

Uninsured Texans

Revisiting Attitudes Toward Coverage

2005

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Table of Contents

INTRODUCTION	1
FOCUS GROUP “BASICS”	3
FOCUS GROUP FINDINGS	4
FOCUS GROUPS FOR SMALL EMPLOYERS.....	4
<i>Challenges to Obtaining Health Insurance (other than cost)</i>	<i>5</i>
<i>What the State of Texas Could Do.....</i>	<i>7</i>
<i>What the Insurance Industry Could Do</i>	<i>10</i>
<i>Difficulties Obtaining Health Care Without Insurance</i>	<i>12</i>
FOCUS GROUPS FOR INDIVIDUALS.....	12
<i>Challenges to Obtaining Health Insurance (other than cost)</i>	<i>13</i>
<i>What the State of Texas Could Do.....</i>	<i>16</i>
<i>What the Insurance Industry Could Do</i>	<i>18</i>
<i>Difficulties Obtaining Health Care Without Insurance</i>	<i>19</i>
DISCUSSION AND CONCLUSIONS	20

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Introduction

Extending health insurance coverage to the millions of Texans who lack it is an important policy and health objective. On the surface, the concept of increasing access to health insurance seems a simple one, but with a large and diverse population, no single approach is likely to address the needs of the millions of uninsured Texans.

To better understand the factors affecting the uninsured in Texas, the Texas Department of Insurance (TDI) submitted, and was awarded, a planning grant from the Federal Health Resources and Services Administration (HRSA). The primary purpose of the grant was to enable Texas to develop a comprehensive plan to significantly reduce the number of individuals without health insurance.

As part of the grant activities, the Texas A&M University Public Policy Research Institute (PPRI) was asked to conduct two series of focus groups. The first series were conducted in 15 Texas cities during September and October 2001. Three focus groups were held in each location - one targeting unemployed individuals who did not have health insurance, the second targeting employed individuals who did not have health insurance, and the third targeting small business owners.

The topics discussed at the 2001 focus groups were:

1. The reasons so many Texans did not have health insurance;
2. The kinds of assistance or support that might help more Texans obtain health insurance;
3. The questions or concerns (other than financial) that were important when considering health insurance;
4. The best ways for people to learn about health insurance options; and
5. The kinds of experiences people had with health insurance agents and providers.

The second series of focus groups were conducted in seven Texas cities during August of 2005. Two focus groups were held in each location – one targeting individuals who did not have health insurance (combining unemployed and employed individuals), and the second targeting small employers. The discussion topics at the 2005 focus groups were:

1. Challenges to obtaining health insurance (other than cost);
2. Things Texas could do to make health insurance more attainable;
3. Things the insurance industry could do to make health insurance more attainable;
4. Difficulties obtaining health care without health insurance.

This document is the report from the second series of focus groups. The report summary from the 2001 focus group study is available on the Texas Department of Insurance website at <http://www.tdi.state.tx.us/reports/report7.html>.

Focus Group “Basics”

To better understand the data derived from focus groups it is important to understand exactly what they are and what they are not. Focus groups are organized discussions with a selected group of individuals. They are used to gain information about views and experiences related to a specific issue and are particularly appropriate when the respondents have several perspectives about the topic under discussion. Unlike the data from surveys, the information obtained through focus groups cannot be analyzed statistically, there is no way to determine significance, nor can one data set be cross-referenced with another data set to establish correlation. Instead, the data from focus groups reflect a collection of thoughts and ideas expressed extemporaneously by people in response to specific questions asked by the focus group moderator. When these questions are answered multiple times by multiple groups of people important themes about the topic or issue may emerge.

The focus groups for this study were conducted in August 2005 in the following Texas cities:

- Amarillo
- Corpus Christi
- Dallas
- El Paso
- Harlingen
- Houston
- Laredo

Participants included uninsured small employers and individuals who did not have health insurance. The participants were recruited by the Texas Department of Insurance via flyers, advertisements, word-of-mouth, and other publicity channels. They were asked their opinions about; (1) challenges obtaining health insurance (other than cost); (2) things Texas could do to make health insurance more attainable; (3) things the insurance industry could do to make health insurance more attainable; and (4) difficulties obtaining health care without health insurance. In addition, each participant completed a short demographic questionnaire.

Focus Group Findings

Information from the focus group discussions is included in the sections below. First the responses of small employers are detailed, followed by the responses from individuals.

Focus Groups for Small Employers

A total of seventy-two small employers participated in the focus groups as follows:

- Amarillo - 16
- El Paso - 5
- Laredo - 5
- Corpus Christi - 7
- Harlingen - 6
- Dallas - 17
- Houston - 16

Fifty-six percent of these employers indicated that they did not provide health insurance for their employees. On the other hand, 79% percent said they had shopped for employee health insurance within the past twelve months. Of those who did shop for health insurance, almost two-thirds (62%) found the experience to be unpleasant and more than half (53%) were unsuccessful finding insurance for employees.

Three types of insurance products topped the list of what small employers were looking for. These were; (1) health savings accounts (29%), (2) consumer choice plans (27%), and (3) limited benefit plans (21%). In order to find information about insurance, most employers talked with insurance agents (37%) or used the Internet (21%). Less frequently used information sources included business associations (12%), employer benefit consultants (10%), word of mouth (7%), newspapers or magazine ads (5%), non-insurance websites (4%), radio (1%) and the Texas Department of Insurance web site (1%). Almost all employers (91%) said they new little or nothing about consumer choice health insurance plans.

Even though less than half the employers provided health insurance to their employees, 83% of them were personally covered by health insurance. Employers who were covered by health insurance provided through a source other than their company were evenly split between coverage through a spouse and coverage through individual health insurance plans.

Slightly more than two thirds of the employers (68%) had never investigated the Texas Department of Insurance web site. However, when asked about the best way to obtain information, the Internet was by far the most frequent response (43%). Less frequent options included television (15%), mail (15%), seminars or “town meetings” (11%), and other media (7%). Note that employers’ preferences for obtaining information were quite different than the preferences of individuals (see section on individual responses on page 13 of this report).

Challenges to Obtaining Health Insurance (other than cost)

Small employers listed a wide spectrum of challenges to obtaining health insurance. These ranged from challenges related to the insurance itself to challenges related to their employees. Regardless of the instruction by the focus group leader to only discuss topics other than cost, the small employers were emphatic that cost was by far the overriding factor that prevented them from purchasing health insurance and the main item that contributed to all the other challenges.

The cost-related factors that small employers emphasized were:

- They couldn’t get a good rate with a small number of employees;
- The rates were so high that employees couldn’t afford to pay their part of the premium, thus many declined coverage which made the pool smaller and the rates even higher; and
- They were not able to combine with other companies or organizations to create a larger pool.

Challenges related to decisions about purchasing insurance included issues related to difficulty; (1) making comparisons between policies, (2) deciding which insurance would best meet their needs, (3) choosing coverage options, (4) finding insurance companies they could trust, (5) finding insurance companies and insurance agents who were interested in doing business with small employers, and (6) exploring alternatives to health insurance. Examples of factors related to these issues included:

- Deciphering plans – the plans were so complex that it was difficult to determine who covered what and what was left out;
- Comparing plans – the plans were so different that an “apples-to-apples” comparison was not possible;
- Understanding policy provisions;
- Finding policies that covered the needs of employees;
- Finding policies that cost what the company could afford to pay;
- Dealing with mid-stream changes that insurance companies often made in coverage and costs;
- Finding insurance companies and agents who would take the time to meet with small employers; and
- Being confident that the insurance company and the agent were representing the company and the policy accurately.

Challenges related to the employees themselves included issues of; (1) sharing information about insurance with employees, and (2) finding insurance that addressed the peculiar make-up of the employee base. Examples of factors related to these issues included:

- Educating employees about what was/was not covered;
- Educating employees about time limitations in the sign-up period and submission of claims;
- Asking employees to pay some, or all, of the insurance premiums;

- Dealing with employees who had pre-existing chronic health problems that increased the costs of insurance, such as diabetes, high blood pressure, asthma, cancer, etc.;
- Dealing with age-related issues that increased the cost of insurance, such as young female employees who might need maternity coverage and/or older employees who might need coverage for a variety of age-related conditions; and
- Dealing with the effects of attrition, i.e., in a small company any change in the employee-base could have a marked impact on insurance costs.

Regardless of the specific challenge, small employers also were very concerned about the time needed to study all of the various issues related to the purchase of insurance. The more time they devoted to these insurance-related issues, the less time they devoted to the prime function of their business. Thus, the purchase of health insurance exacted both a direct cost and an indirect cost on the company.

What the State of Texas Could Do

The small employers articulated many suggestions for steps the State of Texas could take to ease the burden of purchasing health insurance for employees. These included; (1) provision of new insurance options, (2) provision of incentives, (3) implementation of new policies and regulations, (4) expansion of existing programs, (5) dissemination of more information, and (6) recognition of micro-businesses as a category distinct from small-businesses.

The employers also came up with many options for how the state could combine small employers into larger insurance pools. These included:

- Putting all small employers (under 50 employees) into one state-wide insurance pool;
- Forming cooperatives of small employers;
- Creating a reinsurance pool that included all small employers;
- Promoting private approaches for the pooling of small employers;
- Expanding the risk pool in a manner similar to that used by Texas Workers' Compensation; and
- Allowing associations to purchase insurance for member organizations.

Other new options suggested by small employers included incentives the state could provide to employers to purchase health insurance. These included:

- Providing tax refunds or incentives to small employers who provided health insurance;
- Setting up a "cafeteria plan" of incentive options that small employers could choose from;
- Providing discounts or special benefits to employers who provided health insurance; and
- Establishing a fund to help small employers purchase health insurance.

The employers also wanted the state to implement policies that would make insurance more affordable for small employers. These included:

- Limiting insurance company profits;
- Capping the percentage companies could raise premiums;
- Developing standard policies for small groups;
- Regulating the rates insurance companies paid health care providers;
- Regulating insurance malpractice payments;
- Mandating standard cost structures for policies; and
- Regulating frivolous lawsuits.

Employers also suggested that benefit reductions implemented under the CHIP (Children’s Health Insurance Plan) program be reinstated, and that the plan be expanded to include parents. In addition, they hoped the state would expand existing policies related to:

- Forming business cooperatives to purchase insurance;
- Creating health savings accounts;
- Increasing the size of coalitions;
- Developing “CHIP-like insurance” for the middle class;
- Developing standard costs for insurance; and
- Developing policies to streamline and standardize insurance plans.

Business owners also expected the state to provide more information about insurance and to find ways to disseminate this information more broadly. Suggestions included:

- Advertising services the state currently provided;
- Ranking and publishing insurance company performance ratings (much like *Consumer Reports*);
- Providing better educational materials on the Texas Department of Insurance web site;
- Providing on-line cost calculators and spreadsheets that were user friendly;
- Educating the public and employers about health plans; and
- Promoting simplicity in policies and claims processes.

The employers at the focus groups also felt that the categorization of small employers was too broad and did not adequately distinguish the smallest employers from larger firms. Employers observed that, although state insurance laws generally defined small employers as those firms with no more than 50 employees, in some instances the “small employer” classification was used to refer to employers that had as many as 200 employees. Therefore, they believed that a category for employers that had less than 25 employees should be created – to be called micro-employers.

Suggestions for policies related to this category of employees included:

- Allowing all micro-employers to belong to the same insurance pool; and
- Incorporating micro-employers into the state employee insurance pool.

Regardless of subtleties, the message from small employers was clear and direct. They expected the State of Texas to do more to streamline all processes related to the purchase of health insurance and to do whatever was necessary to reduce insurance costs.

What the Insurance Industry Could Do

The employers also believed that the insurance industry should do its part in reducing costs. To this end, they believed insurance companies should; (1) improve their practices, (2) be more flexible, (3) employ individuals who specialized in small and micro businesses, and (4) provide better information.

Employers hoped insurance companies would take necessary steps to reduce costs to consumers even if it meant the insurance company would make less profit. They also hoped these reduced costs would encompass the cost of the insurance itself, the cost of medication, and the cost of any co-pay.

In addition, employers were frustrated by many standard insurance company practices. They felt that claims were processed too slowly, requirements were too complicated, and that there were too many “*Catch 22*” situations related to insurance. The employers believed that insurance companies should compete with each other based on the type of customer service exemplified by car and homeowner insurance. They also felt that insurance companies could be more flexible by allowing more choices and providing options for customizing insurance plans.

Employers in all focus group locations agreed that a major flaw with health insurance companies was that they did not have specific agents or individuals who specialized in working with small and micro businesses. Employers felt that someone in this position could better analyze their situation and understand their needs. In addition, they hoped this person would take the time to educate them about insurance options and would help their employees to understand coverage and how to submit claims.

And finally, employers had numerous suggestions about how insurance companies could improve information and availability. These included:

- Providing materials that enable employers to more easily compare different plans offered by different companies;
- Providing easier to understand rate schedules;
- Making it easier to apply for coverage;
- Simplifying programs;
- Making the literature easier to read;
- Training and educating employers;
- Making staff more available to employers;
- Holding insurance fairs;
- Cutting down on “the small print” in policies;
- Helping employers do a better job estimating rates;
- Making information about benefits more understandable;
- Having financial and “rate of claims paid” information on the insurance company website;
- Providing more information about choices;
- Providing more explanation about the underwriting process; and
- Standardizing plans for easy comparison.

Difficulties Obtaining Health Care Without Insurance

Employers felt that employees had two main difficulties obtaining health care without health insurance. The first was that they couldn't afford the costs of that care, and the second was that health care providers would not serve them because they didn't have health insurance. They had also heard horror stories about employees spending hours in emergency rooms waiting to receive care or receiving sub-standard care in Mexico. But, for the most part, employers were relatively uninformed (or unforthcoming) about problems their uninsured employees encountered.

Focus Groups for Individuals

A total of 99 individuals participated in the focus groups as follows:

- Amarillo - 15
- Corpus Christi - 10
- Dallas - 9
- El Paso - 22
- Harlingen - 10
- Houston - 17
- Laredo - 16

Sixty-seven percent of the participants were female and 33% were male. Fifty-five percent were Hispanic, 25% were white, and 20% were African-American.

In the first series of focus groups conducted in 2001, employed individuals and unemployed individuals participated in different sessions. However, these two groups were combined into the same session for the 2005 series of focus groups. Of the individuals who participated in the 2005 focus groups, 57% were employed and 43% were unemployed. Of the employed individuals, 40% indicated that health insurance was available to them through their employer. Both employed and unemployed individuals were asked if health insurance was important to them when they were looking for a job. Seventy-four percent of the participants indicated that it was important.

Even though the majority of individuals who participated in the focus groups were not currently covered by health insurance, many had tried to obtain health insurance during the previous year. The results of this quest were very discouraging; with only 13% indicating that they had been successful purchasing insurance. Even more discouraging was their characterization of the shopping experience. Seventy-four percent of the individuals who shopped for health insurance in the past year found the experience to be unpleasant.

Individuals were also asked to specify the best way to learn about health insurance. The most frequently indicated method was via television (27%), followed by mail (14%), newspaper (12%), word of mouth (12%), radio (10%), Internet (7%), and through their employer (7%). Note that this list of preferences is different than that indicated by employers.

Challenges to Obtaining Health Insurance (other than cost)

The challenges listed by individuals participating in focus groups were very similar to the challenges articulated by employers. Like the small employers, these individuals found the process of acquiring health insurance to be a difficult obstacle to overcome. All aspects of the insurance acquisition process were judged to be more difficult than expected; from the first step of deciding to purchase insurance, through the examination of alternative policies and types of coverage, to the actual completion of applications, there were barriers that discouraged people from obtaining health insurance.

And even if insurance were acquired, the processes involved in using that insurance were also considered obstacles. In fact, the processes of finding medical providers who accepted the insurance and of filing claims were perceived to be so onerous that they became “barriers-before-the-fact.” In other words, many individuals felt that health insurance was not a viable option for meeting their health care needs because of the myriad problems associated with getting, having, and using it.

In addition, difficulties related to obtaining and using health insurance were compounded by individual circumstances that included pre-existing conditions, language barriers, immigration status, and the financial strain of paying premiums. One individual even commented that they “would rather be ill than to seek out insurance.”

Common challenges related to obtaining information about insurance were similar to those of the employers and included the following:

- Knowing where to shop for insurance;
- Having the time to research what was available;
- Needing better information about insurance options;
- Understanding the insurance;
- Having too much confusing information and no people willing to explain what it meant;
- Having too little information to make an informed decision; and
- Needing information in a language other than English.

Comments related to difficulties using health insurance focused on “the fine print” and included complaints such as:

- Having insurance and then finding out the health care procedure you just had wasn’t covered;
- Finding out the guidelines were too strict for what you needed;
- Having too much red tape and bureaucracy;
- Having claims processed so slowly that your credit is ruined while you are waiting.

Several individuals indicated that health insurance was beyond their financial means.

These individuals cited reasons such as:

- Having pre-existing conditions that would raise the premiums;
- Having large families;
- Having an income that was too high for them to qualify for subsidized coverage, but was not high enough for them to afford personal coverage;
- Having the co-pays be so high that they were unaffordable even if they had insurance; and
- Having other costs, such as housing, food, and transportation, that left no money for insurance.

In many instances individuals sought alternative health care across the border. These individuals felt comfortable going to Mexico and were relatively confident that they could get good care, even though several said they had heard horror stories about bad care. The focus group participants felt this option was especially viable for native Spanish speakers, undocumented individuals, or individuals who did not want to reveal their immigration status.

Other individuals did not believe that health insurance was necessary. In some instances this was because they were young and healthy and didn't feel it was important for them to have insurance at this time. Others said it was because they felt they could get needed care at community medical clinics. Still others indicated that some cultures did not understand the concept of insurance and preventative care. And a few others said that they just didn't like going to the doctor.

Many individuals felt that the government had failed to adequately address the problem of health care. They also felt that government-sponsored solutions did not necessarily have to include the "middle men" (i.e., insurance companies) and could come in the form of direct health care services.

What the State of Texas Could Do

Most focus group participants believed that the state had the responsibility for ensuring that health care was available for all residents. One suggestion for accomplishing this was to lower the cost of insurance premiums. The participants thought this could be accomplished in numerous ways, including:

- Implementing a sliding scale of premiums based on income rather than health status;
- Having premiums be the same cost for each individual regardless of age or health status;
- Mandating that employers help to pay insurance premiums;
- Having state-subsidized insurance based on income; and
- Having the state lobby the federal government for universal health insurance.

Focus group participants also came up with creative ways for the state to expand health care to more individuals. These included:

- Expanding CHIP to include more children and families or offering an insurance program like CHIP for adults;
- Creating programs through the schools to provide health care for students and families;
- Providing free health care services;
- Providing free medication; and
- Involving more doctors and hospitals in providing health care at a reduced cost.

Numerous suggestions were made for state regulations that would impact health insurance. These included:

- Regulating insurance companies and their premiums;
- Mandating that employers provide some insurance coverage for part-time employees;
- Ensuring that all counties had adequate free or reduced-cost health care providers;
- Developing “shared cost” insurance programs where premiums are shared between individuals, the state, and employers;
- Providing incentives to employers to offer health insurance;
- Using “sin” taxes to offset costs of state subsidized health insurance;
- Creating an independent health care commission to oversee the insurance industry;
- Creating innovative programs in which individuals could volunteer to provide services in exchange for medical care;
- Expanding the investigation and prosecution of insurance fraud;
- Increasing taxes for industries with hazardous jobs; and
- Increasing taxes for industries that pollute and/or cause other public health hazards.

Participants also wanted the state to provide more information about health care and health insurance. Their suggestions included:

- Educating the public through various state agencies rather than just the Texas Department of Insurance;
- Holding health care seminars in low income communities;
- Having “health fairs;”
- Helping individuals with little, or no education understand insurance policies;
- Providing information in various languages; and
- Having media campaigns to improve public awareness.

Some individuals even suggested that the state do more research regarding health care and health insurance. They felt that all of Texas would benefit if the leadership studied how other states and countries handled similar issues. It was also suggested that the state conduct research on ways health care and health insurance could be offered to low income individuals without stigma. And finally, it was suggested that the state do a socio-economic study to determine what would be a reasonable price for health care / health insurance costs based on specific income levels.

Individuals also encouraged the state to do whatever was necessary to improve the economic circumstances of low income and unemployed individuals so that they could afford health care and/or health insurance.

What the Insurance Industry Could Do

In many respects, suggestions for what the insurance industry could do echoed suggestions for what the state could do. Focus group participants wanted the industry to do a better job controlling costs, understanding individual circumstances, and providing information. They also wanted coverage options simplified and standardized, coverage to be expanded to include all aspects of health care, and claims processes to be streamlined. Examples of these issues included:

- Learning from other states and countries that have cheaper, more inclusive health care coverage;
- Doing a better job to prevent fraudulent claims;
- Finding ways to economize without sacrificing services or coverage;
- Explaining coverage in detail;
- Doing a better job of training the health insurance sales force;
- Having information at libraries and post offices;
- Improving marketing;
- Expanding benefits to include traditional medical care pharmaceuticals, dentists, holistic medicine, acupuncture, massage therapy, etc.;

- Providing coverage for preventative health care;
- Covering pre-existing conditions;
- Taking into account emergency and unusual situations before denying claims that might otherwise not be covered under a plan;
- Setting rates and co-pays based on family size and income; and
- Working with the state and employers to design cooperative insurance programs for uninsured individuals.

Difficulties Obtaining Health Care Without Insurance

The focus group participants were very aware that most people would not receive good health care if they could not afford to pay for it. Even those who used free clinics and/or traveled to Mexico for health care services felt that income and care options were integrally connected, i.e., the poorer you were, the poorer the health care you received. They also felt that societal norms made it acceptable for health care providers to base the quality of health care services on the income of the person receiving the service; therefore it was “reasonable” to provide low income individuals with low quality care. This “wealth-based health care” mentality permeated all aspects of the system, including the quality of the health care facility, the staff, the medication, the customer-service orientation, etc. Fortunately some found good free and reduced payment clinics that had caring and committed staff - but this was by far the exception.

Discussion and Conclusions

In 2001 virtually all focus group participants mentioned cost/affordability as the primary reason why they did not have health insurance. A related complaint was the insurance industry's practice of raising costs to extreme levels, or refusing to serve clients, because of very common pre-existing conditions such as diabetes, high blood pressure, and asthma. Additional factors related to employment and the economy exacerbated the impact of high health insurance costs. The situation was further compounded because small employers felt trapped - they could not afford to pay the premiums for employees, nor could they afford to pay employees enough wages to pay the premiums on their own.

The 2001 focus group participants also believed that health insurance companies had an exorbitant amount of power and control over the insurance market in Texas, that these insurance companies purposefully created confusing policies that were impossible to compare, and that the fine print in coverage statements created a nightmare when individuals tried to make claims.

Based on information from the participants in the 2005 focus groups, little has changed between 2001 and 2005. Suggestions for improving health care coverage continue to focus on expanding subsidized programs and/or creating new programs to underwrite health care costs. Issues related to pre-existing conditions, lack of ability to compare health care plans, exorbitant red-tape and bureaucratic procedures for processing claims, and misunderstandings about what is/is not covered are again the most common themes. In addition to the issues identified in 2001, four new issues emerged in 2005. These issues appear to be pervasive throughout the state regardless of the geographic location or the size of the community.

The first of these new issues is related to a possible difference in perception about health insurance / health care in Hispanic, versus non-Hispanic populations. Several individuals and businesses articulated the belief that Hispanics who are not acculturated into the “American way of life” are less likely to seek preventative care than are acculturated Hispanics and other ethnic groups (such as African-Americans, Anglos, and Asians). This difference is attributed to the perception that the Hispanic / Mexican culture is “present-oriented,” while “American” culture is “future-oriented.” Because more Hispanics live along the Texas / Mexico border, this issue was brought up more often in focus groups in border cities. However, the issue was also discussed in cities that were not along the border. The pervasiveness of this perception is notable because of its potential impact on when, why, and how individuals might be inclined to secure and use health insurance and health care.

The second new issue is the use of health care in Mexico. Even though several of the 2001 focus groups took place in border cities, the use of medical services from across the border was not mentioned. But in 2005, going to Mexico for doctors and medication is relatively common practice. Individuals in border communities are grateful for the proximity of affordable health care. But individuals in non-border communities are also amenable to excursions to Mexico to fill prescriptions and/or receive medical treatment. Even individuals who are not proficient in Spanish seem relatively comfortable with the thought of going to Mexico for some of their health-related needs. Several participants talked about horror stories related to this practice, but none had a personal horror story to tell and all who used Mexican health care services seemed to feel that they knew how to find good doctors and medication and avoid difficulties.

The third new issue is that of insurance fraud. When asked what the State of Texas could do to help people obtain health insurance, individuals and employers throughout the state felt that more should be done to catch and to punish the perpetrators of these frauds. Interestingly, most focus group participants feel the most egregious frauds are not those perpetrated by individuals attempting to defraud insurance providers. Instead, they believe the most prevalent and costly frauds are those perpetrated from within the health care system itself – i.e., doctors, pharmaceutical companies, and other health care providers (including insurance companies) who are defrauding the government and each other. Private individuals are seen as the unwitting victims of these frauds and the ones who are being forced to pay via the ever-rising costs of health care and health insurance.

The fourth and final new issue is the realization that lack of health care (often resulting from the lack of health insurance), is an economic as well as a social concern. One small employer at a 2005 focus group summarized the situation concisely when he said “how can I have a healthy business if I don’t have healthy employees?” And, to take this logic one step further, “how can we have a healthy economy if we don’t have healthy businesses?” Both the employers and the employees understand that an uninsured employee is less likely to receive health care, and is therefore more likely to have illnesses that can persist for a week or more even though, with appropriate health care these same illnesses might have been treated and cured in a day or two. For a small employer, the absence of an employee is a cost that will never be recovered. The absent employee does not produce earnings while absent and often receives pay via sick leave, and this deficit can be exacerbated when the employer must also pay a substitute to cover for the sick employee. The prospect of being ill for a long period of time is equally as discouraging for the employee. Absences from work can cause financial hardships in the form of increased costs (i.e., medical costs), reduced pay, and/or lost job security.

All of the issues – those reoccurring from 2001 and those newly identified in 2005 – confirm that the state of health care and health insurance in Texas is more critical now than ever. Based on testimony from the focus groups, the situation has deteriorated in the last four years to the point where individuals are forced to find creative health care solutions - regardless of how risky those solutions might be - because they believe that help from formal channels will not be forthcoming any time soon. In addition, business leaders are beginning to realize that their economic stability is very dependent on the well being of their employees - employees who may be those very individuals who are having difficulty finding acceptable means to deal with health care issues. And above all, there is a growing realization that the good health of the populace is the ultimate foundation of a safe and secure state and nation.