



## Legislature Denies Path to Equality in Health Care Access

I have disliked the Medicaid program, but not enough to deter my support for the Medicaid Expansion under the Affordable Care Act (ACA).

The majority of studies on access, quality and costs, associated with the Medicaid program, show that the program has been a success since it began in 1965. The Medicaid Expansion is a series of pluses. It will save lives and reduce poverty; have little to no cost and save money; boost local economies and save jobs; and help build a stronger healthcare system for all Texans. An estimated 1.3 to 1.8 million uninsured Texans will finally gain health insurance coverage with the Medicaid Expansion.

Governor Perry's comment that Medicaid is a failed federal program is wrong, and the legislature's failure to pass House Bill 3791 as the purported "Texas Solution" to the state's high uninsured problem is distressing. Both demonstrate 'political' opposition to the Medicaid Expansion which is harmful to the health and *bienestar* (well-being) of Texans. The majority (68 percent) are working Texans who are unable to afford the existing high costs of health insurance coverage.

For uninsured Latinos, the ACA and Medicaid Expansion is an opportunity to gain health insurance coverage, and, thereby help address endemic disparities existing for nearly three decades. In 2011, Latinos represented 61 percent of the state's 6.1 million uninsured. Excluding all non-citizens, Latinos currently comprise 52 percent (2.3 million) of the state's (4.4 million) uninsured citizens. Uninsured rates among Latino children and adults are 19 percent and 39 percent respectively; which is two and three times that of non-Latinos. This inequality is worsened by the fact that only 40 percent of Latinos have employer-based insurance coverage versus 63 percent for non-Latinos.

Unfortunately, the opposition to Medicaid Expansion in the Texas legislature results in an inequity and social injustice issue that, like education reform and perpetual inadequate funding, continue to be barriers to life improvements for Texas families. There is abundant research that demonstrates the direct relationships among a good education, a decent-paying job, and access to a regular source of health care. I underscore access to a regular source of care regardless of income, not determined by some 'most vulnerable' criteria. We have forgotten that health insurance coverage is necessary to avoid unnecessary risk for poor health and financial insecurity. To not have coverage undermines the health and income stability of most families.

The negative impacts on uninsured families are visible everywhere in many county hospitals, county indigent care programs, charity clinics and emergency rooms throughout Texas. The lack of adequate health care perpetuates cheap labor, lower education, and high poverty rates, which are the primary contributors to preventable and pre-mature deaths, chronic diseases and high health care cost. Uncompensated healthcare exceeds \$5 billion annually. These costs are being paid by tax payers and individuals with private insurance through higher premiums. Expanding Medicaid would cost far less -- \$3.1 billion over four years.

The legislature ignored the health and costs benefits and the majority support for the Medicaid Expansion coming from the state's citizenry and most of the health, business, and other sector

leadership of the state. While not unlike previous reluctance and barriers to implementing the Medicaid (1967) and Children's Health Insurance Program (1988), the obstructionism is worse today.

The political obstacles were so terrible that not even the anti-ACA Texas HB 3791 could pass the current legislative session. HB 3791 ignored the ACA and proposed that 1) the Texas Health & Human Service Commission (THHSC) negotiate Medicaid Reform through a federal block grant approach, and 2) that the state accept ACA Medicaid funding only if it can provide vouchers to "certain" low-income groups, promote health saving accounts, and control in implementing its "unique" Texas solution to the uninsured problem. Both would help continue Texas' traditional path of selective, incremental, and limiting impact in reducing the uninsured rate.

The bill's framework and approach were weak and not supported by numerous studies, particularly for low income populations and Latinos. For good measure, the legislature passed an Amendment to a Senate health bill (SB7) that the THHSC could not proceed with any ACA/Medicaid Expansion negotiations with federal agency representative without legislative approval.

Some Latino and progressive advocate organizations were left with no bargaining power to influence change in an intransigent and ideologue-based policy opponent leadership. They were left with accepting the truism, "people who are poor rarely question the quality of their bread" - illustrated by their support for HB 3791. My personal and professional experience supports universal access to a single-payer health insurance program similar to Medicare. While Medicaid has often separated and negatively labeled population groups, after 50 years of unsuccessful attempts to reform our inequitable and ineffective healthcare system, the ACA was signed into law in April 2010, and determined to be constitutionally appropriate by the Supreme Court in June 2012. \*\*\*\*

The ACA is far from perfect but it's a good start. On-going implementation will be challenging, and will take years to fully realize its intent for equalized cost-effective healthcare. If our values truly reflect equality of opportunity, it will be achieved - in spite of an opposition determined to undermine its implementation through means that range from outright lies, fear-mongering, and political and legislative barriers such as limiting funding for major components of the law.

The legislature's inaction on approving the Medicaid Expansion reduces opportunities to learn, work, earn a living wage, stay healthy, and be a productive citizen.

Metaphorically speaking, in Texas, it may take bulldozers and dynamite to implement the Medicaid Expansion. An increase in the statewide organizing and civic engagement infrastructure, voter turnout, and political influence of Latinos are critical to realizing this metaphor. Only then, will their majority support for the ACA be realized in legislative decisions.

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