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FY 2027 Houston EMA/HSDA Ryan White Part A/MAI Service Definition Health Insurance Co-Payments and Co-Insurance Assistance (Revision Date: 5/21/15)	
HRSA Service Category Title:	Health Insurance Premium and Cost Sharing Assistance
Local Service Category Title:	Health Insurance Co-Payments and Co-Insurance
Budget Type: RWGA Only	Hybrid Fee for Service
Budget Requirements or Restrictions: RWGA Only	Agency must spend no more than 20% of funds on disbursement transactions. The remaining 80% of funds must be expended on the actual cost of the payment(s) disbursed.
HRSA Service Category Definition (do <u>not</u> change or alter): RWGA Only	<i>Health Insurance Premium & Cost Sharing Assistance</i> is the provision of financial assistance for eligible individuals living with HIV to maintain a continuity of health insurance or to receive medical benefits under a health insurance program. This includes premium payments, risk pools, co-payments, and deductibles.
Local Service Category Definition:	<p>A program of financial assistance for the payment of health insurance premiums, deductibles, co-insurance, co-payments and tax liability payments associated with Advance Premium Tax Credit (APTC) reconciliation to enable eligible individuals with HIV disease to utilize their existing third party or public assistance (e.g. Medicare) medical insurance.</p> <p><u>Co-Payment</u>: A cost-sharing requirement that requires the insured to pay a specific dollar amount for each unit of service.</p> <p><u>Co-Insurance</u>: A cost-sharing requirement that requires the insured to pay a percentage of costs for covered services/prescription</p> <p><u>Deductible</u>: A cost-sharing requirement that requires the insured to pay a certain amount for health care or prescription, before the prescription drug plan or other insurance begins to pay.</p> <p><u>Premium</u>: The amount paid by the insured to an insurance company to obtain or maintain an insurance policy.</p> <p><u>APTC Tax Liability</u>: The difference paid on a tax return if the advance credit payments that were paid to a health care provider were more than the actual eligible credit.</p>
Target Population (age, gender, geographic, race, ethnicity, etc.):	All Ryan White eligible clients with 3 rd party insurance coverage (COBRA, private policies, Qualified Health Plans, CHIP, Medicaid, Medicare and Medicare Supplemental) within the Houston EMA.
Services to be Provided:	Provision of financial assistance with premiums, deductibles, co-insurance, and co-payments. Also includes tax liability payments associated with APTC reconciliation up to 50% of liability with a \$500 maximum.

Service Unit Definition(s): (RWGA only)	1 unit of service = A payment of a premium, deductible, co-insurance, co-payment or tax liability associated with APTC reconciliation for an individual living with HIV with insurance coverage.
Financial Eligibility:	Refer to the RWPC's approved <i>Financial Eligibility for Houston EMA Services</i> .
Client Eligibility:	Individuals living with HIV residing in the Houston EMA meeting financial eligibility requirements and have insurance or be eligible to purchase a Qualified Health Plan through the Marketplace.
Agency Requirements:	<p>Agency must:</p> <ul style="list-style-type: none"> • Provide a comprehensive financial intake/application to determine client eligibility for this program to insure that these funds are used as a last resort in order for the client to utilize his/her existing insurance or be eligible to purchase a qualified health plan through the Marketplace. • Ensure that assistance provided to clients does not duplicate services already being provided through Ryan White Part B or State Services. The process for ensuring this requirement must be fully documented. • Have mechanisms to vigorously pursue any excess premium tax credit a client receives from the IRS upon submission of the client's tax return for those clients that receive financial assistance for eligible out of pocket costs associated with the purchase and use of Qualified Health Plans obtained through the Marketplace. • Conduct marketing with Houston area HIV service providers to inform such entities of this program and how the client referral and enrollment processes function. Marketing efforts must be documented and are subject to review. • Clients will not be put on wait lists nor will Health Insurance Premium and Cost Sharing Assistance services be postponed or denied without notifying the Administrative Agency. • Establish formal written agreements with all Houston HSDA Ryan White-funded (Part A, B, C, D) primary care, mental health and substance abuse provider agencies to enable clients of these agencies to enroll in Health Insurance assistance at his/her primary care, mental health or substance abuse provider site. (i.e. No need for client to physically present to Health Insurance provider.) • Utilize RWGA approved prioritization of cost sharing assistance, when limited funds warrant it. • Utilize consumer out-of-pocket methodology approved by RWGA.
Staff Requirements:	None
Special Requirements:	Agency must comply with the Houston EMA/HSDA Standards of Care and Health Insurance Assistance service category program policies.

FY 2028 RWPC “How to Best Meet the Need” Decision Process

Step in Process: Council		Date: 06/18/2022
Recommendations:	Approved: Y: _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
Step in Process: Steering Committee		Date: 06/01/2022
Recommendations:	Approved: Y: _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
Step in Process: Quality Improvement Committee		Date: 05/11/2022
Recommendations:	Approved: Y: _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
Step in Process: HTBMTN Workgroup #2		Date: 04/11/2022
Recommendations:	Financial Eligibility:	
1.		
2.		
3.		

Local Service Category:	Health Insurance Premium and Cost Sharing Assistance
Amount Available:	To be determined
Budget Requirements or Restrictions (TRG Only):	Contractor must spend no more than 20% of funds on disbursement transactions. The remaining 80% of funds must be expended on the actual cost of the payment(s) disbursed. ADAP dispensing fees are not allowable under this service category.
Local Service Category Definition:	<p>Health Insurance Premium and Cost Sharing Assistance: The Health Insurance Premium and Cost Sharing Assistance service category is intended to help HIV positive individuals continue medical care without gaps in health insurance coverage or disruption of treatment. A program of financial assistance for the payment of health insurance premiums and co-pays, co-insurance and deductibles to enable eligible individuals with HIV disease to utilize their existing third party or public assistance (e.g. Medicare) medical insurance.</p> <p><u>Co-Payment:</u> A cost-sharing requirement that requires the insured to pay a specific dollar amount for each unit of service.</p> <p><u>Co-Insurance:</u> A cost-sharing requirement that requires the insured to pay a percentage of costs for covered services/prescription</p> <p><u>Deductible:</u> A cost-sharing requirement that requires the insured to pay a certain amount for health care or prescription, before the prescription drug plan or other insurance begins to pay.</p> <p><u>Premium:</u> The amount paid by the insured to an insurance company to obtain or maintain an insurance policy.</p> <p><u>Advance Premium Tax Credit (APTC) Tax Liability:</u> Tax liability associated with the APTC reconciliation; reimbursement cap of 50% of the tax due up to a maximum of \$500.</p>
Target Population (age, gender, geographic, race, ethnicity, etc.):	All Ryan White eligible clients with 3 rd party insurance coverage (COBRA, private policies, Qualified Health Plans, CHIP, Medicaid, Medicare and Medicare Supplemental plans) within the Houston HSDA.
Services to be Provided:	<p>Contractor may provide assistance with:</p> <ul style="list-style-type: none"> Insurance premiums (medical and dental), And deductibles, co-insurance and/or co-payments.
Service Unit Definition (TRG Only):	A unit of service will consist of payment of health insurance premiums, co-payments, co-insurance, deductible, or a combination.
Financial Eligibility:	<p>Affordable Care Act (ACA) Marketplace Plans: 100-400% of federal poverty guidelines. All other insurance plans at or below 400% of federal poverty guidelines.</p> <p>Exception: Clients who were enrolled prior to November 1, 2015, will maintain their eligibility in subsequent plan years even if below 100% or between 400-500% of federal poverty guidelines.</p> <p>Exception: Clients enrolled in TIAP-PLUS, regardless of federal poverty level (even if below 100% federal poverty level).</p>
Client Eligibility:	People living with HIV in the Houston HSDA and have insurance (including employer-related health insurance and TIAP-PLUS) or be eligible (within local financial eligibility guidelines) to purchase a Qualified Health Plan through the Marketplace.

<p>Agency Requirements (TRG Only):</p>	<p>Agency must:</p> <ul style="list-style-type: none"> • Provide a comprehensive financial intake/application to determine client eligibility for this program to insure that these funds are used as a last resort in order for the client to utilize his/her existing insurance or be eligible to purchase a qualified health plan through the Marketplace. • Clients will not be put on wait lists nor will Health Insurance Premium and Cost Sharing Assistance services be postponed or denied due to funding without notifying the Administrative Agency. • Conduct marketing in-services with Houston area HIV/AIDS service providers to inform them of this program and how the client referral and enrollment processes function. • Establish formal written agreements with all Houston HSDA Ryan White-funded (Part A, B, C, D) primary care, mental health and substance abuse provider agencies to enable clients of these agencies to enroll in Health Insurance assistance at his/her primary care, mental health or substance abuse provider site. (i.e. No need for client to physically present to Health Insurance provider.) • Utilizes the RW Planning Council-approved prioritization of cost sharing assistance when limited funds warrant it (<u>premiums take precedence</u>). <ul style="list-style-type: none"> ○ Priority Ranking of Requests (in descending order): <ul style="list-style-type: none"> ▪ HIV medication co-pays and deductibles (medications on the Texas ADAP formulary) ▪ Non-HIV medication co-pays and deductibles ▪ Co-payments for provider visits (eg. physician visit and/or lab copayments) ▪ Medicare Part D (Rx) premiums ▪ APTC Tax Liability ▪ Out of Network out-of-pocket expenses • Utilizes the RW Planning Council –approved consumer out-of-pocket methodology.
<p>Special Requirements (TRG Only):</p>	<p>Must comply with the Houston EMA/HSDA Standards of Care and, pending the most current DSHS guidance, client must:</p> <ul style="list-style-type: none"> • Purchase Silver Level Plan with formulary equivalency (unless alternate plan approved through TIAP-PLUS) • Take advance premium credit • No assistance for Out of Network out-of-pocket expenses without prior approval of the Administrative Agent. <p>Must comply with updated guidance from DSHS. Must comply with the Eastern HASA Health Insurance Assistance Policy and Procedure (HIA-1701).</p>

FY 2026 RWPC "How to Best Meet the Need" Decision Process

Step in Process: Council		Date: 06/12/2025
Recommendations:	Approved: Y: _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
Step in Process: Steering Committee		Date: 06/05/2025
Recommendations:	Approved: Y: _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
Step in Process: Quality Improvement Committee		Date: 05/13/2025
Recommendations:	Approved: Y: _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
Step in Process: HTBMTN Workgroup #2		Date: 04/15/2025
Recommendations:	Financial Eligibility:	
1.		
2.		
3.		

FY 2020 PERFORMANCE MEASURES HIGHLIGHTS

RYAN WHITE GRANT ADMINISTRATION

HARRIS COUNTY PUBLIC HEALTH (HCPH)

Ryan White Part A
HIV Performance Measures
FY 2020 Report

Health Insurance Assistance
All Providers

HIV Performance Measures	FY 2019	FY 2020	Change
80% of clients for whom there is lab data in the CPCDMS will be virally suppressed (<200)	1,511 (80.6%)	1,367 (73.5%)	-7.1%



Americans' Challenges with Health Care Costs

Lunna Lopes (<https://www.kff.org/person/lunna-lopes/>), **Alex Montero** (<https://www.kff.org/person/alex-montero/>),

Marley Presiado (<https://www.kff.org/person/marley-presiado/>), and **Liz Hamel** (<https://www.kff.org/person/liz-hamel/>).

Published: Mar 01, 2024



This issue brief was updated on March 1, 2024 to include the latest KFF polling data.

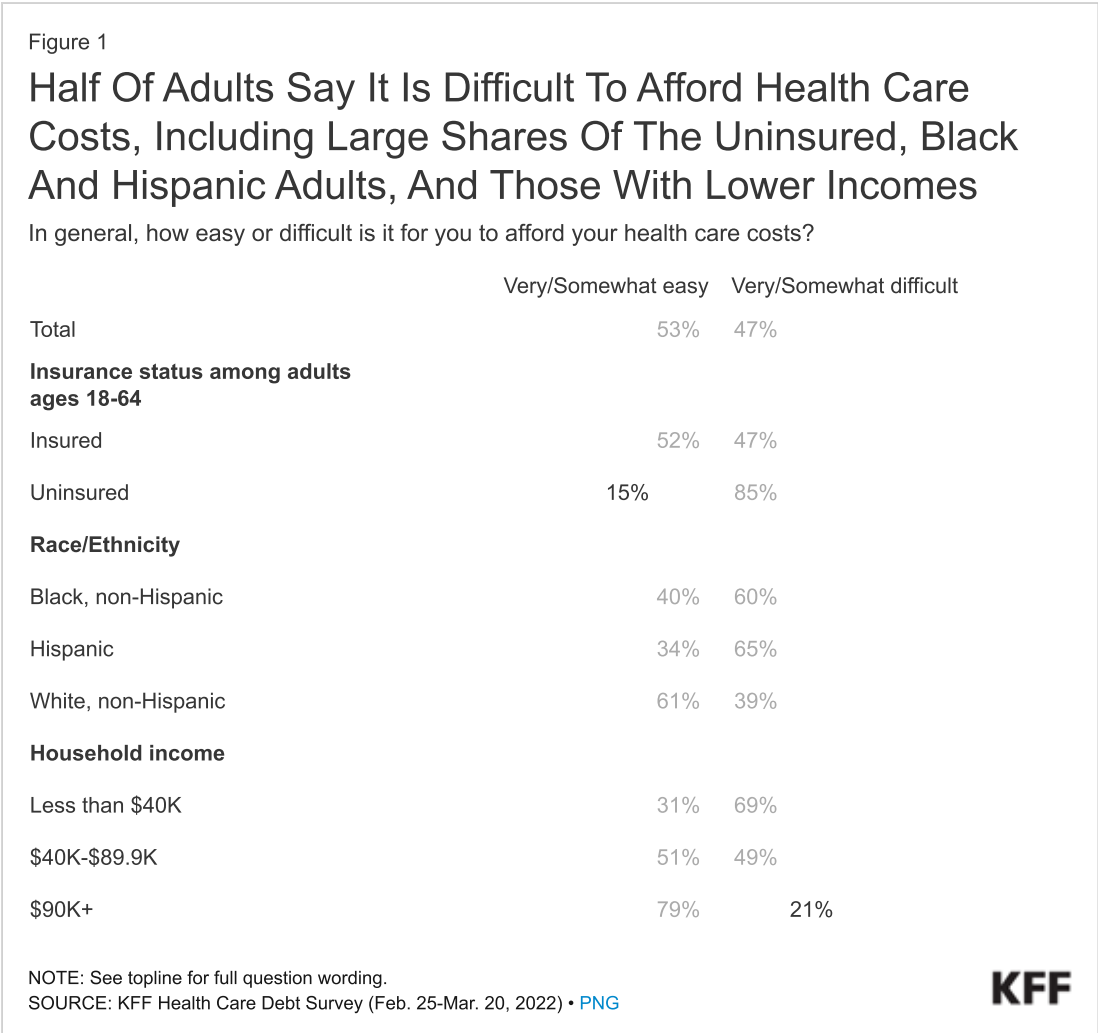
For many years, KFF polling has found that the high cost of health care is a burden on U.S. families, and that health care costs factor into decisions about insurance coverage and care seeking. These costs and the prospect of unexpected medical bills also rank as the top financial worries for adults and their families, and recent [polling](https://www.kff.org/other/perspective/why-affordability-is-the-big-tent/) (<https://www.kff.org/other/perspective/why-affordability-is-the-big-tent/>) shows that lowering out-of-pocket health care costs is by and large the public's top health care priority. Health care affordability is also one of the [top issues](https://www.kff.org/affordable-care-act/poll-finding/kff-health-tracking-poll-february-2024-voters-on-two-key-health-care-issues-affordability-and-aca/) (<https://www.kff.org/affordable-care-act/poll-finding/kff-health-tracking-poll-february-2024-voters-on-two-key-health-care-issues-affordability-and-aca/>) that voters want to hear presidential candidates talk about during the 2024 election. This data note summarizes recent KFF polling on the public's experiences with health care costs. Main takeaways include:

- **About half of U.S. adults say it is difficult to afford health care costs, and one in four say they or a family member in their household had problems paying for health care in the past 12 months.** Younger adults, those with lower incomes, adults in fair or poor health, and the uninsured are particularly likely to report problems affording health care in the past year.
- **The cost of health care can lead some to put off needed care.** One in four adults say that in the past 12 months they have skipped or postponed getting health care they needed because of the cost. Notably six in ten uninsured adults (61%) say they went without needed care because of the cost.
- **The cost of prescription drugs prevents some people from filling prescriptions.** About one in five adults (21%) say they have not filled a prescription because of the cost while a similar share say they have instead opted for over-the-counter alternatives. About one in ten adults say they have cut pills in half or skipped doses of medicine in the last year because of the cost.
- **Those who are covered by health insurance are not immune to the burden of health care costs.** About half (48%) of insured adults worry about affording their monthly health insurance premium and large shares of adults with employer-sponsored insurance (ESI) and those with Marketplace coverage rate their insurance as "fair" or "poor" when it comes to their monthly premium and to out-of-pocket costs to see a doctor.
- **Health care debt is a burden for a large share of Americans.** About four in ten adults (41%) report having debt due to medical or dental bills including debts owed to credit cards, collections agencies, family and friends, banks, and other lenders to pay for their health care costs, with disproportionate shares of Black and Hispanic adults, women, parents, those with low incomes, and uninsured adults saying they have health care debt.
- **Notable shares of adults still say they are worried about affording medical costs such as unexpected bills, the cost of health care services (including out-of-pocket costs not covered by insurance, such as co-pays and deductibles), prescription drug costs, and long-term care services for themselves or a family member.** About three in four adults say they are either "very" or "somewhat worried" about being

able to afford unexpected medical bills (74%) or the cost of health care services (73%) for themselves and their families. Additionally, about half of adults would be unable to pay an unexpected medical bill of \$500 in full without going into debt.

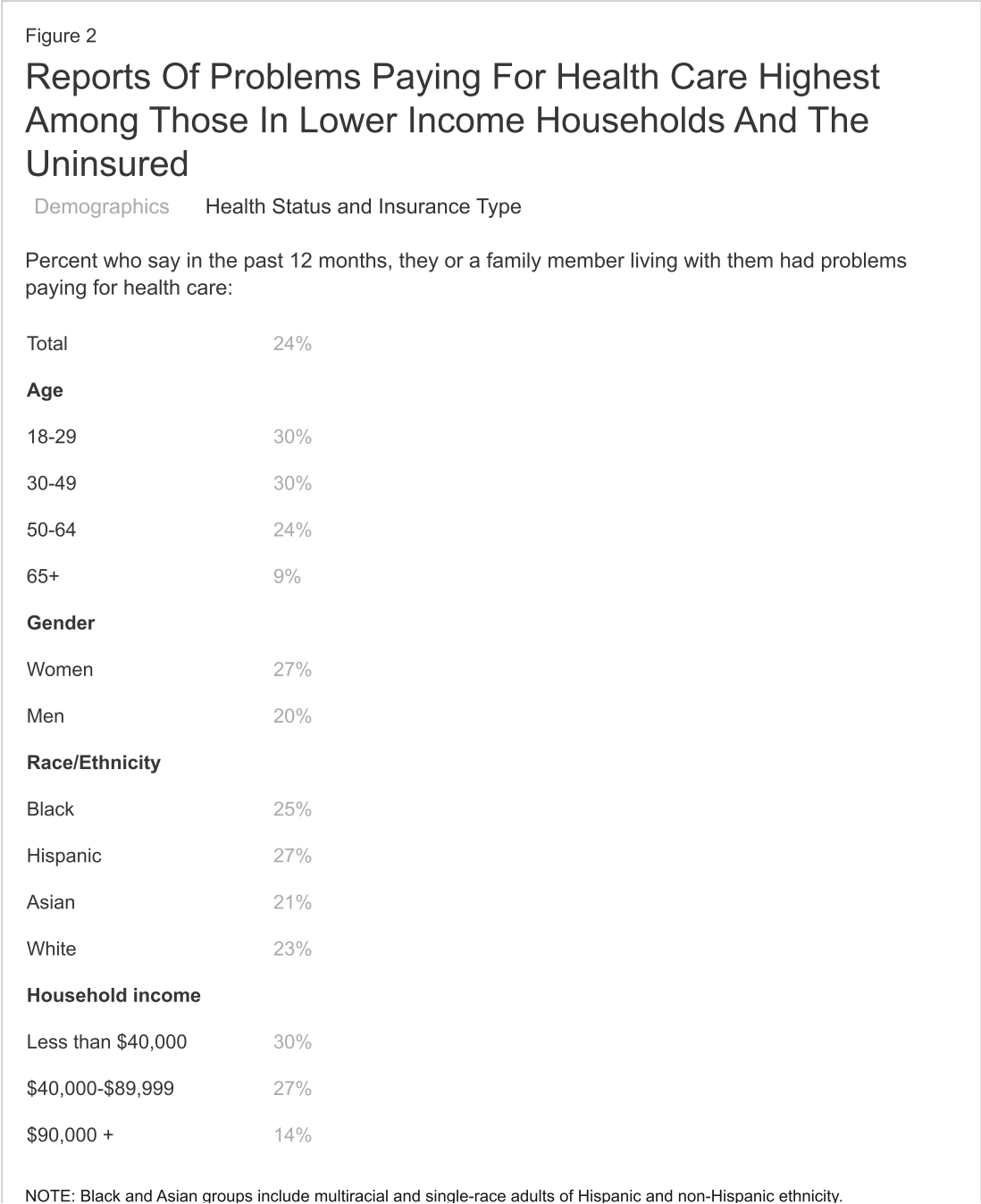
Difficulty Affording Medical Costs

Many U.S. adults have trouble affording health care costs. While lower income and uninsured adults are the most likely to report this, those with health insurance and those with higher incomes are not immune to the high cost of medical care. About half of U.S. adults say that it is very or somewhat difficult for them to afford their health care costs (47%). Among those under age 65, uninsured adults are much more likely to say affording health care costs is difficult (85%) compared to those with health insurance coverage (47%). Additionally, at least six in ten Black adults (60%) and Hispanic adults (65%) report difficulty affording health care costs compared to about four in ten White adults (39%). Adults in households with annual incomes under \$40,000 are more than three times as likely as adults in households with incomes over \$90,000 to say it is difficult to afford their health care costs (69% v. 21%). (Source: [KFF Health Care Debt Survey: Feb.-Mar. 2022](https://www.kff.org/report-section/kff-health-care-debt-survey-main-findings/) (<https://www.kff.org/report-section/kff-health-care-debt-survey-main-findings/>))



When asked specifically about problems paying for health care in the past year, one in four adults say they or a family member in their household had problems paying for care, including three in ten adults under age 50 and those with lower household incomes (under \$40,000). Affording health care is particularly a problem for those who may need it the most as one-third of adults who describe their physical health as “fair” or “poor” say they

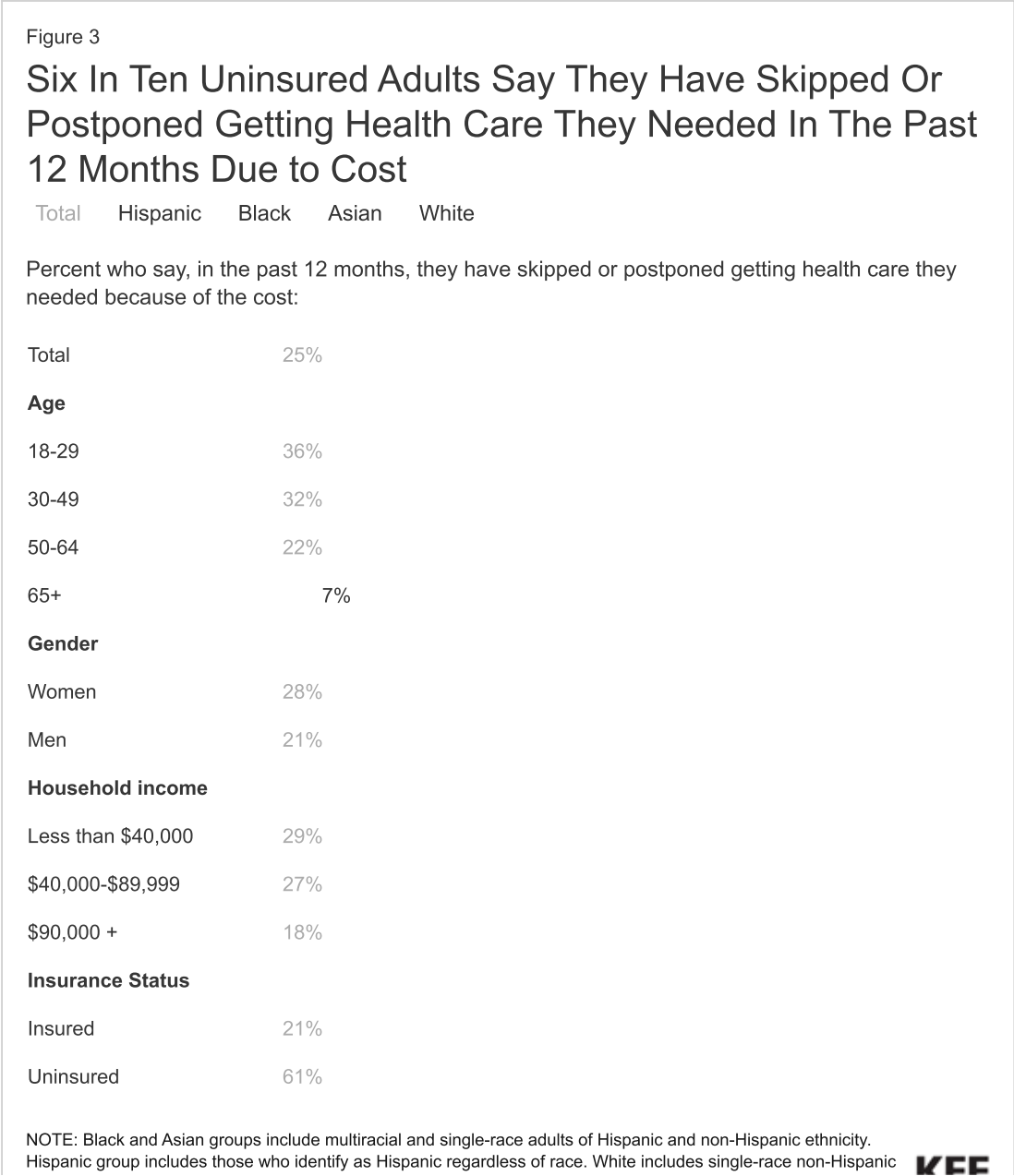
or a family member had problems paying for health care in the past 12 months. Among uninsured adults, half (49%) say they or a family member in their household had problems paying for health care, including 51% of uninsured adults who say they are in fair or poor health.



The cost of care can also lead some adults to skip or delay seeking services. One-quarter of adults say that in the past 12 months, they have skipped or postponed getting health care they needed because of the cost. The cost of care can also have disproportionate impacts among different groups of people; for instance, women are more likely than men to say they have skipped or postponed getting health care they needed because of the cost (28% vs. 21%). Adults ages 65 and older, most of whom are eligible for health care coverage through Medicare, are much less likely than younger age groups to say they have not gotten health care they needed because of cost.

One in four immigrant adults (22%) say they have skipped or postponed care in the past year, rising to about a third (36%) among those who are uninsured. Seven in ten (69%) of immigrant adults who skipped or postponed care (15% of all immigrant adults) said they did so due to cost or lack of health coverage. (Source: [The 2023 KFF/LA Times Survey of Immigrants: Apr.-June 2023](https://www.kff.org/racial-equity-and-health-policy/issue-brief/health-and-health-care-experiences-of-immigrants-the-2023-kff-la-times-survey-of-immigrants/) (<https://www.kff.org/racial-equity-and-health-policy/issue-brief/health-and-health-care-experiences-of-immigrants-the-2023-kff-la-times-survey-of-immigrants/>))

Six in ten uninsured adults (61%) say they have skipped or postponed getting health care they needed due to cost. Health insurance, however, does not offer ironclad protection as one in five adults *with* insurance (21%) still report not getting health care they needed due to cost.



KFF health polling from March 2022 also looked at the specific types of care adults are most likely to report putting off and found that dental services are the most common type of medical care that people report delaying or skipping, with 35% of adults saying they have put it off in the past year due to cost. This is followed

by vision services (25%), visits to a doctor's offices (24%), mental health care (18%), hospital services (14%), and hearing services, including hearing aids (10%). (Source: [KFF Health Tracking Poll: March 2022](https://www.kff.org/health-costs/poll-finding/kff-health-tracking-poll-march-2022/) (<https://www.kff.org/health-costs/poll-finding/kff-health-tracking-poll-march-2022/>))

Figure 4

Dental Services Top List Of Health Services Adults Most Likely To Delay Due To Cost

Percent who say they have delayed or gone without each of the following in the past year due to the cost:

Dental services	35%
Vision services, including eyeglasses	25%
A visit to a doctor's office	24%
Mental health care	18%
Hospital services	14%
Hearing services, including hearing aids	10%

NOTE: See topline for full question wording.

KFF

A [2022 KFF report](https://www.kff.org/health-costs/report/kff-health-care-debt-survey/) (<https://www.kff.org/health-costs/report/kff-health-care-debt-survey/>) found that people who already have debt due to medical or dental care are disproportionately likely to put off or skip medical care. Half (51%) of adults currently experiencing debt due to medical or dental bills say in the past year, cost has been a probitor to getting the medical test or treatment that was recommended by a doctor. (Source: [KFF Health Care Debt Survey: Feb.-Mar. 2022](https://www.kff.org/report-section/kff-health-care-debt-survey-main-findings/) (<https://www.kff.org/report-section/kff-health-care-debt-survey-main-findings/>))

Prescription Drug Costs

For many U.S. adults, prescription drugs are a component of their routine care. More than one in four (28%) adults say it is either “somewhat” or “very difficult” for them to afford to pay for prescription drugs. Affording prescription drugs is particularly difficult for adults who take four or more prescription medications (37%) and those in households with annual incomes under \$40,000 (40%). Black and Hispanic adults are also more likely than White adults to say it is difficult for them to afford to pay for prescription drugs. (Source: [KFF Health Tracking Poll: July 2023](https://www.kff.org/health-costs/poll-finding/kff-health-tracking-poll-july-2023-the-publics-views-of-new-prescription-weight-loss-drugs-and-prescription-drug-costs/) (<https://www.kff.org/health-costs/poll-finding/kff-health-tracking-poll-july-2023-the-publics-views-of-new-prescription-weight-loss-drugs-and-prescription-drug-costs/>))

Figure 5

Who Has Difficulty Affording Their Prescription Drugs?

Percent who say it is either “somewhat” or “very difficult” to afford to pay...

Total 28%

Number of prescription drugs

Taking 1-3 prescription drugs 18%

Taking 4 or more prescription drugs 37%

Age

18-49 30%

50-64 27%

65+ 25%

Household income

Less than \$40K 40%

\$40K-\$89.9K 29%

\$90K+ 11%

Race/Ethnicity

Black, non-Hispanic 36%

Hispanic 33%

White, non-Hispanic 24%

NOTE: See topline for full question wording.

SOURCE: KFF Health Tracking Poll (July 11-19, 2023) • [PNG](#)

KFF

The high cost of prescription drugs also leads some people to cut back on their medications in various ways. About one in five adults (21%) say in the past 12 months they have not filled a prescription because of the cost. A similar share (21%) say they have taken an over-the-counter drug instead of getting a prescription filled – rising to about one third of Hispanic adults (32%) and more than one in four adults (27%) with annual household incomes under \$40,000. About one in ten adults say that in the past 12 months they have cut pills in half or skipped doses of medicine due to cost. (Source: [KFF Health Tracking Poll: July 2023](https://www.kff.org/health-costs/poll-finding/kff-health-tracking-poll-july-2023-the-publics-views-of-new-prescription-weight-loss-drugs-and-prescription-drug-costs/) (<https://www.kff.org/health-costs/poll-finding/kff-health-tracking-poll-july-2023-the-publics-views-of-new-prescription-weight-loss-drugs-and-prescription-drug-costs/>))

Figure 6

Two In Ten Adults Say They Have Not Filled A Prescription Or Taken An Over-The-Counter Drug Instead Due To Cost

Percent who say in the past 12 months, they have done each of the following **due to cost**:

	Not filled a prescription for a medicine	Cut pills in half or skipped doses of medicine	Taken an over-the-counter drug instead of getting a prescription filled
Total	21%	12%	21%
Household income			
Less than \$40K	25%	16%	27%
\$40K-\$89.9K	22%	12%	19%
\$90K+	15%	8%	17%
Race/Ethnicity			
Black, non-Hispanic	23%	13%	21%
Hispanic	21%	12%	32%
White, non-Hispanic	20%	12%	17%
Gender			
Women	24%	14%	21%
Men	18%	10%	21%

NOTE: See topline for full question wording.

SOURCE: KFF Health Tracking Poll (July 11-19, 2023) • PNG

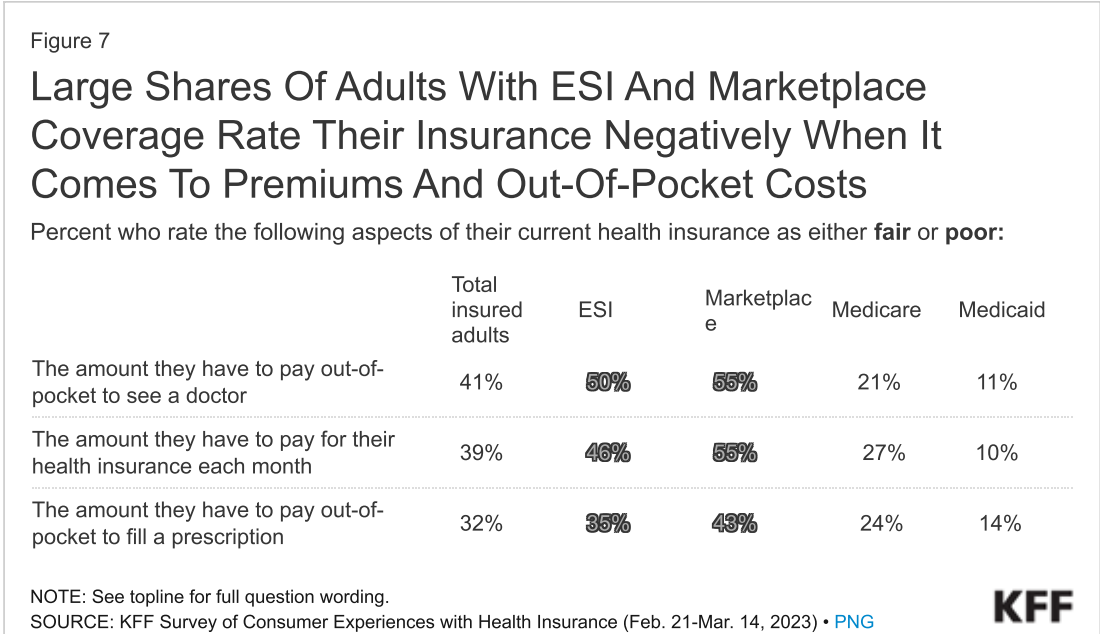
KFF

Health Insurance Cost Ratings

Overall, most insured adults rate their health insurance as “excellent” or “good” when it comes to the amount they have to pay out-of-pocket for their prescriptions (61%), the amount they have to pay out-of-pocket to see a doctor (53%), and the amount they pay monthly for insurance (54%). However, at least three in ten rate their insurance as “fair” or “poor” on each of these metrics, and affordability ratings vary depending on the type of coverage people have.

Adults who have private insurance through employer-sponsored insurance or Marketplace coverage are more likely than those with Medicare or Medicaid to rate their insurance negatively when it comes to their monthly premium, the amount they have to pay out of pocket to see a doctor, and their prescription co-pays. About one in four adults with Medicare give negative ratings to the amount they have to pay each month for insurance and to their out-of-pocket prescription costs, while about one in five give their insurance a negative rating when it comes to their out-of-pocket costs to see a doctor.

Medicaid enrollees are less likely than those with other coverage types to give their insurance negative ratings on these affordability measures (Medicaid does not charge monthly premiums in most states, and copays for covered services, where applied, are required to be nominal.) (Source: [KFF Survey of Consumer Experiences with Health Insurance](https://www.kff.org/private-insurance/poll-finding/kff-survey-of-consumer-experiences-with-health-insurance/) (<https://www.kff.org/private-insurance/poll-finding/kff-survey-of-consumer-experiences-with-health-insurance/>))



Health Care Debt

In June 2022, KFF released an analysis of the [KFF Health Care Debt Survey](https://www.kff.org/health-costs/report/kff-health-care-debt-survey/) (<https://www.kff.org/health-costs/report/kff-health-care-debt-survey/>), a companion report to the investigative journalism project on health care debt conducted by KFF Health News and NPR, *Diagnosis Debt*. This project found that health care debt is a wide-reaching problem in the United States and that 41% of U.S. adults currently have some type of debt due to medical or dental bills from their own or someone else’s care, including about a quarter of adults (24%) who say they have medical or dental bills that are past due or that they are unable to pay, and one in five (21%) who have bills they are paying off over time directly to a provider. One in six (17%) report debt owed to a bank, collection agency, or other lender from loans taken out to pay for medical or dental bills, while similar shares say they have health care debt from bills they put on a credit card and are paying off over time (17%). One in ten report debt owed to a family member or friend from money they borrowed to pay off medical or dental bills.

While four in ten U.S. adults have some type of health care debt, disproportionate shares of lower income adults, the uninsured, Black and Hispanic adults, women, and parents report current debt due to medical or dental bills.

Figure 8

Four In Ten Adults Currently Have Debt Due To Medical Or Dental Bills

Percent who say they have each of the following types of debt due to medical or dental bills for themselves or for someone else's care, such as a child, spouse or parent:

Medical or dental bills that are past due or that they are unable to pay	24%
Medical or dental bills they are paying off over time directly to a provider	21%
Debt they owe to a bank, collection agency, or other lender that includes debt or loans used to pay medical or dental bills	17%
Medical or dental bills they have put on a credit card and are paying off over time	17%
Debt they owe to a family member or friend for money they borrowed to pay medical or dental bills	10%
Yes to any of the above	41%

Vulnerabilities and Worries About Health Care and Long-Term Care Costs

A [February 2024 KFF Health Tracking Poll](https://www.kff.org/affordable-care-act/poll-finding/kff-health-tracking-poll-february-2024-voters-on-two-key-health-care-issues-affordability-and-aca/) (<https://www.kff.org/affordable-care-act/poll-finding/kff-health-tracking-poll-february-2024-voters-on-two-key-health-care-issues-affordability-and-aca/>) shows unexpected medical bills and the cost of health care services are at the top of the list of people's financial worries, with about three-quarters of the public – and similar shares of insured adults younger than 65 – saying they are at least somewhat worried about affording unexpected medical bills (74%) or the cost of health care services (73%) for themselves and their families. Just over half (55%) of the public say they are “very” or “somewhat worried” about being able to afford their prescription drug costs, while about half (48%) of insured adults say they are worried about affording their monthly health insurance premium.

Worries about health care costs pervade among a majority of adults regardless of their [financial situation](https://www.kff.org/health-costs/poll-finding/kff-health-tracking-poll-economic-views-and-experiences-of-adults-who-struggle-financially/#:~:text=About%20one%20in%20five%20adults,have%20some%20money%20left%20over.) (<https://www.kff.org/health-costs/poll-finding/kff-health-tracking-poll-economic-views-and-experiences-of-adults-who-struggle-financially/#:~:text=About%20one%20in%20five%20adults,have%20some%20money%20left%20over.>). Among adults who report difficulty affording their monthly bills, more than eight in ten say they are worried about the cost of health care services (86%) or unexpected medical bills (83%). Among those who report being *just* able to afford their bills, about eight in ten say they are worried about being able to afford unexpected medical bills (84%) or health care services (83%). And even among adults who say they can afford their bills with money left over, six in ten nonetheless say they are “very” or “somewhat worried” about being able to afford unexpected medical bills (62%) or the cost of health care services (60%) for themselves and their family. (Source: [KFF Health Tracking Poll: February 2024](https://www.kff.org/affordable-care-act/poll-finding/kff-health-tracking-poll-february-2024-voters-on-two-key-health-care-issues-affordability-and-aca/) (<https://www.kff.org/affordable-care-act/poll-finding/kff-health-tracking-poll-february-2024-voters-on-two-key-health-care-issues-affordability-and-aca/>))

Figure 9

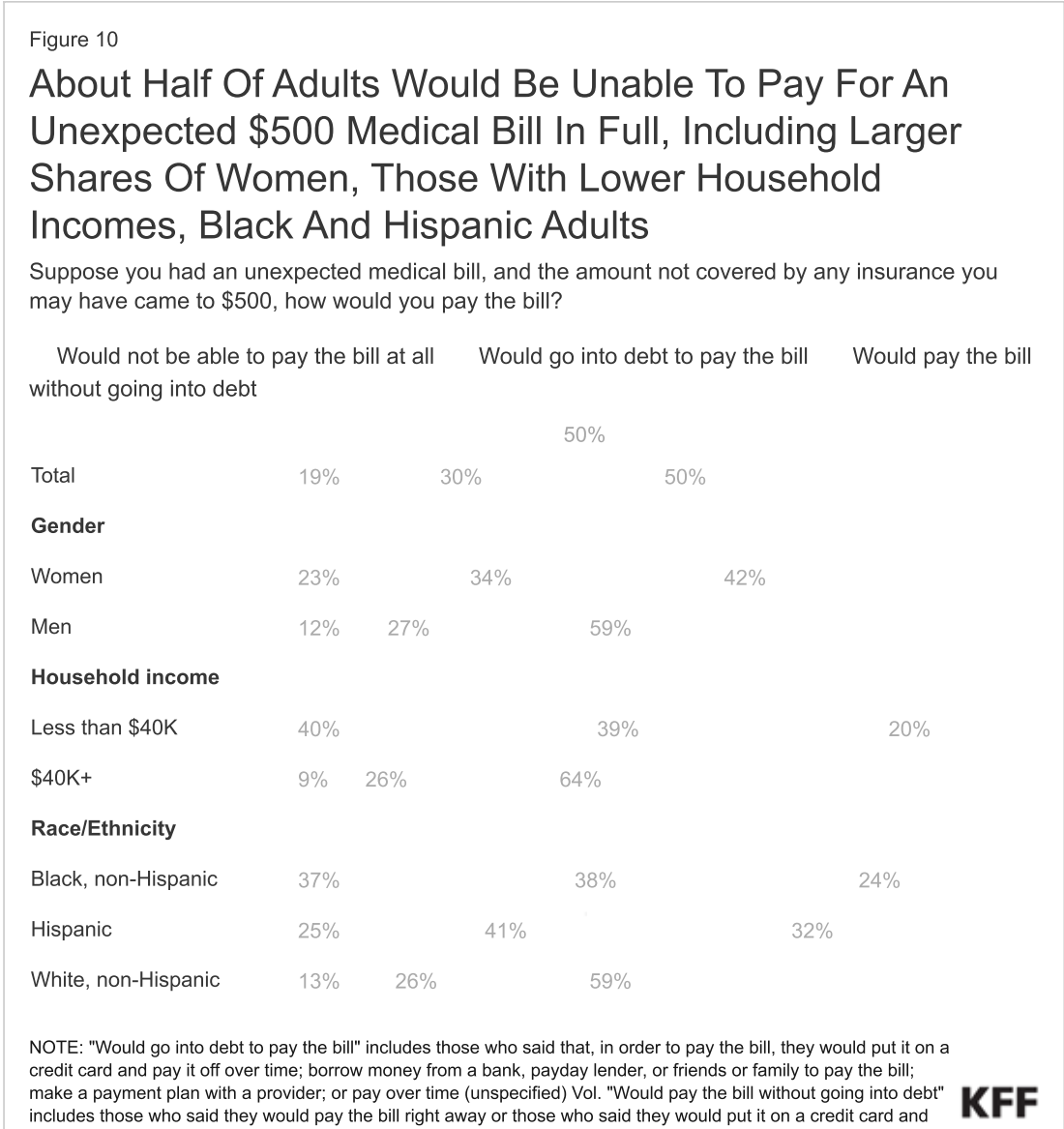
About Three In Four Adults Say They Are Worried About Being Able To Afford Unexpected Medical Bills, The Cost Of Health Care

How worried, if at all, are you about being able to afford each of the following for you and your family?

	Very worried	Somewhat worried	Not too worried	Not at all worried
			50%	
Unexpected medical bills		45%	29%	18%
The cost of health care services		39%	35%	16%
Gasoline or other transportation costs		31%	34%	21% 13%
Your monthly utilities like electricity or heat		35%	29%	21% 15%
Food		35%	27%	20% 17%
Paying down debt		35%	26%	19% 19%
Your rent or mortgage		35%	23%	18% 24%
Your prescription drug costs		26%	29%	25% 20%
Your monthly health insurance premium*		21%	27%	28% 23%
Child care**		23%	20%	18% 39%

NOTE: *Asked of insured adults. **Among parents or guardians of a child under age 18 living in their household. See

Many U.S. adults may be one unexpected medical bill from falling into debt. About half of U.S. adults say they would not be able to pay an unexpected medical bill that came to \$500 out of pocket. This includes one in five (19%) who would not be able to pay it at all, 5% who would borrow the money from a bank, payday lender, friends or family to cover the cost, and one in five (21%) who would incur credit card debt in order to pay the bill. Women, those with lower household incomes, Black and Hispanic adults are more likely than their counterparts to say they would be unable to afford this type of bill. (Source: [KFF Health Care Debt Survey: Feb.-Mar. 2022](https://www.kff.org/report-section/kff-health-care-debt-survey-main-findings/) (<https://www.kff.org/report-section/kff-health-care-debt-survey-main-findings/>))



Among older adults, the costs of long-term care and support services are also a concern. Almost six in ten (57%) adults 65 and older say they are at least “somewhat anxious” about affording the cost of a nursing home or assisted living facility if they needed it, and half say they feel anxious about being able to afford support services such as paid nurses or aides. These concerns also loom large among those between the ages of 50 and 64, with more than seven in ten saying they feel anxious about affording residential care (73%) and care from paid nurses or aides (72%) if they were to need these services. See [The Affordability of Long-Term Care and Support Services: Findings from a KFF Survey](https://www.kff.org/health-costs/poll-finding/the-affordability-of-long-term-care-and-support-services/) (<https://www.kff.org/health-costs/poll-finding/the-affordability-of-long-term-care-and-support-services/>) for a deeper dive into concerns about the affordability of nursing homes and support services.

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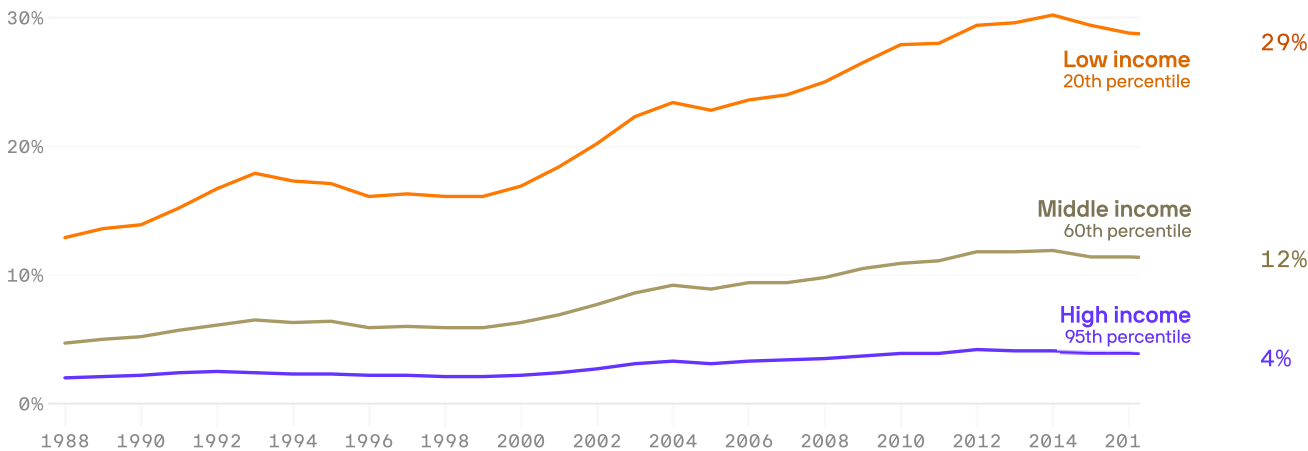
Jan 17, 2024 - Health

Health insurance premiums are eating into workers' wages



Share of compensation going to health care premiums, by income level

Estimated among U.S. families with employer-sponsored health insurance; Annually, 1988–2019



Data: [JAMA Network Open](#); Chart: Kavya Beheraj/Axios

Families with [workplace health insurance](#) may have missed out on \$125,000 in earnings over the past three decades as a result of rising premiums eating into their pay, according to a new *JAMA Network Open* study.

- And it's costing low-income employees and people of color the most.

The big picture: Premium growth has long outpaced wage growth, meaning that health insurance has become a larger and larger part of workers' total compensation as employers pay out more in health benefits.

- Premiums usually don't vary based on income level, making them a larger percentage of total compensation for low-income workers — who are disproportionately people of color — than those with higher incomes.
- Employer insurance [has gotten more and more expensive](#) as health care itself has gotten more expensive — the average workplace health plan last year cost \$24,000 for family coverage, with employers covering about three-quarters of the cost, according to KFF.
- Although workers most directly feel the impact of their health care spending through out-of-pocket costs, economists have long argued that soaring premiums have suppressed wage growth.

By the numbers: In 1988, health care premiums on average accounted for 7.9% of a worker's total compensation, which includes wages and premiums. By 2019, that had increased to an average of 17.7%, according to a [study](#) led by researchers at the Friedman School of Nutrition Science and Policy at Tufts University.

- In each of the 32 years in the study period, health care premiums were a larger percentage of compensation for Black and Hispanic families than for white families with employer insurance.
- Those disparities have also increased over time, the authors found.

The bottom line: "Our results depict the hidden costs of increasing health insurance premiums for the U.S. worker: less opportunity for wage growth and a heavier burden of health insurance premiums on lower-paid workers and on Black and Hispanic workers," the authors conclude.





TEXAS
Health and Human
Services

**Texas Department of State
Health Services**

1

Texas HIV Medication Program Updates

January 2025

Topics for Today

- THMP Budget Overview
- Texas Insurance Assistance Program-PLUS (TIAP-PLUS)
- Support Needed

Budget Impact Overview

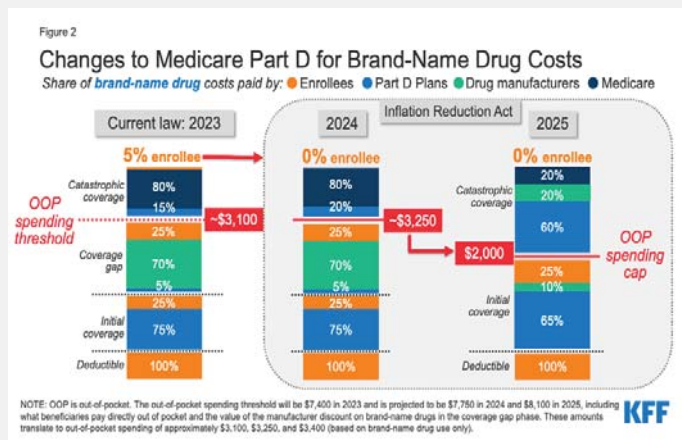
Medicare Changes-Inflation Recovery Act (IRA)

2024 Changes

- Expand eligibility for full benefits under the Medicare Part D Low-Income Subsidy (LIS) Program Those with incomes between 135-150% of the FPL will move from partial LIS to full LIS.
- There is no cost sharing for covered Part D drugs above the annual out-of-pocket (OOP) threshold, for any Part D beneficiaries. Cost sharing for covered Part D drugs will be eliminated for beneficiaries in the catastrophic phase of coverage

2025 Changes

Out-of-Pocket Threshold set at: \$2,000



How Will the Prescription Drug Provisions in the Inflation Reduction Act Affect Medicare Beneficiaries? | KFF

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Impact to THMP-IRA Changes

2024 Impact

Move those with Partial LIS to Full LIS. Participants between 135-150% of the FPL will move from partial LIS to full LIS.

- THMP does not cover participants with Full LIS, so this will reduce the SPAP eligibility pool to those with 150% FPL up to 200%.
- This would decrease SPAP claims by 9% and total claims for SPAP and TIAP by 8.7%.

Cost sharing for covered Part D drugs will be eliminated for beneficiaries in the catastrophic phase of coverage

- In 2024, the catastrophic threshold is set at \$8,000. This amount includes what Part D enrollees spend out of pocket plus the value of the manufacturer price discount on brands in the coverage gap phase. This lowers the total out of pocket cost to \$3,300.
- In CY2023, 52.6% of all SPAP claims were above \$3,300. This would result in a overall decrease in 50.5% of all claims for SPAP and TIAP.

All CY2024 overall claims would reduce by 59.6% with both changes.

2025 Impact

Continued Impact of elimination of Partial LIS Participants

- This would decrease total claims for SPAP and TIAP by 8.7%.

Continuation of eliminated cost sharing and Out-of-Pocket Threshold set at \$2,000:

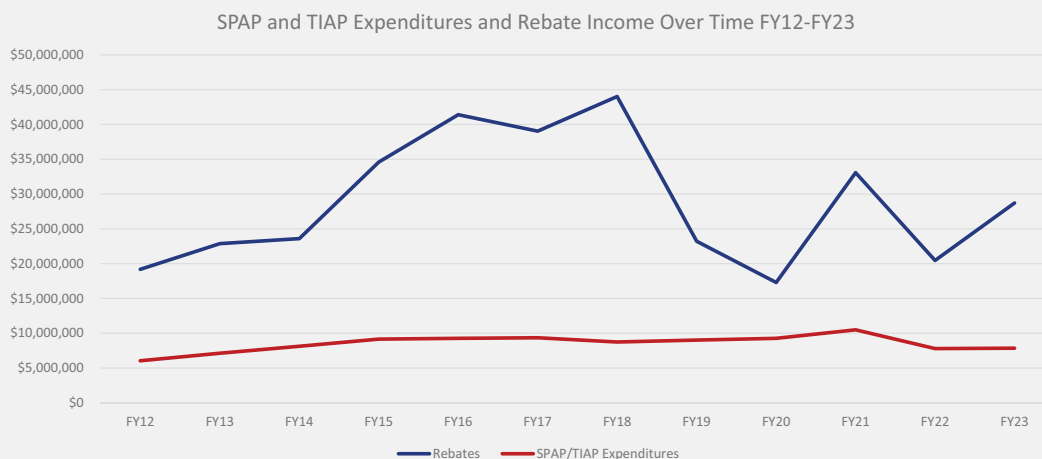
- Out-of-Pocket Threshold: \$2,000 This will result in a 68.8% reduction in SPAP Claims. This will result in a 66.7% overall decrease in all claims for SPAP and TIAP

All CY2025 overall claims would reduce by 75.45% with both the change to the LIS and the new OOPT.

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Cost Driver: SPAP and TIAP

Cost vs. Rebate Revenue Generated



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TIAP-PLUS Insurance Expansion

TIAP-PLUS

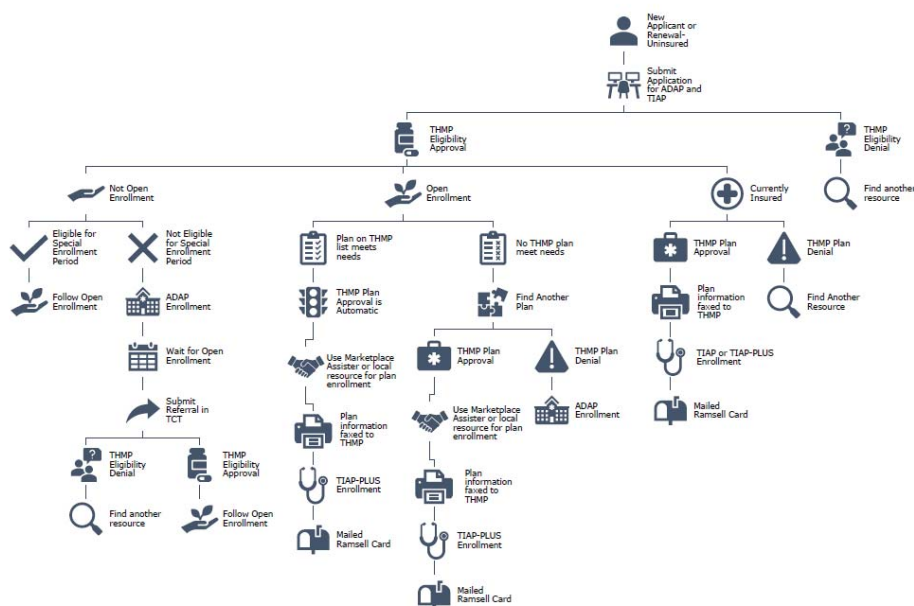
- In early October 2024, the DSHS Commissioner and leadership approved THMP to purchase health insurance.
- Insurance clients must be eligible for THMP.
- THMP purchased marketplace and off-marketplace plans during open enrollment as well as for clients who qualify for special enrollment.
- THMP pays premiums, medication copayments, and medication deductibles.
- THMP will not pay for copayments or deductibles for **medical visits**.

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Who is Eligible?

- Clients must be eligible for THMP
 - ▶ Have diagnosed HIV
 - ▶ Texas resident
 - ▶ Below 200% FPL (after standard deduction)

Insurance Purchasing Flow



When did the Expansion Start?

- Open enrollment was November 1, 2024 – January 15, 2025
- Throughout 2025 clients can enroll through special enrollment periods (SEPs)
 - ▶ Changes to family status, income, residence
 - ▶ Low income Special Enrollment Period (SEP) – people 100%-150% federal poverty level (FPL) can enroll anytime
- Clients who are currently enrolled on insurance plans who meet THMP eligibility requirements can be transferred to TIAP-PLUS.

Which insurance plans does TIAP-PLUS cover?

- THMP lists of approved plans on ACA Marketplace: [THMP – Texas Insurance Assistance Program-PLUS \(TIAP-PLUS\) | Texas DSHS](#)
- Other plans can be transferred.
- Will not cover stand-alone dental or vision plans
- Will not cover catastrophic coverage plans
- If clients are eligible for reduced cost-sharing plans, they should be enrolled on Silver Marketplace plans

10 Essential Health Services



Preventive, wellness, and
disease management services



Pediatric services, including
dental and vision



Emergency care



Prescription drugs



Ambulatory services



Laboratory services



Hospitalization



Mental health and substance
abuse services, including
behavioral health treatment



Maternity and newborn
services

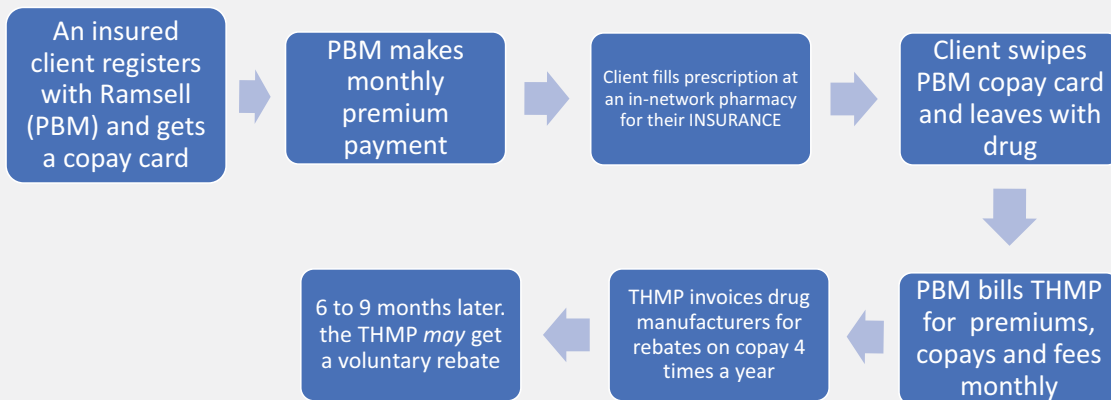


Rehabilitation and habilitation
services

Which insurance costs does TIAP-PLUS cover?

- THMP will pay for
 - ▶ Premiums
 - ▶ Copayments and deductibles for prescription drugs
- THMP cannot use their funds to pay for outpatient medical care copayments and deductibles
 - ▶ These costs can be paid for by Health Insurance Assistance (HIA) programs at the local level
 - ▶ Areas should review their policies and processes for paying for medical copayments and consider reallocation when possible
 - ▶ No additional funds for medical copayments at this time

How TIAP-PLUS Works With the Pharmacy Benefits Manager



A PBM is a pharmacy benefits manager

TIAP-PLUS Resources



THMP Insurance Expansion Notice

 A form titled "My Health Information Checklist" with a blue header. It contains a table with columns for "My Health Information" and "My Health Information" and rows for various types of information.

[MyInsuranceinformation.pdf](#)



THMP Insurance Expansion Notice Poster



Visit our [TIAP-PLUS](#) page for updates and resources

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Areas of Support Needed

What support does THMP need?

- Health Insurance Assistance (HIA) for Medical Copayments and Deductibles for TIAP-PLUS enrollees
- If you anticipate having Part A carryover funding available, please consider donating it to THMP.
- DSHS can set up a contract that we will only utilize if you have this extra funding to facilitate this process.

Thank you.