The Affordable Care Act in Texas

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Texas on the Eve of the ACA

Insured and Uninsured

- Insured: 19,564,000 (76%)
- Uninsured: 5,591,000 (24%)

Key

- Medicaid Expansion
  - Adults 138% Federal Poverty Level (FPL) or below
- Medicaid Eligible but Unenrolled
  - Children 200% FPL or below; TANF adults
- Subsidy Eligible
  - Children 201% - 400% FPL
  - Adults ages 0-64 139% - 400% FPL
  - Includes Lawful Permanent Residents (LPRs)
- No Subsidy
  - Children and adults above 400% FPL, including LPRs; adults ages 65+
- Undocumented
  - Children & adults

Note: Due to rounding, percents may not total 100%

Texas on the Eve of the ACA: Demographics of Uninsured Texans

Uninsured by Race/Ethnicity

- White alone: 3,956,000 (62%)
- Black or African American alone: 1,606,000 (25%)
- American Indian and Alaska Native alone: 610,000 (9%)
- Asian alone: 14,000 (0%)
- Hispanic: 190,000 (3%)
- Two or more races: 50,000 (1%)

Uninsured by Age

- 0 to 17: 4,925,000 (81%)
- 18 to 64: 1,073,000 (18%)
- 65 to 80+: 81,000 (1%)

Uninsured by Income*

- Below $2,499: 1,334,000 (21%)
- $2,500 to $19,999: 1,817,000 (28%)
- $20,000 to $39,999: 427,000 (7%)
- $40,000 to $59,999: 53,000 (1%)
- $60,000 to $79,999: 75,000 (1%)
- $80,000 to $99,999: 135,135 (2%)
- $100,000+: 135,135 (2%)

U.S. Census Bureau
*Personal Income
Pre-2014 Experiences: Affordability of Care by Insurance Status

Skipped Care, September 2013

- Medical care: Insured 14.4%, Uninsured 29.7%
- General primary care: Insured 13.1%, Uninsured 32.3%
- Specialist care: Insured 13.4%, Uninsured 21.2%
- Prescription drugs: Insured 21.3%, Uninsured 27.5%
- Medical tests and treatment: Insured 17.9%, Uninsured 25.2%
- Dental care: Insured 27.9%, Uninsured 40.6%
- Mental health care or counseling: Insured 7.2%, Uninsured 13.2%
Pre-2014 Experiences: Affordability of Care by Income

Skipped Care, September 2013 By Household Income as a Percent of the Federal Poverty Level (FPL)

- Medical care: <=138% FPL = 4.4%, 139-399% FPL = 20.4%, 400+% FPL = 30.8%
- General primary care: <=138% FPL = 5.4%, 139-399% FPL = 17.0%, 400+% FPL = 31.5%
- Specialist care: <=138% FPL = 7.2%, 139-399% FPL = 19.8%, 400+% FPL = 19.0%
- Prescription drugs: <=138% FPL = 10.6%, 139-399% FPL = 28.1%, 400+% FPL = 30.1%
- Medical tests and treatment: <=138% FPL = 9.7%, 139-399% FPL = 23.5%, 400+% FPL = 25.9%
- Dental care: <=138% FPL = 14.3%, 139-399% FPL = 37.8%, 400+% FPL = 40.6%
- Mental health care or counseling: <=138% FPL = 11.3%, 139-399% FPL = 11.5%, 400+% FPL = 2.6%
Pre-2014 Experiences: Opinion of the ACA by Age, Income, Race

General Opinion of the ACA in TX by Age, Sept 2013
- Age 18 - 24: 10.9%, 16.23%, 14.33%
- Age 35 - 49: 9.0%, 15.1%, 14.4%
- Age 50 - 64: 13.4%, 15.1%, 17.7%

General Opinion of the ACA in TX by Income, Sept 2013
- <=138%: 26.5%, 8.23%, 14.6%
- 139-399%: 30.2%, 12.76%, 29.85%
- >=400%: 24.9%, 21.7%, 19.55%

General Opinion of the ACA in TX by Race/Ethnicity, Sept 2013
- White: 44.14%, 18.37%, 19.33%
- Black: 7.87%, 38.15%, 9.82%
- Hispanic: 14.73%, 17.10%, 42.65%
Pre-2014 Experiences: Expectations about ACA

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Uninsured by Race/ethnicity and Age
Texans ages 18-64, 2013 to 2015

**Uninsured by Race/Ethnicity**

- Hispanic: 29.0% (Sep-15) vs. 39.1% (Sep-13)
- Black/other, non-Hispanic: 12.8% (Sep-15) vs. 16.5% (Sep-13)
- White, non-Hispanic: 11.9% (Sep-15) vs. 13.7% (Sep-13)

**Uninsured by Age (years)**

- 50-64: 12.0% (Sep-15) vs. 18.9% (Sep-13)
- 31-49: 21.6% (Sep-15) vs. 26.0% (Sep-13)
- 18-30: 21.9% (Sep-15) vs. 25.0% (Sep-13)
Uninsured by Income and Gender
Texans ages 18-64, 2013 to 2015

Uninsured by Family Income
- Between 139% and 399% of FPL: 15.8% (Sep-15), 21.1% (Sep-13)
- At or below 138% of FPL: 42.0% (Sep-15), 49.7% (Sep-13)

Uninsured by Gender
- Female: 21.1% (Sep-15), 26.4% (Sep-13)
- Male: 15.8% (Sep-15), 20.4% (Sep-13)
Post-2014 Experiences:
Reasons for Remaining Uninsured, September 2015

- The cost of health insurance is too high: 69.1%
- I do not want health insurance: 19.3%
- I do not know how to find information on available health insurance option: 6.3%
## Post-2014 Experiences: Reasons for Remaining Uninsured, September 2015

<table>
<thead>
<tr>
<th>Reasons uninsured</th>
<th>Race/Ethnicity</th>
<th>Age groups</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>White</td>
<td>Black or Other</td>
</tr>
<tr>
<td>The cost of health insurance is too high</td>
<td>82.6%</td>
<td>80.5%</td>
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<tr>
<td>I do not want health insurance</td>
<td>22.8%</td>
<td>9.0%</td>
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<tr>
<td>I do not know how to find information on available health insurance option</td>
<td>3.0%</td>
<td>0.0%</td>
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</tbody>
</table>
Post-2014 Experiences: Perceptions of Tax Penalties

Importance of the Possibility of a Fine to Uninsured Adult Texans, March 2015

- Very important: 31.2%
- Somewhat important: 26.3%
- Not too important: 21.4%
- Not at all important: 21.1%
Post-2014 Experiences: Affordability 2013 vs. 2015

Skipped Health Services, Insured Adult Texans, Sep 2013 and Sep 2015

- Medical care: 14.4% (2013) vs. 15.8% (2015)
- Primary care: 13.1% (2013) vs. 15.6% (2015)
- Specialist care: 13.4% (2013) vs. 15.8% (2015)
- Prescription drugs: 21.3% (2013) vs. 19.9% (2015)
- Medical tests and treatment: 17.9% (2013) vs. 17.4% (2015)
- Dental care*: 27.9% (2013) vs. 23.9% (2015)
- Mental health care or counseling: 7.2% (2013) vs. 8.0% (2015)

Skipped Health Services, Uninsured Adult Texans, Sep 2013 and Sep 2015

- Medical care*: 29.7% (2013) vs. 21.7% (2015)
- Primary care*: 32.3% (2013) vs. 25.5% (2015)
- Specialist care: 21.2% (2013) vs. 18.3% (2015)
- Prescription drugs: 27.5% (2013) vs. 23.0% (2015)
- Medical tests and treatment*: 25.2% (2013) vs. 18.2% (2015)
- Dental care*: 40.6% (2013) vs. 31.5% (2015)
- Mental health care or counseling: 13.2% (2013) vs. 9.6% (2015)

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Texans Covered by ACA Marketplace Plans during Open Enrollment Periods

Total Enrollees from Open Enrollment

- Nov 2014-Jan 2015: 918,890
- Nov 2015-Dec 2015: 1,096,868

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Texas Enrollment in Marketplace Plans By Race/Ethnicity, December 2015

2015 Enrollment by Race/Ethnicity

- White: 282,021 (39%)
- Latino: 253,096 (35%)
- Asian: 108,470 (15%)
- African-American: 65,082 (9%)
- Multiracial: 7,231 (1%)
- Native Hawaiian/Pacific Islander: less than 1%
- American Indian/Alaska Native: less than 1%

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Texas Enrollment in Marketplace Plans by Income, December 2015

2015 Enrollment by Household Income

- <100% of FPL: 423,005 (42%)
- >100% to <150% of FPL: 231,645 (23%)
- >150% to <200% of FPL: 151,073 (15%)
- >200% to <250% of FPL: 70,501 (7%)
- >250% to <300% of FPL: 70,501 (7%)
- >300% to <400% of FPL: 70,501 (7%)
- >400% of FPL: 30,215 (3%)

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### ACA and DSH Funding

<table>
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<tr>
<th>Fiscal Year</th>
<th>TX DSH Allotment</th>
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<tr>
<td>FY 2010</td>
<td>$987,947,112</td>
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<tr>
<td>FY 2011</td>
<td>$956,328,103</td>
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<tr>
<td>FY 2012</td>
<td>$981,192,634</td>
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<td>FY 2013</td>
<td>$1,004,741,257</td>
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<td>FY 2014</td>
<td>$1,019,812,376</td>
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<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Decrease in National Federal DSH Funding</th>
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<tr>
<td>FY 2018</td>
<td>$2.0 billion</td>
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<tr>
<td>FY 2019</td>
<td>$3.0 billion</td>
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<tr>
<td>FY 2020</td>
<td>$4.0 billion</td>
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<tr>
<td>FY 2021</td>
<td>$5.0 billion</td>
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<tr>
<td>FY 2022</td>
<td>$6.0 billion</td>
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<tr>
<td>FY 2023</td>
<td>$7.0 billion</td>
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<tr>
<td>FY 2024</td>
<td>$8.0 billion</td>
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ACA and FQHCs

• ACA established 5-year, $11-billion trust fund to support health center growth and new construction
• $1.5 billion to expand the National Health Service Corps (NHSC)
• Higher enrollment in Medicaid under ACA potentially generating increased revenues for centers
ACA and FQHCs

Health Center Revenues, by Source, 2013

- Medicaid: 40%
- Section 330 grants: 18%
- Self-pay: 6%
- Private: 8%
- Medicare: 6%
- Other public coverage: 2%
- Other federal grants: 3%
- State/local/private grants & contracts: 14%
- Other: 4%

Total revenues = $15.9 billion

SOURCE: GWU analysis of 2013 UDS data on federally funded health centers.
In 2014, health centers served 22.5 million patients – an increase of nearly 1.2 million from 2013.

From 2013 to 2014, the number of health center patients covered by Medicaid rose by 1.85 million, or 22%.

Health centers in expansion states were significantly more likely than those in non-expansion states to report having expanded their capacity for dental and mental health services since the start of 2014.
ACA and FQHCs: 2013 to 2014 Findings

Figure ES-1

Health Insurance Coverage of Health Center Patients, 2013 and 2014

Total patients: 13.5m (2013) 14.3m (2014)

- Medicaid expansion states:
  - 2013: 32% (41% uninsured)
  - 2014: 22% (41% uninsured)

- Medicaid non-expansion states:
  - 2013: 32% (41% uninsured)
  - 2014: 22% (41% uninsured)

- Medicare
- Private
- Medicaid
- Uninsured

NOTE: Data exclude territories. State Medicaid expansion status reflects status as of 2014
SOURCE: Authors’ analysis of 2013 and 2014 UDS data.
ACA and Community Benefits

501(c)r:

• Establish written financial assistance and emergency medical care policies
• Limit amounts charged for emergency care to individuals eligible for financial assistance
• Make reasonable efforts to determine whether an individual is eligible for assistance before extraordinary collection actions
• Conduct a CHNA and adopt an implementation strategy at least once every three years.
ACA and Community Benefits: Definitions

From Schedule H:

• hospital participation in Medicaid and other means-tested public insurance programs that pay less than the reasonable cost of care
• health professions education and health research
• **community health improvement activities**; certain “community-building” activities when these activities can be shown to be interventions that are known to improve community health.
ACA and Community Benefits: CHNA

Purpose:

• create a system by which hospitals continually and publicly assess community health needs
• devise implementation strategies that demonstrate how their community benefit expenditures link to publicly identified community health needs
Aside from Repeal and Replace:

• Alter conditions on new Medicaid recipients to limit eligibility
• Weaken the individual mandate through eased access to federal waivers
• Create waiver programs to let states undo or weaken regulatory reforms