

Health Insurance

A FINANCIAL SHIELD
AGAINST THE UNEXPECTED



EXECUTIVE SUMMARY

Nearly 14 million women and girls live in Texas¹ – working, going to school and caring for families. When the women of Texas are financially secure, families and communities are strong and stable. When women are healthy and well-educated, their strength creates a positive ripple effect for their families and communities.

Texas women have made great strides over the last several decades by increasing their education and taking more leadership roles in the business world. But even with significant educational and economic progress, Texas could do more to close the gaps that still exist for women and ensure they reach their full potential.

As reported in *Economic Issues for Women in Texas 2014*, four essential building blocks are critical to women's economic security: education, child care, health insurance and housing. Education is a pathway to economic security; child care is a critical work support for families; health insurance is a financial shield against the unexpected; and housing is the anchor of economic security. All four work together to support financially strong women, girls and families.



EDUCATION



CHILD CARE



HEALTH INSURANCE



HOUSING

Health Insurance: A Financial Shield Against the Unexpected is one in a four-part series that focuses on each of the building blocks of women's financial security.

The entire **Economic Issues for Women in Texas** series is available at www.dallaswomensfdn.org/economicissues.



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¹ U.S. Census Bureau, Population Division; Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin: April 1, 2010 to July 1, 2015. Table PEPAGESEX.

Things You Should Know About Texas Women and Health Insurance

- In Texas, 2.2 million women and girls (16 percent) are effectively left out of the health care system because they do not have health insurance,² which puts their health and their family's financial security at risk.
- From 2013 to 2015, the female uninsured rate in Texas decreased by 5 percentage points, from 21 to 16 percent. The male uninsured rate also decreased by 5 percentage points in Texas, from 23 to 18 percent.³
- Although women report that the biggest barrier to health insurance is cost,⁴ 30 percent of uninsured females in Texas are actually income-eligible for financial assistance that can significantly reduce the cost of health insurance.⁵
- Statewide, nearly \$2.4 billion in local property taxes went to pay for uncompensated care costs for uninsured patients receiving services at Texas hospitals and to make up for low Medicaid rates paid to Texas hospitals.⁶
- Even with health insurance, many Texas workers (45 percent of private-sector workers) lack paid sick days to take themselves or family members to the doctor.⁷ Working mothers are more likely than working fathers to report staying at home when a child gets sick.⁸
- Younger women (ages 18-35) and Hispanic women are the least likely to be insured.⁹
- More than 1 in 5 U.S. women (ages 18 and older) experienced mental illness in the past year.¹⁰ In studies conducted before federal mental health parity laws took effect, many women seeking mental/behavioral health care found that insurers limit benefits for mental health care more than they do for physical health care.¹¹ Those mental health parity laws are now considered vulnerable to repeal or weakening by Congress.

WHAT TO DO

Removing barriers to health insurance strengthens women and their families, and gives them the means they need to succeed. Although it is always difficult to predict what policy changes will occur, drastic overnight changes are not likely, and policymakers can take several actions now to increase women's access to health insurance.

- State legislators can direct the Texas Department of Insurance to enact and enforce standards for mental health parity in the regulation of insurance plans.
- State and local legislators can make paid sick leave an earned benefit that is available to more working women, so they can go to the doctor or stay home when they or their children are sick.
- State legislators can provide grants to community-based organizations to assist Texas women in navigating their health insurance and financial assistance options.
- State legislators can craft a health insurance option that closes the "Coverage Gap" for low-income adult women and helps Texas retain billions in federal aid from the 1115 Medicaid Transformation waiver. The 1115 Medicaid waiver today helps Texas hospitals provide innovative care to publicly insured and low-income uninsured Texans, and expires in 2017.



² U.S. Census Bureau, 2015 American Community Survey 1-Year Estimates, Table S2701.

³ Center for Public Policy Priorities analysis of U.S. Census Bureau, 2011 and 2015 American Community Survey 1-Year Estimates, Table S2701.

⁴ The Henry J. Kaiser Family Foundation. (2016). Women's health insurance coverage. Oct 2016 Fact Sheet. <http://kaiserf.am/2dYRuRy>

⁵ The Henry J. Kaiser Family Foundation. (2016). Women's health insurance coverage. Nov 2015 Fact Sheet. Please contact Kaiser for report.

⁶ Health Management Associates. (2016). Evaluation of uncompensated care and Medicaid payments in Texas hospitals and the role of Texas' uncompensated care pool. Texas Health and Human Services <http://bit.ly/2ghbq2f>

⁷ The Institute for Women's Policy Research and The National Partnership for Women and Families. (2015). Worker's access to paid sick days in the states. <http://bit.ly/2eCKoBz>

⁸ Smith, K., & Schaefer, A. (2012). Who cares for the sick kids? Parents' access to paid time to care for a sick child. Durham, NH: University of New Hampshire. <http://bit.ly/2eUiiQE>

⁹ Center for Public Policy Priorities analysis of 2015 American Community Survey iPUMS data. IPUMS-USA, University of Minnesota, www.ipums.org. Uninsured rates for women by age and race/ethnicity.

¹⁰ Substance Abuse and Mental Health Services Administration. (2016). 2015 National survey on drug use and health: Detailed tables. Table 8.1 B. <http://bit.ly/2eOgGcw>

¹¹ Goodall, S. (2014, Apr 3). Health Policy Brief: Mental Health Parity. Health Affairs. <http://bit.ly/2iOVSQZ>

WOMEN'S FINANCIAL SECURITY

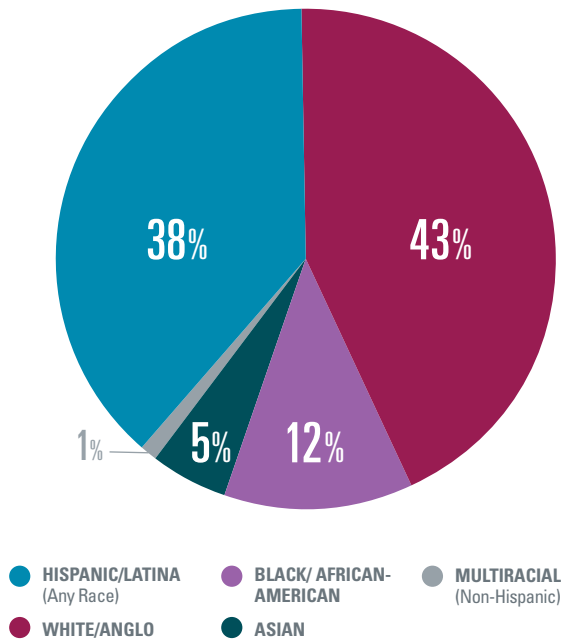
Families are increasingly dependent on women's financial security. In Texas, 61 percent of families rely wholly or substantially on women's incomes.¹²

But women also tend to be more financially vulnerable than men, with a greater likelihood of poverty and lower median incomes overall.¹³ Although the likelihood of poverty is similar in childhood, as women and men age, women become increasingly more likely to fall below the poverty line than men. For adult Texans, women are 1.4 times more likely to live in poverty than men in the same age group.¹⁴ Health insurance is a financial shield that protects women, especially low-income women, from financial catastrophe due to medical costs.

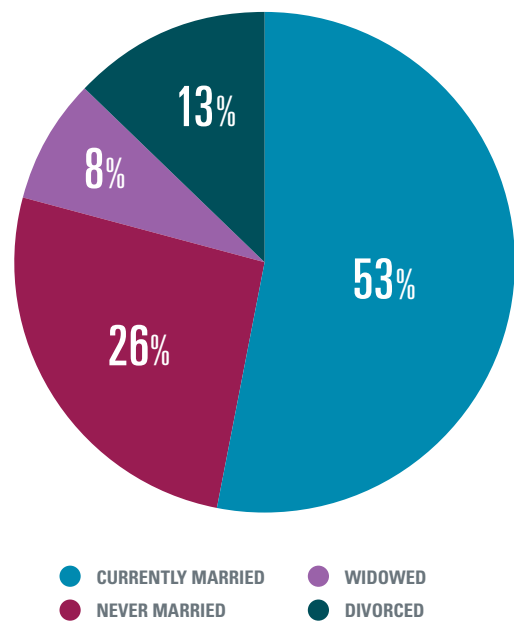
Nearly 14 million females live in Texas¹⁵

- The median age of Texas women is 35, compared to 39 for the U.S.¹⁶
- 17 percent of women and girls live in poverty, compared to 14 percent of men and boys.¹⁷
- Child poverty rates between boys and girls are similar, but diverge as women age.¹⁸
- 16 percent of Texas women ages 18 to 64 live in poverty, versus 11.5 percent of men in the same age group.¹⁹
- Nearly 12 percent of Texas women over 65 live in poverty, compared to 9 percent of men in the same age group.²⁰

WOMEN AND GIRLS IN TEXAS ARE RACIALLY AND ETHNICALLY DIVERSE:²¹



ABOUT HALF OF TEXAS WOMEN (OVER AGE 18) ARE MARRIED:²²



¹² Erickson, R., Corley, D., & Buchanan, M.J. (2016). *Fast facts: Economic security for Texas families*. Washington, DC: Center for American Progress. <http://ampr.gs/2f69rh5>

¹³ Center for Public Policy Priorities analysis of U.S. Census Bureau, 2015 American Community Survey 1-Year Estimates, Tables C17001 and B20017.

¹⁴ Center for Public Policy Priorities analysis of U.S. Census Bureau, 2015 American Community Survey 1-Year Estimates, Table C17001.

¹⁵ U.S. Census Bureau, Population Division; *Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin: April 1, 2010 to July 1, 2015*, Table PEPAGESEX

¹⁶ Ibid.

¹⁷ Center for Public Policy Priorities analysis of U.S. Census Bureau, 2015 American Community Survey 1-Year Estimates, Table C17001.

¹⁸ Ibid.

¹⁹ Ibid.

²⁰ Ibid.

²¹ Center for Public Policy Priorities Analysis of U.S. Census Bureau, Population Division, *Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin: April 1, 2010 to July 1, 2015*. Table PEPSR6H. Does not add to 100% due to rounding. The Census Bureau uses the term "Hispanic" to describe persons who may identify as Hispanic, Latino, or Spanish. For consistency, we use "Hispanic" throughout.

²² Center for Public Policy Priorities analysis of U.S. Census Bureau, 2015 American Community Survey 1-Year Estimates, Table B12002.

HEALTH INSURANCE

A Financial Shield Against the Unexpected

Health insurance is a critical building block of women's financial security. It shields women from spiraling into debt when illness or accident occurs – and also smooths the financial challenges of familiar events in women's lives, such as having a child or getting sick. Women tend to be more financially vulnerable than men, with a greater likelihood of living in poverty and having lower median incomes overall.²³ Without the protection of adequate health insurance, families are often one incident away from financial hardship.

Being uninsured endangers Texas women's health.

While some uninsured Texans have the option to get health care from a safety net hospital or community clinic, the uninsured are far more likely to have no regular source of health care. They are at increased risk of diagnosis in later stages of disease, and even have higher mortality rates. When faced with illness, the uninsured are more likely to invest in other family expenses than their own health care, foregoing or postponing needed medical care due to cost.²⁶ A lack of insurance plays a large role in limiting access to basic health care services that are both unique to and common among women, such as birth control, pregnancy-related care, and breast and pelvic exams. A 2016 report from the Harvard T. H. Chan School of Public Health found that two years after Medicaid coverage expanded under the Affordable Care Act (ACA) in their states, low-income adults in Kentucky and Arkansas received more primary and preventive care, made fewer emergency department visits, and reported higher quality care and improved health compared with low-income adults in Texas, which did not expand Medicaid.²⁷

Being uninsured weakens Texas families' financial security.

Not having insurance increases the risk of financial insecurity. The lack of health insurance, lack of access to a regular doctor, and delaying or foregoing needed medical care, means greater risk for women being too sick to go to work and earn for their families.

KEY DATA POINTS

- In Texas, 2.2 million women and girls (16 percent) lack the financial protection of health insurance.²⁴
- Although the uninsured rate for women in Texas has improved dramatically under the Affordable Care Act, Texas remains the state with the worst uninsured rate overall and the highest number of uninsured women and girls in the United States.²⁵

The uninsured also are more likely to suffer financial hardship due to medical bills, more likely to have medical debt, and are at higher risk of falling into medical bankruptcy.²⁸ Given that 61 percent of Texas families depend wholly or substantially on women's earnings,²⁹ the threat of women becoming ill or injured is a financial risk for many Texas families.

When high numbers of Texans are uninsured, more local taxes must go to compensate hospitals.³⁰

Most uninsured people do not get health care for free. In fact, the uninsured and the insured end up paying about the same out-of-pocket costs for doctor's visits, lab tests, prescription drugs, etc.³¹ However, when the uninsured require hospitalization, the extremely high cost of hospital care means many bills go unpaid. Hospitals shoulder the majority of "uncompensated care" costs for health care services provided to people who are unable to pay. In 2013, uncompensated care costs for Texas hospitals – which are largely supported by local property taxes – totaled \$2.4 billion. Local governments now pay half the matching funds needed for Texas Medicaid payments to hospitals, because of high numbers of uninsured and low payments approved by the Legislature.³²

²³ Center for Public Policy Priorities analysis of U.S. Census Bureau, 2015 American Community Survey 1-Year Estimates, Tables C17001 and B20017.

²⁴ U.S. Census Bureau, 2015 American Community Survey 1-Year Estimates, Table S2701.

²⁵ Center for Public Policy Priorities analysis of U.S. Census Bureau, 2009-2015 American Community Survey 1-Year Estimates, Table S2701.

²⁶ Garfield, R., et al. (2016). *The uninsured: A primer*. Washington, DC: Kaiser Commission on Medicaid and the Uninsured. <http://kaiserf.am/2iGnzA9>

²⁷ Sommers, B.D., et al. (2016). *Changes in utilization and health among low-income adults after Medicaid expansion or expanded private insurance*. *JAMA Internal Medicine* 176 (10), 1501-1509. <http://bit.ly/2gIn84g>

²⁸ See note 26.

²⁹ Erickson, R., Corley, D., & Buchanan, M.J. (2016). *Fast facts: Economic security for Texas families*. Washington, DC: Center for American Progress. <http://ampr.gs/2f69rh5>

³⁰ Coughlin, T.A., et al. (2014). *Uncompensated care for the uninsured in 2013*. <http://bit.ly/2jDWZHj>

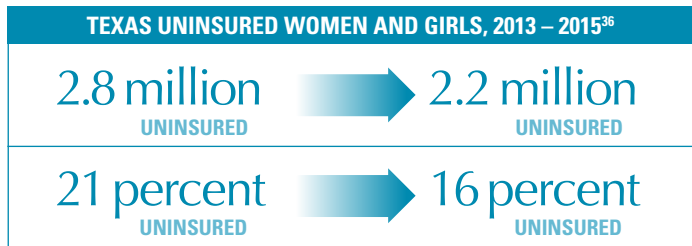
³¹ Ibid.

³² Health Management Associates. (2016). *Evaluation of uncompensated care and Medicaid payments in Texas hospitals and the role of Texas' uncompensated care pool*. Texas Health and Human Services. <http://bit.ly/2ghbq2f>

HEALTH INSURANCE IN TEXAS

Trends & Context

Since 2013, the uninsured rate for women has improved significantly, strengthening the economic security of Texas women and their families. The largest improvement occurred between 2013 and 2015, when the uninsured rate for women and girls decreased by five percentage points, from 21 to 16 percent. This decrease represents 560,000 fewer women who are uninsured,³³ reflecting the Affordable Care Act's requirement for individuals to have health insurance and the opening of health insurance exchanges.³⁴ Although the female uninsured rate has improved dramatically, Texas remains the state with the highest uninsured rate overall and the highest number of uninsured women and girls in the United States. Of the nearly 14 million women and girls in Texas, more than 2.2 million are uninsured. The state with the next highest number, California, has 800,000 fewer uninsured females, even though it is home to nearly 6 million more women and girls.³⁵



Texas women and girls who have health insurance obtain it in three main ways:

- Through their own, a spouse's or a parent's employer (50 percent)³⁷
- Directly and individually purchased from an insurer, including through the Health Insurance Marketplace (12 percent)³⁸
- Through public programs, such as Medicare, Medicaid, the Children's Health Insurance Program (CHIP) or Veterans Affairs programs (30 percent)³⁹

About half of Texas women and girls get insurance through an employer.⁴⁰ Those who do not have access to this benefit must navigate complicated eligibility rules for public programs (all programs have varying eligibility requirements determined by age, income, pregnancy, etc.) and also navigate an unfamiliar process of enrolling on the Health Insurance Marketplace. The challenges of the process and eligibility rules that leave many with no affordable options for health insurance mean that many women and girls remain uninsured.



³³ Center for Public Policy Priorities analysis of U.S. Census Bureau, 2013 and 2015 American Community Survey 1-Year Estimates, Table S2701.

³⁴ Levitt, L., Cox, C., & Claxton, G. (2015). Data note: How has the individual insurance market grown under the Affordable Care Act? <http://kaiserf.am/2eXHNjn>.

³⁵ Center for Public Policy Priorities analysis of U.S. Census Bureau, 2013 and 2015 American Community Survey 1-Year Estimates, Table S2701, data for all 50 states, D.C. and Puerto Rico.

³⁶ Center for Public Policy Priorities analysis of U.S. Census Bureau, 2013 and 2015 American Community Survey 1-Year Estimates, Table S2701.

³⁷ U.S. Census Bureau, 2015 American Community Survey 1-Year Estimates, Table C27004. Some women are also covered by two kinds of insurance, such as Medicare and employer-sponsored insurance.

³⁸ U.S. Census Bureau, 2015 American Community Survey 1-Year Estimates, Table C27005. Some women are also covered by two kinds of insurance.

³⁹ U.S. Census Bureau, 2015 American Community Survey 1-Year Estimates, Table C27003. Some women are also covered by two kinds of insurance.

⁴⁰ See note 37.

HEALTH INSURANCE

Who is most likely to be uninsured?

More than two million Texas women and girls remain uninsured because they fall through the cracks in a system that makes it difficult for many to get health insurance. To reduce barriers to insurance for Texas women and girls, it's helpful to take a closer look at who is most likely to be uninsured and what barriers they face, in order to create effective policy solutions that connect women and girls to the financial protection of health insurance.

“Working-age” women have the fewest options for health insurance.

Among Texas women, uninsured rates are highest between the ages of 18-64, with the highest rates for younger women between the ages of 18-34.⁴¹ Uninsured rates are higher in this age group because of extremely limited access to public insurance programs, even for women who are working. For example, a woman with a spouse and one child does not qualify for Medicaid in Texas unless her family income falls below \$4,000 a year.⁴² Other public programs are available mostly for women ages 65 and over (Medicare) and for children under 19 (CHIP, Medicaid).⁴³

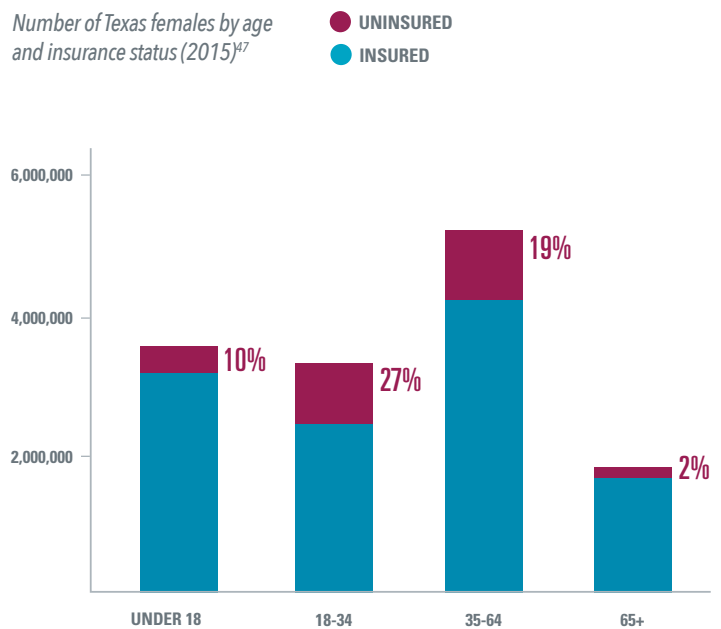
“Working-age” women (ages 18-64) are often the “breadwinners,” or the primary income-earners, for their families. Nearly two-thirds of uninsured women in Texas between the ages of 18-64 work either full-time or part-time.⁴⁴ Although women in this age group are responsible for a large share of their families’ income and also are often taking the lead caretaking role, they are also the least likely to have the financial protection of health insurance.⁴⁵

Women in this 18-64 age group mostly rely on employer-based options, when available, and the private market.

Nearly two-thirds of uninsured women in Texas between the ages of 18-64 work either full-time or part-time.⁴⁶

UNINSURED RATES ARE HIGHEST FOR WOMEN AGES 18-34.

Number of Texas females by age and insurance status (2015)⁴⁷



⁴¹ Center for Public Policy Priorities analysis of U.S. Census Bureau, 2015 American Community Survey 1-Year Estimates, Table B27001.

⁴² Texas Health and Human Services. (2017). Medicaid for an adult caring for a child. <http://bit.ly/2jRCvZ5>

⁴³ Texas Health and Human Services Commission. (2015). Texas Medicaid and CHIP in perspective, 10th Ed. <http://bit.ly/2dYQblU>. See 1-13, 5-1, 9-3, and Figure 3.1.

⁴⁴ Center for Public Policy Priorities analysis of U.S. Census Bureau, 2015 American Community Survey 1-Year Estimates, Table B27012.

⁴⁵ See note 41.

⁴⁶ See note 44.

⁴⁷ See note 41.



Women and Business Ownership

In Texas, more than 866,000 firms are privately owned by women. These include small and large companies, self-employed people and people working for others as consultants or independent contractors. The vast majority of these firms are owned and operated by individual women and do not have paid employees. Women-owned firms are more likely than male-owned firms to have no paid employees (this describes 91 percent of Texas firms owned by women, compared to 82 percent for men).⁴⁸

Self-employed workers in Texas are more likely to be uninsured than those who work for wages and have access to employer-sponsored insurance.⁴⁹

After implementation of the Health Insurance Marketplace, the uninsured rate for self-employed women improved by nine percentage points (35 to 26 percent).⁵⁰ There is also some evidence that greater access to health insurance apart from employers spurs entrepreneurship, as individuals launching their own businesses have options for coverage apart from job-based insurance.⁵¹ While it is too early to assess the full effect of the Affordable Care Act on self-employed women and their businesses, the individual and small business marketplaces (Small Business Health Options Program, or SHOP) have improved coverage rates.

⁴⁸ Center for Public Policy Priorities analysis of U.S. Census Bureau, 2012 Survey of Business Owners, Table SB1200CSA01. Women-owned firms are more likely to have no paid employees due to a variety of factors, including lower levels of financial capital and concentration of women-owned companies in industries such as healthcare, education and personal services. For more, see U.S. Department of Commerce, *Women-Owned Businesses in the 21st century*: <http://bit.ly/2ewOutW>

⁴⁹ Center for Public Policy Priorities analysis of 2013-2015 American Community Survey IPUMS data. IPUMS-USA, University of Minnesota, www.ipums.org. Health insurance coverage for Texas females by class of worker.

⁵⁰ *Ibid.*

⁵¹ Blumberg, L.J., Corlette, S., & Lucia, K. (2013). *The Affordable Care Act: Improving incentives for entrepreneurship and self-employment*. <http://urbn.is/2f9ckLm>

Hispanic women in Texas are the most likely to face multiple barriers to health insurance.

In the past five years, health insurance rates have improved for Texas women and girls of all races and ethnicities, but Hispanic women are significantly more likely to be uninsured. In 2015, 26 percent of Hispanic women and girls in Texas lacked the financial protection of health insurance.⁵²

Although women of other races and ethnicities also face barriers to accessing health insurance, Hispanic women are more likely to face multiple barriers that decrease their odds of accessing health insurance. These barriers include:

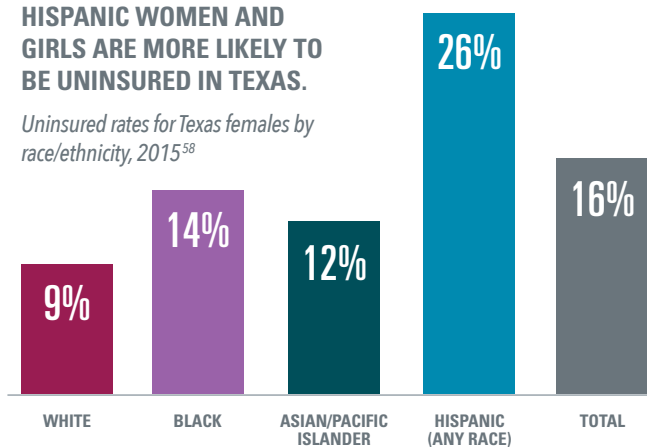
- Language barriers: 31 percent of Hispanics (male and female) living in Texas speak English "less than very well."⁵³
- Financial barriers: Hispanic women have the lowest individual incomes, with a median earned income of just \$19,200 per year.⁵⁴
- Educational barriers: 86 percent of Hispanic women in Texas have less than a bachelor's degree.⁵⁵ Women with more education are more likely to have jobs with health insurance as a benefit and higher incomes, which increases access to health insurance.⁵⁶

Immigration status-related barriers:⁵⁷

- Immigration status, even for those who legally reside in Texas, may make women ineligible for coverage, or cause confusion about eligibility. For example, adult non-citizens who are legally present in Texas are not eligible for Medicaid, but they are eligible for Marketplace subsidies.
- Individuals in "mixed-status" families are often fearful of exposing undocumented family members by applying for programs.
- Lawfully present immigrants sometimes erroneously believe that using public programs may endanger their ability to obtain citizenship status in the future.

HISPANIC WOMEN AND GIRLS ARE MORE LIKELY TO BE UNINSURED IN TEXAS.

Uninsured rates for Texas females by race/ethnicity, 2015⁵⁸



⁵² Center for Public Policy Priorities analysis of 2015 American Community Survey iPUMS data. IPUMS-USA, University of Minnesota, www.ipums.org. Health insurance coverage for Texas females by race and Hispanic origin.

⁵³ Center for Public Policy Priorities analysis of U.S. Census Bureau, 2015 American Community Survey 1-Year Estimates, Table B16005I.

⁵⁴ Center for Public Policy Priorities analysis of 2015 American Community Survey iPUMS data. IPUMS-USA, University of Minnesota, www.ipums.org. Includes women ages 18 to 64 with earned income.

⁵⁵ Center for Public Policy Priorities analysis of 2015 American Community Survey iPUMS data. IPUMS-USA, University of Minnesota, www.ipums.org.

⁵⁶ Center on Society and Health. (2014). Why education matters to health. Virginia Commonwealth University. <http://bit.ly/2jD7ScA>

⁵⁷ Ferreira, M., et.al. (2012). Barriers to immigrants' access to health and human services program. (ASPE Issue Brief). <http://bit.ly/2fduQB8>

⁵⁸ See note 52.



Women and Paid Sick Days

Even with health insurance for herself or her child, without paid sick days, women face difficult choices between losing wages and taking time to recover from illness, go to the doctor, or care for a sick loved one. The Institute for Women's Policy Research estimates that 45 percent of private-sector workers in Texas lack access to paid sick days.⁵⁹ Mothers are more likely than fathers to report staying at home from work when a child gets sick, even when both mothers and fathers work and have a similar likelihood of having access to paid sick days.⁶⁰ Research shows that, at minimal cost to employers, offering paid sick days leads to decreases in employee turnover, improved financial stability for workers, and fewer missed days of work for caregivers.⁶¹

A quarter of uninsured women in Texas fall into the "Coverage Gap," and many additional women would benefit from outreach and enrollment assistance.⁶²

In Texas, approximately 1.8 million "working-age" women are uninsured,⁶³ and the vast majority of them are ineligible for public insurance programs due to eligibility rules that limit access only to women who are pregnant, disabled or an extremely low-income parent.⁶⁴ However, 27 percent of uninsured women are income-eligible for financial assistance to help pay for private health insurance purchased through the Health Insurance Marketplace.⁶⁵

Another slightly smaller group (23 percent) of Texas uninsured women falls into the "Coverage Gap," and is ineligible for Medicaid or subsidies.⁶⁶ The "Coverage Gap" is the situation when a woman's income is too high to qualify her for Medicaid, but too low to qualify for Marketplace financial assistance. In Texas, to qualify for Medicaid, a mother in a family of three would have to earn less than \$4,000 a year, yet Marketplace financial assistance would not start until family income was above \$20,000. This gap leaves many low-income women without health insurance options. An estimated 734,000 Texans fell into this gap in 2015,⁶⁷ and the majority are women.⁶⁸

⁵⁹The Institute for Women's Policy Research and The National Partnership for Women and Families. (2015). *Worker's access to paid sick days in the states*. <http://bit.ly/2eCKoBz>

⁶⁰ Smith, K., & Schaefer, A. (2012). *Who cares for the sick kids? Parents' access to paid time to care for a sick child*. Durham, NH: University of New Hampshire. <http://bit.ly/2eUiiQE>

⁶¹ Milli, J., Xia, J., & Min, Jisun. (2016). *Paid sick days benefit employers, workers, and the economy*. Washington, DC: Institute for Women's Policy Research. <http://bit.ly/2fdRwGh>

⁶² The Henry J. Kaiser Family Foundation. (2016). *Women's health insurance coverage*. Nov 2015 Fact Sheet. Please contact Kaiser for report.

⁶³ U.S. Census Bureau, 2015 American Community Survey 1-Year Estimates, Table B27001.

⁶⁴ Texas Health and Human Services Commission. (2015). *Texas Medicaid and CHIP in perspective*, 10th Ed. <http://bit.ly/2dYQbIU>. See 1-13, 5-1, 9-3, and Figure 3.1.

⁶⁵ See note 62.

⁶⁶ *Ibid.*

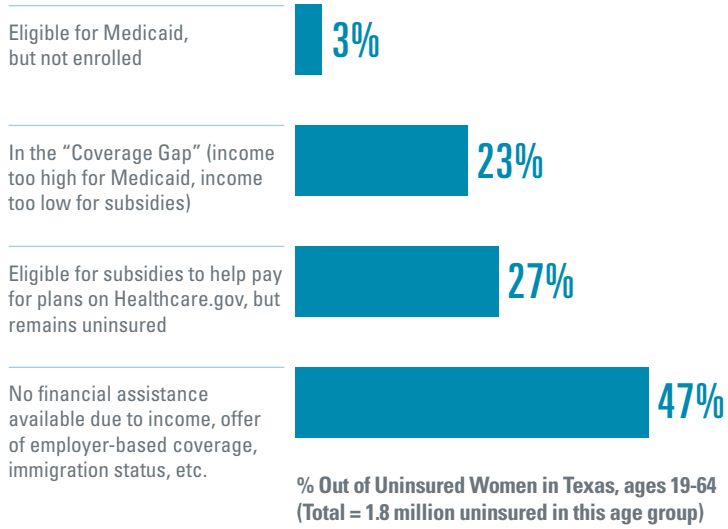
⁶⁷ Center for Public Policy Priorities analysis of 2015 American Community Survey data. Email from A. Dunkelberg, Nov 23, 2016. For more information on methodology, see Dunkelberg, A. (2016, Jun 15). *Texas Medicaid expansion and Coverage Gap estimates need some updating*: <http://bit.ly/2jEpsMY>

⁶⁸ Garfield, R., & Damico, A. (2016). *The Coverage Gap: Poor uninsured adults in states that do not expand Medicaid*. Table 1. Washington, DC: The Kaiser Commission on Medicaid and the Uninsured. <http://kaiserf.am/1VQAs67>

Slightly less than half of working-age uninsured women are not eligible for financial assistance for varying reasons: their incomes may be too high for Marketplace subsidies; they may have an offer of employer-based coverage that they have declined; or their immigration status may make them ineligible for assistance.⁶⁹

70 PERCENT OF UNINSURED TEXAS WOMEN ARE INELIGIBLE FOR FINANCIAL ASSISTANCE TO HELP PAY FOR HEALTH INSURANCE.

Texas uninsured women ages 19-64, 2014⁷⁰



Women and Mental Health

Mental health conditions affected more than one in five women in the U.S. in 2015.⁷¹ Two of the most prevalent disorders, anxiety and depression, are more common among women than men.⁷² Some conditions, such as maternal depression, are unique to women, and left untreated increase health risks for both mothers and children, including greater rates of preterm birth, low birthweight and developmental delays.⁷³

Most of these conditions are treatable, and yet many women seeking mental/behavioral health care or addiction treatment find that insurers limit their benefits, causing them to pay more out-of-pocket for treatment, prescriptions and services, than they would for physical health care.⁷⁴ The Mental Health Parity and Addiction Equity Act of 2008 established the principle that there should be no disparity in insurance between mental health and general medical benefits, and the ACA extended protections to small group and individual insurance. States have had the primary responsibility to enforce parity laws, and Texas is not currently enforcing this Act.⁷⁵ With the current debates over the ACA's future, coverage of mental health services may decline further if parity standards are weakened.



⁶⁹The Henry J. Kaiser Family Foundation. (2016). Women's health insurance coverage. Nov 2015 Fact Sheet. Please contact Kaiser for report.

⁷⁰ Ibid.

⁷¹ Substance Abuse and Mental Health Services Administration. (2014). 2013-2014 National survey on drug use and health. Table 24. <http://bit.ly/2forBYK>

⁷² National Institute of Mental Health. (2016). Women and mental health. <http://bit.ly/2f65VTW>

⁷³ National Institute for Health Care Management. (2010). Identifying and treating maternal depressions. <http://bit.ly/2f97i1u>

⁷⁴ Goodall, S. (2014, Apr 3). Health Policy Brief: Mental Health Parity. Health Affairs. <http://bit.ly/2iOVSOZ>

⁷⁵ For more, see Mental Health America, Position statement 15: Parity in health insurance, <http://bit.ly/2fr8Wzz> and Community Catalyst, Mental health parity: The basics, <http://bit.ly/2fAKsmx>

POLICY RECOMMENDATIONS

Increasing the number of Texas women who have the financial shield of health insurance will require a multi-pronged approach aimed at filling gaps in a complicated system. Although it is always difficult to predict what policy changes will occur, drastic overnight changes are not likely, and policymakers can take several actions now to increase women's access to health insurance.

State legislators can direct the Texas Department of Insurance to enact federal standards related to mental health parity in regulation of private insurance plans. Many women seeking mental or behavioral health care or addiction treatment find that insurance limits their benefits, causing them to pay more out-of-pocket for treatment, prescriptions and services.⁷⁶ Given the proper authority, the Texas Department of Insurance can review health insurance plans, investigate consumer complaints and enforce mental health parity laws within its regulatory role.⁷⁷

State legislators can make paid sick leave an earned benefit that is available to more working women. The Institute for Women's Policy Research estimates that 45 percent of private-sector workers in Texas lack access to paid sick days.⁷⁸ Seven states and Washington, D.C. have recently passed laws that guarantee more workers can earn paid sick days.⁷⁹ The laws vary in the maximum number of hours of paid sick leave that workers can accrue, how quickly hours accrue, and to which employers the law applies. For example, in Arizona, employees can earn sick leave at the rate of one hour of paid time per 30 hours worked, with a maximum dependent on the size of the employer.⁸⁰

State legislators can provide grants to organizations that assist women in navigating their health insurance and financial assistance options. Affordability is the greatest perceived barrier to getting health insurance, but data show that 30 percent of uninsured women in Texas are already eligible for some type of financial assistance to help pay for insurance. The vast majority of these women are eligible for subsidies to help defray the cost of private health insurance, not public health insurance.⁸¹ Grants should prioritize outreach to those with the highest uninsured rates, such as Hispanic communities and younger adults. Grants should also target efforts to reach small businesses about options for their employees in the individual Health Insurance Marketplace, as well as the insurance options and tax credits available in the Small Business Health Options Program (SHOP).

⁷⁶ Goodall, S. (2014, Apr 3). *Health Policy Brief: Mental Health Parity*. Health Affairs. <http://bit.ly/2iOVSOZ>

⁷⁷ For more, see *Community Catalyst*, (May 2015), *Mental health parity: The basics*. <http://bit.ly/2fAKsmx>

⁷⁸ The Institute for Women's Policy Research and The National Partnership for Women and Families. (2015). *Worker's access to paid sick days in the states*. <http://bit.ly/2eCKoBz>

⁷⁹ *A Better Balance*. (2016, Oct 5). *Overview of paid sick time laws in the United States*. <http://bit.ly/2fUSgJ0>

⁸⁰ Pasternak, D.B. (2016, Nov 9). *Arizona voters approve paid sick leave for employees and minimum wage increase*. *The National Law Review*. <http://bit.ly/2f1vSCZ>

⁸¹ The Henry J. Kaiser Family Foundation. (2016). *Women's health insurance coverage*. Nov 2015 Fact Sheet. Please contact Kaiser for report.



State legislators can craft a health insurance option that closes the “Coverage Gap” for low-income adult women, helps Texas retain billions in federal aid from the 1115 Medicaid Transformation waiver, and brings home billions more for Texas health care. The five-year Section 1115 waiver has earned Texas over \$17 billion in federal matching funds since 2011 to reimburse hospitals caring for uninsured patients, offset low Medicaid payments, and help Texas hospitals provide innovative care to publicly insured and low-income uninsured Texans. Texas hospitals today receive about 40 percent of their Medicaid dollars through the 1115 programs.⁸² The waiver is set to expire in 2017, and Texas faces the loss of an estimated \$1.3 billion in federal 1115 funds in 2018 alone.⁸³

With the change in federal administration, the policy landscape is expected to change dramatically, but it will be some time before we know the shape of those changes. It is unclear whether Texas will be allowed to retain its current \$3.5 billion in annual federal 1115 Medicaid funds, or keep access to the potential \$6 billion

a year for covering poor parents and other adults. Texas leaders should continue to protect current Medicaid populations – children, seniors, Texans with disabilities and pregnant women – and fight for Texas to keep waiver and expansion funding.

At present, the federal government has approved Section 1115 waivers for six states⁸⁴ to cover low-income adults in flexible ways, including a “premium assistance” model that charges modest premiums and co-pays for some adults, and uses sliding-scale subsidies. States that have covered low-income individuals, through waiver plans or Medicaid expansion, saw significantly larger decreases in uninsured rates, a reduction in uncompensated care costs, savings in state spending on mental health and substance abuse treatment, and increased revenue from provider taxes.⁸⁵ If Texas keeps access to federal funds for the 1115 waiver and the larger allocation for adult coverage, it could be positioned to also use a premium assistance model to provide health insurance to the more than 734,000 Texans in the “Coverage Gap,”⁸⁶ the majority of whom are female.⁸⁷



About Dallas Women’s Foundation

Dallas Women’s Foundation is the largest regional women’s fund in the world. With the support of its donors, the Foundation unlocks resources to advance women’s economic security and women’s leadership through research, grantmaking and advocacy. The Foundation’s work improves education and quality of life, gives voice to issues affecting women and girls, and cultivates women leaders for the future. Since its founding in 1985, Dallas Women’s Foundation has granted more than \$32 million to help create opportunities and solve issues for women and girls. For more information, visit www.DallasWomensFdn.org



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⁸² Milligan, M. (2016, Nov 30). 1115 Waiver Panel. Presentation at 2016 Center for Public Policy Priorities Dare Texas Summit. <http://bit.ly/2hZDBnF>

⁸³ Dunkelberg, A. (2016). Looking ahead to 2018: Can Texas avoid the loss of \$1.3 billion in health care waiver funds? Center for Public Policy Priorities. <http://bit.ly/2h7rQeb>

⁸⁴ The Henry J. Kaiser Family Foundation. (Oct 14, 2016). Status of state action on the Medicaid expansion decision. <http://bit.ly/1zpMoMk>

⁸⁵ Dorn, S. et al. (2015). The effects of Medicaid expansion on state budgets. The Kaiser Commission on Medicaid and the Uninsured. <http://kaiserf.am/2gJXko3>

⁸⁶ Center for Public Policy Priorities. (2016). What is the Texas Coverage Gap? <http://bit.ly/22la03S>

⁸⁷ Garfield, R., & Damico, A. (2016). The Coverage Gap. Table 1. Washington, DC: The Kaiser Commission on Medicaid and the Uninsured. <http://kaiserf.am/1VQA567>