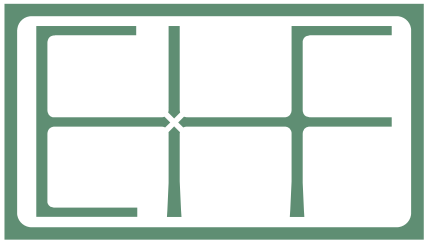


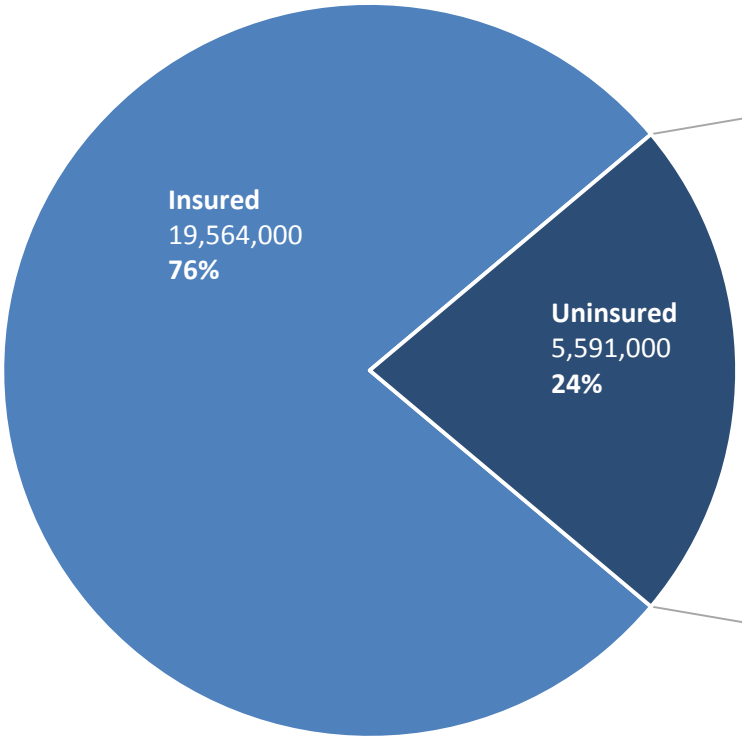
Health is our life story.

The Affordable Care Act in Texas

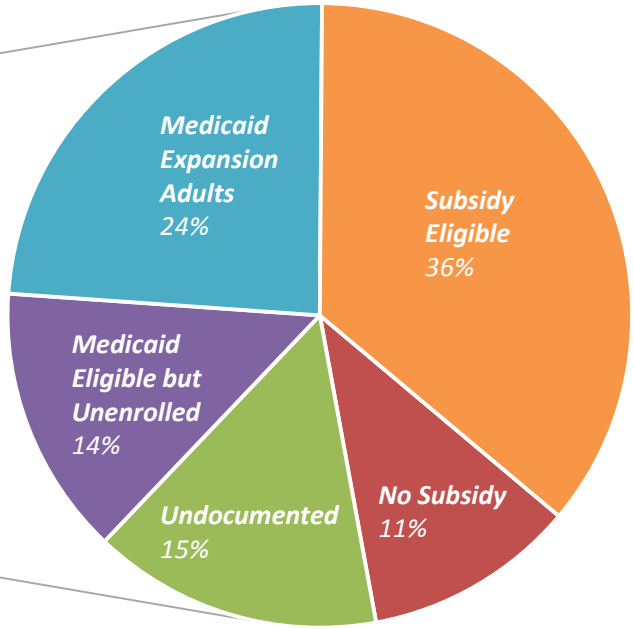
Elena M. Marks
Episcopal Health Foundation
President and CEO
January 31, 2016

Texas on the Eve of the ACA

Insured and Uninsured



Uninsured by Act Subsidy Type



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)

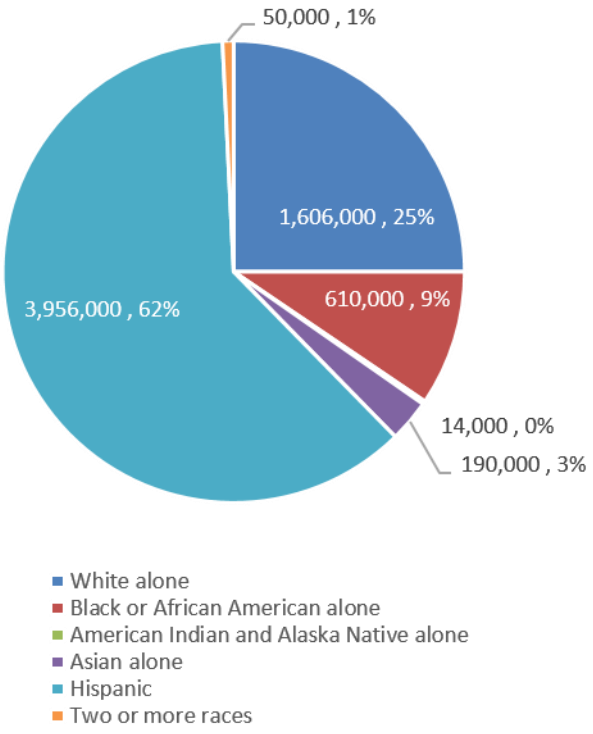
No Subsidy
Children and adults above 400% FPL, including LPRs; adults ages 65+

Undocumented
Children & adults

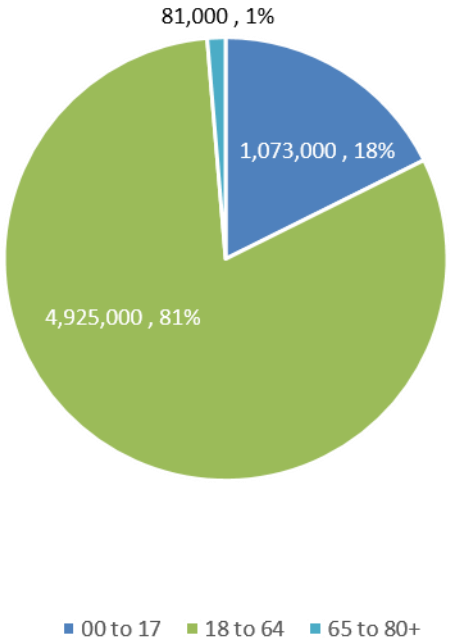
Note: Due to rounding, percents may not total 100%
Sources: U.S. Census Bureau. March 2011 Current Population Survey (CPS), Texas Health and Human Services Commission, July 2012.

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

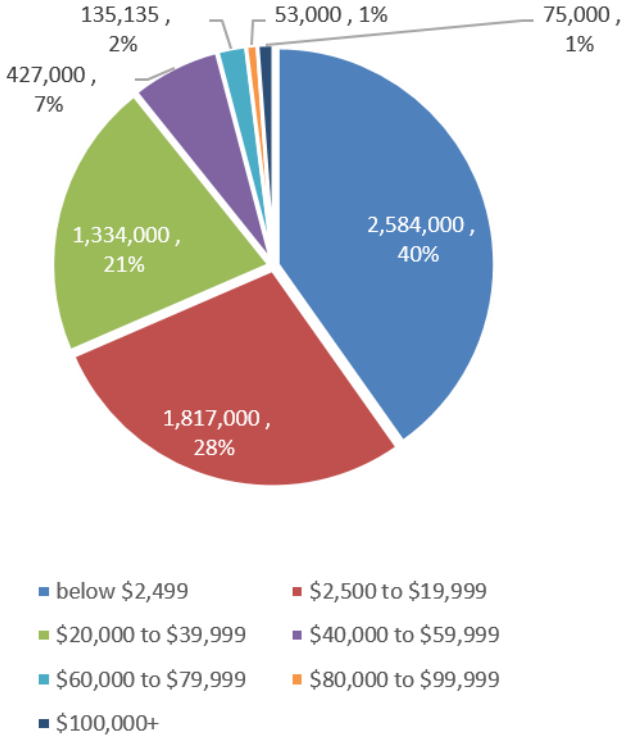
Uninsured by Race/Ethnicity



Uninsured by Age

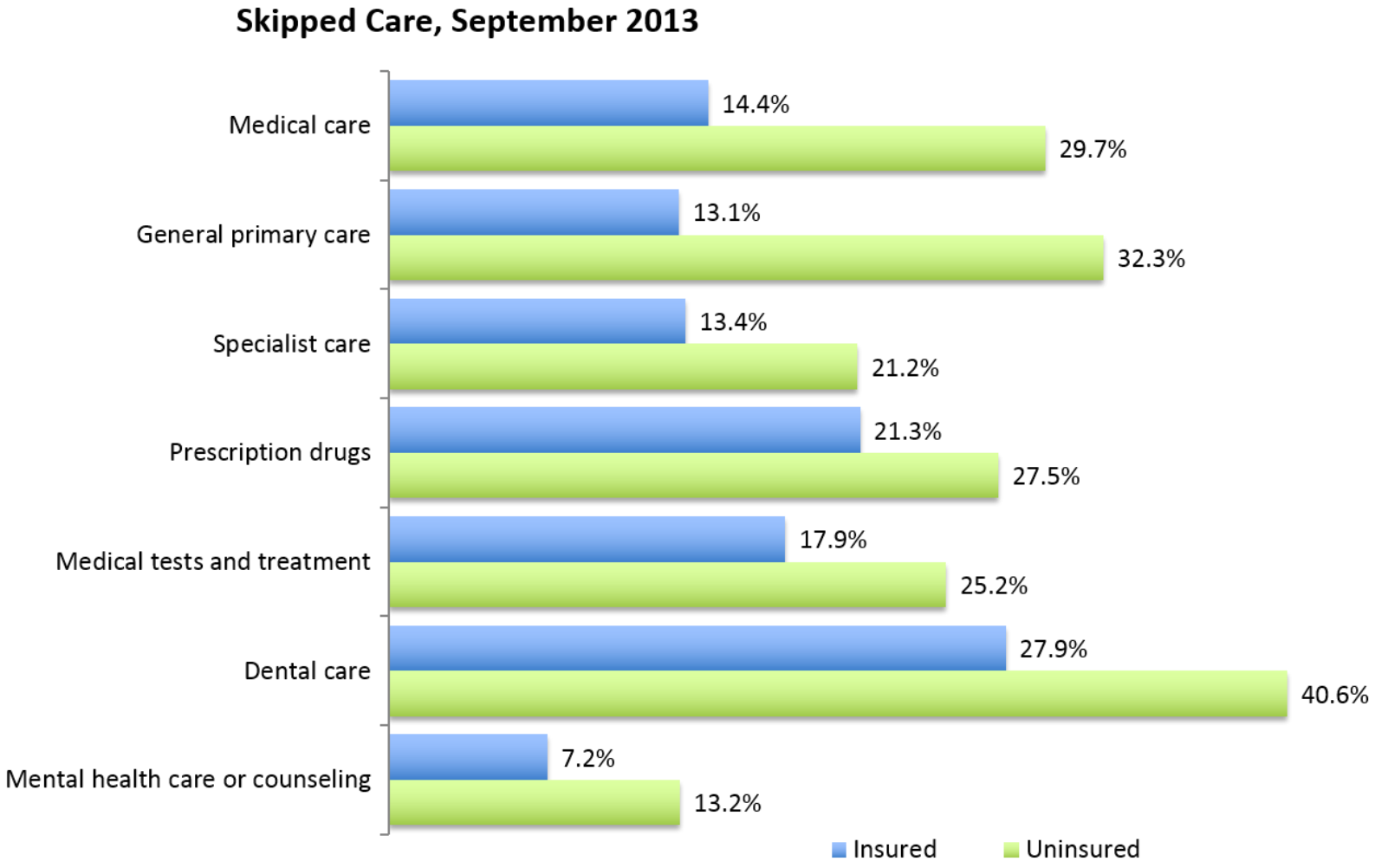


Uninsured by Income*

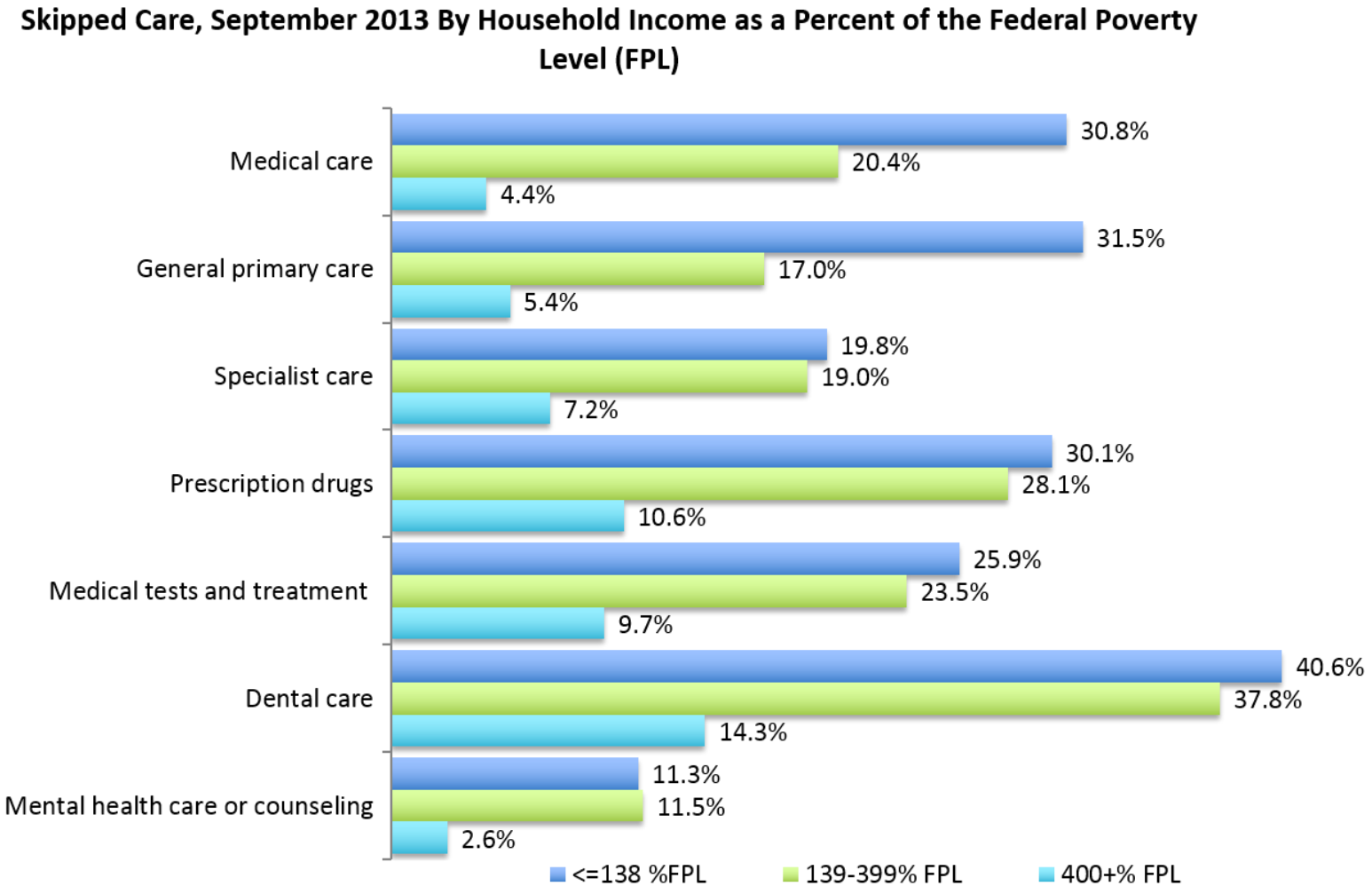


Source: Current Population Survey, Annual Social and Economic Supplement, 2012
U.S. Census Bureau
**Personal Income*

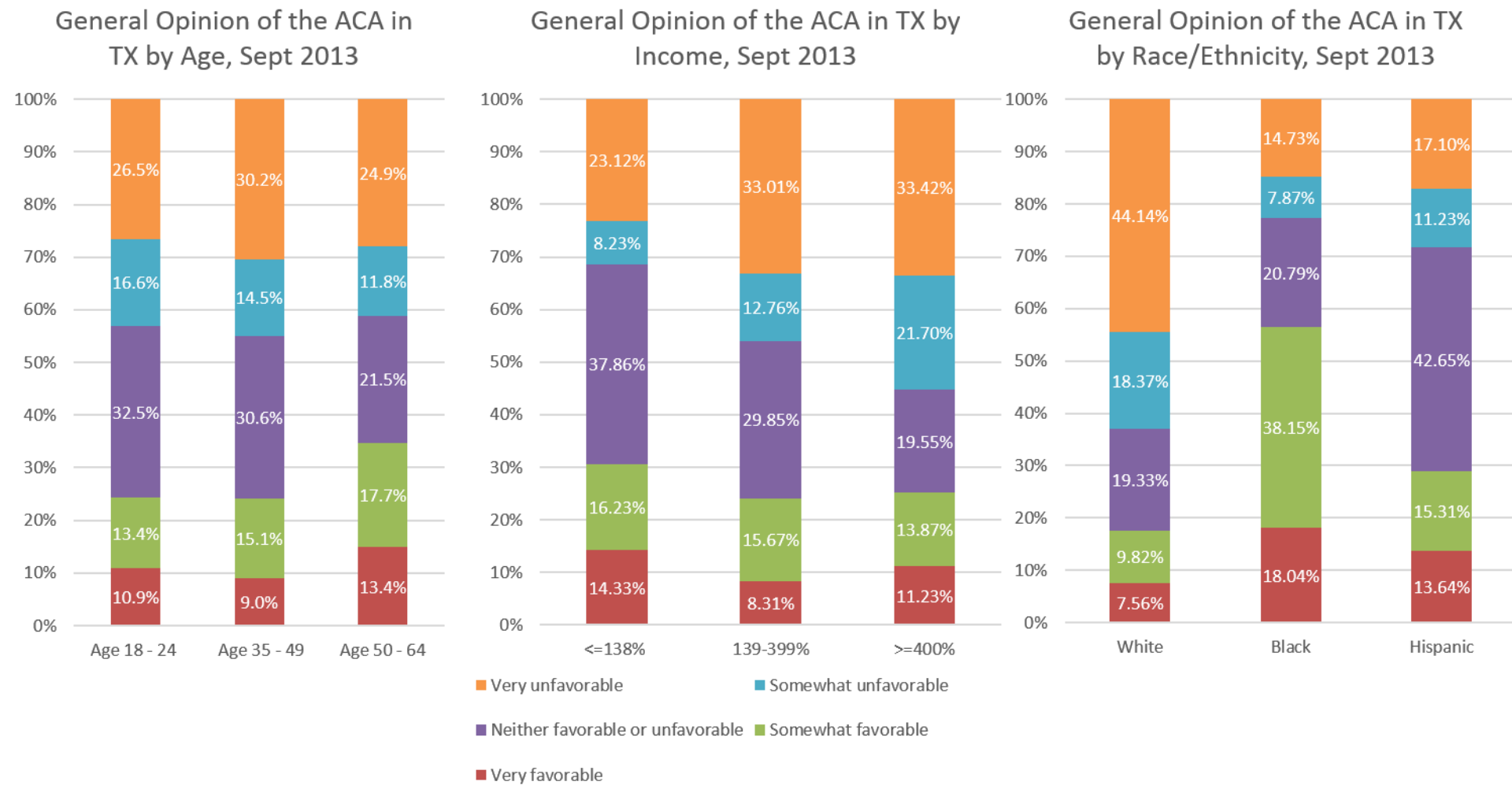
Pre-2014 Experiences: Affordability of Care by Insurance Status



Pre-2014 Experiences: Affordability of Care by Income

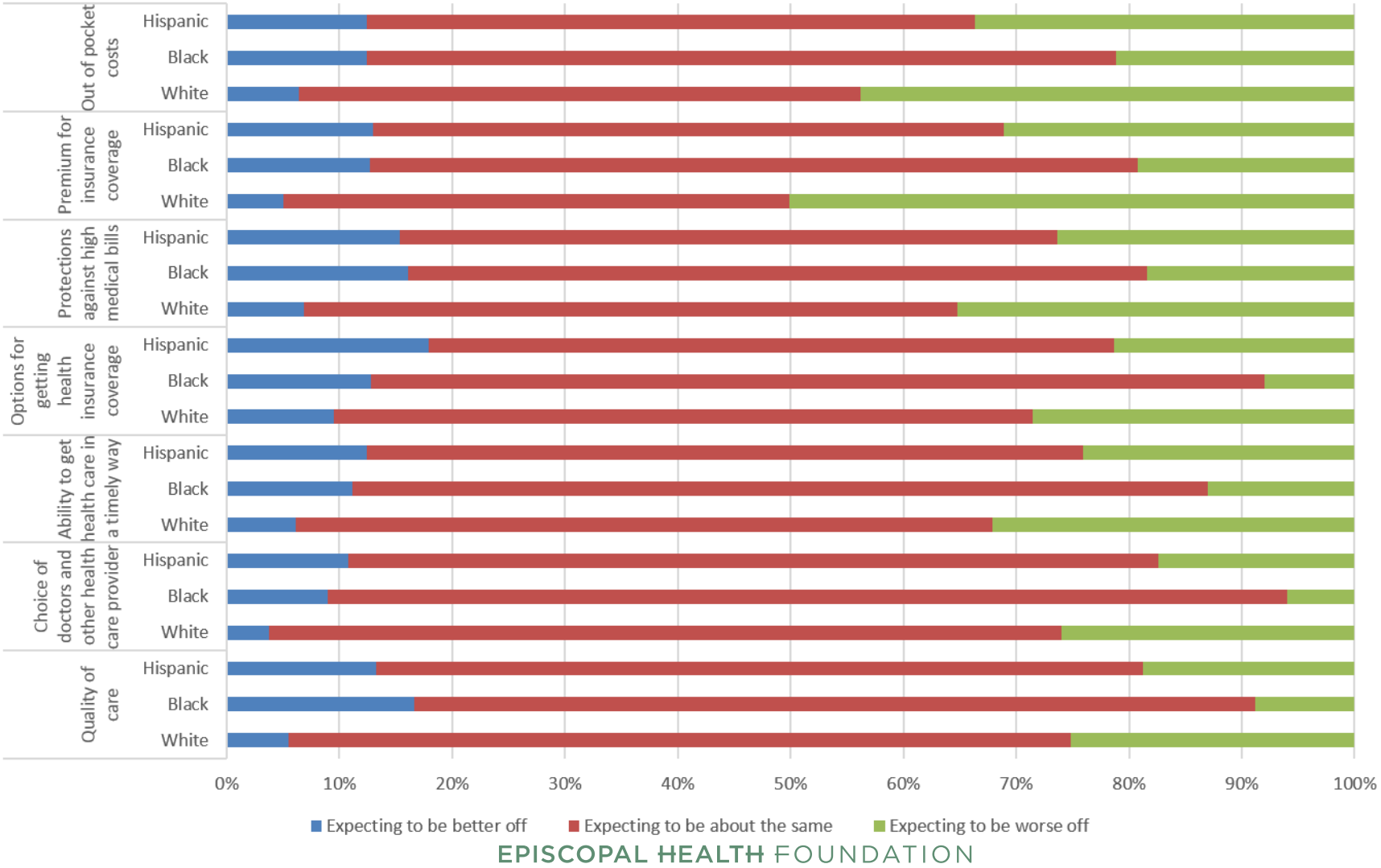


Pre-2014 Experiences: Opinion of the ACA by Age, Income, Race



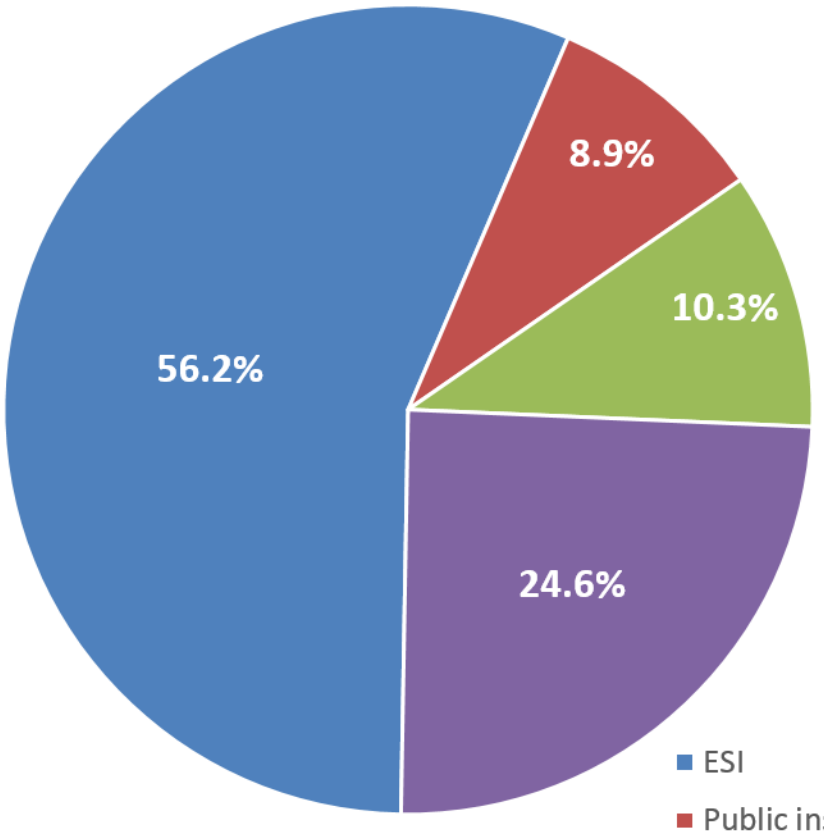
EPISCOPAL HEALTH FOUNDATION

Pre-2014 Experiences: Expectations about ACA

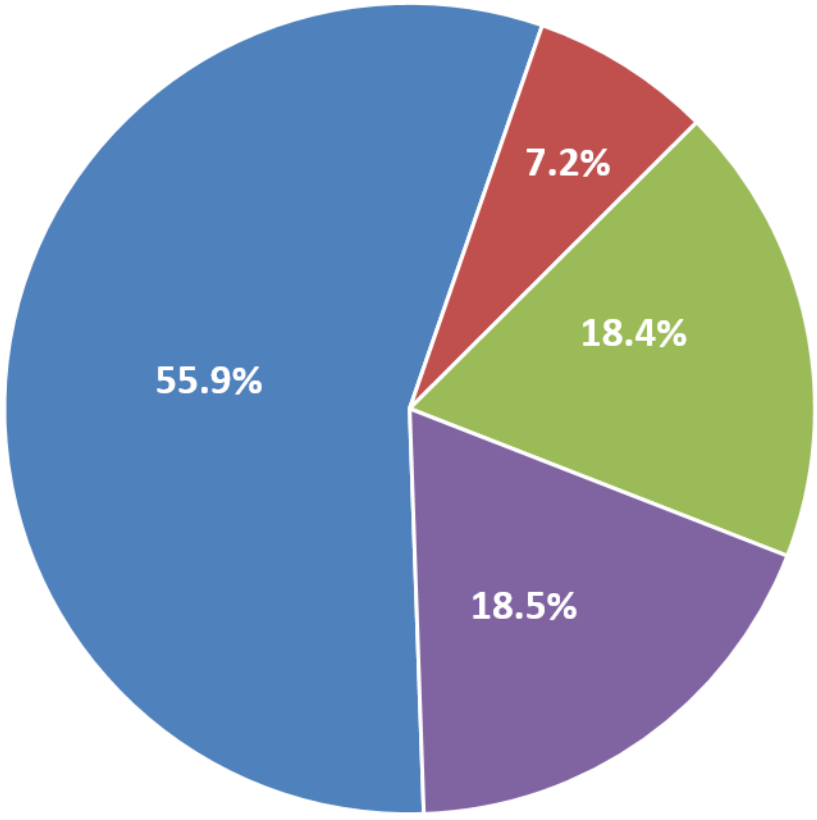


EPISCOPAL HEALTH FOUNDATION

Changes in Insurance Coverage Texans ages 18-64, 2013 to 2015



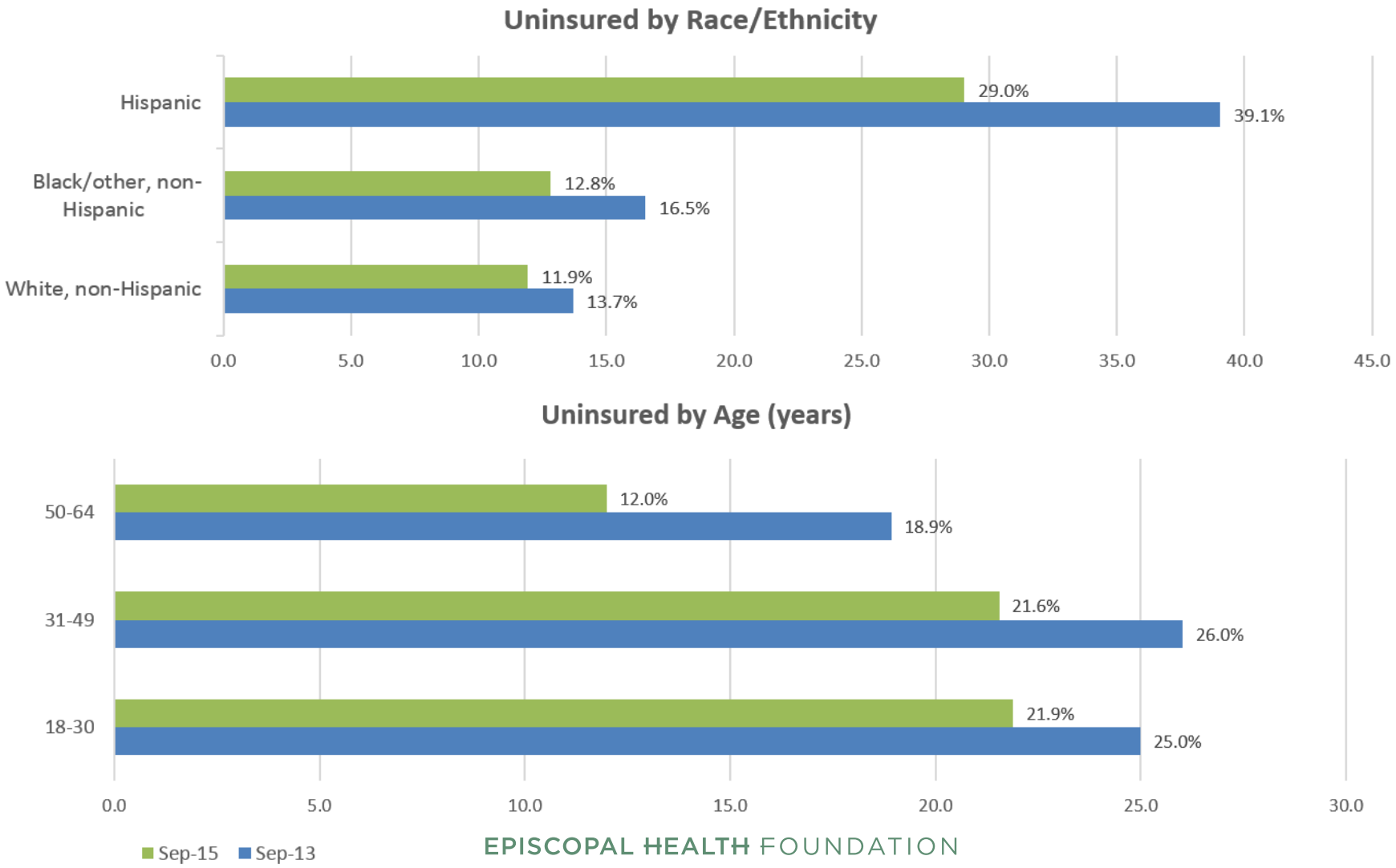
Sep 2013



Sep 2015

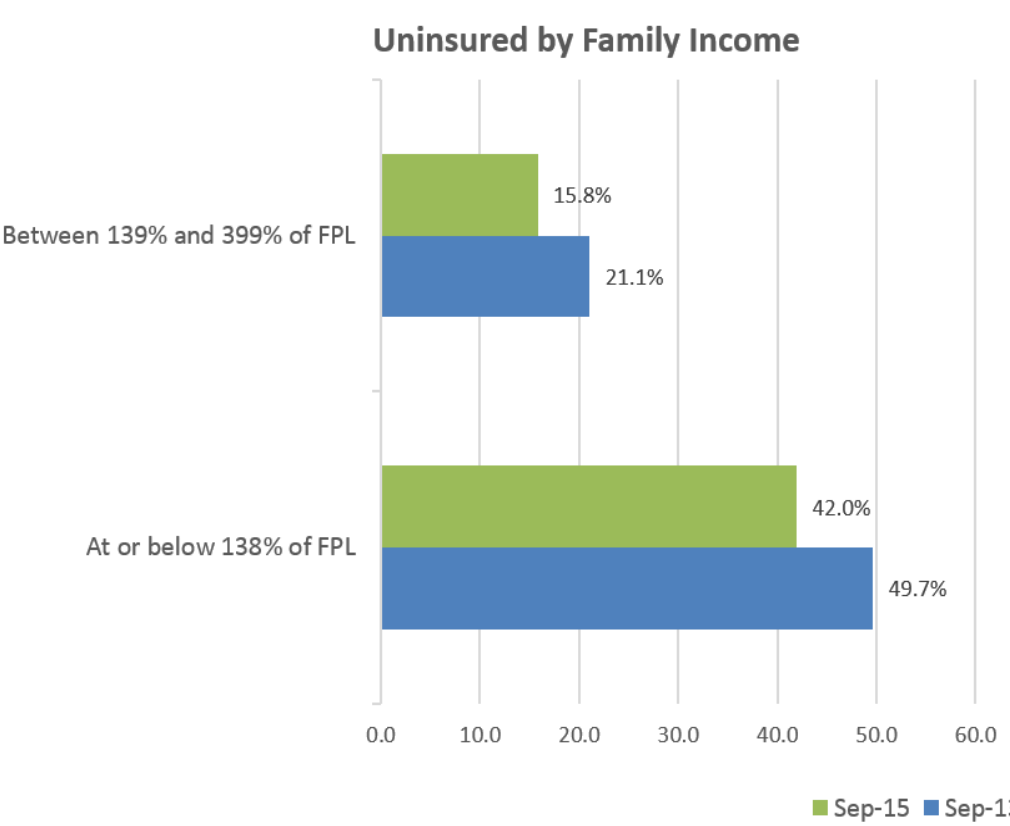
- ESI
- Public insurance
- Individual insurance
- No insurance

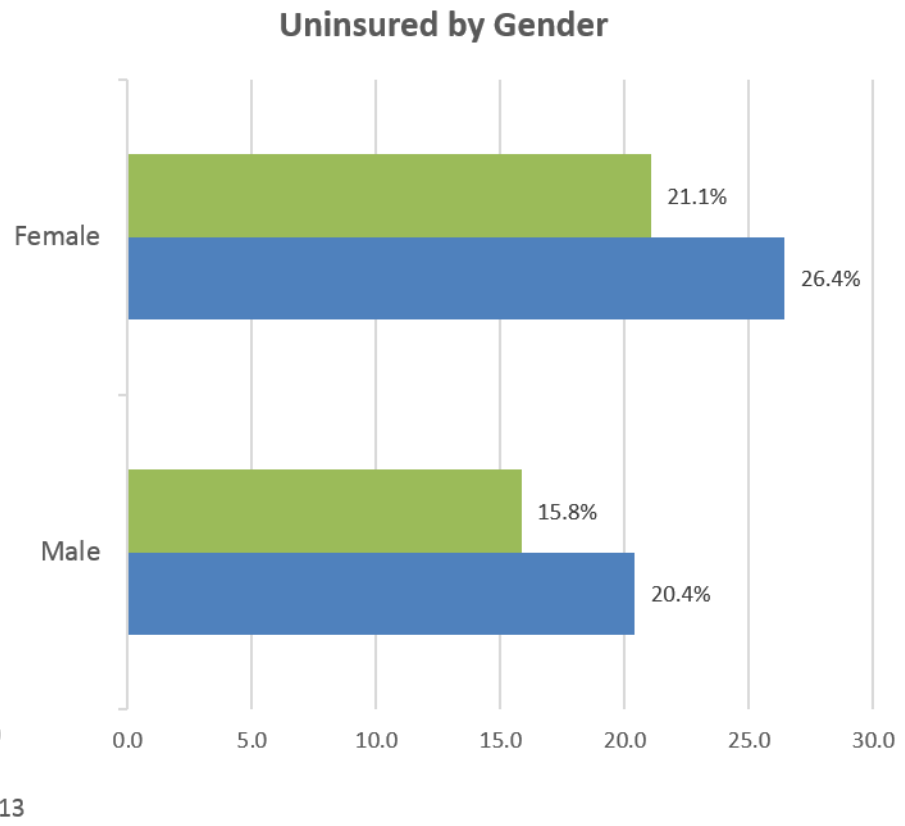
Uninsured by Race/ethnicity and Age
Texans ages 18-64, 2013 to 2015



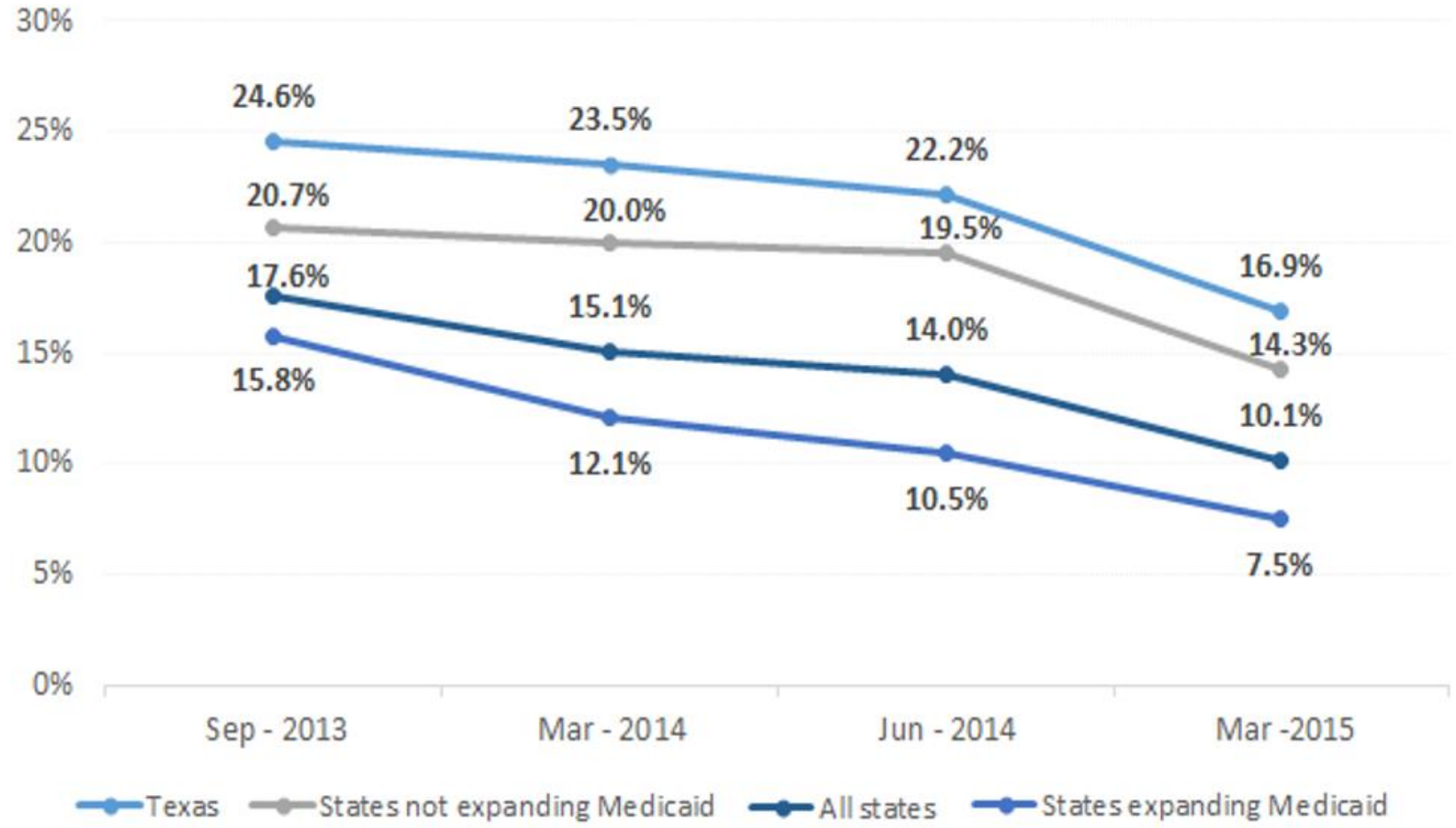
EPISCOPAL HEALTH FOUNDATION

Uninsured by Income and Gender
Texans ages 18-64, 2013 to 2015

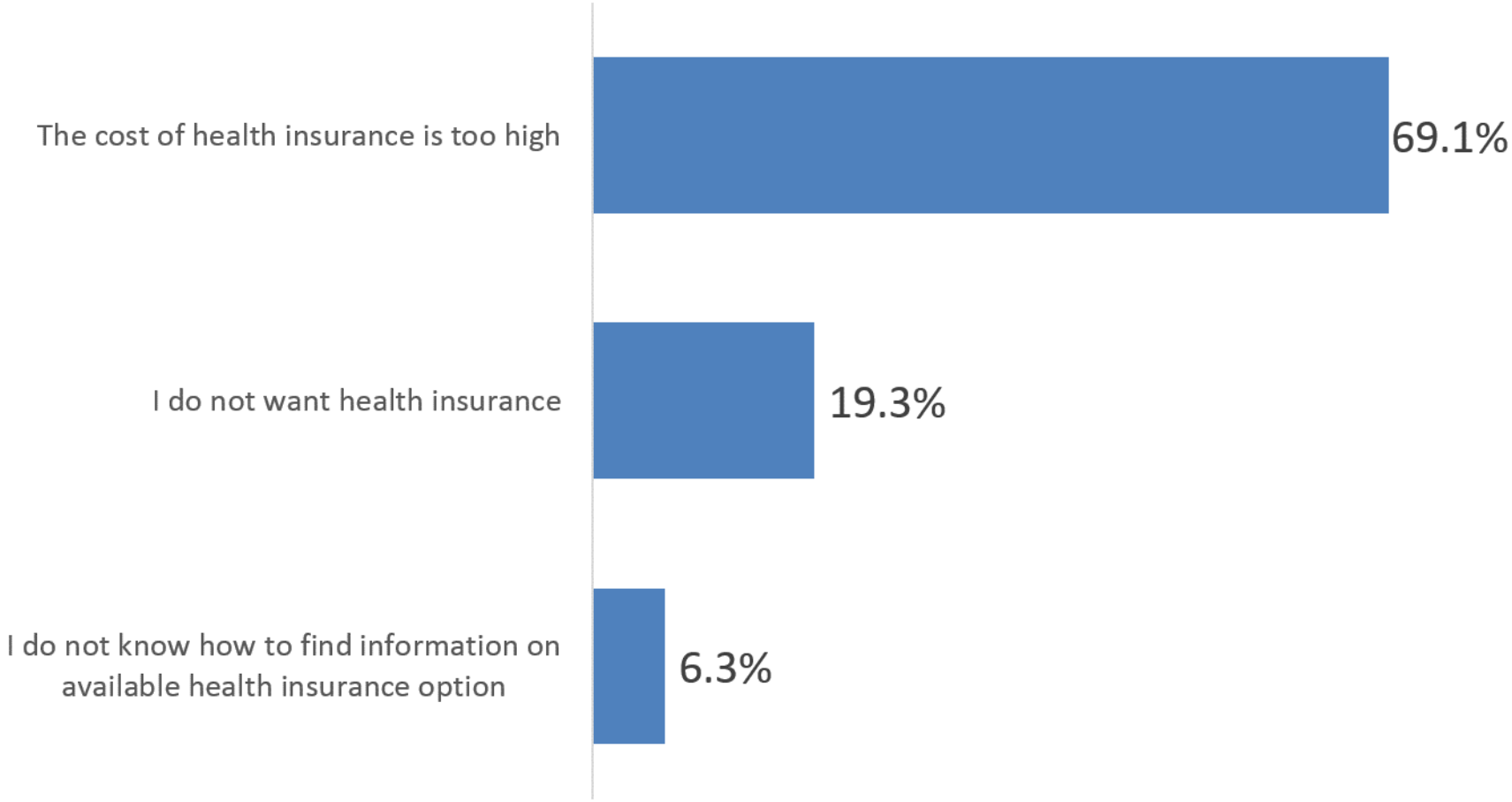




Trends in Uninsured Rates 2013 to 2015, Texas and US



Post-2014 Experiences: Reasons for Remaining Uninsured, September 2015

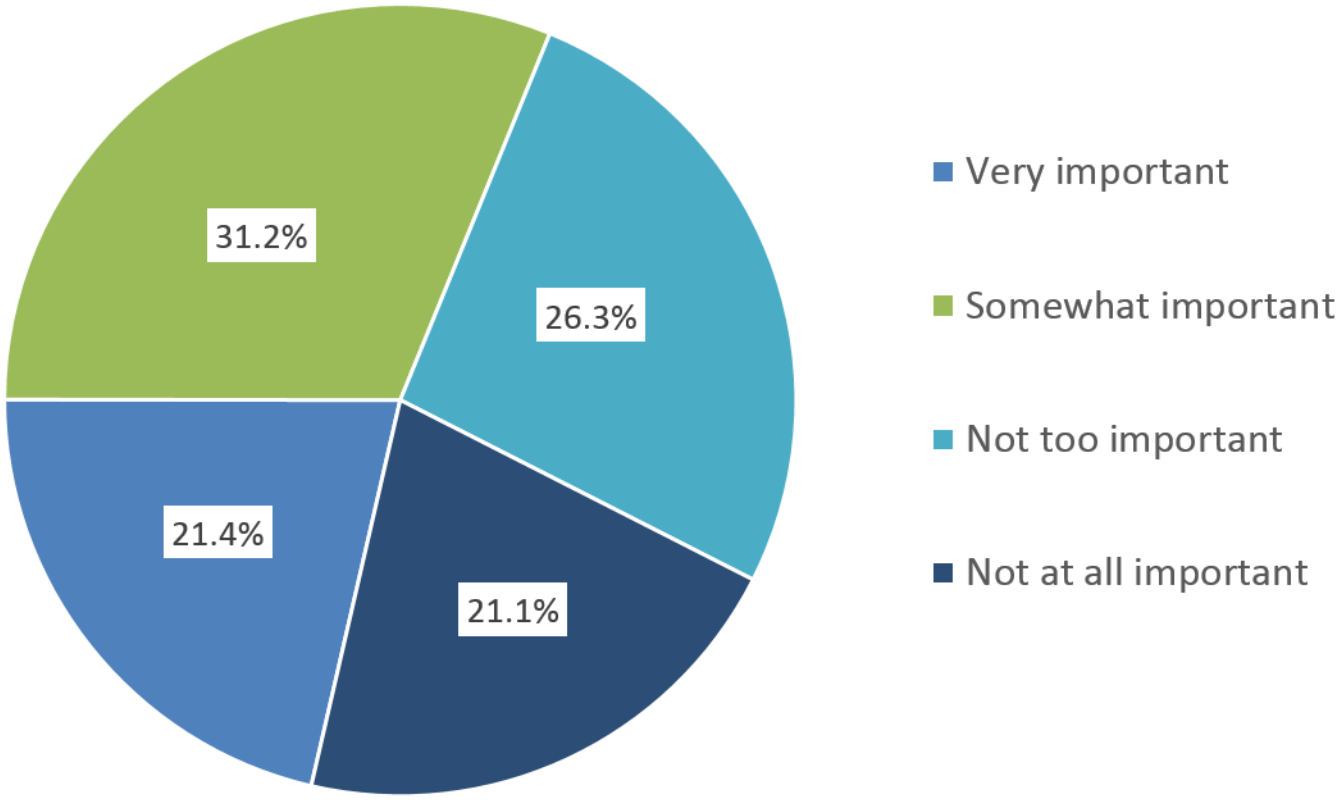


Post-2014 Experiences: Reasons for Remaining Uninsured, September 2015

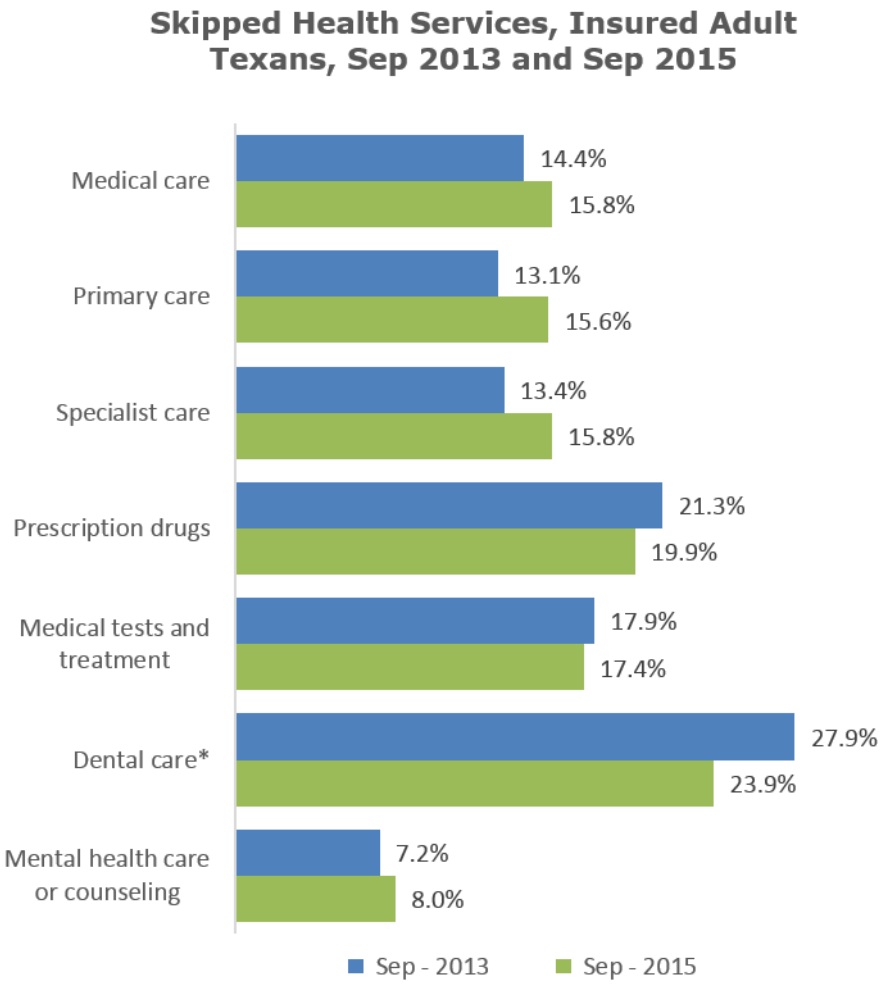
Reasons uninsured	Race/Ethnicity			Age groups		
	White	Black or Other	Hispanic	18-30	31-49	50-64
The cost of health insurance is too high	82.6%	80.5%	60.1%	74.1%	63.5%	75.1%
I do not want health insurance	22.8%	9.0%	19.9%	11.9%	27.3%	11.0%
I do not know how to find information on available health insurance option	3.0%	0.0%	9.2%	6.4%	7.5%	3.4%

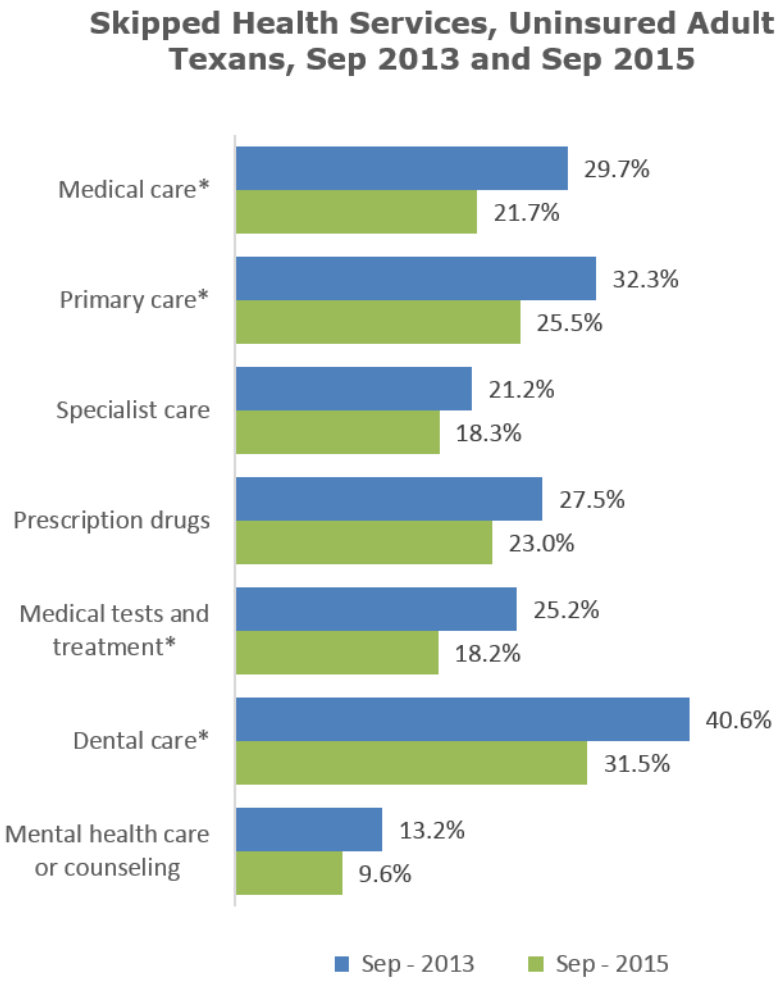
Post-2014 Experiences: Perceptions of Tax Penalties

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

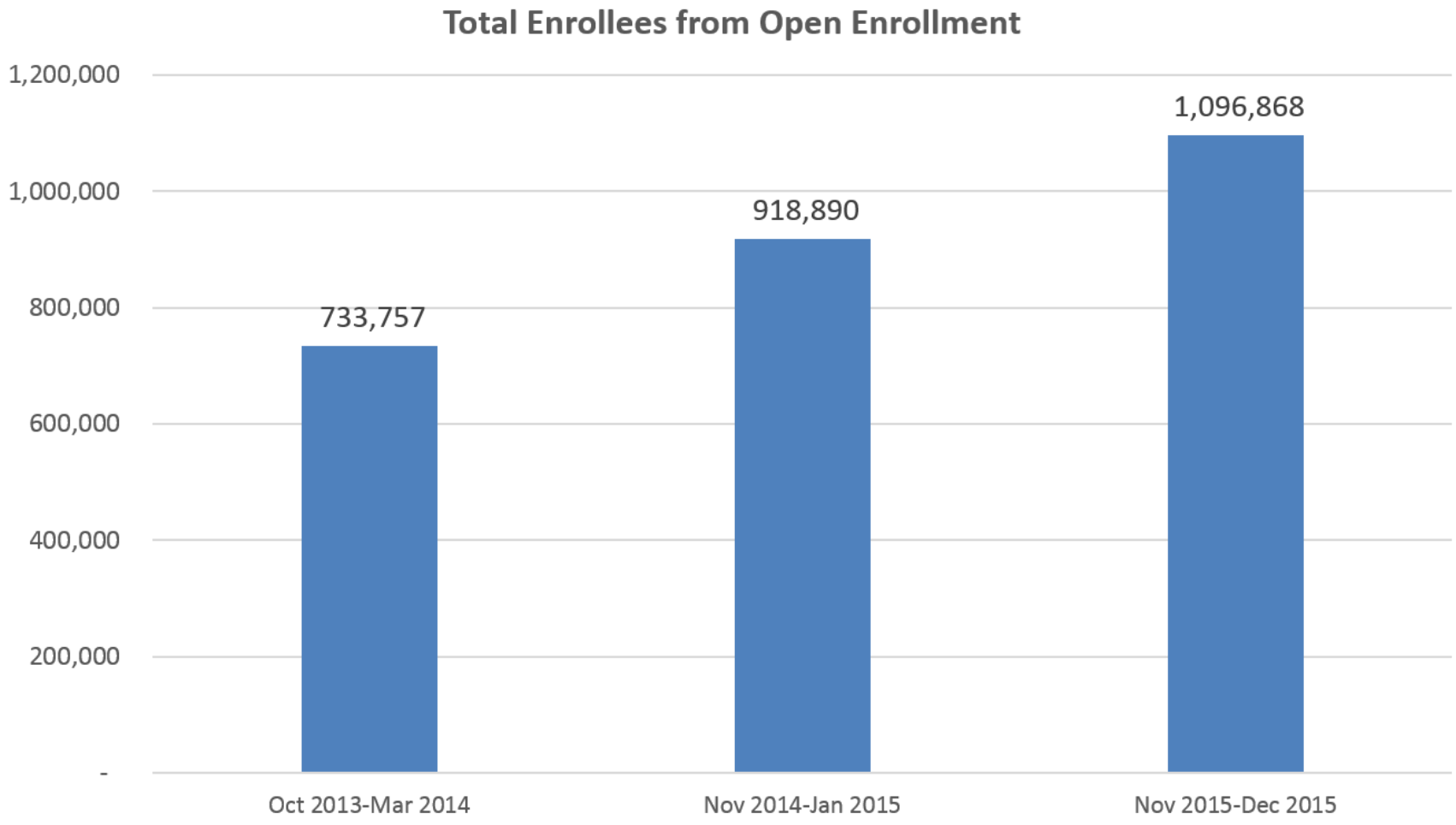


Post-2014 Experiences: Affordability 2013 vs. 2015

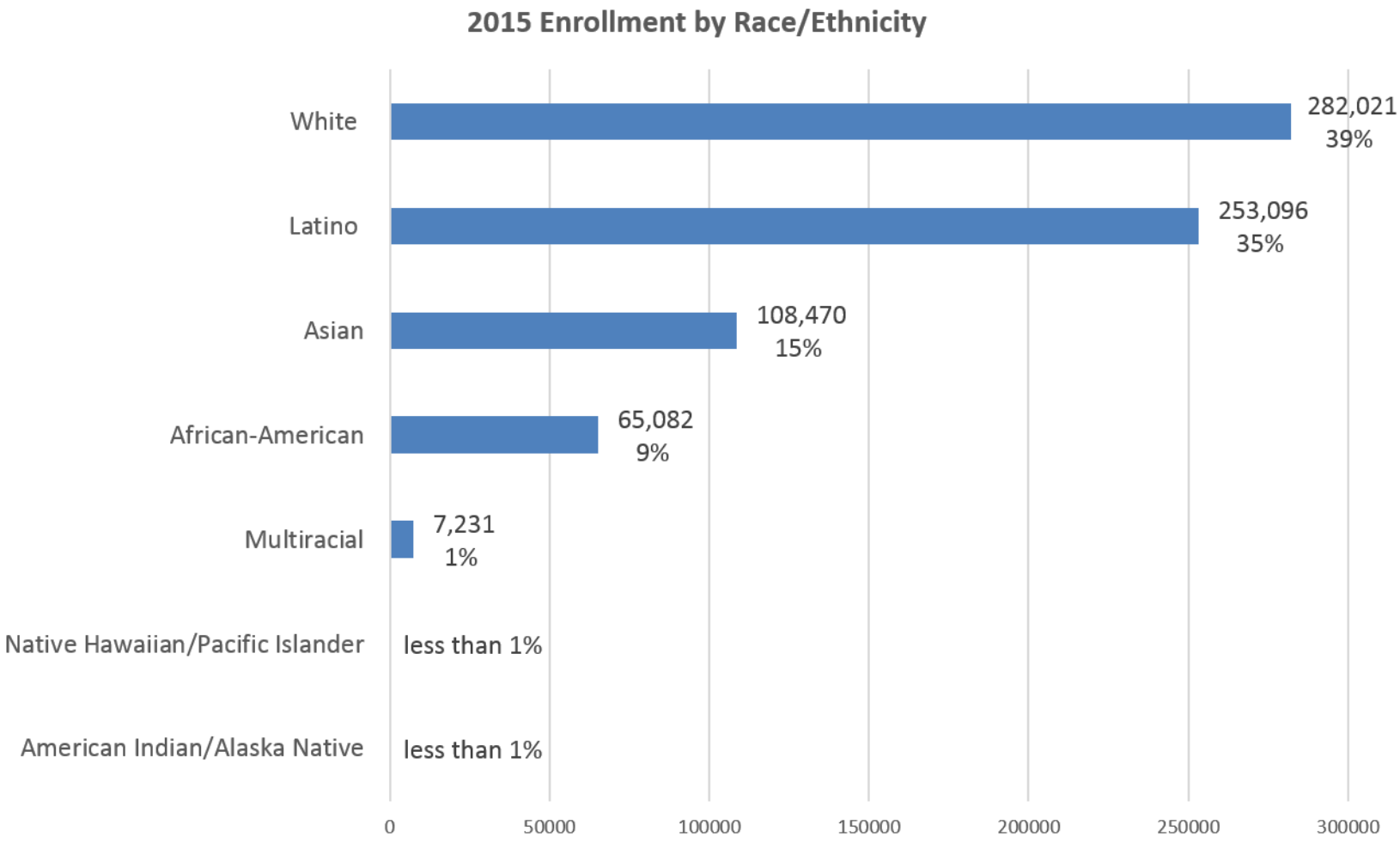




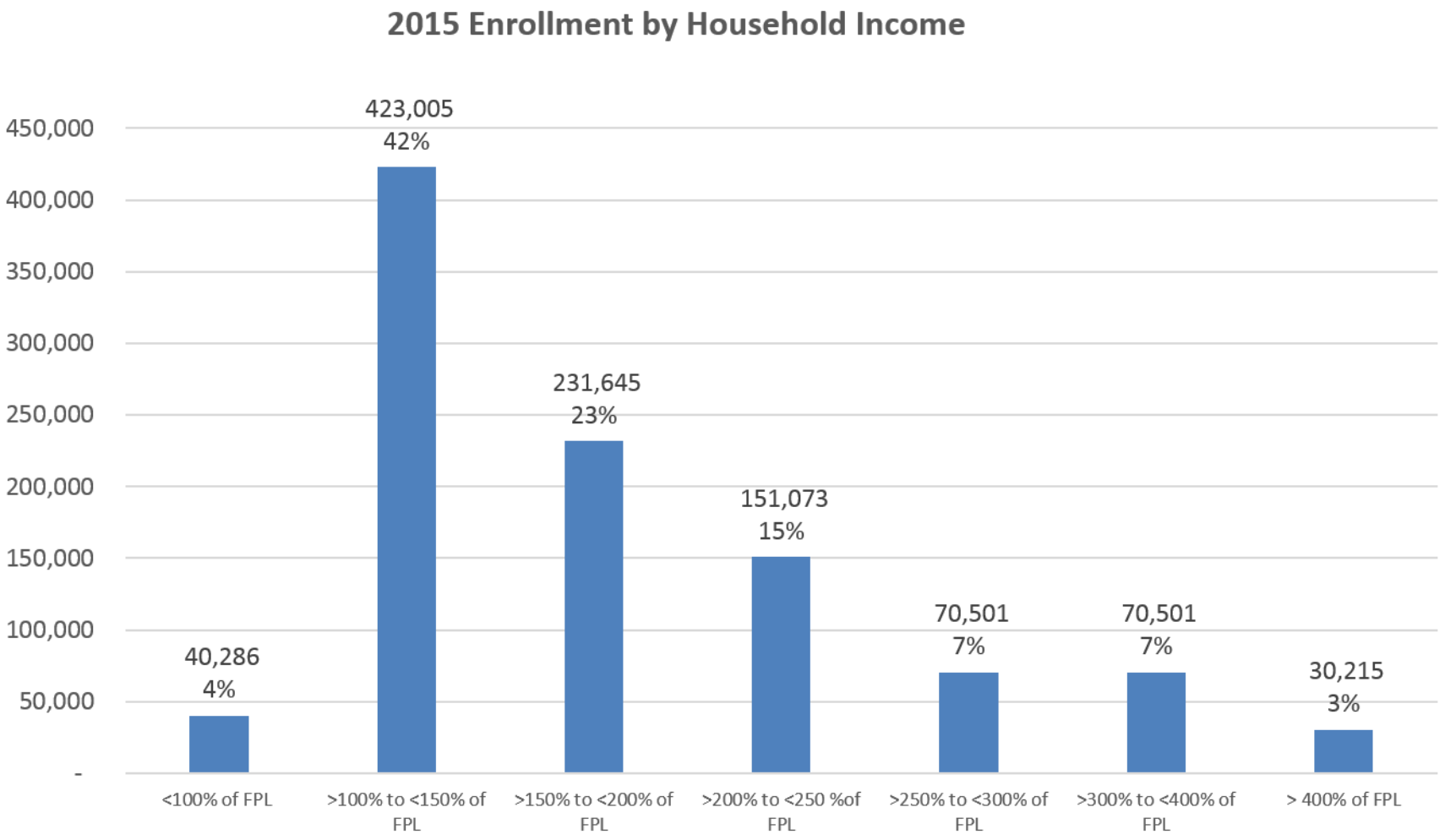
Texans Covered by ACA Marketplace Plans during Open Enrollment Periods



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



Texas Enrollment in Marketplace Plans by Income, December 2015



EPISCOPAL HEALTH FOUNDATION

ACA and DSH Funding

Fiscal Year	TX DSH Allotment
FY 2010	$987,947,112
FY 2011	$956,328,103
FY 2012	$981,192,634
FY 2013	$1,004,741,257
FY 2014	$1,019,812,376

Source: Kaiser Family Foundation Federal Medicaid DSH Allotments-http://kff.org/medicaid/state-indicator/federal-dsh-allotments/

Fiscal Year	Decrease in National Federal DSH Funding
FY 2018	$2.0 billion
FY 2019	$3.0 billion
FY 2020	$4.0 billion
FY 2021	$5.0 billion
FY 2022	$6.0 billion
FY 2023	$7.0 billion
FY 2024	$8.0 billion

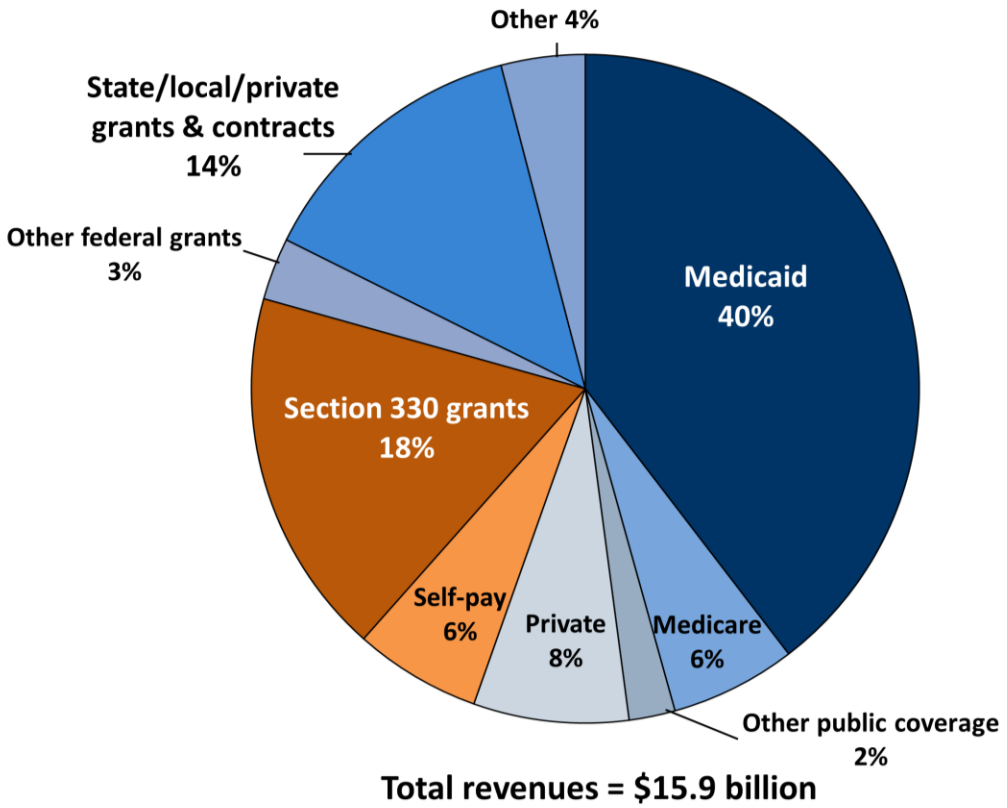
Source: Medicaid and CHIP Payment and Access Commission--https://www.macpac.gov/subtopic/disproportionate-share-hospital-payments/

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



Total revenues = $15.9 billion

SOURCE: GWU analysis of 2013 UDS data on federally funded health centers.

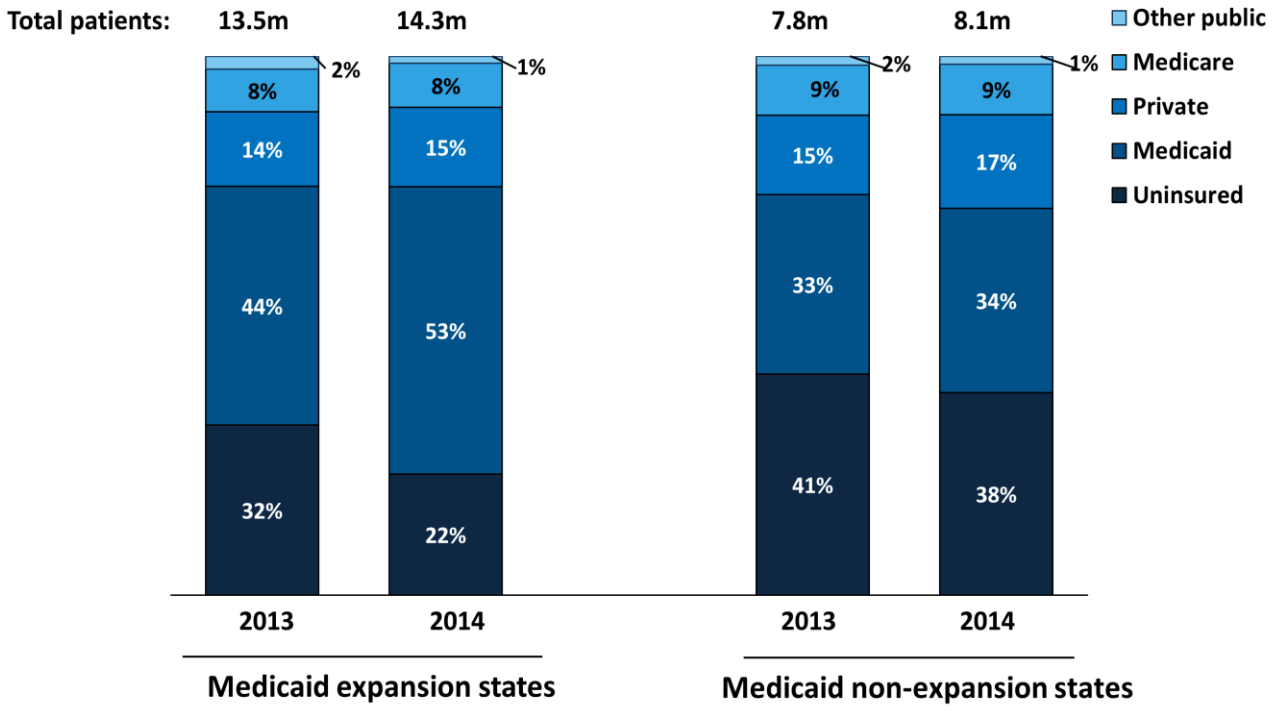
ACA and FQHCs: 2013 to 2014 Findings

- 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



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

THE HENRY J. KAISER FAMILY FOUNDATION

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

Future of the ACA: Political Climate

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