

# Health Care Affordability

Healthy Markets are Informed, Competitive & Engaged

TX2036

## Texas' Health Care Expenditures are Increasing



The average family premium for employer-sponsored insurance **exceeds \$25,000** – nearly 1/3 the median household income.



Lack of price transparency is an access to care issue: 1/3 of Texans, and more than half of Texas moms, have **skipped care because they couldn't find out what it would cost** in advance.



**Over 60% of Texans live in metro areas** with “highly” or “very highly” concentrated hospital markets.

## Key Health Affordability Themes in 2025

The 2025 Texas Legislature took steps to improve the health of our health care markets through increased transparency, expanded options and aligned incentives.

### Expanding Price Transparency & Access to Actionable Information

**SB 1 Huffman (Bonnen); HB 138 Dean (Bettencourt); SB 493 Kolkhorst (Wharton); HB 1314 Hickland (Hughes); SB 331 Kolkhorst (Frank); HB 216 Harris-Davila (Hughes)**

The legislature took steps to make patients, purchasers and policymakers more informed about the price and quality of health care this session. By fully funding the All-Payer Claims Database (**SB 1**) and passing legislation to utilize it (**HB 138**), policymakers and researchers will have a valuable tool to evaluate cost-effective care and improve state benefit plans.

Anti-competitive gag clauses that served to prevent pharmacists from informing their patients of cheaper options were outlawed (**SB 493**). Expanded price disclosure requirements built on previous efforts to improve price transparency, with expedited timelines put in place for advance price estimates (**HB 1314**). Existing price transparency requirements on hospitals were expanded to cover other types of facilities, like outpatient surgery centers (**SB 331**). Technical fixes will improve the efficacy of efforts from last session to improve transparent billing practices (**HB 216**).

### Increasing Options for Obtaining Care & Improving Rural Access

**HB 18 Van Deaver (Perry); SB 963 Hughes (Manuel); HB 879 Frank (Hagenbuch); HB 2038 Oliverson (Sparks); SB 1401 West (Davis)**

Options for rural health care were improved through grant programs to help rural hospitals stay open and maintain staff (**HB 18**), while Medicaid insurers were authorized to inform former members about the existence of similar plans on the Individual Marketplace (**SB 963**).

A pair of bills helped increase the provider pool by creating expedited pathways to licensure for qualified military veterans (**HB 879, HB 2038**), as well as foreign-trained doctors and medical school graduates (**HB 2038**).

A pipeline of mental health professionals was established through a combination of scholarships and clinical training hubs (**SB 1401**).

### Aligning Incentives to Help Patients Find High-Value Care

**SB 926 Hancock (Frank)**

Health Insurers were given the flexibility to incentivize patients to seek high-value care through lower copays & deductibles, or tiered network plans, but only if these incentives are in the best interest of the patient. This flexibility along with the fiduciary duty helps lower expenses while protecting against self-dealing by insurers.

For questions,  
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