110,000 for a family of four). Nearly 800,000 individuals without health insurance, or 16.2% of the uninsured population, have even higher incomes.

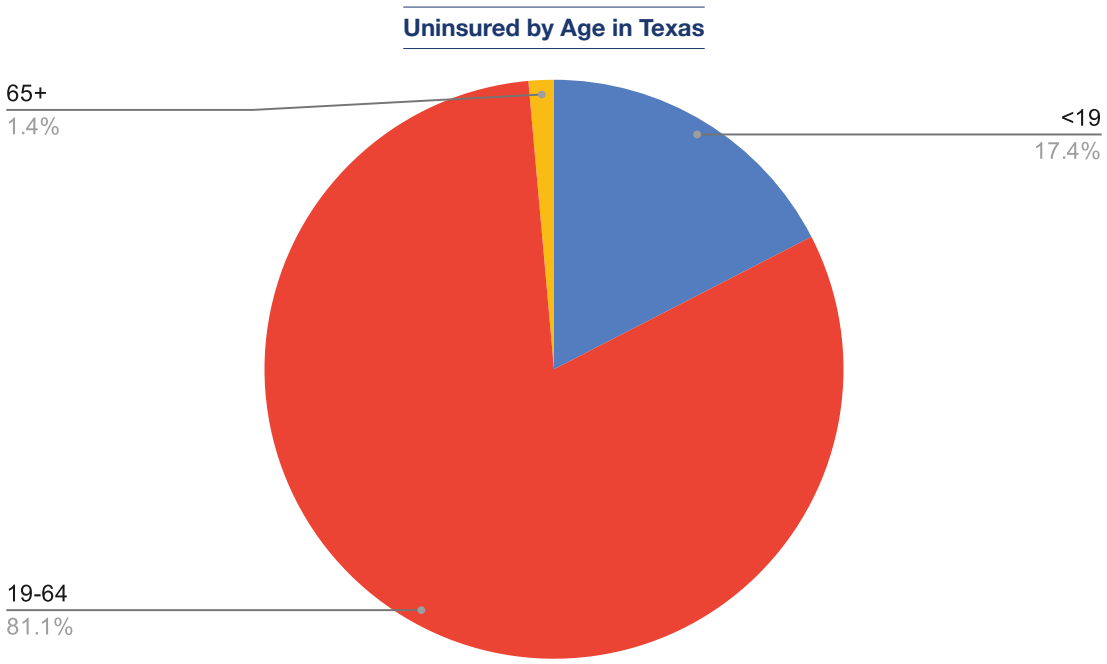


Federal Poverty Level (2022)	Individual	Household of 4
14%	$1,903	$3,885
100%	$13,590	$27,750
138%	$18,754	$38,295
200%	$27,180	$55,500
300%	$40,770	$83,250
400%	$54,360	$111,000
650%	$88,335	$180,375

**Values rounded to nearest dollar*

Does insurance coverage vary by age?

The vast majority of the uninsured in Texas are working-age adults. Only a very small percentage are 65 or older, and just over 17% of the uninsured are children.

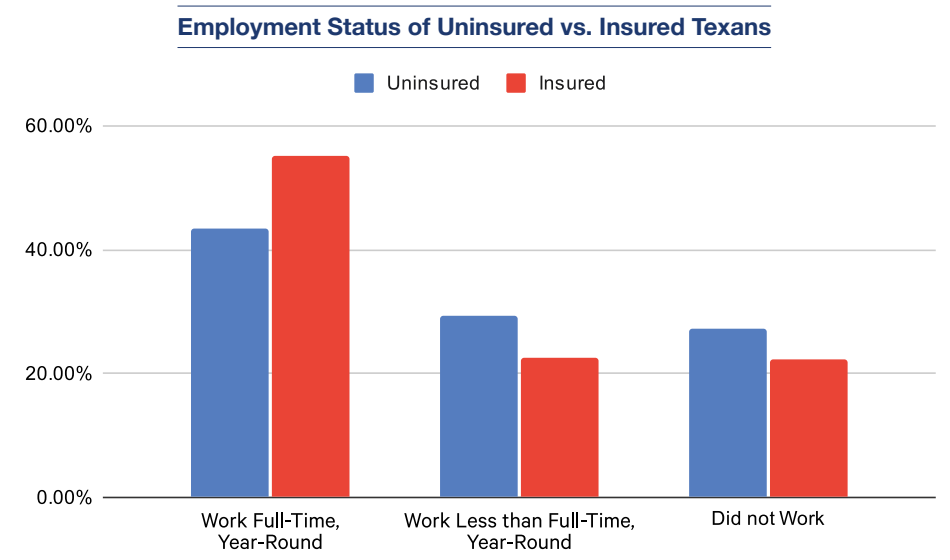


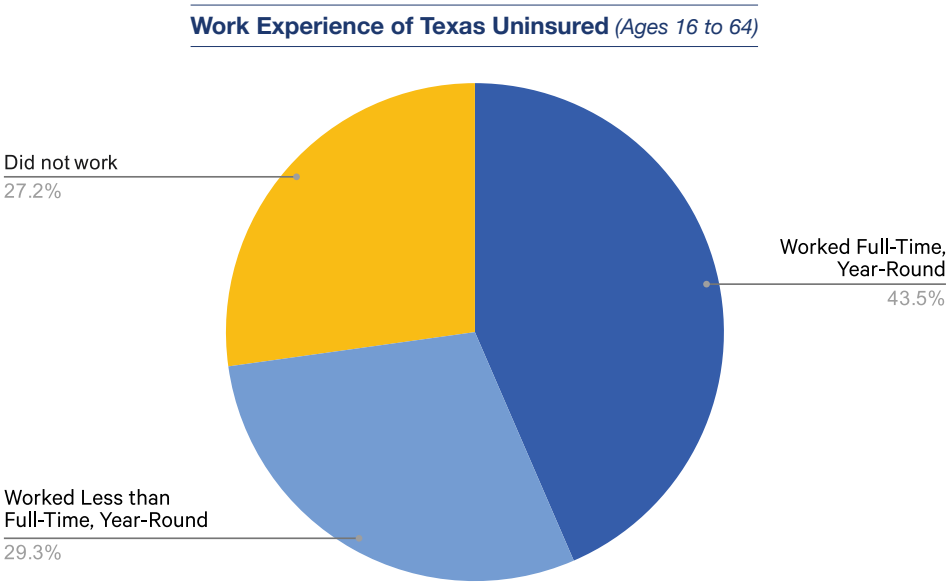
Are Texans uninsured because they're unemployed?

Most uninsured Texans are in the labor force and have jobs. 70.7% of uninsured Texans aged 16 and above are in the labor force, including 64.2% who are employed and 6.5% who are unemployed. The remaining balance – 29.3% – is not in the labor force. And while most uninsured Texans are employed, a minority of those are self-employed. 77.8% of uninsured but employed Texans are employees of private companies, 17.2% are self-employed or employed as unpaid family workers, and 5% work for either federal, state or local government.

The percentage of uninsured residents in the labor force (70.7%) exceeds the percentage of the general population in the labor force (66.3%). The employment percentage of the uninsured (64.2%) exceeds the employment percentage of the general population (63.4%), of those aged 16 and older.

Uninsured Texans in the working-age population (16 to 64), however, are less likely to have consistent, full-time jobs than the average Texan. Among all Texans aged 16 to 64, 55.2% worked full-time year-round, 22.6% worked less than full-time year-round, and 22.2% did not work. Among uninsured Texans aged 16 to 64, 43.5% worked full-time year-round, 29.3% worked less than full-time year-round, and 27.2% did not work.





Additionally, the likelihood of an employed Texan lacking insurance can vary significantly based on the industry in which that Texan is employed. For example, the largest industry reported in the ACS data – education services, and health care and social assistance – employs 21.1% of Texas workers but employs just 12.3% of the uninsured, meaning that individuals in this industry sector have a higher likelihood of being insured. By comparison, the construction industry employs 8.7% of Texans, but employs 19.3% of the uninsured population, meaning that individuals in this industry sector have a lower likelihood of being insured.

Percentage of Employment and Uninsurance by Industry			
Industry	**Total**	**Uninsured**	**Difference**
Educational services, and health care and social assistance	21.1%	12.3%	8.8%
Professional, scientific, and management, and administrative and waste management services	12.9%	12.0%	0.9%
Retail trade	11.6%	12.6%	-1.0%
Construction	8.7%	19.3%	-10.6%
Manufacturing	8.4%	6.1%	2.3%
Arts, entertainment, and recreation, and accommodation and food services	8.3%	13.7%	-5.4%
Finance and insurance, and real estate and rental and leasing	7.1%	3.9%	3.2%
Transportation and warehousing, and utilities	6.8%	7.4%	-0.6%
Other services (except public administration)	4.8%	6.8%	-2.0%
Public administration	4.0%	1.1%	2.9%
Wholesale trade	2.4%	1.8%	0.6%
Agriculture, forestry, fishing and hunting, and mining	2.2%	2.1%	0.1%
Information	1.6%	0.9%	0.7%

Racial and ethnic disparities exist among uninsured Texans

ACS data indicates racial and ethnic disparities among uninsured Texans. The most pronounced ethnic disparity involves the Texas Hispanic/Latino population. While 40.4% of the total state population was Hispanic/Latino, 63.1% of the uninsured population was Hispanic/Latino. Higher rates of uninsurance were also observed among American Indian and Alaska Natives, Native Hawaiian and Other Pacific Islanders and multi-racial Texans.

Racial and Ethnic Demographics of Texas vs. Uninsured Texans			
	Total	**Uninsured**	**Variance**
One race	76.1%	65.8%	10.3%
White alone	47.6%	31.9%	15.7%
Black or African American alone	11.9%	10.3%	1.6%
American Indian and Alaska Native alone	0.8%	1.3%	-0.5%
Asian alone	5.5%	2.9%	2.6%
Native Hawaiian and Other Pacific Islander alone	0.1%	0.2%	-0.1%
Some other race alone	10.2%	19.2%	-9.0%
Two or more races	23.9%	34.2%	-10.3%
Hispanic or Latino (of any race)	40.4%	63.1%	-22.7%
White alone, not Hispanic or Latino	38.9%	21.2%	17.7%

The vast majority of uninsured Texans are legal US residents

According to the U.S. Census Bureau's 2022 American Community Survey, 1,381,509 uninsured individuals in Texas are not U.S. citizens. This represents 28.2% of the state's uninsured population. This does not mean that these individuals are undocumented, nor does it reflect on the legal status of their presence. While the ACS does not directly provide us with estimates of the number of undocumented individuals, estimates are possible using datasets maintained by the U.S. Census Bureau, HHSC, and the Texas State Demographer. Based on this data, we estimate that 670,000 uninsured individuals in Texas are noncitizens residing without legal authorization in Texas.[1] This number represents 13.9% of the uninsured population in Texas. For more on the challenges with estimating the undocumented population, see Methodology in Appendix II.

Uninsured Texans and educational attainment

While Texans earning a high school diploma, equivalency, or below comprise 37.6% of the overall population, they represent 63% of the uninsured population. Among Texans aged 25 and above, the uninsured population has completed less postsecondary education than Texans in general. Texans who have attended or completed a postsecondary degree program represent 62.4% of the overall Texas population and 37% of the uninsured population.

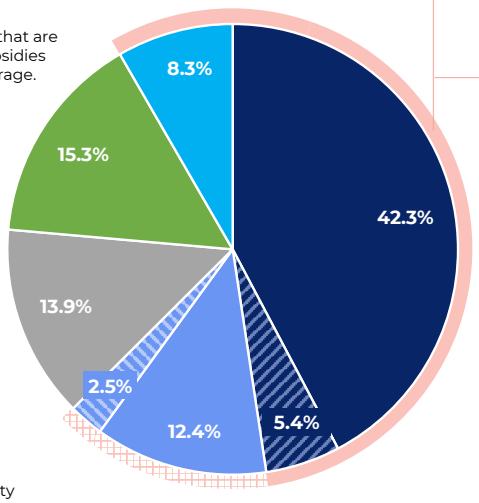
Educational Attainment of 25+ Texans vs. Uninsured Texans			
	Total	**Uninsured**	**Variance**
Less than high school graduate	13.6%	30.4%	-16.8%
High school graduate (includes equivalency)	24.0%	32.6%	-8.6%
Some college or associate's degree	28.0%	23.8%	4.2%
Bachelor's degree or higher	34.4%	13.2%	21.2%

** Among civilian noninstitutionalized population 25 years and over*

1 See: Appendix I: Methodology, p.54

Underutilized programs contribute to a high uninsured rate

Eligibility for Subsidized Health Insurance Among Uninsured Texans



Coverage Gap (15.3%)
Uninsured adults with incomes below 100% FPL that are not eligible for Medicaid or ACA marketplace subsidies in Texas, which has not expanded Medicaid coverage.

Undocumented (13.9%)
Uninsured adults and children who are not legally present in the United States.

14.9%
Maybe ACA Kids/Adults

Maybe ACA Adults (12.4%)
Uninsured adults with income at or above 400% FPL that can purchase insurance on the ACA marketplace, but whose subsidy eligibility cannot be determined with public information.

Maybe ACA Kids (2.5%)
Uninsured children in families with income at or above 400% FPL that can purchase insurance on the ACA marketplace, but whose subsidy eligibility cannot be determined with public information.

56.0%
Eligible for Existing Programs
(Includes ACA Eligible Kids/Adults and Medicaid/CHIP Eligible Kids)

Up to 70.9%
Potentially Eligible for Existing Programs
(Includes above, plus Maybe ACA Kids/Adults)

Medicaid/CHIP Eligible Kids (8.3%)
Uninsured children who are eligible for CHIP or Medicaid.

47.6%
ACA Eligible Kids/Adults

ACA Eligible Adults (42.3%)
Uninsured adults who are eligible for subsidized health insurance on the ACA marketplace but are not eligible for Medicaid.

ACA Eligible Kids (5.4%)
Uninsured children who are eligible for subsidized health insurance on the ACA marketplace but are not eligible for CHIP or Medicaid.

Percentages may not add to 100% due to rounding.

Of the uninsured population, we estimate that a majority (56%) are eligible for either ACA subsidies, Medicaid, or CHIP. 42.3% of the uninsured are adults who are eligible for ACA subsidies, 8.3% are children who are eligible for Medicaid or CHIP, and 5.4% are children who are eligible for ACA subsidies. Together, these groups compose nearly 2.7 million of the state's 4.9 million uninsured individuals.

For populations eligible for subsidized health insurance through the ACA, many appear to be eligible for subsidies large enough to cover the full premium cost of at least one plan. While available data does not allow for exact precision, we estimate that approximately 29.2% of uninsured Texans are eligible for a free plan, and approximately 18.4% are eligible for a subsidized (but not free) plan. This estimate is based on an assumption that eligible individuals making below 250% of the Federal Poverty Level would likely qualify for a subsidy large enough to cover the full premium cost (see additional information on the Federal Poverty Level on Page 8, and additional information on subsidized premiums on pages 37-38).

An additional 14.9% – the "Maybe ACA" Kids and Adults slices in the chart above – are individuals with incomes over 400% of the Federal Poverty Level who may currently be eligible for ACA subsidies under the temporary subsidy eligibility rules passed by the American Rescue Plan Act of 2021, and renewed by the Inflation Reduction Act of 2022. Under these rules, which are in effect until 2025 unless renewed, there is no firm income ceiling for subsidy eligibility. Instead, a family is eligible for subsidies if a "benchmark plan" – the second lowest-cost silver plan in a market – would cost more than 8.5% of a family's income. For more information on benchmark plans, subsidy calculations, and metal levels, see the discussion on page 58. Less than 30% of the uninsured population is comprised of two populations that garner much discussion and attention – the coverage gap and undocumented individuals.

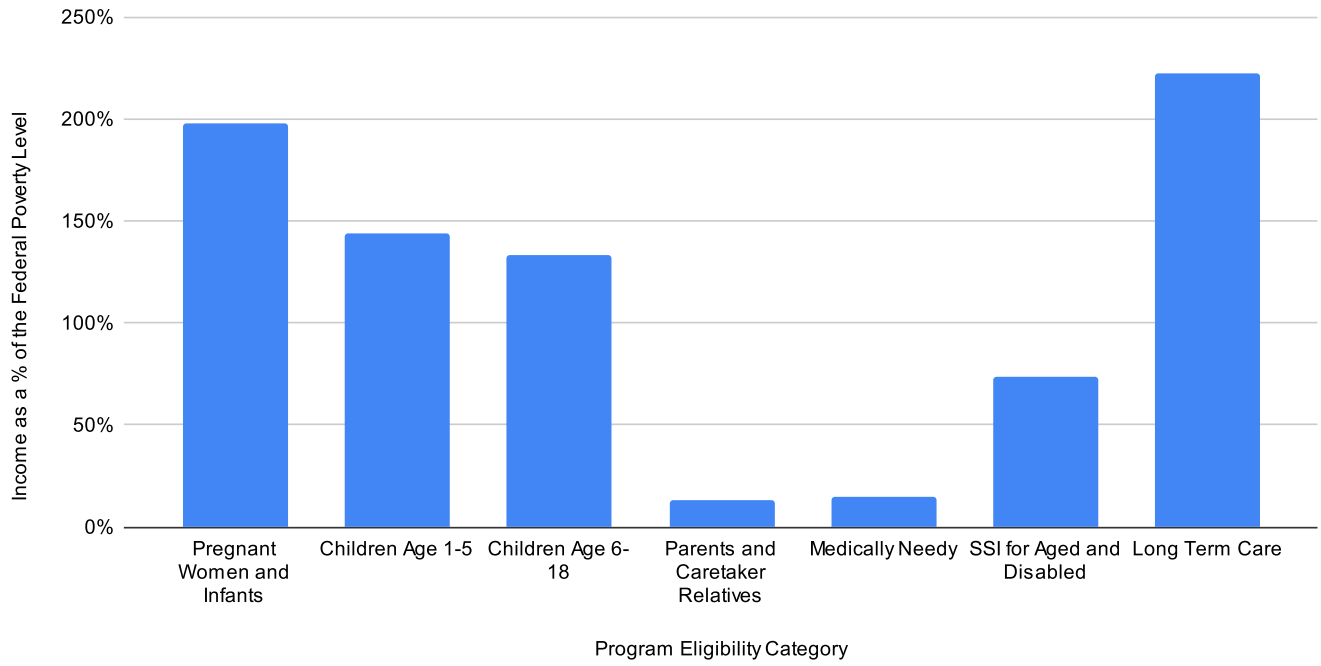
The “coverage gap”

Medicaid provides government-funded health coverage to eligible low-income adults, children, pregnant women, elderly adults, and people with disabilities. Individuals who earn too much to qualify for Medicaid, but not enough to qualify for federal subsidies on the ACA’s Individual Marketplace, are commonly described as falling into a “coverage gap.”

Medicaid was not originally designed to provide health coverage to all low-income individuals. To qualify for Medicaid at its outset, an individual must have been both low-income and belonging to a qualifying group, such as children, pregnant women, and people with disabilities or specific medical conditions. This remains the case in Texas today.

A summary of the maximum income limits for each eligible group as of March 2022 is summarized below in a chart distributed by the Texas Health and Human Services Commission in the 14th edition of the Texas Medicaid and CHIP Reference Guide.

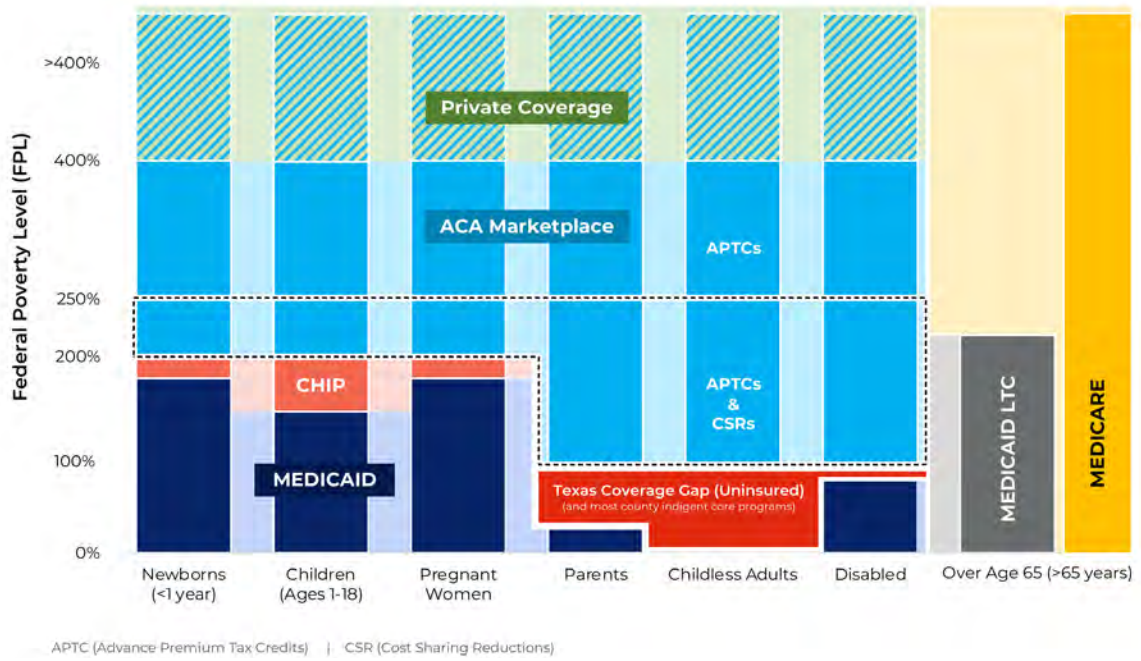
Texas Medicaid Income Eligibility Levels for Selected Programs, *March 2022 (As a percent of the FPL)*



Source: https://www.hhs.texas.gov/sites/default/files/documents/texas-medicaid-chip-reference-guide-14th-edition.pdf

Notably, there is no eligibility for a group of low-income individuals commonly referred to as “able-bodied adults without dependents” (ABAWDs), and income eligibility limits for parents or guardians of dependent children is set at 13% of the Federal Poverty Level. For a household of four, that income threshold is just under $4,000 annually, or about $325 per month.

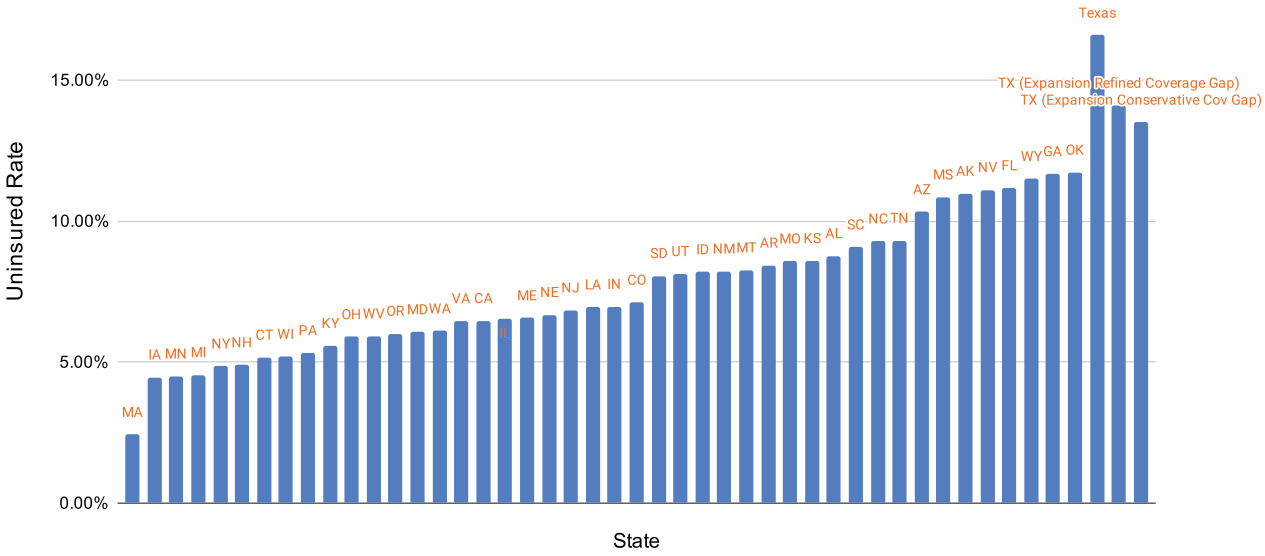
Texans in these two categories — ABAWDs and parents/caretakers — can find themselves in a situation where they earn too much income to qualify for Medicaid, and yet not earn enough income to qualify for subsidies on the ACA marketplace. To be eligible for ACA subsidies, an applicant’s household income must meet or exceed 100% of the Federal Poverty Level. At the time the ACA was passed, the law contemplated that all states would have been required to expand Medicaid eligibility to all lawfully present adults with incomes below 138% of the Federal Poverty Level. When the U.S. Supreme Court subsequently ruled that the expanded eligibility provision of the law was optional for states, it created the possibility for this “gap” in eligibility to exist. This gap is illustrated more fully by the eligibility chart below.



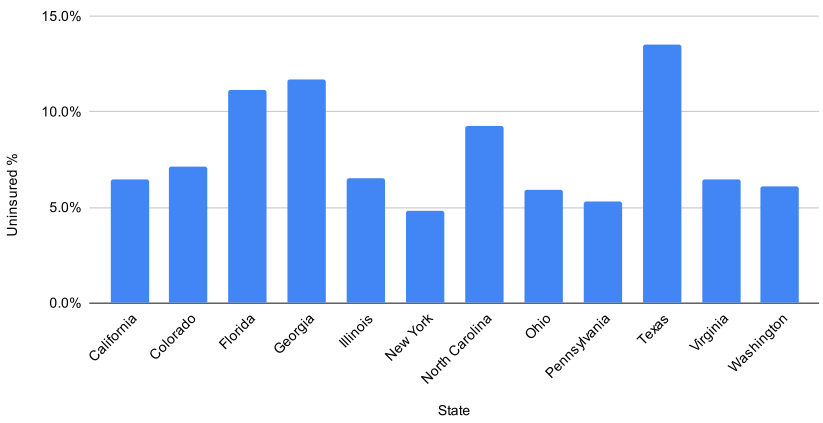
If Texas expands Medicaid under federal law, all otherwise eligible adults (see the "Citizenship Status & Eligibility" section below for more detail) with incomes up to 138% of the Federal Poverty Level would gain eligibility for Medicaid (and, for those earning between 100% and 138% FPL, would lose eligibility for ACA subsidies). An expansion would thus provide Medicaid coverage eligibility to the "coverage gap" and shift eligibility for those currently making between 100%-138% of the Federal Poverty Level from ACA subsidies to Medicaid.

By combining information on age and income, an upper-bound estimate of how many Texans fall into the coverage gap emerges. The exact income limits of the coverage gap vary based on individual category eligibility factors, but this upper-bound estimate of the size of the coverage gap that includes all uninsured adults below the poverty line is 920,651. With 4.9 million Texans currently lacking health insurance, this means that even if Texas expanded Medicaid eligibility tomorrow, extending coverage to an additional 920,651 Texans would still mean Texas has the country's highest uninsured rate (13.5%) by a substantial margin (far right bar in the below graph). The states with the next highest insured rates are Georgia and Oklahoma at 11.7%.

Uninsured Rates by State *(Assumes Texas Expanded Medicaid and 100% Takeup Among Newly Eligible)*



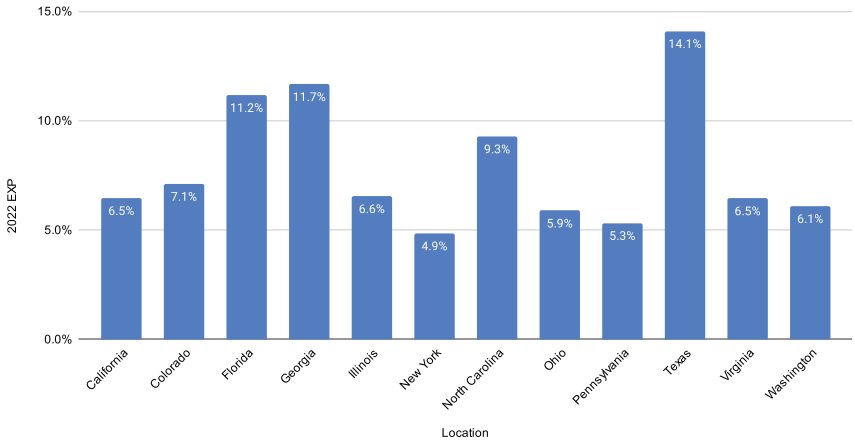
Uninsured Rates vs Peer States if Texas Expanded Medicaid & 100% Enrollment Among Those Newly Eligible for Coverage
(Using High-End Estimate of Coverage Gap Population)



However, this is likely an overestimate because, even under Medicaid expansion, some individuals with incomes below the poverty line would not be eligible for Medicaid. Others are currently eligible for a Medicaid program, and some are currently eligible for ACA subsidies. (see "Citizenship status and Eligibility" section below). A more refined estimate of the size of the coverage gap in Texas – with caveats that the validity of the assumptions that this estimate relies on cannot be tested empirically is 730,000.

Using this more refined estimate of the coverage gap, the potential drop for our uninsured rate if Texas expanded Medicaid, and all those in the coverage gap signed up would be 14.1%. This estimate is reflected in the 50-state chart above with the bar second from the right. This estimate is shown compared to peer states in the chart below.

Uninsured Rates Among Peer States if all Individuals in the Coverage Gap Gained Coverage *(Refined Estimate of Coverage Gap)*



Of the state's 4.9 million uninsured residents, only 15%, but certainly no more than 18%, would become newly eligible for coverage if Texas adopted expanded eligibility standards in Medicaid. To improve coverage rates for the remaining 82-85% of uninsured residents, Texas would need to develop additional policy solutions.

WHY OUR NUMBERS MAY LOOK DIFFERENT

- If Texas were to expand Medicaid, eligible individuals with income below 138% of the Federal Poverty Level would become eligible for Medicaid.
- Currently, incomes between 100%-138% of the FPL qualify an individual for subsidies on the ACA marketplace. If Medicaid were expanded, individuals earning between 100%-138% of the FPL would lose eligibility for ACA subsidies and gain eligibility for Medicaid. The relative merits of Marketplace coverage versus Medicaid coverage is beyond the scope of this report. As of the most recent open enrollment period, Texas had 1.13 million individuals enrolled in Marketplace plans with incomes between 100% and 138% of the Federal Poverty Level.
- Many reports estimate the number of individuals who would gain Medicaid eligibility if Texas were to expand Medicaid, but do not take into account the existing eligibility for the population with incomes between 100% and 138% FPL. This report focuses on the number of individuals who would newly gain eligibility for coverage. This difference in focus can explain why our number may appear different from other reports on Medicaid expansion.

Citizenship status and eligibility

Citizenship and residency status can impact eligibility for both Medicaid and subsidized coverage on the ACA's Individual Marketplace.

U.S. citizens have access to all government-subsidized programs for which they meet income eligibility requirements, while legal permanent residents' access is dependent upon the length of time they have legally resided in the U.S.

Children who are lawfully present in Texas are immediately eligible for Medicaid, but most adults who are lawfully present must wait five years before becoming potentially eligible.

During this five-year waiting period, lawfully present adults have increased eligibility for federal subsidies on the ACA's Individual Marketplace. While most adults must have income at or above 100% of the Federal Poverty Level to qualify for federal subsidies, adults who have been lawfully present for fewer than five years are eligible for subsidies even with incomes below 100% of the Federal Poverty Level, as the ACA contemplated that these individuals would not be eligible for Medicaid coverage.

Individuals not lawfully present in Texas are ineligible for any form of government-subsidized health coverage. An exception to this rule is that the unborn children of non-lawfully present mothers qualify for prenatal coverage under the state Medicaid program.

Status	Medicaid	Individual Market
Lawfully Present 5+ Years	Potential eligibility.	Normal eligibility.
Lawfully Present <5 Years (Adult)	Not eligible.	Eligibility for subsidies even if income is below 100% FPL.
Lawfully Present <5 Years (Child)	Normal eligibility.	Normal eligibility.
Not Lawfully Present	No eligibility, though unborn children may receive prenatal and delivery coverage.	Not eligible for subsidies, cannot enroll for unsubsidized plans through the federal exchange, can enroll in off-exchange, unsubsidized plans.

* This section is not intended as a guide to individual eligibility decisions. For a more detailed explanation, please see: https://www.hhs.texas.gov/handbooks/medicaid-elderly-people-disabilities-handbook/d-8300-qualified-alien-categories.

Variables affecting long-term trends

While the state's uninsured rate has declined in recent years, three factors could prevent this from being a long-term trend.

First, the end of the COVID-19 Public Health Emergency in May 2023 means a return to full Medicaid eligibility renewals and terminations of coverage for individuals who are no longer eligible. As a result, over 1 million people have been denied further Medicaid coverage. What impact this will have on the long-term uninsured rate, however, is not yet clear. Some of those who will lose Medicaid eligibility following the end of the public health emergency may have already had additional coverage or were able to obtain coverage after losing Medicaid coverage. That could account for some portion of recent increases in coverage. While the uninsured rate may increase following a return to normal eligibility review, the size of this increase is based on assumptions that may or may not prove correct.

Second, increased subsidies for ACA Marketplace coverage provided by the American Rescue Plan Act of 2021 and the Inflation Reduction Act of 2022 are set to expire after 2025. A reduction in subsidies could lead to a reduction in enrollment. It is not clear if those increased subsidies will be renewed.

Third, it is possible that the pandemic caused increased demand for health insurance, and that demand may fade as attention to the pandemic fades. We do not know the size of the impact that this would have.

Conclusion

Texas currently has both the highest number and highest rate of uninsured individuals in the country. Public discourse about how to address this issue has largely focused on two factors: the Medicaid coverage gap and the size of Texas' ineligible and undocumented population. Individuals belonging to these two populations, however, account for less than half of Texas' uninsured population. To identify viable public policy solutions that effectively address Texas' uninsured rate, policymakers need a better understanding of uninsured Texans, including their perceptions about health care and health coverage, and the barriers they face to obtaining it.

03 / The uninsured, in their own words

The sheer size of Texas' uninsured population – twice as large as that of California, the next largest – complicates efforts to solve this problem. That's because the problem is often approached as a single systemic failure. But the enormity of the population – nearly five million individuals – suggests that there exists a multitude of failures. A more effective approach would be to develop a multitude of targeted solutions.

To better understand the barriers and personal decisions that result in Texans lacking health coverage, we asked Texans from 2,003 uninsured households why they or their children did not have health insurance. What we learned challenges long-held assumptions about why people are uninsured, identifies social and economic costs resulting from a lack of insurance, and provides new insights into how policymakers could improve access to and enrollment in health coverage for millions more Texans.

This chapter highlights the primary findings of the Texas 2036 survey. The full findings include an analysis of the experiences of the uninsured regarding (i) Medicaid and CHIP, (ii) access to primary care, (iii) maternal care and (iv) dependent care. These extended findings are available online at https://texas2036.org/uninsured/.

About the Texas 2036 Uninsured Survey

In 2022, Texas 2036 partnered with Cicero Research to conduct 2,003 interviews of Texans who were either uninsured themselves or had uninsured children. The margin of error for this survey is +/- 2%.

The survey methodology is described in full in Appendix II.

Key Takeaways

- **Most uninsured Texans want health insurance**
  89% of uninsured Texans said that their primary reason for not having health insurance was some sort of external barrier such as their employment status. Just 11% indicated that not being insured was due to personal choice.
- **Reasons for being uninsured vary**
  Employment-based reasons are the No. 1 cause of not having health insurance, and many uninsured Texans are unaware that they are eligible for subsidized plans through the ACA.
- **Lack of insurance imposes high costs**
  Uninsured Texans are skipping needed health care. When they do receive care, it's often by utilizing expensive emergency services. And uninsured Texans often pay for the care they receive by taking on high-interest debt — or they don't pay at all.

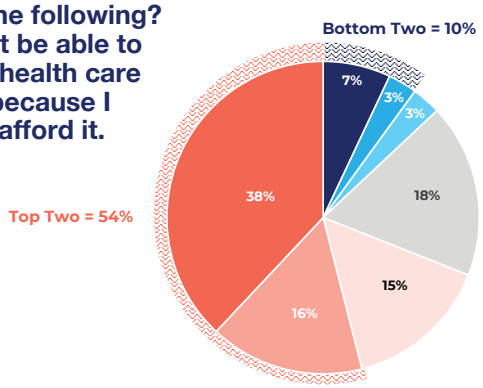
Most uninsured Texans want health insurance

Most Texans want health insurance, with 89% of uninsured Texans saying that their primary reason for not having health insurance was some sort of external barrier, such as their employment status or an inability to qualify. Just 11% said that not being insured was due to personal choice.

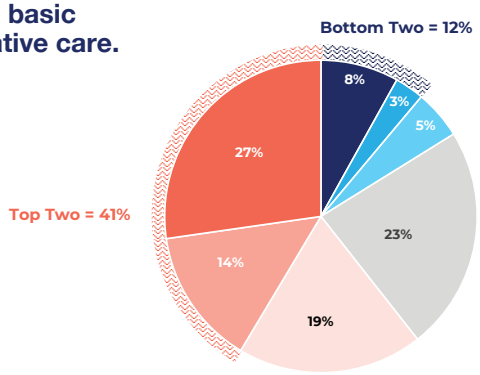
Access to health care is a constant concern for uninsured Texans. On a 1-to-7 scale, with one being "never worry" and seven being "constantly worry," 54% of uninsured Texans rated their concern about being unable to get the health care they need because they cannot afford it as a six or seven.

High levels of concern were also reported for not being able to afford basic preventative care (41%), concern that their health could get worse (40%), and not being able to get the most effective treatment for an illness (38%).

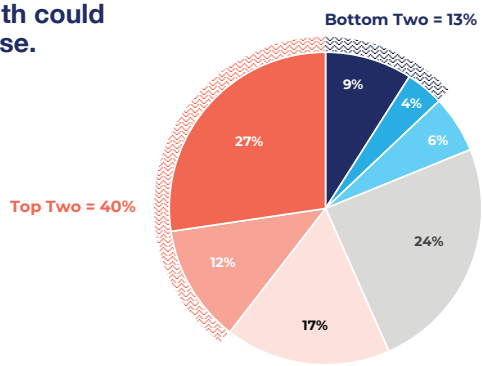
How much do you worry about the following? I will not be able to get the health care I need because I cannot afford it.



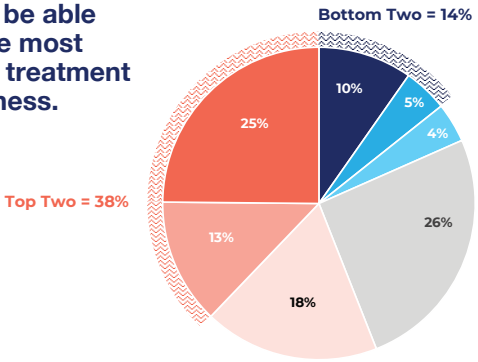
I will not be able to afford basic preventative care.



My health could get worse.



I will not be able to get the most effective treatment for an illness.



SAMPLE SIZE
1686

NEVER WORRY — NEUTRAL — CONSTANTLY WORRY

Many uninsured Texans are self-conscious about discussing their insurance status. Respondents were asked to rate how comfortable they are telling friends and family that they do not have insurance on a five point Likert scale from “very uncomfortable” to “very comfortable.” More than a third of respondents said that they were either uncomfortable (20%) or very uncomfortable (15%) telling friends and family that they do not have health insurance. Parents, in particular, were more likely to say they were uncomfortable disclosing their insurance status.

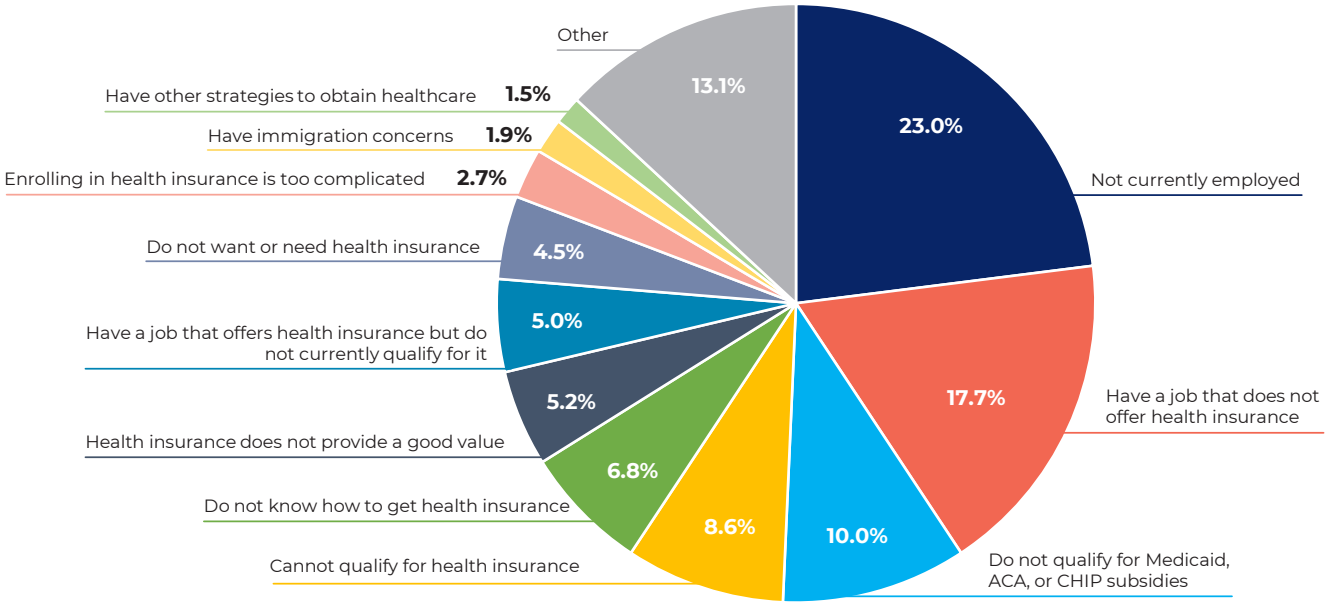
Q - How comfortable are you telling your friends and family that you do not have health insurance?

	Very Uncomfortable	Uncomfortable	Combined
Single with no dependents	11%	17%	28%
Couple with no dependents	15%	15%	30%
Single with dependents	17%	22%	39%
Couple with dependents	20%	26%	46%

Why Texans are uninsured

Despite a strong desire for health insurance, millions of Texans remain uninsured. The reasons for lacking insurance, however, whether from a lack of information or understanding about what their options are or how to take advantage of them.

Primary Reason for Not Having Health Insurance *(% of Respondents)*



Employment-based issues lead reasons for being uninsured

Asked to identify the primary reason for not having health insurance from a series of response options, 46% of respondents selected an employment-related answer, including 23% who said they were not currently employed, 18% who said their job does not offer health insurance, and 5% who said their job offers health insurance but they don't qualify for it.

Notably, the plurality of respondents reported working full-time (40%) with another 17% working part-time. Many of the higher-income respondents with incomes at or above 400% of FPL reported that they were employed in jobs that did not offer health insurance.

Concerns about qualifying for benefits limited coverage

10% of respondents reported that they did not qualify for Medicaid, ACA or CHIP subsidies. 9% reported that they could not qualify for health insurance, and 5% reported that they had a job that offered health insurance, but that they did not currently qualify for it. Another 2% of respondents reported that immigration concerns limited their ability to get health insurance. Among undocumented respondents, 25% attributed their uninsured status to immigration concerns, 23% to being unable to qualify for health care, 12% to being unable to qualify for Medicaid, ACA, or CHIP subsidies, and 11% to being not currently employed.

A large majority of uninsured Texans do not know whether they are eligible for free or discounted health insurance through the Affordable Care Act

ACA subsidies are often available for Texans earning between 100% FPL and 400% of the Federal Poverty Level, but uninsured Texans are often unaware of their eligibility for these subsidies. Some Texans with incomes above 400% FPL are also eligible for subsidies due to recent temporary changes to the subsidy formula (see note in chart on next page).

70% of all respondents said they were unsure of their ACA eligibility status. Another 15% reported being ineligible, while 5% reported being eligible for subsidized premiums and 9% reported being eligible for both subsidized premiums and subsidized out-of-pocket costs. In a separate question, 23% of all respondents indicated that they did not know what the ACA or "Obamacare" was.

Federal Poverty Level	Q: What is your understanding of your current eligibility for ACA health care plans?*			
	Not eligible	Eligible for subsidized premiums	Eligible for subsidized premiums and subsidized out-of-pocket costs	Unsure
Below 14%	19%	3%	5%	73%
14-100%	17%	6%	7%	71%
100-138%	14%	4%	8%	74%
138-200%	11%	6%	8%	75%
200-300%	17%	8%	10%	66%
300-400%	19%	8%	18%	55%
400-650%	19%	13%	13%	56%
650% or more	10%	0%	59%	32%

N=1,546 uninsured adults. Insured parents of uninsured children not included.

** Row percentages.*

The blue shaded area above from 100% FPL to 400% FPL is often subsidized on the ACA market. These populations are most amenable to policy intervention through the ACA.

Under changes to the subsidy formula in federal legislation made in ARPA and renewed in the IRA, some populations above 400% FPL are temporarily eligible for subsidized coverage as well, depending on the price of insurance in an individual's local area. Under the current structure, individuals above 400% FPL are income-eligible for a subsidy if the price of a benchmark insurance plan exceeds 8.5% of their household income. Unless renewed by Congress, individuals above 400% FPL will lose subsidy eligibility after 2025.

Most uninsured Texans are receptive to seeking insurance through the ACA marketplace

57% of all respondents said they had an interest in the ACA marketplace. Moreover, 46% reported that they wanted to apply but did not know the process. 43% reported no interest in the ACA. Indifference was the most commonly held position, with 31% of uninsured Texans saying they didn't have favorable or unfavorable opinions of the ACA. Meanwhile, 29% of respondents held "favorable" or "strongly favorable" views and 17% of respondents held an "unfavorable" or "strongly unfavorable" opinion of the ACA. Just 10% of the respondents reported that they had received coverage through the ACA marketplace. 83% reported that they had not, and 7% were unsure.

For some Texans, going without health insurance coverage is a choice

While most uninsured Texans want health insurance, 11% of respondents indicated that their lack of health insurance was due to a personal choice. 5.2% of respondents reported that the primary reason they didn't have health insurance was because it does not provide good value, and another 4.5% responded that they did not want or need health insurance. 1.5% responded that they had other strategies to obtain health care.

Impacts of Texans lacking health insurance

Lacking health insurance involves more than just personal financial risk. 48% of uninsured Texans do not have a usual place for receiving health care, a metric associated with better health outcomes. Without a "medical home," uninsured Texans face delayed and potentially more serious diagnoses. Being uninsured can also exacerbate mental health crises because uninsured Texans are skipping or postponing mental health services. And when uninsured Texans do receive care, they often do so in ways that financially strain the health care system.

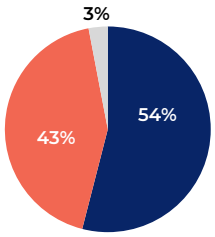
Uninsured Texans are skipping necessary health care

Have you done any of the following this past year for financial reasons?

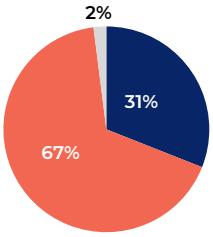
Sample Size: 1686

Yes No Unsure

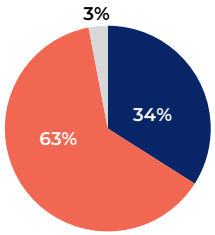
Postponed seeking healthcare you thought you needed



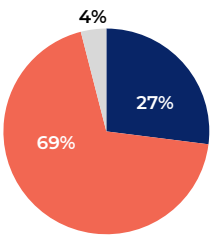
Not filled a prescription



Postponed obtaining mental health support



Did not get medical care for a serious condition (something you should go to the hospital for)



54% of respondents reported skipping care within the past year for financial reasons, and this impacts Texans from all walks of life. 61% of single parents reported doing so, compared to 56% of couples with dependents, 51% of single adults without dependents and 50% of couples without dependents.

67% of white, non-Hispanic respondents reported that they skipped care for financial reasons, compared to 50% of Hispanic/Latino respondents and 48% of Black/African American respondents.

In addition, 34% of all respondents postponed obtaining mental health support for financial reasons, 31% did not fill a prescription, and 27% did not get needed medical care for a serious condition. 36% of female respondents and 29% of male respondents reported that they postponed obtaining mental health support for financial reasons. 43% of white, non-Hispanic Texans postponed mental health services, compared to 30% of Hispanic/Latino and 26% of Black/African American respondents.

Uninsured Texans are skipping preventative care

74% of male and female respondents reported that they had not completed an annual physical exam within the past year. Among female respondents, 84% reported they had not had a mammogram, 71% reported they had not had a pap smear, and 44% reported that they had not received an immunization. Among male respondents, 89% reported they had not had a colonoscopy, 88% reported they had not had a prostate exam, and 46% reported they had not received an immunization.

Middle- and higher-income Texans reported postponing needed health care at a higher rate than their lower-income counterparts.

While the decision to skip or postpone health care was often influenced by financial considerations, it was not confined to low-income respondents. The lowest-earning respondents — those earning below 14% of the Federal Poverty Level, or just over $2,000 for a single individual — were the least likely to skip care. Those most likely to have skipped or postponed health care due to financial considerations earned between 325% and 375% of the Federal Poverty Level, or just over $47,000 for a single individual. This highlights that a lack of insurance may be more harmful to middle-class families for whom alternative methods of accessing free or reduced-cost care are not available.

Federal Poverty Level	% of Respondents Postponing Needed Healthcare
Below 14%	42%
14-100%	54%
100-138%	57%
138-200%	56%
200-300%	59%
300-400%	65%
400-650%	48%
650% or more	66%
Prefer not to answer	36%

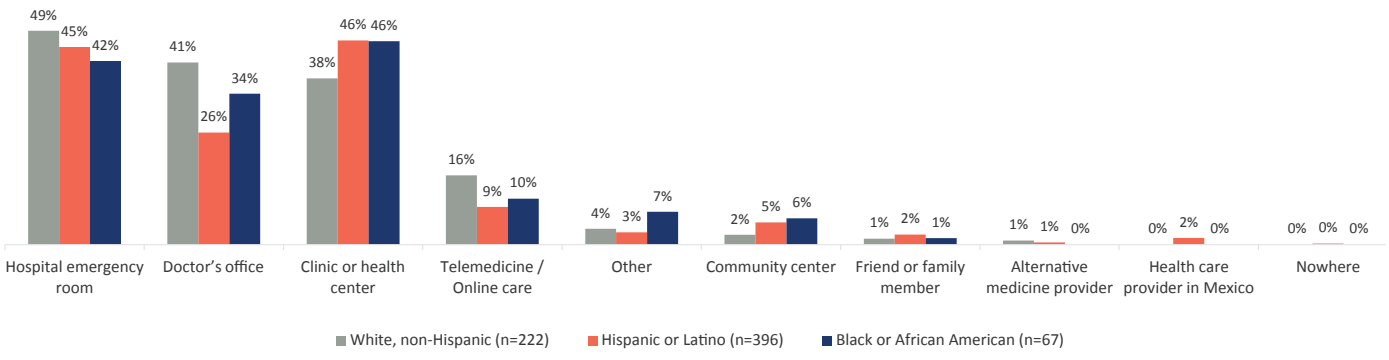
N=1,686 - displaying respondents answering "yes" to "Have you done any of the following this past year for financial reasons? Postponed seeking health care you felt you needed"
** Row percentages.*

Uninsured Texans use emergency rooms for routine care

When uninsured Texans do receive health care, they often do so by utilizing costly emergency services. 42% of respondents reported that they had received medical care in the last 24 months. Of those who received care, 46% reported that they had received care in a hospital emergency room, 43% at a clinic or health center and 32% in a doctor's office.[2]

Hospital emergency rooms, doctors' offices, and clinics/health centers are the most common locations respondents have received medical care in the last two years.

Locations Where Medical Care was Received in the Past 24 Months by Race/Ethnicity *(n = 1,686)*



2 Respondents were able to select multiple options if they were served in more than one location.

Many uninsured Texans anticipated using emergency services for primary care

88% of respondents reported that they planned to use an emergency room for a major emergency (ex: heart attack, stroke or drug overdose), 43% reported they planned to use an emergency room for a minor emergency (ex: deep cut, broken finger or a painful earache), and 36% said they planned to use emergency rooms for preventative care (ex: annual physical, vaccination, diabetes testing, cancer screening and pap smear). In 2018, Texas emergency departments tallied over 8.5 million "treat and release" visits,[3] where care is sought for ailments like superficial injuries, strains or sprains, urinary tract infections, or headaches. Nationally, such avoidable emergency department visits add an annual $32 billion in costs[4] to the health care system. Reducing unnecessary emergency room visits has been a goal of federal health agencies, insurers and providers for years. Insuring more Texans would expand access to primary care, reducing the number of Texans using emergency services to treat non-emergency conditions.

Self-Reported Locations for Uninsured Respondents to Receive Health Care			
Location of Reported Care	**Preventative Care (Q27)**	**Minor Emergencies (Q28)**	**Major Emergencies (Q29)**
Clinic or health center	58%	44%	19%
Community center	15%	10%	7%
Doctor's office	30%	24%	11%
Hospital emergency room	***36%***	***43%***	***88%***
Health care provider in Mexico	3%	4%	2%
Alternative medicine provider	1%	1%	1%
Friend or family member	5%	8%	2%
Pharmacy	9%	n/a	n/a
Retail clinics	2%	4%	n/a
Telemedicine / Online care	2%	2%	n/a
Observe and treat at home	9%	13%	1%
Other	1%	0%	0%

** Respondents were able to select multiple options if they were served in more than one location. As a result, answers do not total to 100%.*

Q27 - Where would you go to receive preventative care (preventative care includes such things as a physical, vaccinations, diabetes testing, cancer screening, and pap smear)?

Q28 - Where would you go to receive care in the event of a minor emergency (a minor emergency includes such things as a deep cut, a broken finger, a painful earache)?

3 These do not include those visits where mental health or substance use disorder was the cause for the visit. https://aspe.hhs.gov/sites/default/files/private/pdf/265086/ED-report-to-Congress.pdf
4 https://www.unitedhealthgroup.com/content/dam/UHG/PDF/2019/UHG-Avoidable-ED-Visits.pdf

Uninsured Texans often do not pay for care

When uninsured Texans do use health care services, they often do not pay for those services. Of the respondents who received care in the prior 24 months, 46% reported that they did not pay. Higher-income respondents were more likely to pay for care than lower-income respondents.

Federal Poverty Level	Q22: Did You Pay for the Care You Received?	
	Paid	Did Not Pay
Below 14%	33%	67%
14-100%	43%	57%
100-138%	56%	44%
138-200%	53%	47%
200-300%	67%	33%
300-400%	72%	31%
400-650%	86%	14%
650% or more	75%	25%

67% to 100% paid rate is shaded green
50% to 66% paid rate is shaded yellow
Below 50% paid rate is shaded red

For those that did pay, most paid from cash from a regular paycheck (54%), while others received financial help from friends or family (24%), used savings (21%), or worked overtime (6%). 15% reported taking on debt to finance paying for medical care, including by using a credit card that was not paid off in full at the end of the month (13%) and by utilizing a payday loan (2%).

Being uninsured tends to be a chronic condition

The challenge of addressing the state's uninsured rate further comes into focus when analyzing how long currently uninsured Texans have held that status. Two-thirds of respondents reported being uninsured for a year or more, with 35% uninsured for five or more years and 16% uninsured for three to five years. Another 14% didn't know how long they had been uninsured.

Q30: For how long have you been without health insurance?	
0 - 3 Months	8%
4 - 11 Months	9%
1 - 2 Years	16%
3 - 5 Years	16%
5+ Years	35%
Unsure	14%
Prefer not to answer	2%


UNIT PRICE
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4.80 1200.00
4.00 1200.00
12.00 480.00
4.20 840.00
1.50 600.00
1.50 600.00
2.95 590.00
1.20 300.00
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04 / Profiles of the uninsured

Uninsured Texans are as diverse as the state's population, and improving their access to health care requires identifying and addressing their individual needs. To better understand who are Texas' uninsured and identify the challenges they face in obtaining coverage and care, Texas 2036 hosted a series of focus groups in 2022 and 2023 composed of a demographically representative sample of 220 uninsured Texans chosen from the pool of respondents to the poll described in the previous chapter.

These extensive discussions identified commonalities among participants that led to the creation of eight characteristic profiles of the uninsured. While these profiles are not mutually exclusive — an individual may see themselves reflected in more than one profile — they serve as a starting point for developing solutions tailored to the specific needs and concerns of different segments of the uninsured population.

Understanding the Population

By getting a picture of uninsured populations' **thoughts, behaviors, and needs** we can start to **understand more deeply** the reasons behind their:

- **Attitudes and sentiment** toward insurance
- Why they choose certain **channels** to receive **health care** coverage
- What their self-identified **needs** are and what the **impact** would be, if insurance was available to them

Identifying the Challenges

It is important to next look at the **challenges** that are faced throughout the **care and coverage journeys** to understand what **external and internal barriers** exist. Steps in the process to assess include:

- **Experiences** with specific **programs**
- **Eligibility** for programs or low-cost plans
- **Enrollment** in a coverage plan
- **Payment** for both insurance and medical care

Proposing Solutions

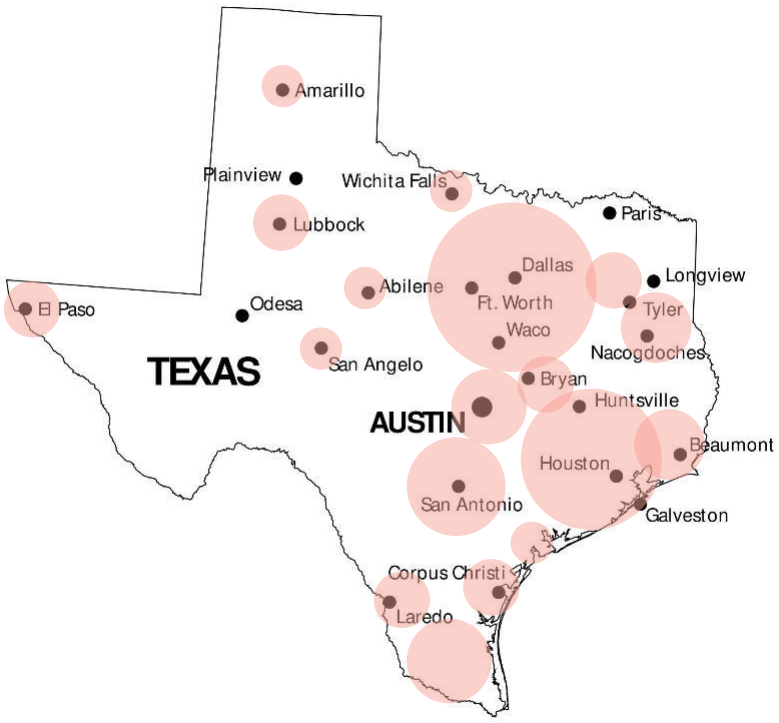
By mitigating the primary challenges faced by this population, **potential solutions can be proposed and evaluated**, across a few categories:

- Ideal **plan and coverage options**
- **Resources available** and the **sign-up process**
- **Payment** details and **expectations**
- All potential solutions will be evaluated across **impact, feasibility,** and **cost**

Methodology

Texas 2036 held 70 focus groups across the state, both virtually and in person. Participants were chosen from the pool of poll respondents to ensure demographic representation and received a stipend for their participation. Notably, researchers found that the increased privacy and comfort offered by virtual groups allowed for increased candor from the participants.

For a more complete discussion of the focus group methodology, please see Appendix II.



Note: Bubble size reflects the relative count of participants residing in a given area.

Profiles of the uninsured

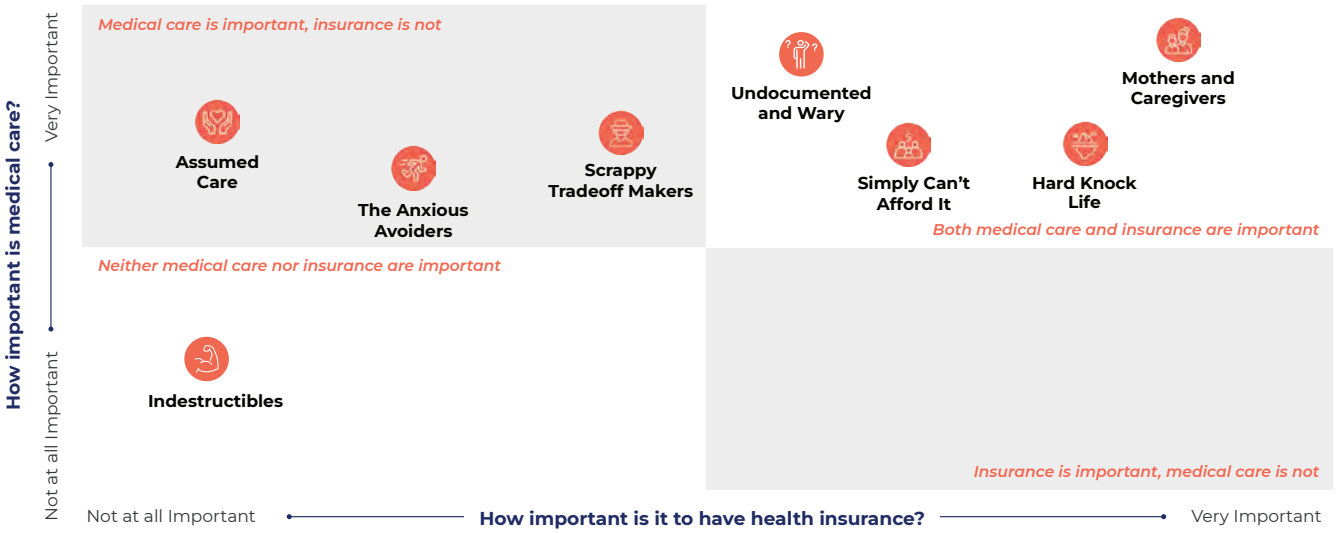
Many uninsured Texans belong to at least one of the following profiles. Those profiles highlighted in green are prevented from obtaining health coverage primarily by external barriers – things like cost, difficulty navigating systems, and concerns about legal risks. These individuals want insurance, see its value and are pragmatic about the costs and benefits of enrollment. Individuals belonging to other profiles are prevented from obtaining health coverage primarily by internal barriers including a lack of urgent concern about their health.

Barriers	Profile	Characteristics
External	Scrappy Value Hunters	Pragmatists who continually search for cheaper ways to access care.
	Simply Can't Afford It	Those who want insurance but are unable to pay for it.
	Hard Knock Life	Affected by major medical and/or non-medical tragedies. This group recognizes the importance of insurance but cannot prioritize it over basic survival needs.
	Mothers and Caregivers	Prioritize the insurance and care needs of their dependents over their own.
	Undocumented and Wary	Interested in insurance but distrusting of existing systems. This group lacks confidence in their ability and eligibility to enroll in insurance.
Internal	Indestructibles	Young, healthy people who are unlikely to have experienced a major health crisis and older, unhealthier people who don't perceive their health issues as of immediate concern. They see insurance as a future necessity but not an immediate one.
	Anxious Avoiders	This group lives by the mantra "out of sight, out of mind." They avoid care because they fear the issues that may be discovered if they were to visit a doctor.
	Assumed Care	Enrolled in Medicaid as children and expect the same level and price of care as adults.

UNDERSTANDING THE POPULATION

Spectra of Key Behaviors

When considering how top of mind healthcare and insurance is, as well as each person's gratitude toward healthcare opportunities, we see that most of the uninsured population are concerned with their health and desire collaborative solutions to receiving insurance.



Scrappy Value Hunters

The Scrappy Value Hunters are a relatively healthy group that seeks out health care options — and are particularly savvy at finding less expensive ones. They utilize home remedies, borrow and trade excess medication from friends and family, leverage clinics, and travel out of the country to find necessary care. The Scrappy Value Hunters are pragmatic and make tradeoffs between medical care and other bills. They deprioritize preventative health care but may seek care in an emergency. Focus group participants from this profile shared stories of purchasing antibiotics at a feed store, watching YouTube videos to learn how to reset a dislocated shoulder and paying for a direct primary care app to access doctors via text message.

Quotes from Scrappy Value Hunters

[On how they deal with minor cut/afflictions]

"Super glue, over the counter, ibuprofen, patch it up with a band aid and wrap it in some duct tape…throw some dirt on it and it'll work out…guess that's how we were raised."

"If it's absolutely necessary and I think it's necessary, I'll do it. But if it isn't, I'll just wait the pain out a little bit. I can withhold the pain, even though it's painful… I just know that a lot of other people have done that. They don't go to the ER…"

"You can't get in trouble for your own body, but you can get in trouble for your car…it's ridiculous why I choose car insurance over health insurance, but it's how we are programmed. I don't want to get in trouble. I worry about something happening to someone else on the road rather than my own life."

"I felt like, just go to Mexico, get my meds, it's a lot cheaper than buying here and going to see somebody. Just stock up because you never know what's going to happen because I had no insurance."

Simply Can't Afford It

The Simply Can't Afford It group wants and needs health insurance but finds it too expensive. This group relies heavily on community clinics and other low-cost options. They have significant medical bills that they are unable to pay and they utilize emergency rooms because they cannot be turned away. Members of this group are plagued by a vicious cycle: mental and physical health issues preclude them from seeking or maintaining employment, and their lack of employment precludes them from purchasing insurance.

Quotes from the Simply Can't Afford it

"Until you get a job, you can't afford insurance. It's an endless cycle."

"I struggle with depression and really bad anxiety. I've had to find other remedies or solutions that don't involve medication…"

Hard Knock Life

Uninsured Texans within the Hard Knock Life profile are facing tragedies, medical or otherwise, that prohibit them from considering purchasing health insurance in light of pressing survival needs. This group sees the value of health care and health insurance but they need specialized care to address their families' concerns. There are mental, physical, and financial repercussions from trauma that must be managed but often go unaddressed.

Summarized in the chart below are real-life examples shared by focus group participants that demonstrate how the different types of traumas can prevent individuals from attending to insurance needs.

Quote from the Hard Knock Life

"I started work there (at UPS), but after he passed (her husband) I started with the sciatica. My house caught fire right before my husband passed away, and then he died three days before my birthday."

Severe trauma and misfortune has impacted so many of the participants' lives, affecting their need for and access to care, and their view on the healthcare industry. Nevertheless, along with the extreme misfortune, we have also witnessed extreme resiliency from this group.

Category	Acute Single Event	Chronic Repeated	Complex Varied Events
Situation	*"My daughter suffered a traumatic event. There were no services were what she needed, and we ran into issues with Medicaid. The experience was so frustrating and led to more trauma for all of us."* *- Participant on 9/26/22, 11:00 am*	*"When I was five years old, my mom had a boyfriend…he started sexually assaulting me. My mom did not believe me at the time…"* *"He left the house for a few months, and he came right back, and it began. It kept going until I was seventeen."* *- Participant on 10/4/22, 5:30 pm*	*"I have five beautiful grandchildren, two of them recently tried to take their own lives."* *"I am adopted. The people who had adopted me, I was abused a lot by them. He sexually assaulted me on several occasions."* *"I have PTSD, I watched my first partner put a gun to her head, and I couldn't stop her."* *- Participant on 10/4/22, 9:00 am*
Effects	1. **Hardships in obtaining or maintaining a job** due to caretaker role or prior flags on record. 2. **Dire need for specialized care** that they are not able to afford. 3. **Continuous cycle of disillusionment and distrust** in the healthcare system created to protect and help the people who need it.		

Mothers and Caregivers

Mothers and Caregivers prioritize obtaining care for their children or dependents. Children are exempt from the price-sensitive trade-off analysis that mothers and caregivers apply to themselves.

Quotes from Mothers and Caregivers

"As Mexicans, we don't qualify for Medicaid, but I care about my children, not me."

"I should try to apply (for health insurance). But right now, my main priority is my son and getting everything, so I put myself on the backburner. That's what you have to do as a mom."

"I'll figure out a way to make an extra $100. Whatever I need to do, I'll figure it out to make sure my kids can go to the doctor."

"You still have to go to the pharmacist and have them tell you your insurance doesn't cover this. Well, my kid really needs that medicine, so what am I going to do? I'm going to get that medicine but it's going to cost me…"

Undocumented and Wary

The Undocumented and Wary are interested in health insurance but are unsure of the process of obtaining it as well as their eligibility. This group's lack of clarity is compounded by a fear of asking questions given their citizenship status. Members of the Undocumented and Wary profile prioritize insurance for their children and are satisfied if their children have coverage, even if they do not. They rely heavily on friends and family for advice and recommendations. In one case, a focus group participant reported that they were advised by a nonprofit organization assisting with the family's immigration case to not apply for Medicaid as an application may jeopardize their legal standing.

Quotes from the Undocumented and Wary

"I tried to reapply to Medicaid, so I reached out about my application, but they responded that Medicaid is only for US citizens."

"Since arrival, no insurance. Evaluating on status and seeing what to apply to based on citizenship that does not bring risk."

Indestructibles

The Indestructibles category is composed of both young, healthy people who are unlikely to have experienced a major health crisis and older, unhealthier people who don't perceive their health issues as of immediate concern. They place little value on medical care or insurance and rely on over-the-counter medication and online platforms to address medical concerns when they do arise. They see insurance as a future necessity but not an immediate one. The Indestructibles represent a group of uninsured Texans for whom policy solutions will be difficult, as this group is unlikely to find value or use for additional options for accessing affordable care.

The Great Pretenders

In meeting with Indestructibles, the Texas 2036 team identified a subgroup of the uninsured worthy of future study: those that are older and unhealthier. This population may be facing chronic or latent health issues but don't perceive them as problems because they are not immediately critical. We call this group the Great Pretenders.

Quotes from Indestructibles

(When asked if she would apply through the Health Exchange) "It's not on the forefront of my mind. I'm not a big medicine type of person…I don't believe I need medicine to fix me. My body can do that."

"Probably about 10 years (without insurance)... I just use Urgent Care because I don't have any medical problems… I'm pretty much healthy."

"Why would I pay for something I don't use?"

"Sick is being deathly ill, can't breath, can't walk… that doesn't happen often enough for me to think I need to pay a monthly fee for that."

The Anxious Avoiders

The Anxious Avoiders shun care because they fear the issues that may be discovered if they seek care. Not having quality health care weighs on them, but knowing of problems they can't afford to resolve would cause them even greater anxiety.

Quotes from Anxious Avoiders

"When I had (cervical cancer) it took 8 months for me to even start treatment…Part of it is fear, another is I can have all of these other medical issues that I can barely keep my sanity with… Especially with 3 kids, it just gets overwhelming."

"I don't have insurance and I can go to the clinic and pay $35 to be evaluated but I want to avoid all of that because it can lead to other things we want to avoid."

"You only go to the doctor only for emergencies and if you're dying."

"If I've got something, I don't know that I want to know because then I'd have to worry about it, and I don't know if I want that or not."

Assumed Care

The Assumed Care are those who were enrolled in Medicaid as children and expect the same level of care and cost as adults. They use emergency rooms for care and do not pay subsequent medical bills. In crafting policy reforms to address Texas' uninsured rate, the Assumed Care group will be difficult to solve: short of universal, no-cost, no wait-time access to care, the behaviors of the Assumed Care will be hard to change.

Quote from Assumed Care

"Change in Texas legislation should include full accessibility to urgent care and for it to be free."

How do uninsured Texans care for themselves and their families in the absence of insurance?

From learning how to reset dislocated limbs from YouTube to purchasing amoxicillin from feed stores, uninsured Texans have many strategies for finding health care without insurance. The chart below summarizes how uninsured Texans reported caring for themselves and their families.

Alternatives Before Medical Care is Critical

INSTITUTIONS
- County Health Systems
- Nonprofits (ex: LifePath)
- Faith-based Programs (ex: Samaritan Ministry)
- Dental schools
- Dental free-day clinics

ONLINE OPTIONS
- Google
- Reddit
- WebMD
- Healthcare Apps
- 211
- GoodRx
- Telemedicine/ dial-a-nurse

MEDICATION
- Rationing pills and inhalers
- Borrowing from friends and family
- Using over the counter options like Tylenol
- Going to clinical trials to get antibiotics

DIY
- Apple and cranberry juice
- Diet and exercise
- Vitamins
- Butterfly bandages
- Duct tape and superglue
- Staple gun
- Vicks Vapor Rub
- Hydrogen Peroxide

INTERNATIONAL
- Mexican (and other "home country") medications
- Mexico for healthcare
- Mexico for dental care
- Mexican and Salvadoran markets

OTHER
- Friends in healthcare
- Saving funds for an emergency
- Self medication, most notably marijuana

When Medical Care Is Critical

If Waiting is an Option
- Free or low-cost clinics
- Mexico and El Salvador

If Waiting is Not an Option, then ER

The ER/Hospital (including University hospitals) is the preferred care method in critical situations. For most, they use it if they are close to death. For some, there is more regular use.

Dealing with Bills

Not Paying

Quite a few simply do not attempt to pay medical bills. Some claim it never hits their credit report. Others share stories of how the debt continues to obstruct so many aspects of their life. In all situations, though, it doesn't matter – "what's the difference between being hit by a semi and an ordinary truck? You are dead either way."

Managing Payment

Others pay a manageable amount ($10-$35) per meaningful bill every month to avoid credit issues.

Additional Focus Group Findings

Further insights from focus group participants help establish what are the challenges common to certain profile groups, and suggest pathways to meeting each group's unique needs.

The process of applying for insurance is confusing to many

Following the focus groups, a select number of participants were shadowed as they walked through the marketplace application process with or without the use of a "navigator," specially trained individuals that assist with applications for coverage. For some individuals, the presence of a guide proved critical to their ability to navigate the application, suggesting that providing health insurance education before and during the enrollment process would improve ultimate insurance enrollment rates. Online and in-person support are both preferred methods.

Hard Knock Life Undocumented and Wary

Aggressive marketing is a deterrent to enrollment

Focus group participants report an unwelcome number of calls, texts and emails from brokers following the initiation (not just completion) of a marketplace application. The number of contacts can reach the hundreds and convince potential enrollees that they're being scammed, which discourages them from completing an application. Limiting post-inquiry contacts from providers could improve trust among the uninsured and allow them to research insurance options without the pressure and confusion caused by brokers.

"The way they promote these plans…it sounds like a scam. I get different phone calls from different people…it's a random number that will text me from this 'supposed healthcare provider'."

"I got overwhelmed with all the text messages and phone calls… I just wanted to research the prices. And they just bombarded me with so much that I was like 'I just can't do it, I won't get any health insurance'."

"I get a lot of calls and texts from people, and I didn't know that Healthcare.gov wasn't some black hole without real options."

The Scrappy Value Hunters Hard Knock Life Mothers and Caregivers

Undocumented and Wary The Anxious Avoiders

Complex language deters enrollment

When uninsured Texans find their way to the ACA marketplace website, they are overwhelmed by confusing legal and medical jargon and are concerned with the amount of information required to be submitted to even see their plan options. Inputting a Social Security Number in particular dissuaded focus group participants from continuing with an application. If they successfully navigate the initial application steps, the options are overwhelming and don't provide enrollees with clear information about what plans cover and what their out-of-pocket costs will be. Focus group participants say that they worry plans will have a loophole or fine print that harms them in the future. By simplifying language, providing example plans on a main webpage and limiting the amount of information required to be entered, the ACA marketplace would become more accessible to the uninsured.

"It's a burden… you have to put in all of the work to find something that works for you and not the other way around and then that's almost impossible."

"I logged on (to Healthcare.gov) once and it was super overwhelming… You don't know how to navigate…what specific program is for you. What's in your county…it doesn't help you narrow down to your situation."

Coverage options often have a bad reputation — if people are aware of them at all

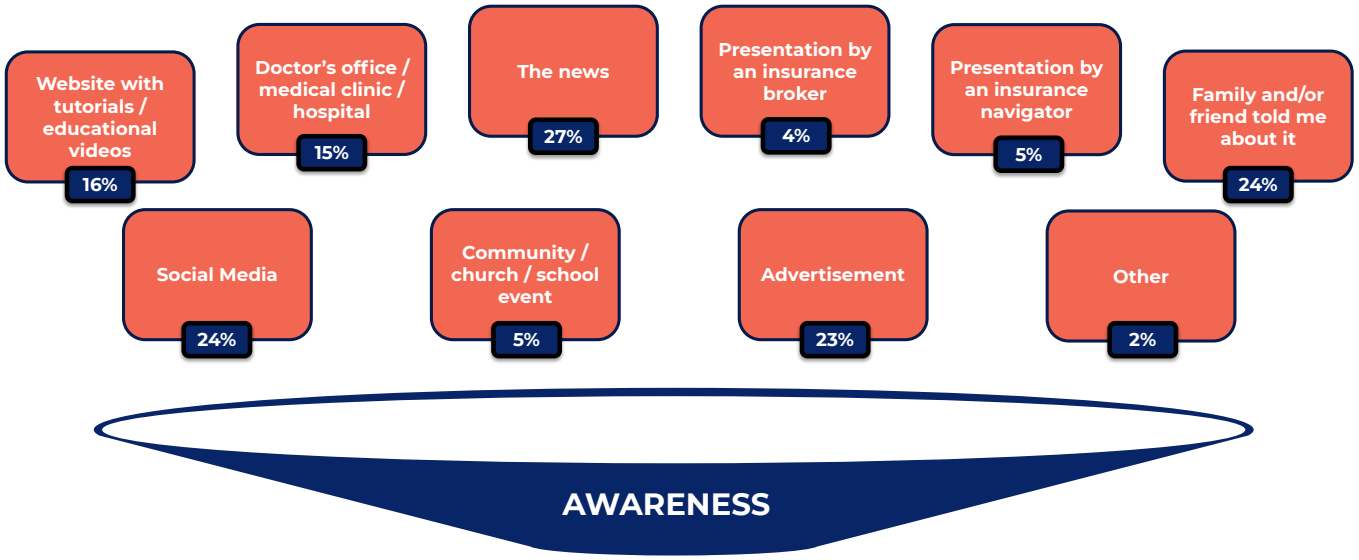
Perception of health insurance programs limits their usefulness to the uninsured population.

Program	Takeaways	Illustrative Quotes
GENERAL SENTIMENT	• **Reputation:** Insurance is considered unattainable, expensive, and stressful. • **Positives:** Having insurance would be helpful because it is a necessary part of life. • **Pain Points:** The confusing and stressful nature of insurance is the biggest pain point. Understanding how to enroll (or what plan to choose) is a barrier from start to finish.	*"**Expensive**… unaffordable. It's just for the **elite.**"*
HealthCare.gov	• **Reputation:** There is an overall lack of awareness due to the many different names of this program. Many primarily know it as the "Affordable Care Act" or "Obamacare" and their perception is that it is not affordable at all. • **Positives:** There were very few participants that were able to report a positive experience with this program. • **Pain Points:** The primary pain point is the perceived misnomer. It is considered too expensive for many to use.	*[On why she hasn't tried to apply to ACA] "I've had **friends** who've done it and I'm like 'why are you **paying so much??**'"*
Medicaid.gov Keeping America Healthy	• **Reputation:** Medicaid is good, but not great. The reputation is that it is difficult to be accepted as an adult and there is limited availability of doctors. • **Positives:** The CHIP program has a very positive response. The care is good quality and there is no problem receiving it. • **Pain Points:** The primary pain point is the enrollment process, specifically the amount of information that is required to apply and the buggy online platforms.	*"If **I can't be covered,** at least they can be. I'm grateful that we qualify for Medicaid and that all my **babies** can be **covered.**"*
HEALTHY TEXAS WOMEN	• **Reputation:** There is very limited awareness of this program. • **Positives:** Those that have used it cite it as a good option to get standard check-ups. • **Pain Points:** The pain points included limited clinic accessibility and a lack of care options for specialized needs (i.e., if it is outside of a "standard" check-up, it's likely not covered).	*"It's not terrible. But…if it's **outside your normal check-up** (e.g., Pap smear) then **you have to cover your costs 100%…**"*

ACA Exchange | Applicant Journey

Resources Utilized to Learn About the Exchange

29% said they had never heard about health insurance exchanges before the survey. Of those who have learned about the health insurance exchange in the past, the news, social media, family/friends and advertisements were the top channels through which they learned.



05 / Common barriers to coverage

While each uninsured Texan has a unique life with individual challenges, this group as a whole often faces common barriers to obtaining health coverage. Some barriers are external, such as employment status and affordability, while others are internal, reflecting misunderstandings, confusion or personal perceptions. This chapter describes commonly reported barriers to obtaining coverage, and evaluates the extent to which policies to address these barriers should focus on addressing the underlying concern or on improved education and outreach.

Affordability

49% of Texans report that the monthly premium is one of the most important factors in their decision about whether to enroll in an insurance plan. Surveys consistently indicate that uninsured individuals believe they cannot afford health coverage. While affordability is an issue for some, for large swaths of the uninsured population, their perceptions of the price of insurance may not reflect current pricing. In fact, roughly 40% of uninsured Texans are income-eligible for a free ACA plan.

Many focus group participants felt that the perceived cost of insurance and monthly premiums is not worth it — particularly Indestructibles or Anxious Avoiders, who said that they didn't use coverage when they had it. However, focus group participants who were shadowed as they worked through the federal marketplace were often surprised to learn that they could enroll in a silver plan for as low as $0 per month. With free plans available to so many, cracking the affordability myth through education could significantly affect the uninsured rate.

"I just wish this Affordable Care Act that we had was actually affordable for people who have little to no income…there is no way most people like us can afford to pay $100-300. That's not realistic."

"(When employed) I was paying so much and barely used it. That's another reason why I wasn't so gung-ho about looking for insurance right away."

"I was forced to pay for insurance coverages to get my refund…if I don't go to the doctor often, then I don't need it. Why do I have to pay for something I'm not using."

The charts below show the lowest cost plan (after subsidies) at each level for both individuals and families of selected age and income levels for the 2024 Open Enrollment Period.[5] Source: https://www.healthcare.gov/see-plans/#

Individual by Age and Income, Travis County, TX. Metal levels color-coded.

Income in FPL	27-year-old	40-year-old	60-year-old	Income in $
100-150%	$0	$0	$0	$14,580-$21,870
200%	$0	$0	$0	$29,160
250%	$0	$0	$0	$36,450
300%	$93.27	$64.88	$0	$43,740
350%	$182.27	$154.88	$0	$51,030
400%	$285.27	$259.88	$87.76	$58,320
Coverage Gap & Unsubsidized Populations	$285.27	$347.88	$738.76	
100-150%	$0	$0	$0	$14,580-$21,870
200%	$40.19	$38.68	$29.14	$29,160
250%	$113.19	$111.68	$102.14	$36,450
300%	$211.19	$208.68	$199.14	$43,740
350%	$300.19	$298.68	$288.14	$51,030
400%	$403.19	$403.68	$393.14	$58,320
Coverage Gap & Unsubsidized Populations	$403.19	$491.68	$1,044.14	
100-150%	$0	$0	$0	$14,580-$21,870
200%	$8.42	$0	$0	$29,160
250%	$81.42	$72.94	$19.88	$36,450
300%	$179.42	$169.94	$116.88	$43,740
350%	$268.42	$259.94	$205.88	$51,030
400%	$371.42	$364.94	$310.88	$58,320
Coverage Gap & Unsubsidized Populations	$371.42	$452.94	$961.88	

5 Premiums listed are those for the 2024 Open Enrollment Period, not those available at the time of data collection.

Family of Four, assumes two adults at indicated age, and two children between 0-14. Metal levels color-coded

Income in FPL	27-year-old	40-year-old	60-year-old	Income in $	Notes
100-150%	$0	$0	$0	$30,000-$45,000	Kids Eligible for Medicaid/Chip
200%	$0	$0	$0	$60,000	Kids Eligible for Medicaid/Chip
250%	$0	$0	$0	$75,000	
300%	$0.00	$0.00	$0	$90,000	
350%	$177.02	$122.24	$0	$105,000	
400%	$393.02	$338.24	$0.00	$120,000	
Coverage Gap & Unsubsidized Populations	**$987.02**	**$1,112.24**	**$1,894.00**		
100-150%	$0	$0	$0	$30,000- $45,000	Kids Eligible for Medicaid/Chip
200%	$84.38	$81.36	$61.28	$60,000	Kids Eligible for Medicaid/Chip
250%	$201.00	$197.98	$177.90	$75,000	
300%	$401.00	$397.98	$377.90	$90,000	
350%	$585.00	$581.98	$561.90	$105,000	
400%	$801.00	$797.98	$777.90	$120,000	
Coverage Gap & Unsubsidized Populations	**$1,395.00**	**$1,571.98**	**$2,676.90**		
100-150%	$0	$0	$0	$30,000- $45,000	Kids Eligible for Medicaid/Chip
200%	$20.84	$3.88	$0	$60,000	Kids Eligible for Medicaid/Chip
250%	$91.10	$74.14	$0.00	$75,000	
300%	$291.10	$274.14	$167.02	$90,000	
350%	$475.10	$458.14	$351.02	$105,000	
400%	$691.10	$674.14	$567.02	$120,000	
Coverage Gap & Unsubsidized Populations	**$1,285.10**	**$1,448.14**	**$2,466.02**		

For individuals in the "coverage gap," affordability concerns are real. For example, a Travis County family of four headed by 27-year-old parents making $25,000 a year would need to spend nearly half their annual income to afford the lowest priced health insurance available on the ACA Marketplace.

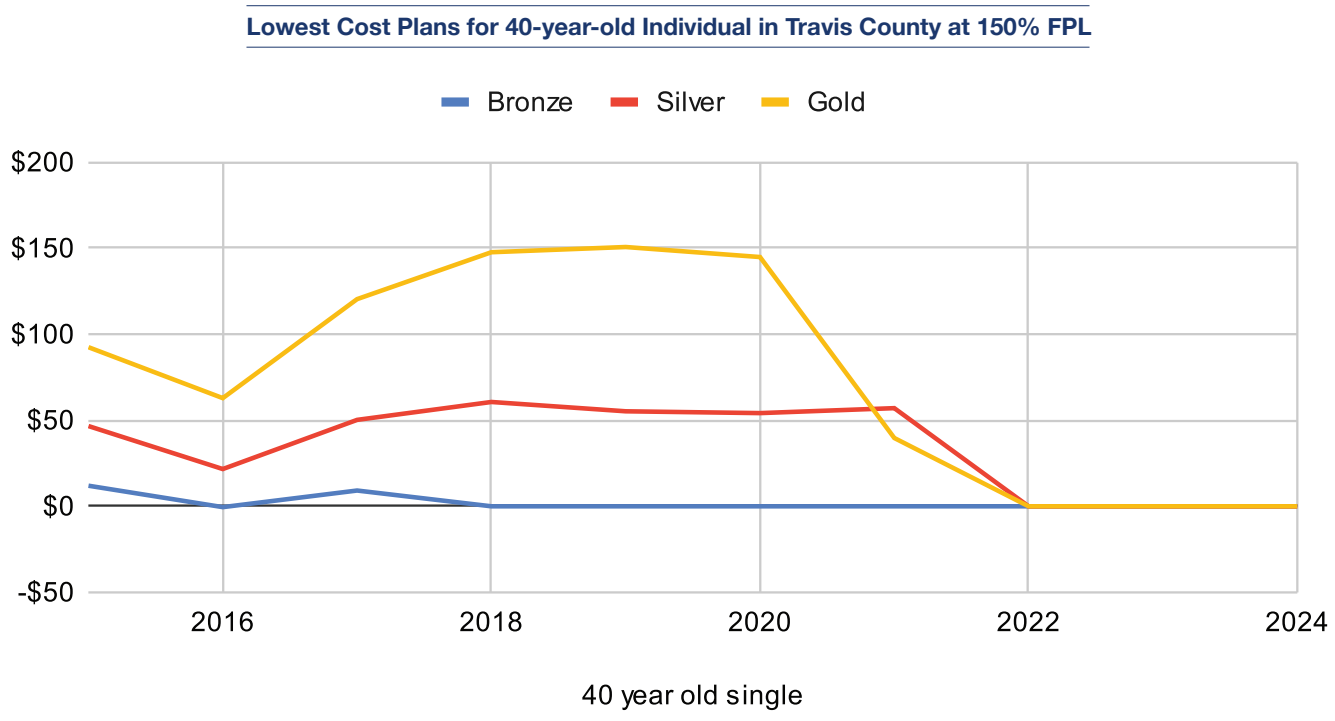
Additionally, among those eligible for subsidies, younger Texans must pay higher premiums than older enrollees, even though, on average, younger enrollees are healthier and likely to utilize less care than older enrollees. This may result in younger enrollees having a lower perception of the value such plans offer them. For example, a 27-year-old individual earning $50,000 per year would need to pay over $2,000 annually for a bronze plan, while a 60-year-old individual earning the same amount would be eligible for a free bronze plan.

However, there are broad swaths of the uninsured population who are eligible for very inexpensive plans. For the 2024 plan year, families of four earning $75,000 (roughly the median household income in Texas in 2022) will be eligible for free plans and have access to gold plans for less than $100 per month – and, in some cases, for free. Media and political attention to gross premiums, rather than net premiums, may have contributed to this perception. It's also possible that individuals who are eligible for generous subsidies have heard from friends and relatives who are not eligible for those same subsidies that the plans are unaffordable.

Additionally, respondents' perceptions of affordability may be based on outdated premium values. Policy changes at the federal and state level over the last several years (see Chapter 6, Page 44 for greater detail on these efforts) have resulted in lower net premiums, especially for bronze- and gold-level plans. The impact of these lower net premiums can be seen in the charts below, looking at the lowest cost premiums at each metal level for a 40-year-old individual at three selected income levels. One striking example is that a 40-year-old individual making 250% of the Federal Poverty Level ($36,450) would have needed to pay more than $150/month for a bronze plan in 2016, but can now find a bronze plan for free, and a gold plan for less than $100/month.

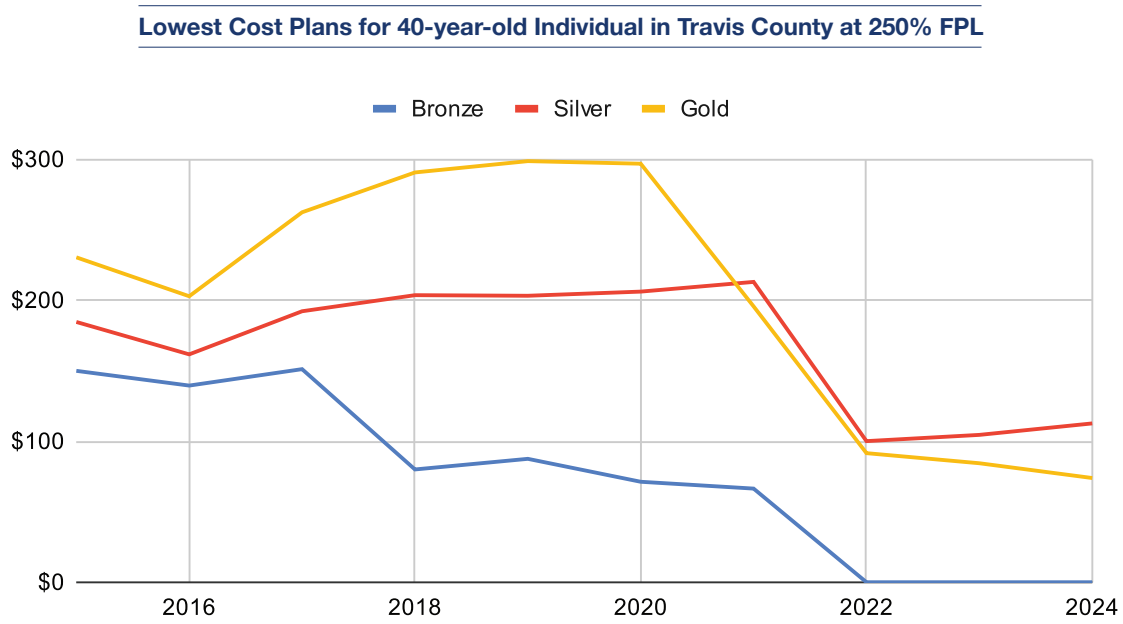
(Sources: Author's analysis of Healthcare.gov "FFM QHP landscape files" https://www.healthcare.gov/health-and-dental-plan-datasets-for-researchers-and-issuers/, utilizing subsidy calculations taken from Kaiser Family Foundation's current and historical Marketplace Calculators. Current version available at: https://www.kff.org/interactive/subsidy-calculator/, historical versions available https://www.kff.org/interactive/subsidy-calculator-2021-before-covid-relief/.)

Net Premiums Over Time for a 40 year old individual in Travis County at 150% FPL:



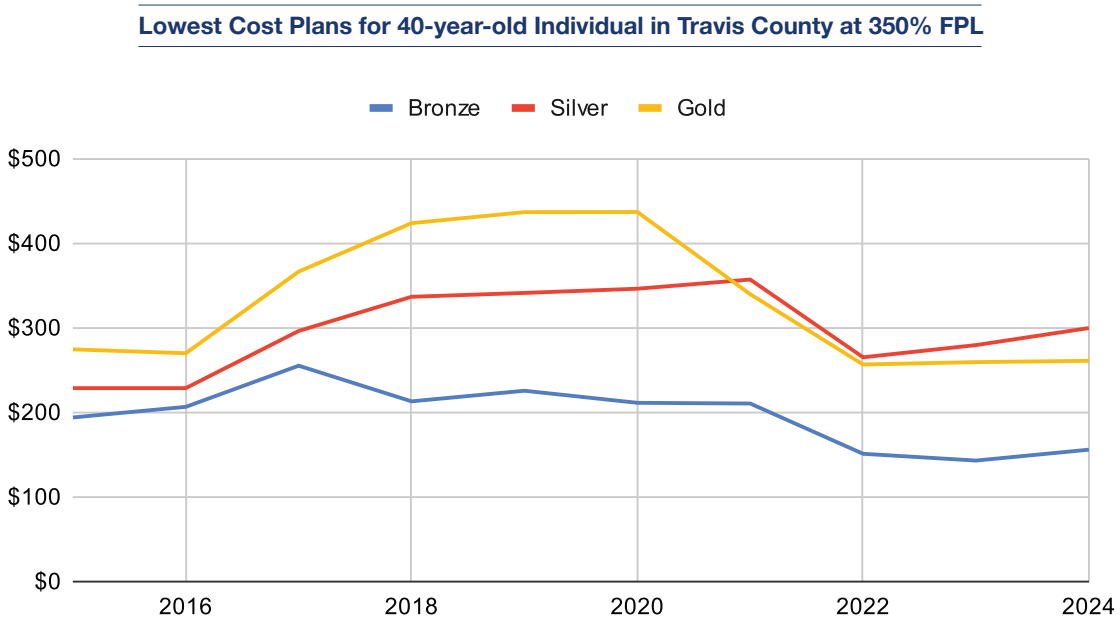
At 150% of the Federal Poverty Level, individual net premiums for all metal levels are now free. While individuals at this income level have had access to free plans for some time, since 2022, they have had access to free silver plans, which also qualify for cost-sharing reductions. Previously, these plans would have cost roughly $50 per month.

Net Premiums Over Time for 40 year old individual in Travis County at 250% FPL:



At 250% of the poverty level, individuals in Travis County would have paid close to $300 per month for a gold plan in 2019, or nearly $90 per month for a bronze plan. That individual can now find a gold plan for $74 per month, or a bronze plan for free. In other words, a gold plan today is less than a bronze plan was in 2019.

Net Premiums Over Time for 40 year old individual in Travis County at 350% FPL:



At 350% of the Poverty Level, an individual in 2019 would have paid $437 for a gold plan, or $226 for a bronze plan. Those plan levels are now available for $261 ($176 less) or $156 ($70 less) respectively.

Many uninsured Texans have perceptions of affordability that do not match market realities. Improved outreach, education and availability of accurate, easy-to-understand information could help correct these misperceptions.

Employment

When asked why they don't enroll in health insurance, 41% of uninsured Texans have an employment-related reason for not doing so. 17.7% respond that they have a job that doesn't offer health insurance, 23% say that they are unemployed, and 5% say that they have a job that offers insurance but that they do not qualify for it. A lack of knowledge of non-employment-based insurance options — 23% of uninsured Texans do not know what the ACA is — means that targeted educational outreach could have a significant effect on the uninsured.

"A lot of people have to choose between working and having insurance. Because once you have a job, you can't qualify for it. There is a big gray area there where when you work, you can't afford to pay for insurance, but you don't qualify for Medicaid."

"I work full-time, and I can't afford my insurance through my company. There's no way. If I paid for insurance through my company, I can't make a living… I wouldn't have a home to live in."

"Until you get a job, you can't afford it. When you don't have a job, there's depression. And there's like this endless cycle. Then you get a job and it's only $15/hour so you gotta get a second job. And neither of them are offering health insurance…"

Immigration & Residency Considerations

For Mothers and Caregivers and the Undocumented and Wary in particular, rules around enrolling in insurance as an immigrant are opaque and difficult to navigate. One focus group participant relayed that he was dissuaded from enrolling his pregnant wife in Medicaid by a nonprofit organization that told him doing so could hurt her immigration application. At the time of the focus group, the wife and baby were not enrolled in Medicaid, and the family sought care for their child by taking him to Mexico for appointments and prescriptions.

This misunderstanding of how Medicaid applications could be used may stem from the "chilling effect" of a Trump administration change in the "public charge" rule — a long-standing immigration policy that allows authorities to deny immigrants lawful permanent resident status if officials believe that the applicant will become primarily dependent on public assistance. Enrollment in Medicaid was historically not considered in the public charge determination; however, the Trump administration broadened public charge criteria in 2019. While that decision was struck down by courts in March 2021, 20.4% of immigrant families with children reported that they avoided enrolling in a public benefit in 2019 because they feared a negative impact on their immigration case.

While only 2% of uninsured Texans cite immigration concerns as their main reason for foregoing health insurance, the effects of this concern may be greater if undocumented adults decide against enrolling their citizen children. Improved clarity regarding the current status of the law could encourage those eligible for programs to enroll in them.

"As Mexicans, we don't qualify for Medicaid, but I care about my children, not me."

"Since arrival, I've had no insurance. I'm evaluating on status and seeing what to apply to based on citizenship that does not bring risk."

Bureaucracy & Administrative Barriers

Many uninsured Texans reported attempting to enroll but encountering bureaucratic or administrative barriers, including unclear or cumbersome paperwork needed to support eligibility. Others reported that the information presented on healthcare.gov was overwhelming or unclear. Some expressed frustration that they could not find estimates of their premiums without having to spend a substantial amount of time filling out a time-consuming application. Some were confused about whether to include individual or household income to identify eligibility for subsidies. Nearly everyone who had applied reported being overwhelmed by spam telephone calls following an application submission, and many of these individuals reported facing decision paralysis or a lack of trust in those calls.

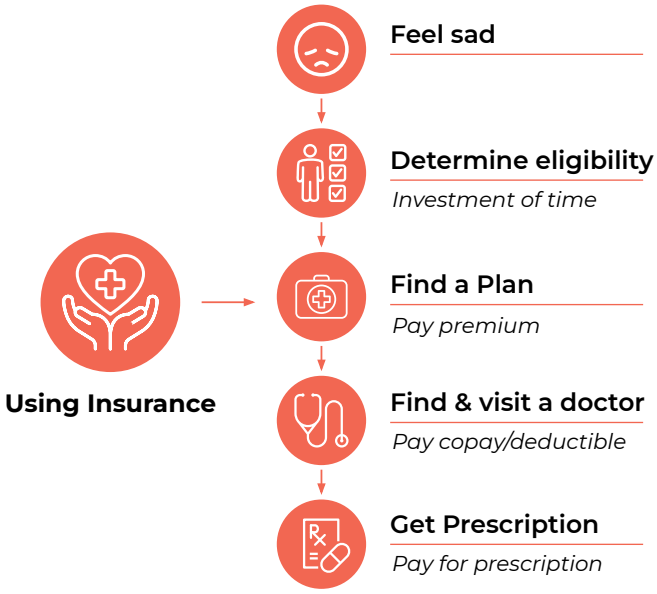
Many of these problems are not the result of a particular law or regulation but instead are the result of technical choices made in implementing rules or laws. These items could be improved through greater attention to user interface and user experience.

Emerging Challenges: Mental Health Impacts on Uninsurance

A high rate of mental health concerns plagues the uninsured population. Focus group participants relayed their experiences with anxiety, depression, PTSD and addiction. Mental health struggles are exacerbated by financial difficulties and rarely treated by professionals. 34% of uninsured Texans have postponed seeking mental health care for financial reasons, and 37% have postponed mental health care for their child for financial reasons.

There was a disconnect as well among participants between physical and mental health. Participants would purport to be generally healthy, but after additional questioning would discuss significant mental health conditions that prevented them from keeping or seeking employment or tending to their physical health.

Participants frequently self-medicated with marijuana at a monthly cost far greater than that of insurance and saw insurance as an indirect and burdensome route to care, while using marijuana was seen as an immediate solution.



Mental health as a barrier to health insurance creates a unique challenge for policymakers. The mental health care a patient needs may not be accessible until after the individual has health insurance, but the individual may not take the steps to get insurance because of their mental health challenges.

"I did see a therapist when I was in prison. Due to not having health insurance, I've never seen one on the streets."

"Doing things that I know work like breathing exercises, finding someone to talk to…I can't go to a counselor because I don't have insurance to pay for it…just finding ways to cope with being depressed and stressed."

"I'm not insured so I have not been able to refill my (anxiety) medication…that's why I've been spacing it out the prescription. I'm supposed to use it once daily and I've been using it 2-3 times/week just so I can make it last."

06 / Opportunities for Texas' remaining uninsured

For too long in Texas, the political and policy debate around the uninsured has focused on a single policy — Medicaid expansion. While our analysis suggests that expansion is a fiscally prudent move for the state, and some form of expansion may be the only viable option to provide an affordable coverage option for individuals in the "coverage gap." A singular focus on expansion, though, has detracted from a broader and more holistic view of the entirety of the uninsured population in Texas.

Armed with a greater understanding of the characteristics of uninsured Texans, and the barriers and challenges they face, policymakers and innovators can develop politically viable new solutions and ideas to reduce the uninsured rate in Texas incrementally with a set of discrete policies targeted at specific subpopulations identified in this report.

Activity in past sessions has already shown that this is possible. In the past several years, legislators from both parties have voted into law policies that have increased coverage opportunities for Texans — some with lots of publicity, others under the radar.

Recently Implemented Efforts

Rate Review – Optimizing Subsidies
In 2021, the Texas Legislature passed Senate Bill 1296, authored by Sen. Nathan Johnson (D) and sponsored by Rep. Tom Oliverson (R), requiring the Texas Department of Insurance to review ACA health benefit plan rates and rate changes. This replaced a previous system that deferred this responsibility to the federal government. By aligning insurance premiums with the actuarial value of the plans, Texas now can ensure that Texans receive the full amount of federal subsidies they should be receiving under the law. As a result of this law, based on our analysis of open enrollment data for the 2023 Plan Year, we estimate that 350,000 additional Texans gained coverage.

Alternative Health Plans – Options for the Unsubsidized
The Texas Legislature passed two additional bills in 2021 — House Bill 3752 authored by Rep. James Frank (R) and sponsored by Sen. Kelly Hancock (R); and HB 3924 authored by Rep. Tom Oliverson (R) and sponsored by Sen. Drew Springer (R) — that authorized the sale of alternative health benefit plans. Because these plans are permitted to medically underwrite applicants, they are frequently able to provide more affordable coverage options to relatively healthy individuals in populations who aren't eligible for ACA subsidies or other coverage options.

Postpartum Medicaid Extension – Coverage for Vulnerable Moms
In 2023, the Texas Legislature passed HB 12, authored by Rep. Toni Rose (D) and sponsored by Sen. Lois Kolkhorst (R), which extended postpartum Medicaid coverage from two months to up to 12 months. Gov. Greg Abbott signed the bill into law on June 18, 2023, and it will go into effect upon approval by the federal Center for Medicare and Medicaid Services. A decision is expected in early 2024. Once implemented, HB 12 will improve coverage opportunities for a specific population with targeted health needs: low-income women. Our focus groups revealed that many of these women tended to prioritize their children's needs over their own, and this effort will help provide additional health coverage and financial security so that they can focus on taking care of the next generation of Texans.

Future Options

These past efforts by the Legislature show that targeted policies are politically viable and lead to improvements in health coverage. With the nation's highest uninsured rate, there is plenty more that Texas can do.

Given the diverse set of experiences, demographics and motivating factors that exist among the overall uninsured population, solutions tailored to specific subpopulations may be a more effective (and achievable) route to reducing the state's uninsured rate. What follows are policy options we have identified that are responsive to the needs of the uninsured and the barriers they face.

Improved Customer Experience
Many uninsured Texans reported that they attempted to sign up for coverage only to be discouraged, overwhelmed, or dissuaded by either not enough information, unclear information, or at times, an overload of information. In short, potential enrollees found the existing federal exchange wanting in terms of its customer experience.

An improved enrollment experience would provide potential enrollees with more useful and usable information more quickly in the process, and reduce clutter. This is possible using a simpler interface that allows potential enrollees to find affordable plans that work best for their situation.

Focus group participants were particularly interested in dramatically reducing the number of post-application phone calls they receive. Many participants wished they could have limited the number of calls to only representatives of plans they had specifically expressed interest in, but instead were overloaded with phone calls and voicemails, to the extent that it induced decision paralysis.

Texas could also work to provide a more seamless user experience for families with split eligibility between the ACA and Medicaid, or who have members transitioning between the two programs. Had this been available before the current Medicaid disenrollment, hundreds of thousands of Texans could have received better information and speedier enrollment in a new plan by reducing the need to duplicate data entry.

Texas could address these issues by developing its own exchange, utilizing mature, off-the-shelf technology to build the initial infrastructure.

For more on a state exchange (page 49).

Improving Affordability & Awareness

The most frequently cited barrier to coverage, affordability, is perhaps the most complex to surmount. For Texans in the coverage gap, and undocumented individuals ineligible for any government assistance, affordability is a struggle. For others, however, the issue is more difficult to assess.

As noted in Chapter 3, large swaths of the uninsured population are unaware of their eligibility for various programs and have perceptions regarding the price of coverage inconsistent with market data. Several focus group participants expressed the belief that insurance would cost them hundreds of dollars per month. However, the actual prices these participants could expect to pay are much lower given their current subsidy eligibility based on their income and household size. In fact, about 40% of the uninsured population in Texas is income-eligible for a free plan.

The nearly 15% of the uninsured population that earns between 100-150% of the Federal Poverty Level are income-eligible for free plans, including silver plans that dramatically reduce cost-sharing expenses. The nearly 14% of uninsured Texans earning between 150%-200% of the FPL are income-eligible for free bronze plans, gold plans for no more than $10 per month, or silver plans (with additional cost-sharing expenses in most cases) for less than $50 per month. The 12% earning between 200-250% of the FPL are income-eligible for free bronze plans. Prices for gold plans will vary depending on age and household size for members of this income bracket, but are still sometimes free, and are generally available for less than $100 per month.

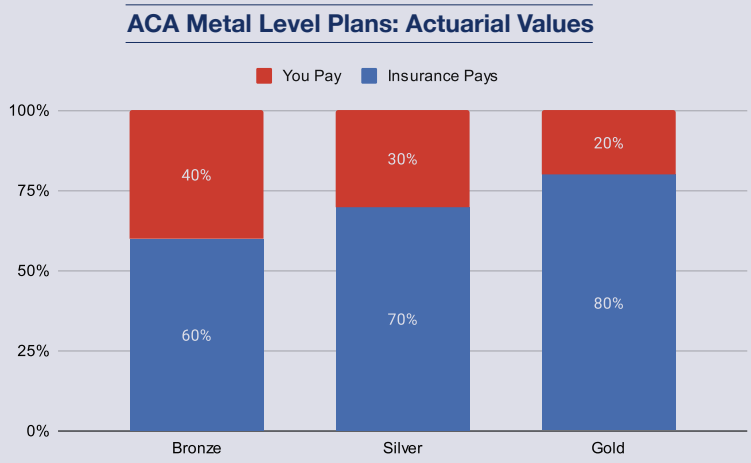
Why are "Gold" Plans More Affordable than "Silver" Plans in Texas?

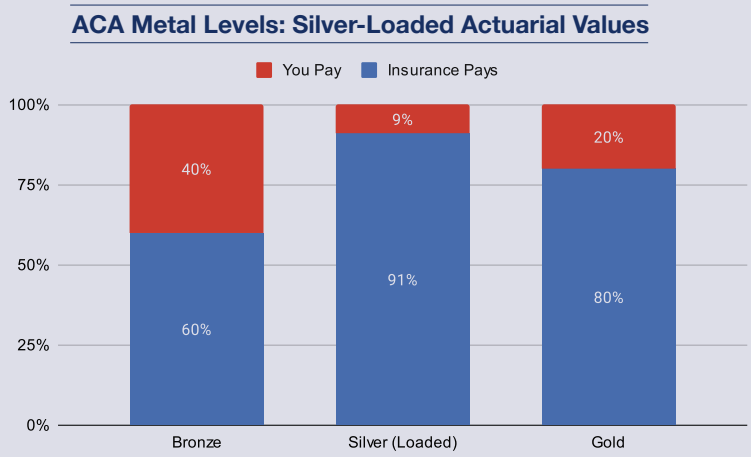
For health insurance plans offered on the ACA Marketplace, a "metal level" system is used to help consumers understand how generous the plans are. The metal levels are assigned based on the plan's "Actuarial Value," which is an estimate of what percentage of an enrollee's overall health costs the plan is expected to pay and is expressed as a percentage. The chart below summarizes the metal levels of ACA Plans, and their standard actuarial values as the law was passed.

For enrollees earning less than 250% of the Federal Poverty Level, they are eligible for "cost-sharing reductions" that reduce their out-of-pocket costs if they enroll in silver level plans. If these cost-sharing reductions are factored into the actuarial value of the plan, it pushes most silver plans to between 87-94% Actuarial Value, which is a higher actuarial value than gold plans.

The original structure of the ACA called for insurers to make these payments for enrollees. They would then be reimbursed by the federal government for those payments, so the higher actuarial value wasn't intended to be reflected in premiums. However, Congress never appropriated funds to make these payments, and in 2017 stopped making them, even though insurers were still required to provide the cost-sharing reductions to enrollees. In response, insurers increased the premiums they charged for silver plans in order to cover the expense of the cost-sharing reductions. This practice came to be known as "silver-loading." But this is just part of the story.

The other component is due to the passage of SB 1296 in 2021 by the Texas Legislature. Prior to SB 1296, insurers had been pricing silver premiums lower than the ACA's single-risk pool requirements would suggest they be priced, based on their average actuarial value. In part, this was because enrollees in silver level plans tended to be very profitable for insurers through a program known as "risk adjustment." The risk adjustment program was designed to prevent insurers from trying to enroll only healthy individuals by compensating insurers that ended up with sicker enrollees by transferring them money from insurers who had enrolled healthier enrollees, with a goal of offsetting the additional medical costs incurred from the sicker enrollees. Silver-level enrollees tended to utilize much less care than their risk-adjustment profile would suggest, making them profitable enrollees for insurers. This may be due to the fact that silver-level enrollees tend to be lower-income than other enrollees (because of the cost-sharing reductions that are available for lower-income enrollees only on silver plans). Thus insurers competed very hard on silver level plans, causing premiums for silver plans to drop, relative to bronze and gold plans, and dip below what their actuarial value would suggest they should be. Because of the complex way that subsidies are calculated – based in part on the amount of the second-lowest-cost silver plan in a market known as a "benchmark plan" – these lower-priced silver-level plans were reducing overall subsidies, and thus raising net premiums for gold and bronze plans.





After the passage of SB 1296, the relative relationship of premiums between metal levels was standardized, eliminating the ability of insurers to reduce premiums for silver-level plans without also reducing premiums for gold and bronze plans. As a result of both silver-loading, and SB 1296, silver level plans, which have an actuarial value of between 87-94%, are now priced higher than gold plans, which have an actuarial value of 80%.

We estimate that SB 1296 is responsible for increasing enrollment during the most recent open enrollment period by approximately 370,000. This figure represents the year over year increase in gold level plan enrollment during the open enrollment period from 2022 to 2023, and is the only substantial policy difference between those two plan years that impacted gold-level premiums.

An increased effort to inform the 40% of uninsured Texans who earn between 100% and 250% of the FPL that they are income-eligible for free or heavily subsidized ACA plans could substantially improve coverage rates among this population.

Incentivizing Young Enrollment

Among subsidized populations, younger enrollees are required to pay higher premiums than older enrollees, especially in households earning above 250% of the Federal Poverty Level. Over a third of uninsured Texans earn above this threshold, and younger Texans in this category, especially those in relatively good health, may feel that their plan options do not represent a good value. For example, a 27-year-old in Travis County earning $51,000 per year would need to pay over $2,100 a year for a bronze plan, while a 60-year-old earning the same amount would be able to get the same plan for free, despite being statistically more likely to utilize a higher amount of health care services than the 27-year-old.

Younger, healthier Texans may perceive the alternative health plans mentioned above as providing better value for their needs. But Texas could also explore ways to reduce this age-premium issue, such as by changing the age structure of subsidies for ACA plans so that net premiums more closely align with expected consumer value. We previously modeled one such option (a 1332 Waiver we titled "Subsidy Optimization") as a part of the Health Coverage Policy Explorer, which would directly improve coverage rates by encouraging more young, healthy people to sign up. A younger, healthier overall risk pool would reduce average premiums, lowering financial barriers for additional enrollment.

Expanding the Insurance Market for Small Businesses

18% of surveyed uninsured Texans reported that the primary reason they don't have health insurance is that their employer does not offer it. Texas could increase the number of employers, especially small businesses, that can offer affordable insurance to their employees by creating a reinsurance pool for the small business insurance market. The reinsurance pool would cover high-value claims from this market, reducing the premiums charged to employers who could then pass along the savings to employees. This would also better align the small business insurance market with the individual market. The ACA imposed new requirements on both the small business market and the individual market that increased the cost of insurance. In the individual market, much of these costs were offset by the new federal subsidies, but no subsidies were allocated to the small business market.

By making insurance more affordable for small businesses, more may be inclined to offer plans, thus reaching a greater number of Texans.

Allaying Fears, Concerns and Negative Perceptions

Many uninsured Texans, especially those who fit the Mothers and Caregivers and Undocumented and Wary profiles, expressed concerns about the impact that enrolling in either Medicaid or the ACA could have on either the residency status of someone in their household. In some cases, legal residents were dissuaded by community organizations from applying. Equipping health advocates and community organizations with accurate information is critical. Identifying and partnering with trusted intermediaries who can convey accurate information to populations that are harder to reach through more traditional outreach efforts could help alleviate unfounded fears, reducing a barrier to enrollment for eligible individuals. While only 2% of survey respondents listed "immigration concerns" as a reason why they were uninsured, these concerns surfaced much more frequently during focus groups, suggesting that survey respondents had been hesitant to disclose this concern earlier.

Additionally, a subset of about 17% of uninsured respondents had especially negative perceptions about plans offered on the ACA's marketplace. Some of these concerns seem to have been related to past experiences with higher premiums, while others were related to political or ideological opposition, indicating a need to ensure that health coverage is marketed in an apolitical manner.

Individual Premiums at Selected Age and Income, Travis County, TX. Metal levels color-coded.					
Income in FPL	27-year-old	40-year-old	60-year-old	Income in $	Notes
100-150%	$0	$0	$0	$14,580-$21,870	–
200%	$0	$0	$0	$29,160	–
250%	$0	$0	$0	$36,450	–
100-150%	$0	$0	$0	$14,580-$21,870	–
200%	$40.19	$38.68	$29.14	$29,160	–
250%	$113.19	$111.68	$102.14	$36,450	–
100-150%	$0	$0	$0	$14,580-$21,870	–
200%	$8.42	$0	$0	$29,160	–
250%	$81.42	$72.94	$19.88	$36,450	–

Premiums for Family of Four in Travis County, TX, assumes two adults at selected ages and incomes, and two children between 0-14. Metal levels color-coded.					
Income in FPL	27-year-old	40-year-old	60-year-old	Income in $	Notes
100-150%	$0	$0	$0	$30,000- $45,000	Kids Eligible for Medicaid/Chip
200%	$0	$0	$0	$60,000	Kids Eligible for Medicaid/Chip
250%	$0	$0	$0	$75,000	–
100-150%	$0	$0	$0	$30,000- $45,000	Kids Eligible for Medicaid/Chip
200%	$84.38	$81.36	$61.28	$60,000	Kids Eligible for Medicaid/Chip
250%	$201.00	$197.98	$177.90	$75,000	–
100-150%	$0	$0	$0	$30,000- $45,000	Kids Eligible for Medicaid/Chip
200%	$20.84	$3.88	$0	$60,000	Kids Eligible for Medicaid/Chip
250%	$91.10	$74.14	$0.00	$75,000	–

Texas State Exchange

Texas currently utilizes the federal exchange at healthcare.gov. Doing so limits Texas' ability to create tailored solutions for our Texas-specific population because the federal government controls the design and operation of the exchange as well as its associated outreach. Some approaches to reducing Texas' uninsured rate would only become possible if Texas builds and operates a state exchange on which ACA marketplace plans would be sold. Other approaches, while not requiring one, could benefit from the creation and operation of such an exchange. Creating a state exchange would not only provide administrative flexibility for Texas to implement tailored solutions, but it would also provide a revenue stream to pay for such policies and efforts.

Benefits of a state exchange

The creation and operation of a state exchange are necessary to streamline the enrollment process and effectively reduce the administrative and bureaucratic barriers faced by the uninsured.

A state exchange could help improve outreach, education and awareness by making examples of premiums more easily accessible, and tailoring promotional and outreach materials to highlight sample premiums at specific income levels. The exchange could also include premium information for off-exchange, unsubsidized plans like those offered by the Texas Farm Bureau, providing younger enrollees with direct comparisons with plans that they might perceive as providing them with better value.

In addition, making changes to the subsidy structure would require Texas to operate its own exchange. States that utilize the federal exchange are limited in the extent to which they can make changes in subsidy eligibility or calculations due to technical limitations. The types of changes necessary to remedy the age inequity in premiums are dramatic enough that they can only be implemented if the state operates its own exchange and fully controls the subsidy calculation process.

A state exchange could also provide the primary source of funding for a reinsurance pool for the small employer market, though it is not a necessary precondition to establishing such a pool. How a state exchange could generate revenue is explained in more detail below (See, "*State Exchange Revenue").* In addition, the creation of a state exchange could enable more innovative policies in the future that leverage the ability to combine government subsidies, employer contributions, and individual contributions. In states utilizing the federal exchange, individuals are prohibited from combining employer contributions with federal subsidies. In states operating their own exchanges, there may be greater flexibility to combine employer contributions and government subsidies on the exchange.

Lastly, a state exchange could be especially helpful in addressing fears or negative perceptions about enrolling in ACA plans. Nearly 17% of respondents in our survey of uninsured Texans reported a negative perception of the ACA. The creation of a state exchange could offer the opportunity to build a fresh brand, free from the negative perceptions that have developed among some segments of the population. And a state exchange could better connect with and educate trusted community partners who can provide accurate information to populations impacted by these concerns. A state exchange could also provide financial resources for these education and outreach efforts.

State Exchange Revenue

Currently, Texas insurers pay a premium fee to the federal government to operate the ACA exchange for the state. For the 2022 plan year, the most recent year for which data is available, roughly 1.8 million Texans enrolled in plans during open enrollment, for which Texas insurers paid a premium fee of $314 million.[6] The following year, nearly 2.4 million Texans enrolled in plans. The expected amount of these fees was expected to increase, likely to more than $400 million per year. Anticipated annual costs of building and operating a state exchange over a five-year period run as high as $137 million and as low as $97 million, for a five-year average of around $113 million.[7] Even factoring in higher exchange costs due to inflation, Texas stands to gain hundreds of millions of dollars by operating its own exchange, funds that could be used to implement policies to reduce the uninsured rate.

State Exchange Risks

While creating a state exchange does create the opportunity for substantial benefits for Texans, doing so is not without risk. The federal exchange is currently handling enrollment for 2.4 million Texans. Errors in implementation could put those enrollees at risk of losing or not maintaining coverage. Should Texas decide to pursue the benefits of a state exchange, it will need to ensure that it creates a proper governance structure and vests the exchange with a clear mission and objective. A full exploration of what is involved in the creation of a state exchange, and best practices for doing so is beyond the scope of this report but may be explored further in future work.

6 https://www.cms.gov/files/document/2022-user-fee.xlsx
7 https://texas2036.org/wp-content/uploads/2021/01/hcpe_methodology_final.pdf

07 / Appendix I: Impact of changes to Medicaid Eligibility

Two major policy changes affecting Medicaid may have a significant effect on uninsured Texans: the end of pandemic-era rules related to continuous Medicaid coverage and the Texas Legislature's extension of postpartum Medicaid eligibility from two months to 12 months. Combined, these two changes could affect millions of low-income Texans.

The American Community Survey data relied on in this report does not incorporate the coverage impact of the postpartum Medicaid extension from two to 12 months, as that policy will not be implemented until 2024. The ACS data also does not incorporate the potential impacts of the end of pandemic-related continuous coverage for the Medicaid population. If these two variables cause significant fluctuations in the state's uninsured rate, that impact will begin to appear in data released in 2024 and more fully appear in data released in 2025.

The end of the COVID Public Health Emergency

In March 2020, the federal government passed the Families First Coronavirus Response Act (FFCRA) requiring states to maintain continuous Medicaid coverage of enrollees during the COVID-related Public Health Emergency (PHE). This meant that individuals covered by Medicaid at that time, or who subsequently gained Medicaid coverage, would maintain their coverage through the end of the Public Health Emergency regardless of changes in circumstances that would normally have rendered them ineligible and resulted in disenrollment from the program. The PHE ended in March 2023.

In advance of the end of continuous coverage, the Texas Health and Human Services Commission (HHSC) began redetermining the Medicaid and CHIP eligibility of the nearly six million Texans enrolled in those programs, beginning with those most likely to have lost eligibility during the PHE coverage period.

Between April 1, 2023 and Oct. 8, 2023, HHSC initiated a renewal process for about 4.6 million Medicaid enrollees. During that period, 2,330,312 renewal cases were completed. **1,250,063 Texans were denied additional Medicaid coverage.** Of that number, 432,996 were affirmatively determined ineligible for coverage, while 817,067 Texans were disenrolled from Medicaid due to procedural issues. Common procedural issues included a failure to return paperwork or provide necessary information to HHSC within the required timeframe. The remaining renewal determinations (approximately 1.4 million) will be processed by June 2024.

How Texas is attempting to reduce "administrative churn"

Medicaid clients who lose coverage for procedural reasons like late or missing paperwork despite being eligible was a foreseeable outcome of the Public Health Emergency (PHE) unwinding process. Before the end of the PHE, the federal government estimated that nearly seven million people nationwide would lose their coverage for procedural reasons. "Administrative churn" is the term used when those eligible clients are disenrolled and immediately reapply for coverage. This process is inefficient. It increases the administrative cost to the government and increases the burden on clients while also interrupting continuity of care.

HHSC has taken steps that aim to mitigate the amount of administrative churning, including IT system changes, client experience improvements, expansive staff recruitment and retention efforts, increased coordination with community partners and managed care organizations and usage of federal waivers that allow for flexibility in the redetermination process. HHSC is also prohibited from disenrolling a client without attempting to contact them using multiple modalities like text, email, voice, or mail. In October 2023, HHSC offered some Medicaid clients an additional 30 days to complete their renewal paperwork, a flexibility that should be extended to as many clients as possible.

Extending postpartum eligibility

Enrollment in Medicaid for Pregnant Women (MPW) in Texas has increased nearly fourfold since the beginning of the COVID PHE, when eligibility became continuous. In August 2023, MPW covered 497,750 Texas women.

At the end of the PHE, however, eligibility for MPW reverted to Texas' pre-pandemic criteria, which provides coverage for only two months postpartum. As a result, 187,968 Texas women were disenrolled from MPW between April 1, 2023 and Oct. 8, 2023 — 64,708 of whom were removed for procedural reasons.

In 2021, the Texas Legislature passed a bill that would have extended postpartum Medicaid eligibility to six months upon approval from the federal Centers for Medicare and Medicaid Services, which was not granted.

In 2023, the Texas Legislature returned to the issue and passed HB 12, extending postpartum Medicaid eligibility to 12 months. Under the 12-month extension plan, coverage will be made available to women currently enrolled in the program and those women who have lost their Medicaid coverage under current rules but are less than 12 months postpartum at the time of HB 12 implementation. Because the federal process for a 12-month postpartum coverage extension involves a simpler administrative process, federal approval is likely in early 2024.

How these changes impact Medicaid enrollment

The number of Texas Medicaid enrollees declined by 565,908 from its peak enrollment of 5,936,710 in May to August 2023. Medicaid enrollment numbers are not expected to stabilize until the post-PHE reevaluation process is complete in late 2024.

Some administratively denied enrollees will reapply for Medicaid, and the number of pregnant women enrolled in Medicaid is expected to increase from pre-pandemic levels as a result of the passage of HB 12.

HHSC refers all ineligible cases to the federal ACA marketplace, an important step, but improvements to this process can ensure that at-risk Texans do not fall through the cracks in the health care system and become uninsured.

When a Medicaid recipient is deemed ineligible to continue enrollment, HHSC currently submits the person's contact information to the ACA marketplace, which in turn mails the recipient a letter about marketplace coverage.

HHSC refers this population to the ACA marketplace without regard to their eligibility for marketplace subsidies. For Texans who earn less than 100% of the Federal Poverty Limit and would not receive a subsidy for enrolling in an ACA plan, such a referral can damage trust in the referring agency. Additionally, such referrals have a potential snowball effect: focus group participants reported that among family and friends, the ACA has a reputation for being unaffordable even among those who may be subsidy-eligible. This confusion is heightened by the counterintuitive nature of subsidy eligibility on the ACA marketplace, where individuals with higher incomes are eligible for lower-priced plans. Tailoring referrals to appropriately calibrate and align expectations with actual program eligibility would encourage more eligible individuals to visit the ACA marketplace and reduce confusion among those who are ineligible.

(On why she hasn't tried to apply to ACA) "I've had friends who've done it and I'm like 'why are you paying so much?'"

08 / Appendix II: Methodology

Survey Methodology

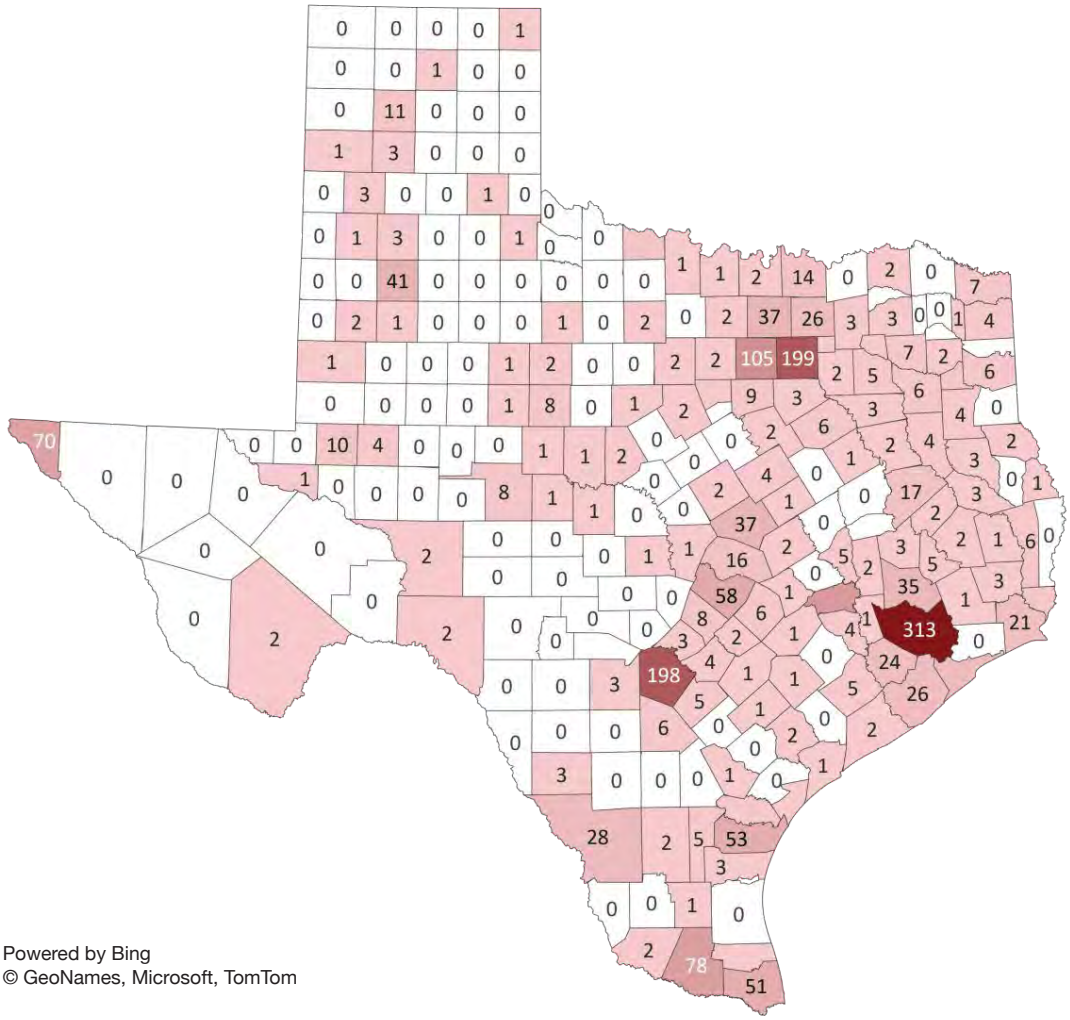
Partnering with Cicero Group, Texas 2036 surveyed 2,003 Texans from households with a resident who does not have health insurance. Respondents were asked up to 87 questions, depending on their life circumstances.

In generating the survey sample, Cicero identified participants that represented the demographics of the uninsured population of Texas, across race, age, citizenship status, gender, preferred language and geographical distribution. No variables required weighting in the final data analysis and report.

When comparing findings between sub-demographics, a two-tailed T-test was used to verify the significance of findings under a 95% confidence interval. All survey participants answered questions for themselves or their uninsured children and expressed their own views and opinions. The margin of error for the total survey sample was +/-2%.

DEMOGRAPHICS | Participant Location

Survey responses were sourced from counties all throughout Texas.



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Focus Group Methodology

The research team from Cicero Group and Texas 2036 conducted 70 focus groups across the state, both virtually and in person. Sessions were conducted in English and Spanish, and each lasted around 90 minutes. Participants were chosen from the pool of survey respondents to ensure demographic representation and received a stipend for their participation.

Recruitment for the focus groups was conducted through outreach to community groups and by phone, email, and LinkedIn. Particular attention was given to the demographic representation of the focus groups to ensure participants were representative of the diverse demographic and socioeconomic backgrounds of all Texans, not just those in the largest counties.

Each session began with brief introductions by both professional facilitators and participants. Discussion questions were designed to provide a clear and comprehensive perspective of uninsured Texas populations in the following areas:

1. Demographic and socioeconomic profiles and coverage needs
2. Program awareness and experiences
3. Barriers to adoption
4. Self-identified needs

Discussion questions included but were not limited to the following:

- What are the first three words that come to mind when you think about health insurance?
- What comes to mind when you hear the following terms?
  - "Affordable Care Act"?
  - "Obamacare"
  - "Medicare"
  - "Medicaid"
- Have you ever had health insurance in the past?
- What is the main reason you do not have health insurance?
- Have you attempted to apply for an Affordable Care Act health plan? If so, have you been denied?
- Have you attempted to apply for Medicaid. If so, have you been denied?
- Overall, do you feel your lack of health insurance is a problem? Why?
- From your perspective as a Texas resident, what additional challenges towards enrolling for healthcare insurance would you suggest be considered in this study?

Population Estimations

Uninsurance rates are based on data and tables from the American Community Survey Program (ACS) of the U.S. Census Bureau. The latest available data is based on the 2022 ACS and includes information from the table-based summary files as well as the Public Use Microdata Samples (PUMS) data that enables more granular comparisons of demographic variables such as age, poverty-level, citizenship/immigration status, and insured status.[8] The ACS is a more detailed look at changes and topics not included in the decennial census, conducted every month and every year, and sent to a sample of addresses in the 50 states, District of Columbia, and Puerto Rico.[9]

The ACS data provides information on citizenship status, but does not differentiate non-citizens who are Lawful Permanent Residents (LPRs) or those who are undocumented persons. Texas 2036 looks to the Texas Health and Human Services Commission (HHSC) to help distinguish these categories. HHSC has historically assumed 50% of all non-citizens are LPRs. A further distinction among LPRs is whether they have met the "five-year bar" for Medicaid eligibility, important in this instance in determining whether a person who is a Lawful Permanent Resident is eligible for an ACA subsidy or falls into the "coverage gap" category, based on the categorizations below.

Category	Citizenship	Poverty Level
Potentially ACA Adults	Citizens & LPRs	Greater than 400%
ACA Eligible Adults	Citizens & LPRs	100%-400%; less than 100% LPRs less than 5 yrs
ACA Eligible Children	Citizens & LPRs	200%-400%
Medicaid/CHIP Eligible Children	Citizens & LPRs	0-200%
Potentially ACA Eligible Children	Citizens & LPRs	Greater than 400%
Coverage Gap	Adult Citizens and LPRs GT 5 years	Less than 100%
Ineligible for Benefits	Non-LPR Non-Citizens	All Levels

According to data from the Department of Homeland Security (DHS), approximately 78% of LPRs currently in the US have had that status for more than 5 years.[10] DHS reports the number of LPRs by period of entry, giving an estimate of those who have/will reach the five-year eligibility threshold for Medicaid (based on the Medicaid offered in that state). In Texas, LPRs at less than five years and under 100 percent poverty level are eligible for an ACA subsidy, based on their LPR status of fewer than five years which renders them federally ineligible for Medicaid.[11] Once they move past the five-year bar, if their income remains below the 100% Federal Poverty Level, they are no longer eligible for an ACA subsidy, as federal statute presumes they would be Medicaid eligible. Because there is no Medicaid eligibility in Texas for non-pregnant, non-Temporary Assistance for Needy Family (TANF) Adult parents, LPRs with income below 100% poverty level and residency beyond five years would thus be categorized in the "Coverage Gap".

Undocumented population estimation

Estimates of the undocumented population are derived by subtracting the estimated number of lawfully-present foreign-born individuals from the estimated total number of foreign-born non-citizens from the ACS. This method faces limitations due to the possibility that individuals who are not lawfully present in the US may be less willing to respond to the ACS and limitations on administrative data on lawfully-present foreign-born individuals.

Administrative data from DHS does not capture what happens to those individuals after the administrative event in question. For example, an individual who obtains a permanent resident card may move out of the country. Existing estimates of the emigration rate of recent lawful arrivals differ substantially, and these differences compound over time.

Accordingly, while the estimates included in this report are the best available, they are subject to substantial uncertainty and rely on unproven and untestable assumptions. However, this is a standard method that most closely approximates the size of the undocumented population on a state-wide scale.

8 U.S. Census Bureau. 2022 American Community Survey (ACS) for Texas; Public Use Micro Data Sample (PUMS).
9 ACS and the Decennial Census. https://www.census.gov/programs-surveys/acs/about/acs-and-census.html
10 Population Estimates FY2022 - Office of Immigration Statistics - Lawful Permanent Resident (LPR) PE (dhs.gov)). https://www.dhs.gov/sites/default/files/2022-10/2022_0920_plcy_lawful_permenent_resident_population_estimate_2022_0.pdf Table A6. LPRs by Period of Entry: January 2022 and Table 7. LPRs Eligible to Naturalize by Period of Entry: January 2022 were used to derive the estimate of 78 percent.
11 Kaiser Family Foundation: Key Facts on Health Coverage of Immigrants https://www.kff.org/racial-equity-and-health-policy/fact-sheet/key-facts-on-health-coverage-of-immigrants/

TEXAS 2036

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