

# La Fe Policy Research and Education Center



*Promoviendo Bienestar para Familias y Comunidad con Conocimiento, Confianza y Poder*

*Promoting Family and Community Well-Being through Knowledge, Trust and Empowerment*

## **TEXAS HEALTH INSURANCE DISPARITIES: THE AFFORDABILITY OF COVERAGE**

**APRIL 2009**

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## I. INTRODUCTION

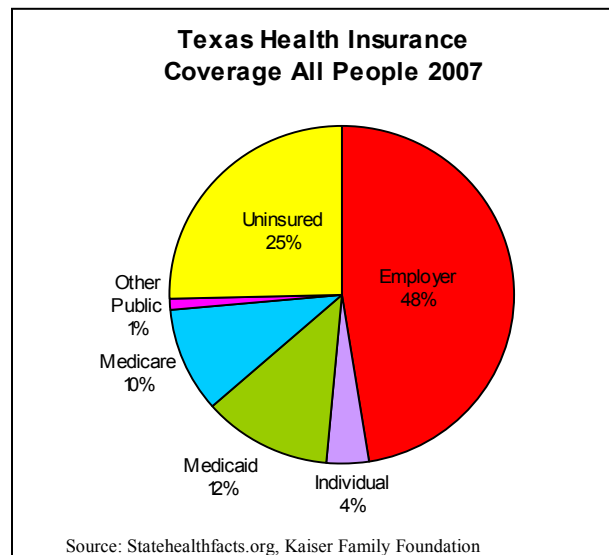
Health care cost is one of the three major issues in the health care reform debate along with the issues of access and quality. The ‘**affordability**’ of health care for individuals and families is a central concern. Invariably, affordability is interpreted differently by advocates from private-sector driven, public-private, or single-payer health system reform approaches.

The differences result from corresponding views that range from treating medical care as a commodity for which the ‘consumers’ have a responsibility to pay, to making medical care a public good to which everyone has equal access to, regardless of their income. For lawmakers, the decision on what is affordable is a critically important question in determining reforms and program designs to reduce the number of uninsured and under-insured.

The U.S. and Texas are facing uncontrolled health care costs, as well as a high number of uninsured and under-insured, and varying levels of quality in available and accessible health care. Texas perennially ranks 1<sup>st</sup> in the country as having the highest number of uninsured. The state is attempting to alleviate the crisis through reforming entitlement programs like Medicaid and CHIP, and other mechanisms such as a state-supported reinsurance system, and/or health insurance regulatory and program changes that target creating opportunities to increase insurance coverage.

Low-income and middle-income working families must be the target population for increasing opportunities for coverage. These are the families who struggle the most to meet the basic cost of living. Many of these families lack health insurance or are uninsured because it is unaffordable or not available through their employer, and/or these families do not qualify for public supported insurance programs. As a result, their access to health care is limited and their health risks increase. This situation contributes to the instability of their finances and gives them limited or no margins to save for college, retirement, or an emergency. The problems are particularly acute for low income families and Latinos<sup>1</sup> who pay a larger disproportionate out-of-pocket share of their income on health care.<sup>2</sup>

There are almost 6 million uninsured people in Texas. That is 25% of the state’s population. However, that does not mean that 75% of the population can afford health insurance without government assistance. In fact, only 51% of the state’s population is currently using private health insurance, of which 4% is “individual” and 47% is Employer Sponsored Insurance (ESI). The remaining 24% of the insured are covered through Medicaid (includes SCHIP) or Medicare. When excluding the elderly, the percentage of people ages 0 to 64 that are covered through private insurance increases to



57%, but the percent uninsured also increases to 28%.

## II. DISPARITIES<sup>3</sup> IN HEALTH INSURANCE COVERAGE

Demographically, the disparities in health insurance coverage impact Latinos and African Americans at 2 and 3 times that of Non-Latino Whites. Latinos represent 59% of the state’s total uninsured population. Their uninsured rate is 34% and remains twice that of White Non-Latinos (after adjusting for Non-Citizens), i.e., 29% versus 15%. Latinos and African Americans are experiencing increases in the number of uninsured since 2002: the number of children has jumped to 27% and 23% respectively in 2006, compared to a decline to 11% for Non-Latino Whites. Higher percentages of uninsured are shown among adults: 38% Latinos, 31% African Americans, and 17% White Non-Latinos.<sup>4</sup>

The health insurance disparity for Latinos and African Americans is particularly disturbing in that it persists when compared to Non-Latino Whites who are at the same level of education, whether they are employed or unemployed.

### Texas Uninsured by Race/Ethnicity and Educational Attainment

Education	Texas	White	Latino	African American
No high school diploma	42%	22%	36%	28%
High school or equivalent	30%	19%	41%	36%
Some college, less than 4-yr degree	20%	13%	29%	23%
Bachelor's degree or higher	9%	5%	16%	15%

Source: US Census Bureau: Community Population Survey 2007

**Note: Percentages reflect individual racial/ethnic and educational attainment sub groups and will not add to 100%**

Ideally, an individual’s ability to secure health insurance for him/herself or his/her family would depend on his/her employment status. Unfortunately, this has not translated to having health insurance; either the employer does not offer health insurance or the plan is simply not affordable. Federal/state programs are available for those who can not afford or access health insurance. Medicaid will temporarily cover pregnant women and newborns living at 185% of FPL, children 1 to 6 living at 133% of FPL, children ages 6 to 18 at 100% of FPL, and working parents who live at 22.3% of FPL.<sup>5</sup> The Children’s Health Insurance Reauthorization Act (CHIPRA, formerly SCHIP) serves the uninsured children whose families live at less than 200% of the FPL.

Among adults, Medicare serves those age 65 and above. The Consolidated Omnibus Budget Reconciliation Act (COBRA), unemployment insurance, is the only other program that serves adults, but at premium costs unaffordable to most. There is no program for working adults who do not have access to affordable health insurance, either private or employer sponsored.

Current attempts aimed at covering the uninsured such as expanding Medicaid, CHIP, High-Risk Pools combined with tax incentives, mandates, and regulating health insurers (e.g., controlling the cost of premiums and rates for people with pre-existing conditions), are efforts to make available more affordable health insurance. To date, Texas has had limited success in reducing the inordinate number of its uninsured or growing under-insured citizens.

### III. THE AFFORDABILITY OF HEALTH INSURANCE

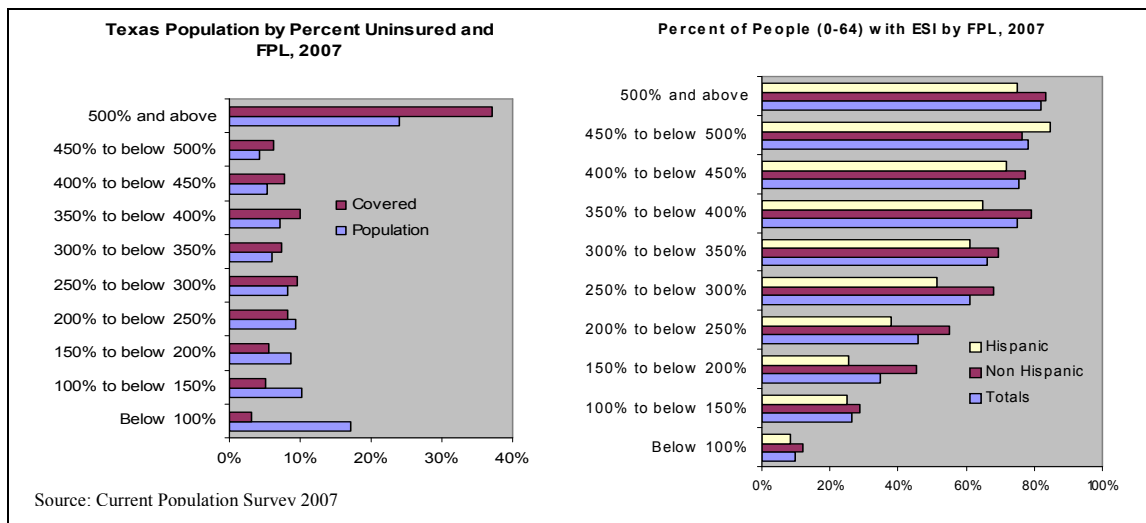
**What is affordable?** There are 1.5 million (22%) children (0 to 18) and 4.1 million (30%) adult Texans (19 to 64) who were uninsured in 2007<sup>6</sup>. Within the uninsured adult population, approximately 2.3 million have incomes at or below 200% FPL. This adult population’s income prevents them from qualifying for public insurance programs (they earn too much), yet most are unable to afford private insurance (they earn too little).

Latinos represent the majority of all uninsured Texans’ both among children (68%) and adults (58%). They are uninsured at a rate more than twice that of Non-Latino Whites. The education, employment and economic conditions of Latinos and African Americans are different than their Non-Latino White counterparts, and as such, what is affordable for Non-Latino Whites (13% of all uninsured) may not be affordable to the majority of Latinos and African Americans.

According to the “Working Poor Families” report, 50% of minority working families are low-income, and 56% of all low-income working families have housing costs greater than one-third their income.<sup>7</sup> Approximately 43% of all children live in low-income working families, ranking the State at 47<sup>th</sup> in the nation.

#### A. Federal Poverty Level (FPL) and Employment Sponsored Insurance

The chart below illustrates that the rates of uninsured and ESI coverage are different for Latinos than for Non-Latinos. For Latinos ages 0 to 64, only 37% are covered through ESI compared to 64% of Non-Latinos. When the population is broken down by income as a percent of the federal poverty level (FPL), it can be seen that income is very closely related to being covered by ESI. As Latinos’ income increases, like the rest of the population, so does their likelihood of being covered by ESI. However, when compared to their Non-Latino counterparts at the same income level, they are still less likely to be covered through ESI.



Also, Latinos have lower levels of income compared to Non-Latinos: 25% live below 100% of the FPL, 48% live between 100% and 300% of the FPL, and only 9% live over 500% of the FPL. For Non-Latinos, 11%, 28%, and 34% live at the respective percentages of the FPL. So CHIPRA is likely to be utilized by Latinos as fewer of them are covered by ESI at those income levels. Therefore, efforts such as setting premiums for a buy-in program require detailed examination of employment and economic demographics.

### ***B. The Cost of Living***

According to the Center for Public Policy Priorities' Basic Family budget estimator (2005), in no "metropolitan statistical area" (MSA) in Texas can an individual live off the income set by the federal poverty guidelines (FPL). The only instance of individuals able to live near the FPL is in Bryan-College Station, which has one of the lowest costs of living regardless of the family size. In this MSA, an adult with no dependents can financially sustain themselves, excluding medical care, with an income of 118% of the FPL. These individuals would need to increase their income to 141% of the FPL to afford ESI. For direct purchase of their medical insurance and paying out of pocket expenses, Bryan-College Station single adults would need a much larger increase in income to 179% of the FPL.

It is important to note that, in 2005, the rate of uninsured in the Bryan-College Station MSA was 19%, lower than the state average, however, for Latinos and African Americans it was 31% and 22%, respectively<sup>8</sup>. But only 0.85% of Texas's population lives in Bryan-College station; it's the 15<sup>th</sup> most populated MSA in Texas<sup>9</sup>. Also, as a college town, only 57% of the households are "families" compared to the state average of 70%<sup>10</sup>. Even in a MSA with a low cost of living and smaller families, uninsured rates are still higher than the national average.

### ***C. Along the Border***

The 5<sup>th</sup> and 6<sup>th</sup> most populated MSAs, El Paso and McAllen-Edinburg-Mission, each account for 3% of the state's population. In these areas, five-person families can sustain themselves with less than 200% of the FPL when they have ESI and when the employer pays 100% of employee's health insurance premium and 50% of spouse and/or children's premiums<sup>11</sup>. Unfortunately, this is far from the situation since the El Paso and McAllen MSAs rank 4<sup>th</sup> (33%) and 2<sup>nd</sup> (34%) with the highest rates of uninsured<sup>12</sup>.

When you isolate the Latino population of El Paso (82%) and McAllen (90%), the rate of uninsured goes up to 37% and 36% (and this does not mean the remaining are covered by ESI). The median household income in El Paso for Latinos is \$29,091<sup>13</sup> which is significantly less than the necessary annual income (\$31,563) for two parents and one child, more than \$10,000 less for one parent with 3 children, and only \$2,000 more for one parent with two children household<sup>14</sup>. People in El Paso and McAllen-Edinburg-Mission can sustain themselves with an income less than 200% of the FPL, but they are not at those income levels.

### ***D. In Big Cities***

The table below illustrates the four most populated MSAs (Dallas/Ft.Worth, Houston, San Antonio, and Austin), where 64%<sup>15</sup> of the state's population lives. Once you include one child, the cost of living exceeds 200% of the FPL for most families<sup>16</sup>. In these MSAs, the median household income of Non-Latino Whites is \$20,000 to \$30,000 more than that of Latinos or

African Americans<sup>17</sup>. In all four MSAs, the median income of Non-Latino Whites is greater than the cost of living for a two-parent, three-child household.

*Cost of living and its percentage FPL in the four most populated MSAs in Texas when the employer pays 100% of employee's health insurance premium and 50% of spouse and/or children's premiums:*

Size of Family	Four most Populated Metropolitan Statistical Areas (MSA)											
	Dallas-Fort Worth-Arlington			Houston-Baytown-Sugar Land			San Antonio			Austin-Round Rock		
	Median Household Income											
	White	Black	Latino	White	Black	Latino	White	Black	Latino	White	Black	Latino
	\$65,858	\$37,426	\$38,090	\$69,486	\$35,416	\$37,448	\$59,531	\$37,258	\$36,944	\$37,005	\$36,843	\$42,180
1 Adult No Children	\$17,783		174%	\$17,613		173%	\$17,613		173%	\$19,258		189%
2 Adults No Children	\$25,035		183%	\$24,925		182%	\$24,830		181%	\$26,948		197%
1 Parent 1 Child	\$30,230		221%	\$29,874		218%	\$27,827		203%	\$30,522		223%
1 Parent 2 Child	\$38,242		223%	\$34,824		203%	\$31,950		186%	\$35,611		207%
1 Parent 3 Child	\$53,591		260%	\$49,585		240%	\$47,297		229%	\$52,347		253%
2 Parents 1 Child	\$39,323		229%	\$39,032		227%	\$36,222		211%	\$39,591		231%
2 Parents 2 Children	\$44,911		217%	\$43,029		208%	\$40,826		198%	\$43,641		211%
2 Parents 3 Children	\$60,566		251%	\$56,163		233%	\$53,774		223%	\$59,366		246%

Source: Family Budget Estimator, CPPP, 2005

For Latinos and African Americans, the median household income is just enough to support a three person family (a single parent and two children); but the cost of living for two parents and one child is greater than the median household income. The difference in income and how it hinders the ability of securing healthcare insurance is evident in the uninsured rates of Latinos and African Americans. The rate of Latino uninsured is at its lowest in Austin (31%), and at its highest in Dallas/ Ft. Worth (47%), which is double the rate of uninsured Non-Latino Whites in the same area. The same is true in Houston.<sup>18</sup> In areas where the cost of living income is higher, Latinos are more likely to be paying a higher percentage of their income on health care than Non- Latinos.

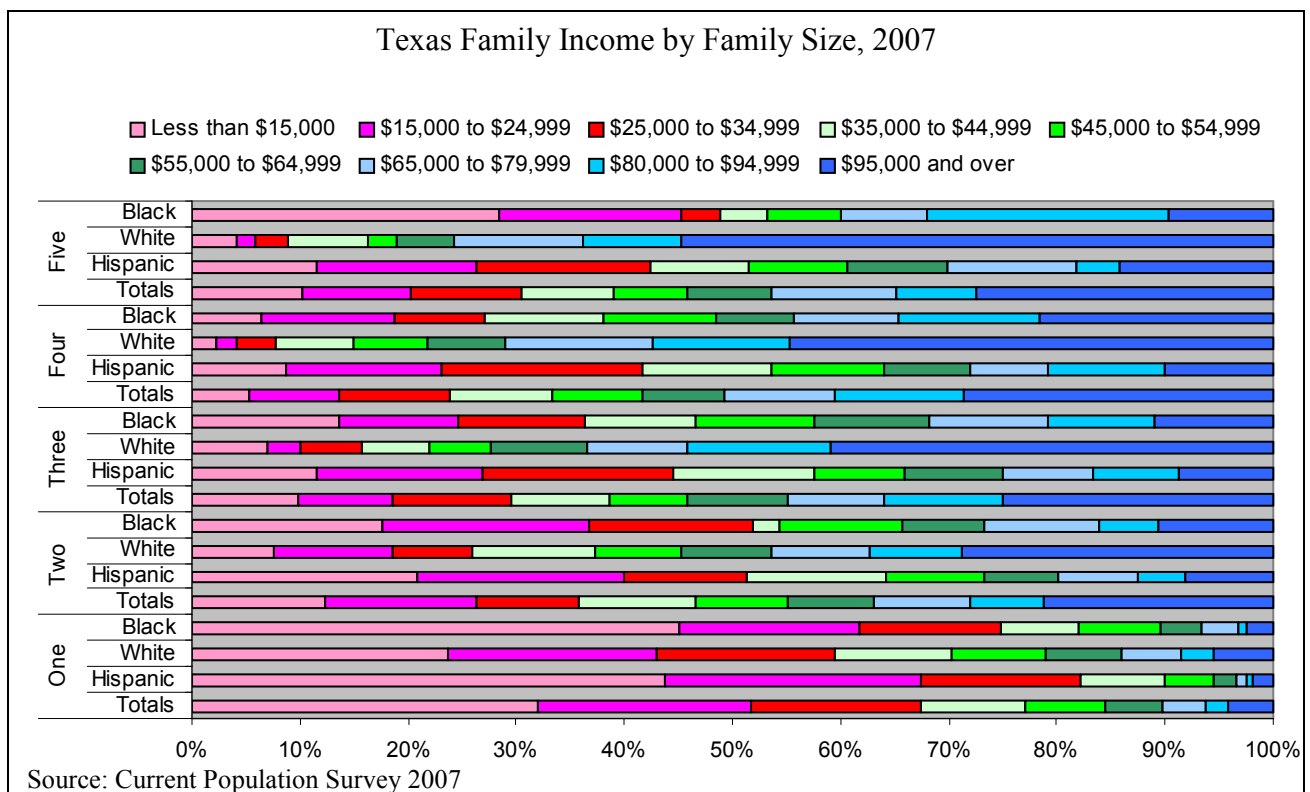
***E. Family Income by Family Size***

One’s ability to afford health care depends greatly on income and family size. The family income of Non-Latino Whites is greater than Latinos and African Americans at every family size, and vastly different when looking at families of four or five, the most common family sizes for Latinos.

The Family Budget Estimator indicates that an individual with no dependents would need between \$14,189 and \$19,258 to sustain themselves. Individual Latinos and African Americans

are almost twice as likely as Non-Latino Whites to make less than \$15,000 and only 33% and 38%, respectively, have an income higher than \$25,000, compared to 57% of Non-Latino Whites.

For Non-Latino Whites, the most common family size is three<sup>19</sup> and the cost of living for a family that size is at its highest in the Austin MSA: \$39,591<sup>20</sup>. About 81% of Non-Latino White families of three have a family income of more than \$40,000, 41% of which is over \$95,000<sup>21</sup>. For African Americans, who are also most likely to have a family of three, only 59% have an income over \$40,000, only 11% of which exceeds \$95,000<sup>22</sup>. Latinos are most likely to live in families of four<sup>23</sup>, the cost of living for which is at a low of \$29,981 (Brownsville MSA) and at a high of \$53,591(Dallas/Ft. Worth MSA)<sup>24</sup>. Nearly half of Latino families of four (42%) have a family income of less than \$30,000 and only 36% of families of four have an income of \$55,000 or more<sup>25</sup>.



In summary, it's evident that the FPL, which is the measure of need for Medicaid and other social services, is a terribly inaccurate estimation of what it takes to live anywhere in the state and country. The cost of living estimates produced by the Center for Public Policy Priorities are, for all areas and family sizes, mostly between 150% and 250% of FPL and even so, they are bare bones--they are the cost of sustainability and include no extras. For families to prosper they would need an income much higher than those stipulated by the budget estimator.

#### IV. HEALTH AND FINANCIAL INSECURITY

Affordability is increasingly challenged by the cumulative changes in health insurance premiums, inflation, and workers' earnings. Nationally, between 1999 and 2008, health insurance premiums increased 119% compared to worker's earnings and overall inflation of 34% and 29% respectively.<sup>26</sup> The trend has a direct impact on the question of what is affordable. The percent of uninsured going without care due to cost has risen from 18.4% to 22% between 1997/98 and 2005/06.

In Texas, it is recognized that the state faces major challenges from similar and more severe affordability issues exemplified by the following:<sup>27</sup>

- Health insurance premiums for working families increased by 86.8% from 2000 to 2007, while the median earnings of Texas's workers increased by only 15% (\$23,032 to \$26,484). Health insurance premiums rose 5.8 times faster than median earnings.
- Family health coverage (employer and worker share of premiums combined) rose from \$6,638 to \$12,403.
- Family health coverage for the employer's portion rose from \$4,879 to \$9,191, while the worker's portion rose from \$1,759 to \$3,212.
- Individual health coverage (employer and worker share of premiums combined) rose from \$2,627 to \$4,385.
- Individual health coverage for the employer's portion rose from \$2,220 to \$3,613 while the worker's portion rose from \$407 to \$772.

Affordability has even greater implications for small business employers and their employees.<sup>28</sup>

- Less than half of employees working in firms work for an employer offering coverage, compared to 93% in large firms.
- Of the 1.9 million employees working in small firms, less than 800,000 (42%) are eligible for coverage and less than 650,000 (32%) are enrolled.
- The majority of small business employer who do not offer coverage report that they can pay \$100.00 or less per employee per month for health insurance.

The uninsured population in Texas is diverse. It is important that social and environmental issues and disparities of the uninsured are understood so that solutions are created in a realistic manner. It is critically important to give attention to how best to understand the target population's perspectives and elasticity to afford health insurance given the disproportionate Latino and African American individuals and families:

- with low-incomes;
- with education and literacy levels (English and Spanish) that challenge the appropriate navigation and use of an already bureaucratic and often uncoordinated health care delivery system (particularly if the individual has a chronic disease);
- without access and informed capacity to make adequate choices about health benefits;
- who live in neighborhood environments that do not support healthy behaviors, including safety; or
- who are on and off health care coverage, which results in poor health status.

The insecurity on this last point is more often the result of fluctuations in private/public health care coverage. Medicaid constantly changes eligibility, benefits, or financing, and is paralleled by the rising cost-sharing requirements in employer sponsored insurance or individuals with non-group health insurance. Also, insecurity impacts some population groups more severely than others.

In Texas, where adult eligibility for Medicaid is very income restrictive (an individual must earn 22.3% FPL or less), this is clearly demonstrated. The Texas Health and Human Services Commission identified 482,822 uninsured adults (parents and siblings) of Medicaid/CHIP children who are uninsured.<sup>29</sup> This population, while large, still only represents approximately 21% of the total number of the state’s uninsured adults at less than 200% FPL. Characteristics of this group of uninsured adults include:

- Almost 2/3 is female.
- The older age bracket, 35-64, has a higher uninsured percentage.
- Hispanics represent 73%.
- 83% of the population earns less than 150% FPL.

**Uninsured Parents of Medicaid/CHIP Children**

<b>Population</b>	<b>&lt;150% FPL</b>	<b>150 – 200% FPL</b>	<b>Total’s</b>
Female	257,711	47,803	305,514 (63%)
Male	147,072	30,237	177,309 (37%)
		<b>Total:</b>	<b>482,822</b>
Age 19 – 34	173,677	36,895	210,572 (44%)
Age 35 – 64	231,105	41,145	272,250 (56%)
		<b>Total:</b>	<b>482,822</b>
Hispanic	303,118	47,588	350,706 (73%)
Black: Non- Hispanic	34,524	10,581	45,105 (9%)
White: Non-Hispanic	61,985	16,758	78,743 (16%)
Other	5,156	3,113	8,269 (2%)
		<b>Total:</b>	<b>482,822</b>
<b>Source: HHSC Selected Data on the Uninsured Table, 2006 Current Population Survey</b>			

***Affordability at a Neighborhood Family Level***

What is affordable for the preceding uninsured adults, and what financial security information are we taking into account in corresponding policy and program design decisions to increase health insurance coverage?

An analysis of 804 randomly selected households about the debt, credit, and assets of low-income families living in the predominant Latino West Side of San Antonio (134,000 residents and 37,000 households) can possibly assist in the decision-making.<sup>30</sup> The results indicated “deep impediments to economic security”, with 45% of families reporting major difficulties in making ends meet. Debt, both short and long-term is a common denominator among these families. An estimate 35 to 38% of West Side residents is uninsured.

While the study did not target the relationship between economic security and whether families had insurance, it certainly highlights the difficult choices families must make about priorities to sustain their families bienestar (well-being) and health. Similarly, such families are exemplified in a recent Henry J. Kaiser Commission on Medicaid and the Uninsured.

“Healthcare and how to pay for it were among families’ primary worries. Lack of access to health insurance, high premiums and out-of-pocket costs and — especially for the uninsured and those with medical debt — avoiding care for financial reasons were all sources of anxiety and strain.”<sup>31</sup>

## V. SUMMARY

Affordability cannot be definitively answered. However, policy research clearly demonstrates that ‘cost sharing’ (premiums, deductibles, co-pays and co-insurance) will decrease enrollment and use of services among low-income families. Health care determinants such as income, education, employment patterns, language, and neighborhood environments impact what is affordable for individuals and families. Health care costs and affordability are particularly relevant to income, i.e., they contribute significantly to income disparities – stagnant wages and raising costs make it difficult if not impossible to afford health care.<sup>32</sup> Consideration of these factors can improve programs to address the disparities targeting the affordability of health insurance coverage.

Recently released data indicates that 60.4% of Latinos, and 43.0% of African Americans were uninsured, compared to 29.2% of Non-Latino Whites.<sup>33</sup> Of 23 million Texans, one in three is Latino (36.5%), and their projected growth and economic contributions combined with improved health care access can further ensure our state’s productivity. In regard to our children, the future bienestar of Latinos is tied to expanding their health insurance coverage and quality health care access.

Health insurance coverage increases the likelihood for regular access to a medical home for preventive primary care or in the event an unanticipated health care need arises. In short, it should provide the “opportunity” to maintain good health and not add to the risk of financial health care debt. Further, the coverage cost should not be a barrier to parents to pursue and retain individual and family financial security and self-sufficiency. The objective is to reduce disparities, not increase them.

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<sup>1</sup> Latinos and Hispanic may be use interchangeably

<sup>2</sup> How care costs contribute to income disparity in the United States, McKinsey Global Institute, The McKinsey Quarterly, March 2009; Health Care Insecurity Greatest Among Hispanics, Economic Policy Institute, Snapshot, February 20, 2008; Employer-Sponsored Health Insurance: Already Poor Access Further Dwindles for Working Latino Families, National Council de la Raza, Fact Sheet, February 2008; Financial Burden of the Health Care: 2001 – 2004, Health Affairs, January-February 2008; How Non-Group Health Coverage Varies with Income, The Henry J. Kaiser Family Foundation, February 2008.

<sup>3</sup> Disparities in “health care” and in “health” are not the same. A health care disparity refers to differences in coverage, access, or quality of care that is not due to health needs. A health disparity refers to a higher burden of illness, injury, disability, or mortality experienced by one population group in relation to another. The two concepts are related in that disparities in health care can contribute to health disparities, and the goal of the use of health services is to maintain and improve a population’s health. However, other factors are also determinants of a population’s health, e.g., income, behavior, genetics, etc.

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- <sup>4</sup> Texas Medicaid Waiver: Implications for Health Care Reform, La Fe Policy Research and Education Center, March 2009.
- <sup>5</sup> Texas Medicaid and CHIP in Perspective, Seventh Edition - January 2009 (The "Pink Book")
- <sup>6</sup> Kaiser State Health Facts, <http://www.statehealthfacts.org/>
- <sup>7</sup> Still Working Hard, Still Falling Short, Annie E. Casey Foundation, Working Poor Families Project, October 2008.
- <sup>8</sup> Small Area Health Insurance Estimates (SAHIE) 2005
- <sup>9</sup> U.S. Census Bureau, Population Estimates 2008
- <sup>10</sup> U.S. Census Bureau, American Community Survey 2007
- <sup>11</sup> Center for Public Policy Priorities, Family Budget Estimator (FBE) 2005
- <sup>12</sup> Small Area Health Insurance Estimates (SAHIE) 2005
- <sup>13</sup> U.S. Census Bureau, American Community Survey 2007
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- <sup>15</sup> U.S. Census Bureau, Population Estimates 2008
- <sup>16</sup> Center for Public Policy Priorities, Family Budget Estimator (FBE) 2005
- <sup>17</sup> U.S. Census Bureau, Population Estimates 2008
- <sup>18</sup> Small Area Health Insurance Estimates (SAHIE) 2005
- <sup>19</sup> U.S. Census bureau, Current Population Survey 2007
- <sup>20</sup> Center for Public Policy Priorities, Family Budget Estimator (FBE) 2005
- <sup>21</sup> U.S. Census Bureau, Current Population Survey 2007
- <sup>22</sup> Ibid.
- <sup>23</sup> Ibid.
- <sup>24</sup> Center for Public Policy Priorities, Family Budget Estimator (FBE) 2005
- <sup>25</sup> U.S. Census Bureau, Current Population Survey 2007
- <sup>26</sup> Health Insurance and Access to Health Care: The Evidence, Kaiser Commission on Medicaid and the Uninsured, February 2009.
- <sup>27</sup> Premiums Versus Paychecks: A Growing Burden for Texas's Workers, Families USA, October 2008.
- <sup>28</sup> Healthy Texas Phase 1 Report, Senate Bill 20, Section 25, 80<sup>th</sup> Legislature, Regular Session 2007, November 2008.
- <sup>29</sup> Texas Medicaid Waiver: Implications for Health Care Reform, La Fe Policy Research and Education Center, March 2009.
- <sup>30</sup> Good Debt, Bad Debt, and Upward Mobility, Center for Public Policy Priorities, April 13, 2009.
- <sup>31</sup> Snapshots from the Kitchen Table: Family Budgets and Health Care, Kaiser Commission on Medicaid and the Uninsured, February 2009.
- <sup>32</sup> How health care costs contribute to income disparity in the United States, The McKinsey Quarterly, April 2009.
- <sup>33</sup> The Uninsured: A Closer Look – Texans Without Health Insurance, FamiliesUSA, March 2009.