

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,
please contact



Charles Miller,
Director of Health and Economic Mobility Policy

✉ charles.miller@texas2036.org