

## [ PREFACE ]

On behalf of the entire Task Force on Access to Health Care in Texas, we want to make a few points as a preface to the Report. First, the Task Force is eclectic and brings diverse backgrounds, experiences and expertise to bear on the problems associated with the uninsured and underinsured in Texas. Indeed, this diversity enriched the deliberations and recommendations of the Task Force, who served without compensation. Second, while diverse with regards to expertise, etc., the Task Force is singular with regard to the importance and magnitude of the problem that inadequate health insurance poses, not only to the physical and mental health of the residents of Texas, but also to the financial well being of the state.

The Task Force is unanimous in its emphasis that this is not a problem of the future, but one that is already here. Third, the Task Force feels that the Report is, in so far as possible, an evidence-based, objective, non-partisan effort with six well prepared commissioned papers and an independent review by a group of experts. The Task Force recognizes that long-term solutions to the challenges of our health system will require a national effort and new national approaches. However, its charge is to confront the challenges within Texas.

The 10 academic health institutions in Texas that provided support for the Report exerted no control over the activities of the Task Force or its conclusions and recommendations. The views of the Task Force represent those of the individual members and not those of the entities and institutions of which they are a part. And finally, the Task Force recognizes that some of its recommendations will be controversial and trigger debate. We hope that such debate occurs. It will only serve to further education about the nature and depth of the problem, and we hope it leads to implementation of the recommendations.

A major driver leading to the increasing rates of uninsured and underinsurance is the rising cost of health care. Throughout the Report, the Task Force underscores the responsibility all health professionals and providers have in addressing this basic issue. Texas leads the nation in the percentage of its residents who are uninsured. The Task Force hopes that Texas will also be a leader in developing solutions to this challenge.

*Neal Lane, Chairman*  
*Jack Stobo, Vice Chair*  
*April 2006*

## [ CHARGE TO TASK FORCE ]

### ACCESS TO HEALTH CARE IN TEXAS: CHALLENGES OF THE UNINSURED AND UNDERINSURED

Approximately one in four Texans does not have health insurance. In some portions of the state, one in three people is uninsured. Although the provision of health care for this population is often characterized as indigent care, the population is extremely heterogeneous with only a portion of the population truly living in poverty. As well-described in the recent series of six reports from the Institute of Medicine, the population includes a large proportion of working individuals, who can support themselves satisfactorily but cannot afford the rapidly rising cost of health insurance. In this society, in which health insurance is most commonly employer-based, those who work for organizations with few employees or who move from employer to employer often cannot maintain health insurance coverage. A significant portion of the population receives coverage through Medicaid or through the State Children's Health Insurance Program (SCHIP). These individuals often have limited access to care. Limited access is available to migratory farm workers, undocumented aliens, individuals between jobs and members of certain ethnic and racial groups.

In Texas, care for the medically indigent is largely a responsibility of individual counties while the state has a major financial commitment in support of Medicaid and SCHIP. Eligibility for county-financed care varies widely, with many counties providing care only for those with extremely low or no income. On the other hand, certain commu-

nities such as those in Dallas, Houston, Galveston, San Antonio and Austin must finance and provide care for significant numbers of individuals coming from other parts of the state.

Institute of Medicine studies have clearly documented the negative impact of the uninsured on the health of individuals and families; the negative economic consequences of inadequate health care for medically indigent patients on their communities; the extraordinary stresses imposed upon health providers, particularly hospitals who are providing increasing amounts of uncompensated care; and the overall cost to society of a system which focuses on providing emergency care rather than primary care for the medically indigent. A combination of demographic changes and the continued rise in health care costs suggests that these challenges will progressively increase for the foreseeable future.

Because of the current importance and impending challenges confronting Texas in dealing with the problem of medically indigent individuals, the 10 major academic health institutions in the state are sponsoring a Task Force to identify strategies for confronting medically indigent care in Texas. These institutions include the six health campuses of The University of Texas System, Baylor College of Medicine, Texas A & M, North Texas State and Texas Tech. The Task Force consists of 19 individuals selected for their expertise and perspective in regard to the problem of indigent health care in Texas. Members of the Task Force serve as individuals and do not represent any organizations

or special interest. The Task Force and its staff will collect data, much of which will be based on previous high-quality analyses of the various issues supplemented by substantial primary information-gathering by the Task Force and its staff. The Task Force will hear from individuals knowledgeable about the issues; members of the staff may interview other important sources. The analysis is to be an objective evidence-based consideration without politically partisan or advocacy orientation. The intent is to provide a high-quality analysis available to policymakers, interested groups and organizations and the public. The full report is expected to require 12-15 months for preparation, although the Task Force will be urged to provide some preliminary insights in 8-10 months. The final report will be subject to anonymous peer review by other experts in the field, in order to validate the quality of the analysis from additional sources. Financial support for the project will be derived from the sponsoring institutions supplemented by not-for-profit foundations.

The Task Force on Access to Health Care in Texas is charged with the following tasks:

- to assess the current magnitude of the problem of the uninsured and underinsured in Texas, including populations at risk, the cost to providers, local and state governments, and impacts upon health.
- to evaluate the effects upon other aspects of society, including social and economic impact.
- to identify the trends and the magnitude, scope and direction of the problem of medically indigent care for the state.
- to examine alternative strategies which might be employed to address the problems of the uninsured and underinsured in Texas.\*

The Task Force will provide an evidence-based analysis of the advantages and disadvantages of each strategy for Texas, with special attention to costs.

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\*Such strategies might include, but are not limited to, considerations of such issues as regional or state responsibility for indigent health care; mechanisms for enhancing federal contributions to indigent care; options related to small employer subsidization of health care premiums; impact of tiered benefits packages; creative public/private partnerships to enhance care or to increase prevention; the role of electronic medical records and telemedicine; the patient identifier as a device that might increase the efficiency of care; the impact of changes in federal policies for care of the dual-eligible (Medicaid/Medicare), etc.