Who Are the Remaining Uninsured in Texas?

Center on Budget and Policy Priorities

4,729,000
Texans remain uninsured

53% of the uninsured have household income below $50,000, compared to 35% of all Texas residents

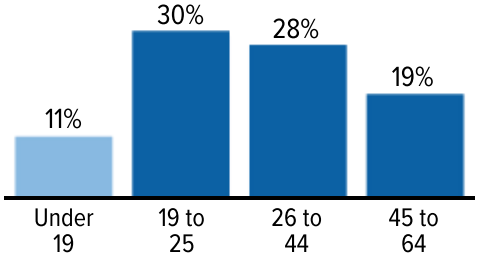
Most of the uninsured in Texas are low income

- **25%:** Below 100% FPL
- **42%:** 100-250% FPL
- **20%:** 250-400% FPL
- **13%:** Above 400% FPL

Note: FPL = Federal poverty line. The 2019 FPL for a single individual is $12,490. Incomes below 250% FPL are considered "low income."

Public programs have been successful in reducing children's uninsured rate but adult coverage lags

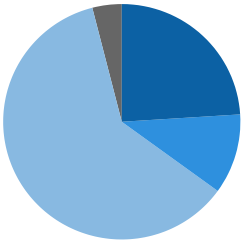
Uninsured rate, by age



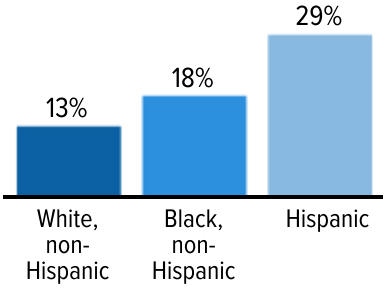
Most of Texas's uninsured are people of color, and people of color also are more likely to be uninsured

Share of uninsured, by race/ethnicity

- **24%:** White, non-Hispanic
- **11%:** Black, non-Hispanic
- **61%:** Hispanic
- **4%:** Other



Uninsured rate, by race/ethnicity



- **66 percent** of uninsured people in Texas have a high school diploma or less
- **86 percent** of uninsured are in working families

Federal Policies Can Make Coverage More Affordable and Accessible for Remaining Uninsured

Since the Affordable Care Act (ACA) took effect, **1,644,000** Texans, and more than 20 million people nationwide, have gained coverage — dropping Texas's uninsured rate among non-elderly adults from **26.3 percent in 2010 to 19.5 percent in 2017**. Yet, **4,729,000** Texans, and about 30 million people nationwide, remain uninsured, and that number will likely rise due to recent Administration actions and the repeal of the ACA's individual mandate penalty. A range of federal policies could make coverage more affordable and accessible for many of these people.

Expanding Access to Medicaid Coverage

1,770,000 uninsured Texans, nearly a third of the state's uninsured population, have incomes below 138 percent of the poverty line, meaning they are likely eligible for Medicaid or would become eligible if the state expanded Medicaid.

Many fall into a "coverage gap," meaning that they qualify for neither Medicaid nor subsidies for marketplace coverage. Texas could extend Medicaid to them, with the federal government covering at least 90 percent of the cost.

Others likely are already eligible for Medicaid but not enrolled. Some don't know they're eligible or have let their enrollment lapse. Congress could simplify enrollment and encourage states to let people remain enrolled for a full year.

Making Private Marketplace Coverage More Affordable

2,929,000 uninsured Texans may qualify for subsidized marketplace coverage. Many uninsured Texans with incomes of 100 to 400 percent of the poverty line are eligible for marketplace subsidies but for some, even subsidized coverage is unaffordable. Congress could increase subsidies to reduce the share of their income that people must pay. Congress also could increase cost-sharing subsidies and extend them to people at higher incomes to defray their high deductibles.

622,000 uninsured Texans have income too high for subsidies. Congress could expand subsidies so that middle-income people would qualify if their premiums exceed about 10 percent of their incomes.

Some people are ineligible for subsidies because they've been offered employer coverage that's technically "affordable," though it may be unaffordable in practice. Congress could require plans to cover a greater share of total costs. It also could base the definition of "affordability" on the cost of family, rather than employee-only, coverage (addressing the so-called "family glitch").

Other Policies to Reduce Cost, Increase Coverage

Congress could **reduce barriers to enrollment** by reversing the Administration's decision to shorten the open enrollment period and allowing people eligible for the highest subsidies to enroll at any time of year. It should also reverse the Administration's cuts to funding for outreach and in-person assistance.

Congress could **reverse Administration actions promoting substandard plans** that draw healthy people out of the marketplace risk pool, which increases the cost of comprehensive coverage.

Restoring or replacing the ACA's individual mandate penalty would reduce uninsured rates by leading more people to get coverage. Congress could restore the penalty, which it repealed in 2017, or consider more ambitious alternatives, such as automatically enrolling the uninsured in coverage with premiums collected through tax returns.

By **creating a public option (a government-operated health care plan),** Congress could increase choice for all marketplace consumers and put downward pressure on premiums and hospital/physician charges.

Some people are ineligible for Medicaid and marketplace coverage because they don't meet immigration-related eligibility requirements. Cities, counties, and states are exploring policies to provide health insurance options for this group, and federal policymakers should also consider immigration and health policies that would increase coverage rates.

Source: Census Bureau American Community Survey, unless otherwise indicated.