



# TEXAS TRENDS 2022

## Health Care



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# Executive Summary

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This report is part of a five-year survey project by the Hobby School of Public Affairs at the University of Houston and the Barbara Jordan – Mickey Leland School of Public Affairs at Texas Southern University. The survey includes a representative sample of Texas with an over sample of of the state’s Black, Latino, and Asian residents, which were the three groups of interest for the study.

The second survey of this five-year project focused on the 2022 general election in Texas, gun safety, the economy and inflation, criminal justice and immigration, and health care. The survey was fielded between August 11 and August 29, 2022 in English and Spanish. A total of 2,140 respondents 18 years of age and older took the survey, resulting in a confidence interval of  $\pm 2.1\%$  at the 95% confidence level. The respondents were matched to a sampling frame on gender, age, race/ethnicity, and education and are representative of the Texas adult population.

Findings from the survey’s questions on health care are summarized in this report. This report analyzes health insurance coverage, access to healthcare providers, and respondent’s opinions and attitudes on policies related to Medicaid and prescription drug prices.

- In terms of health insurance coverage:
  - A high uninsured rate was found for survey respondents: 21% (compared to 18% Census estimate)
  - Of those insured, the top three types of coverage are health insurance through their employer or union (29%), Medicare (23%), and Medicaid (13%).
  - We find differences in health insurance coverage by race. Whites were more likely to be uninsured (11%) compared to Black (7%) and Hispanic (6%) respondents; they were also more likely to be covered by Medicare compared to Blacks and Hispanics.
  - For Hispanics, the employer-sponsored health insurance coverage rate is the lowest (26%). By contrast, 30% of Black and 30% of white respondents report having health insurance through their employer or union.
  - We find that publicly-funded health insurance options, such as Medicare, decrease with income, while access to private health insurance (through employer or union) increases with income. Less than half (46%) of low income respondents (earning less than \$34,999) are covered through Medicare or Medicaid. Over half (58%) of the highest-income respondents (earning more than

- 
- \$200,000) have employer-sponsored health insurance compared to only 15% of lowest-income respondents.
- The highest-income respondents have the lowest uninsured rate (3%), while all other income groups (earning less than \$200,00) have a higher uninsured rate (around 8%).
  - The highest uninsured rate is among the Millennial and Gen Z generations (11%).
- Access to health care providers in Texas varies:
    - Nearly one fourth of respondents (23%) do not have a regular place to go for health care. Not having any health problems (51%) and the cost of co-pays and prescription drugs (18%) are the main reasons for not having a regular place to go.
    - Almost three in ten individuals in the lowest income group reported not having a regular place to go compared to one in five among higher income groups.
    - More women (80%) than men (74%) reported having a regular place to go for health care.
    - As expected, older generations report going to a regular health care provider more often than younger generations.
    - Over 80% of Republican and Democrat respondents report having a regular place to go for health care compared to only half of the respondents with no party affiliation.
  - In general, respondents favor Medicaid expansion and the seven policies on prescription drugs prices proposed, though support varies across demographics:
    - 83% of respondents supported making it easier for generic drugs to come to market, which was the most supported policy. The least favored proposal was allowing the federal government to set limits on drug prices, though nearly seven in ten (69%) still favored allow the federal government to set limits on price increases.
    - 52% of survey respondents were in favor of expanding Medicaid, 30% favored keeping Medicaid as it is today, and 18% did not know or were unsure.
    - Women were somewhat more likely than men to favor six of the seven policy proposals to lower prescription drug prices, the exception being allowing the purchase of prescription drugs from abroad.
    - Respondents identifying as Democrats and Silent and Boomer respondents were most likely to support the seven policies aimed at lowering prescription drug prices.



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# Chapter 1: Introduction

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Texas is the state with the lowest insurance coverage in the nation. According to the American Community Survey 1-year estimates from 2021, around 18.0% of the population does not have health insurance coverage compared to the national average of 8.6%.<sup>1</sup> In dense, urban areas like Harris County, for example, 21.8% of the population does not have health insurance coverage. Rural areas in Texas face a shortage of health care resources, a shortage that worsened during the COVID-19 pandemic.<sup>2</sup> In total, according to data from Health Resources & Services Administration, there are 64 counties in Texas without a hospital and 25 counties without access to a primary care physician.<sup>3</sup> In addition to uneven access to health care and insurance, Texas is one of 12 states that have not expanded Medicaid to cover more low-income people. Medicaid expansion has regularly been discussed in the legislature, but despite Democratic and Republican efforts, no consensus has been reached.<sup>4</sup> It is clear that Texas has a lot to do to improve access to affordable health care for Texans across the state, especially those that are vulnerable.

In 2021, the Hobby School of Public Affairs at the University of Houston and the Executive Master of Public Administration Program in the Barbara Jordan – Mickey Leland School of Public Affairs at Texas Southern University launched a five-year survey project to study Texas’s changing population, with emphasis on the state’s Black, Latino and Asian residents. In addition to a representative sample of all Texans, the 2022 survey includes an oversample of the former groups to allow for an objective and statistically valid report of their diverse opinions and experiences. The second survey, fielded between August 11 and August 29, 2022, focused on opinions about the upcoming statewide election and issues including gun safety, the economy, criminal justice, and health care. The survey was conducted in English and Spanish, with 2,140 YouGov respondents 18 years of age and older, resulting in a confidence interval of  $\pm 2.1\%$ . Respondents were matched to a sampling frame on gender, age, race/ethnicity, and education and are representative of the Texas adult population.

This is the seventh and final report based on the second wave of the Texas Trends survey. In this report, we examine Texans’ access to health care and their policy preferences surrounding Medicaid expansion and prescription drug prices. We start by analyzing survey responses about health insurance coverage and access to health care providers. We then explore respondents’ positions on policies related to Medicaid and prescription drug prices.

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<sup>1</sup>U.S. Census Bureau; 2021 American Community Survey 1-year Estimates. Table B27001;<https://data.census.gov>

<sup>2</sup>Texas Tribune. *From staffing shortages to lack of guidance, the pandemic made Texas’ rural health issues worse, providers say.* May 5, 2022. <https://www.texastribune.org/2022/05/05/healthcare-in-rural-texas/>

<sup>3</sup>Health Resources and Services Administration; MUA Find. <https://data.hrsa.gov/tools/shortage-area/mua-find>

<sup>4</sup>Texas Tribune. *Analysis: A health care problem too big for the Texas Legislature.* March 21, 2022 <https://www.texastribune.org/2022/03/21/texas-medicaid-insurance/>.



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## Chapter 2: Health insurance coverage

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In this chapter, we examine respondents' health insurance coverage. Survey respondents were asked if they are currently covered by one or more types of health insurance. We find a high uninsured rate among respondents. Figure 2.1 shows that 21% of respondents reported not having any of the listed health insurance types. Around 30% of respondents are covered through their employer or union, 23% report being covered by Medicare, and 13% by Medicaid.

**Figure 2.1:** Below is a list of different types of health insurance coverage. Please indicate if you are currently covered by any of the following types of insurance. Please select all that apply.

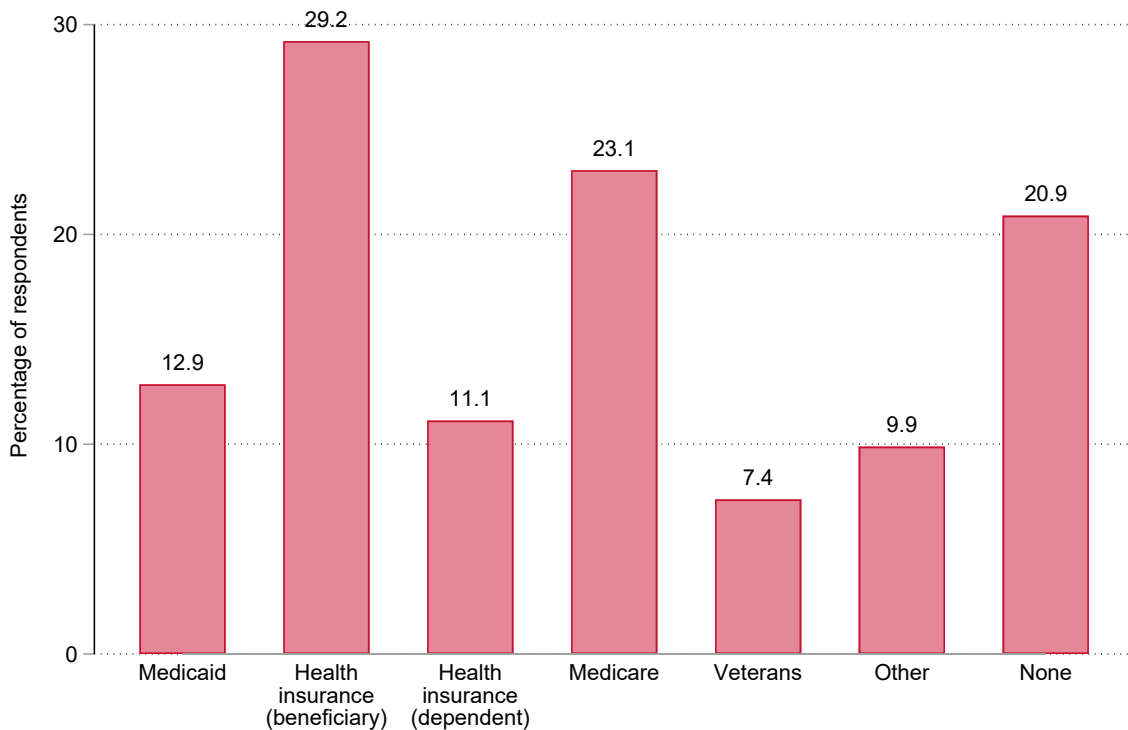


Figure 2.2 reveal similar uninsured rates for men and women (about 10%). Women were more likely to report being covered through Medicaid (14%) than men (10%). By contrast, men (12%) were more likely than

women (5%) to report being covered through Veteran’s Affairs, Military Health, or TRICARE. Slightly more women (25%) than men (21%) report being covered through Medicare.

**Figure 2.2:** Type of health insurance coverage by gender

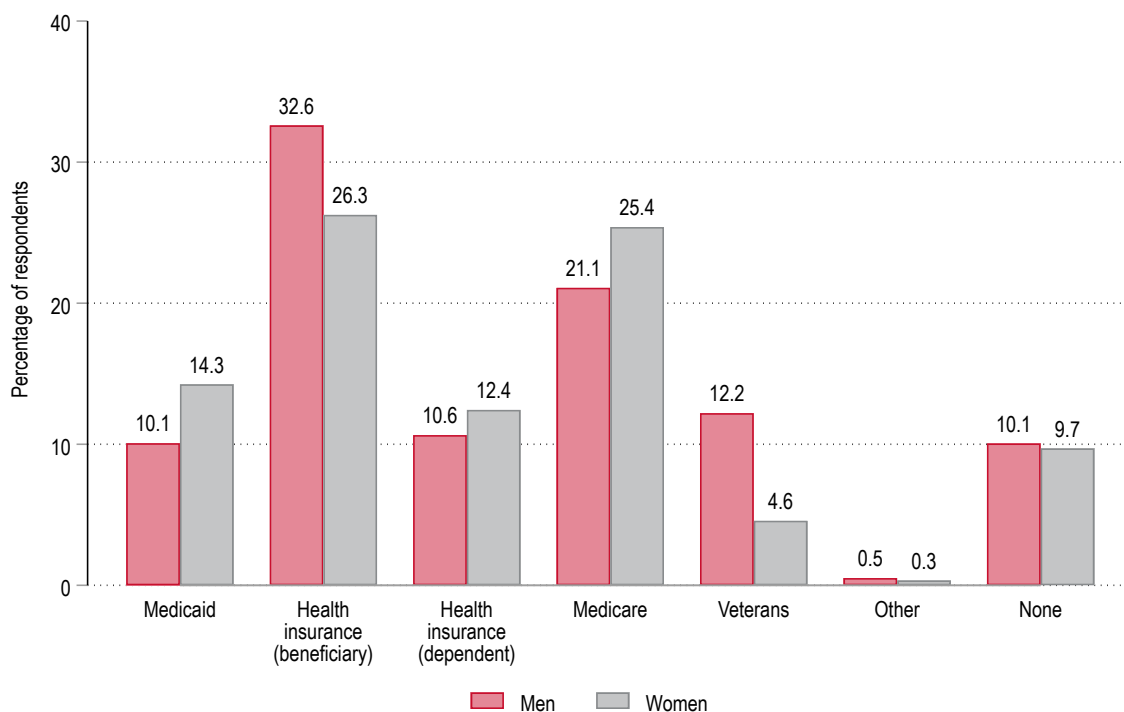


Figure 2.3 shows the responses by age cohorts. Overall, we find a positive correlation between health insurance and age. Millennial and Gen Z generations have the highest uninsured rate (11%), while the oldest respondents (Silent/Boomer generations) have the lowest uninsured rate (7%). The majority of respondents from the Silent and Boomer generations (56%) indicate that they have health insurance through Medicare. For this generation, the percentage difference between Medicare and employer-sponsored health insurance coverage is 34%. For the Gen X and Millennial/Gen Z cohorts, the most common response is health insurance through their employer or union, with 37% of Gen X and 30% of Millennial and Gen Z respondents reporting access to private health insurance through their employer or union.

**Figure 2.3: Type of health insurance coverage by generation**

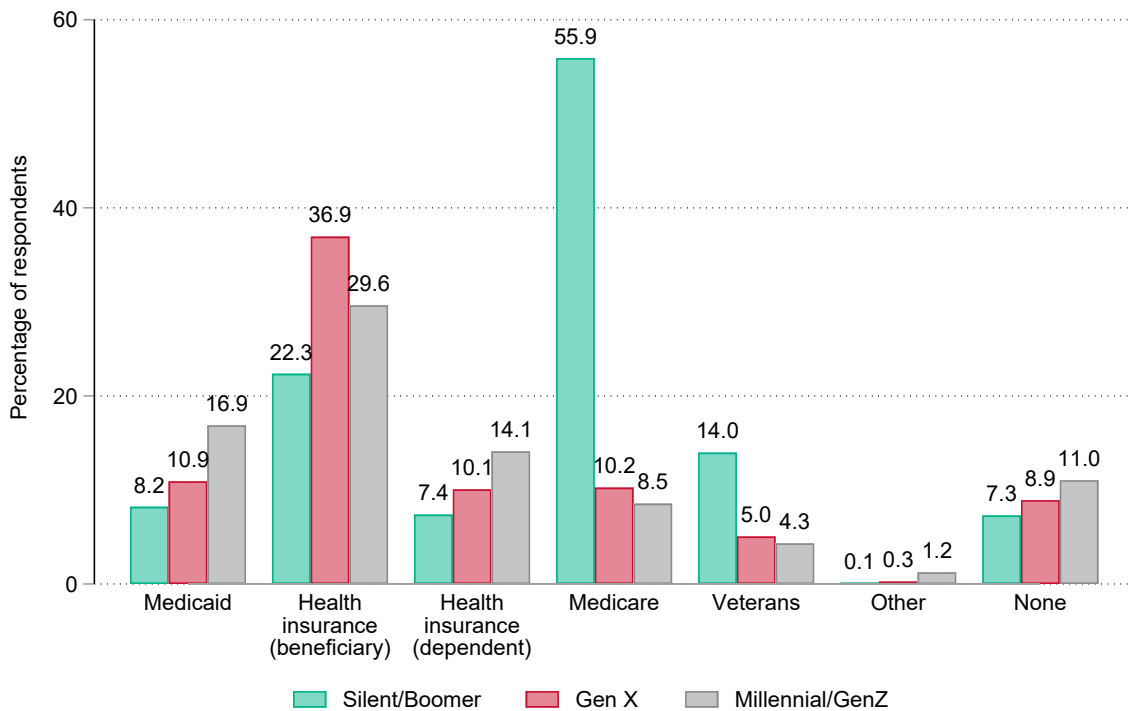
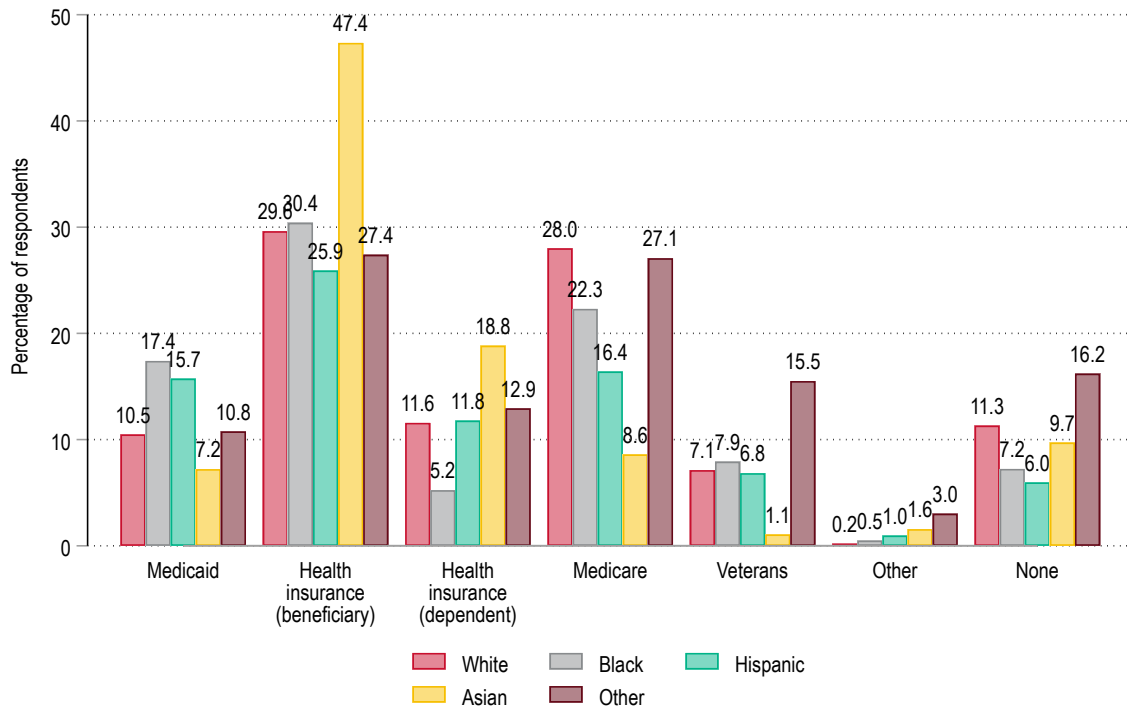


Figure 2.4 shows types of health insurance coverage by race and ethnicity of respondents. Health insurance sponsored by employer or union is the most common response across all race and ethnicity groups. The plurality of respondents across groups have health insurance through their employers or unions. The majority of Asian respondents (66%) have private insurance, either through their employer/union or as a dependent. We also find that whites were more likely to be covered by Medicare (28%), followed by Black (22%) and then Hispanic (16%) respondents. White respondents were the most likely to report not being covered by any type of health insurance (11%). By contrast, Black (17%) and Hispanic (16%) respondents were more likely to be covered by Medicaid than white (11%) and Asian (7%) respondents.

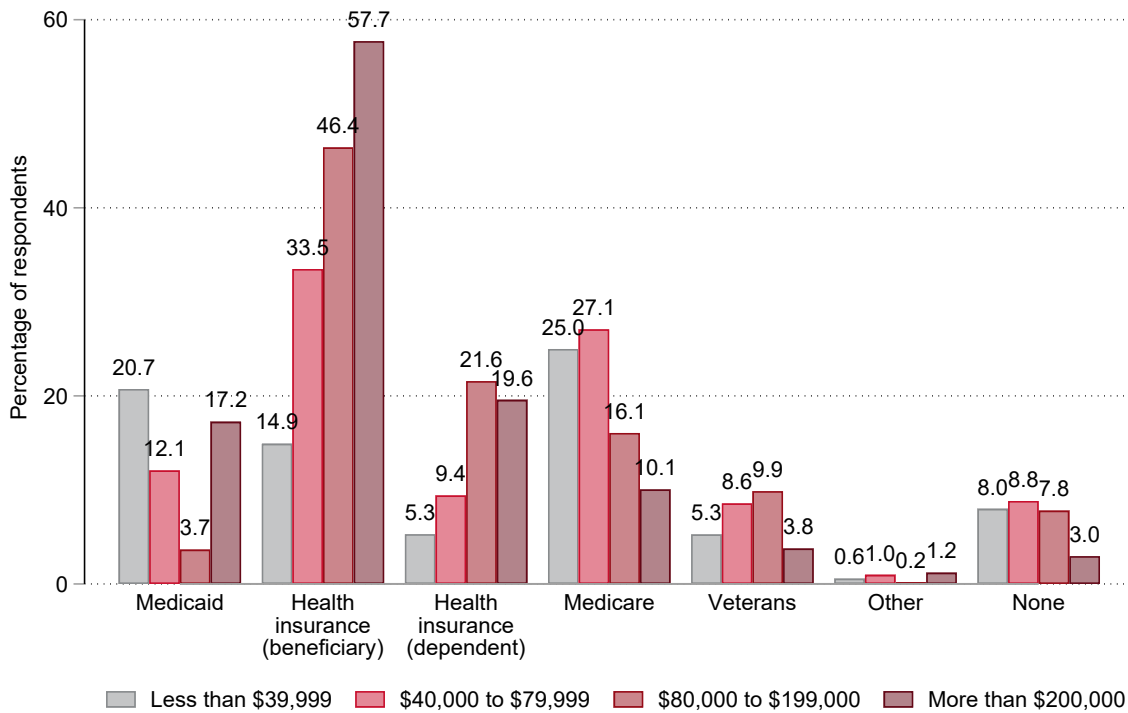


**Figure 2.4:** Type of health insurance coverage by race and ethnicity



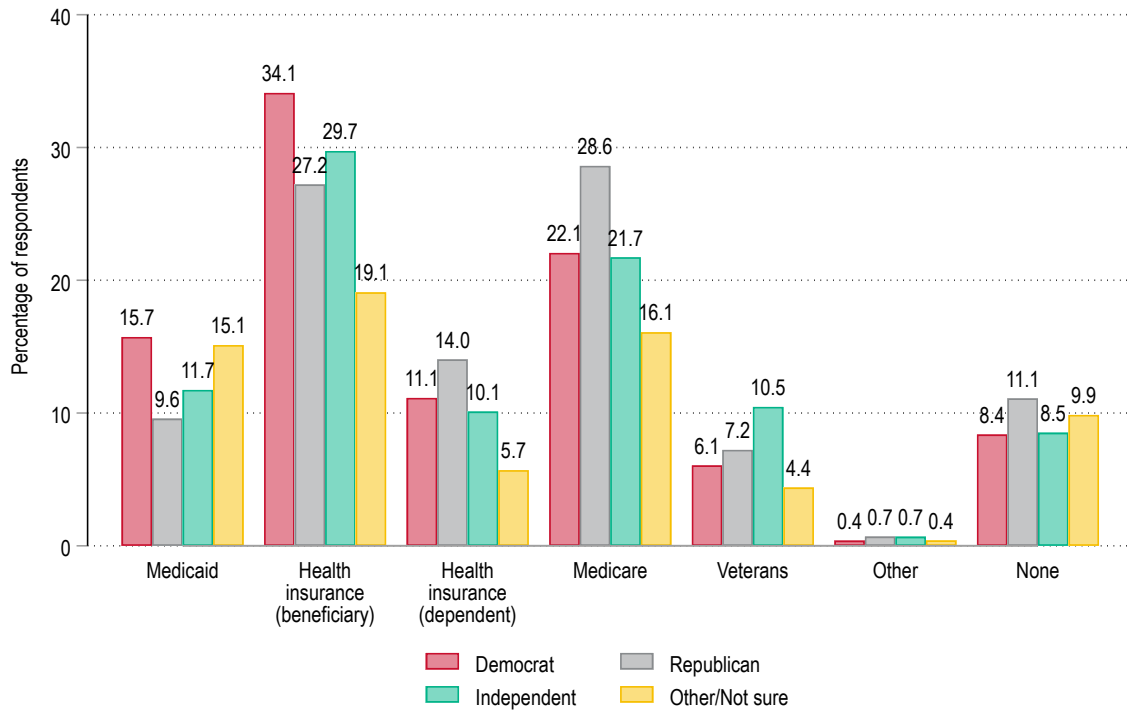
In Figure 2.5, we show the responses disaggregated by level of income. The highest-income respondents (earning more than \$200,000) have the lowest uninsured rate (3%), while lower income respondents - respondents earning less than \$20,000 - have higher uninsured rates (around 8%). We find that access to public-funded health insurance as Medicare decreases with income, while access to private health insurance (through employer or union) increases with the level of income. For employer-sponsored health insurance, the percentage difference between the highest-income and lowest-income respondents is 43%.

**Figure 2.5:** Type of health insurance coverage by income level



In Figure 2.6 we explored the variation in health insurance coverage across respondents' political party preferences. We find the highest uninsured rate among respondents who identify as Republican (11%), while for Democrats and Independents, the uninsured rate is around 8%. Respondents who identify as Republicans were more likely to be covered by Medicare (29%) than Democrat (22%) or Independent (21%) respondents. For employer-sponsored health insurance rate, the percentage difference between Democrats and Republicans is seven percentage points, with Democrats being more likely to have insurance through their employer or union. Insurance through respondent's employer or union was lowest among respondents who identified with another political group or who were not sure.

**Figure 2.6:** Type of health insurance coverage by political party identification





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## Chapter 3: Access to health care providers

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Regarding health care access and utilization, the survey finds that 77% of respondents have a place where they usually go when they are sick or when they need advice about their health. The remaining 23% of respondents who do not have a regular place, were asked about the main reasons why they do not have a regular place to go for health care. More than half of these 494 respondents mentioned that they have not had any health related problems (Figure 3.1). The cost of services are an important reason why respondents do not have a regular health care place: around 18% of respondents said that the prescriptions or the co-pay are too expensive.

**Figure 3.1:** What is the main reason you do not have a regular place that you go for health care? Please select all that apply.

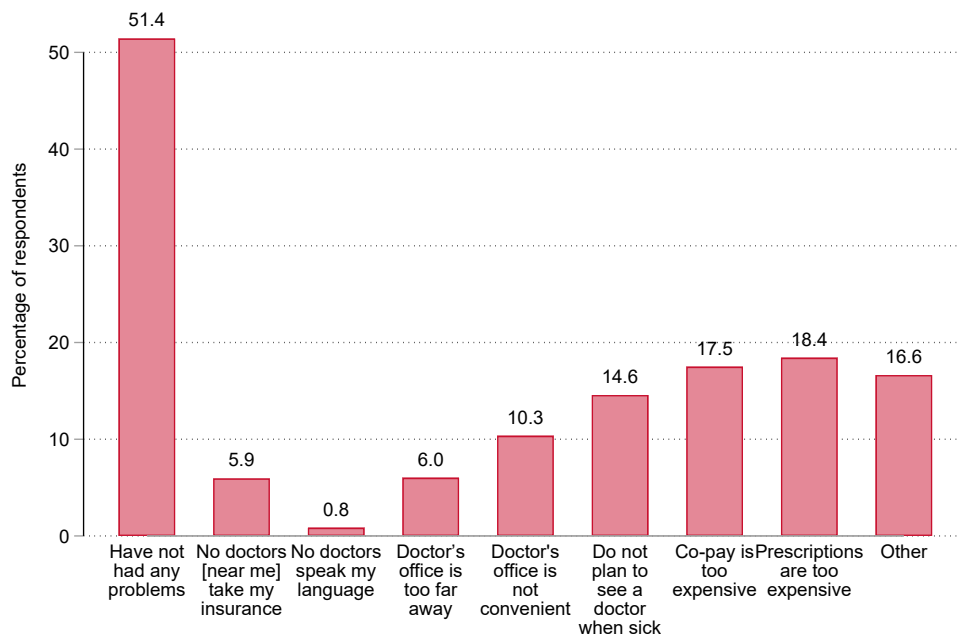


Figure 3.2 indicates that women were more likely than men to have a regular place where they receive health care. Among women in the survey, 80% reported having a regular place to go compared to 74% of

men.

**Figure 3.2:** Respondents that have a regular place to go for health care by gender

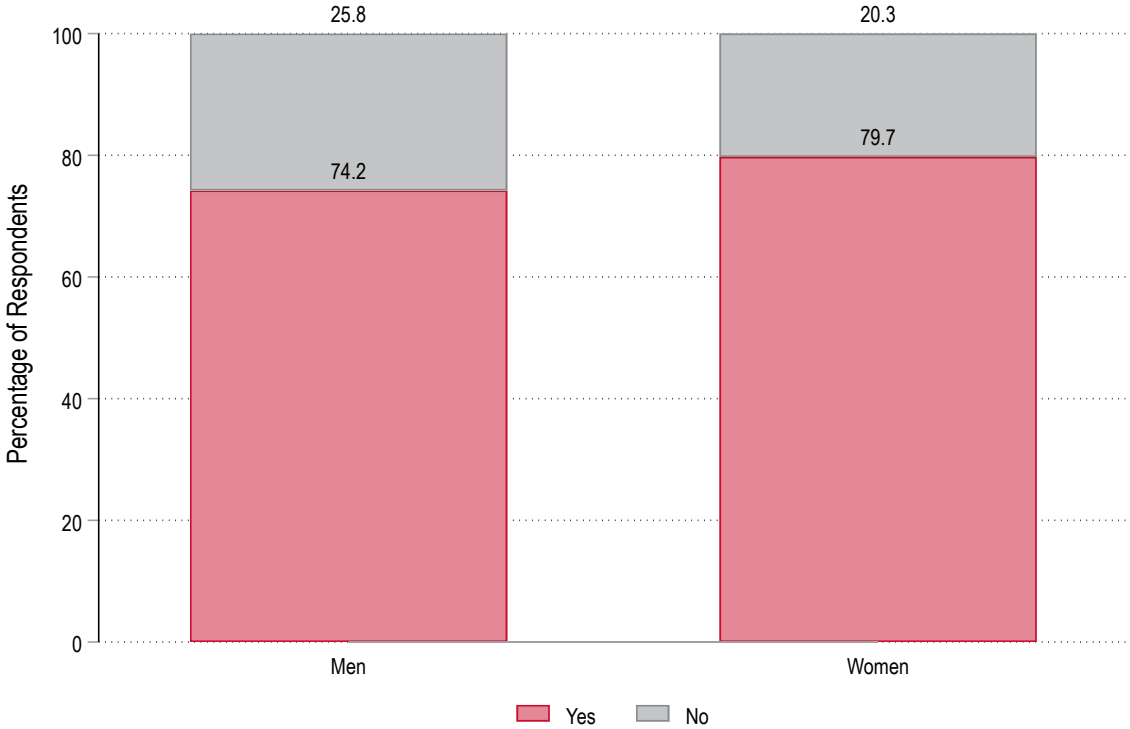


Figure 3.3 shows how having a regular health care provider varied by age cohorts. We observe that the chance of having a regular health care provider is higher for older generations. For example, while nine out of ten respondents from the Silent and Boomer generations reported having a regular place to go for health care, this rate three-quarters among Generation X respondents and fewer than seven in ten for Millennial and Gen Z respondents.

**Figure 3.3:** Respondents that have a regular place to go for health care by generation

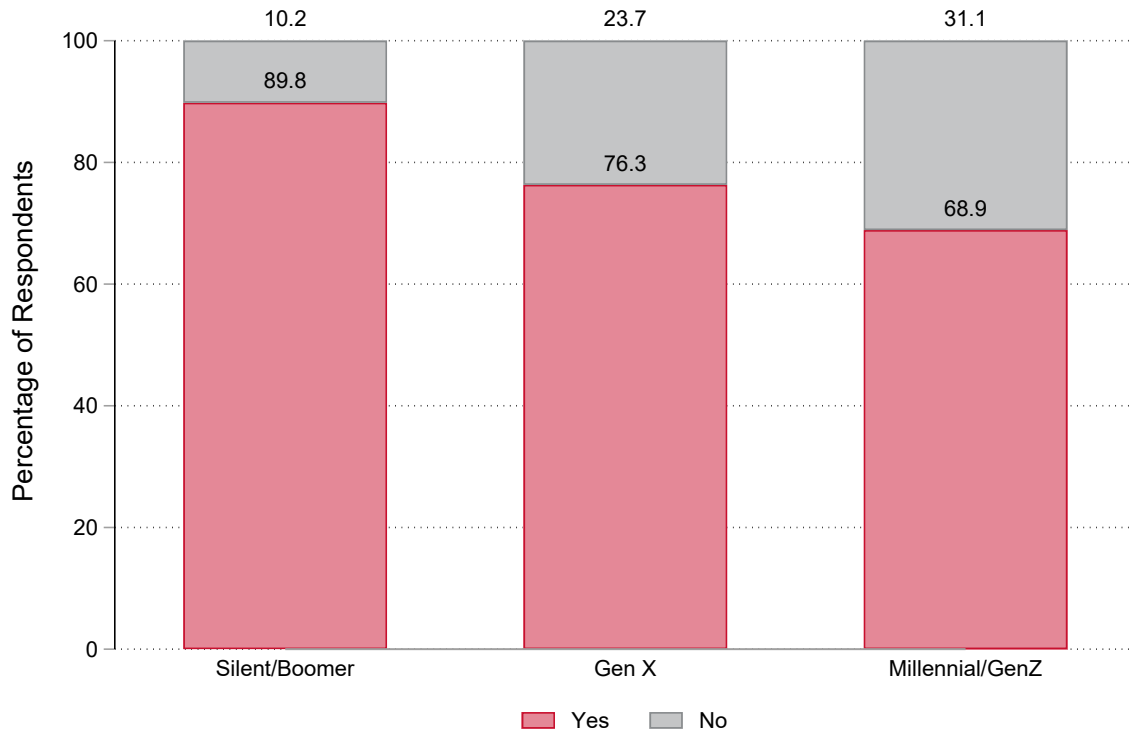


Figure 3.4 shows the variation in utilization across different race and ethnicity groups. Asian and white respondents comprise the highest percentage of respondents that have a regular place to go for health care (83% and 79%, respectively). In contrast, 74% of Hispanic and of Black respondents report having a regular health care provider.

**Figure 3.4:** Respondents that have a regular place to go for health care by race and ethnicity

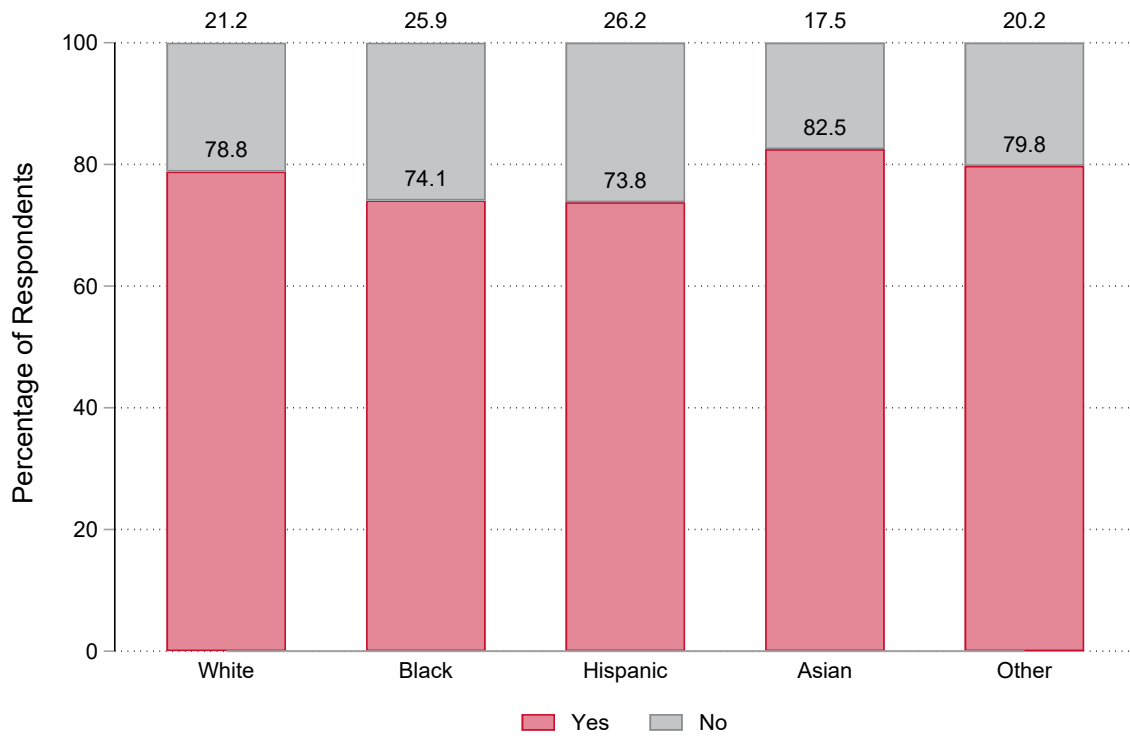
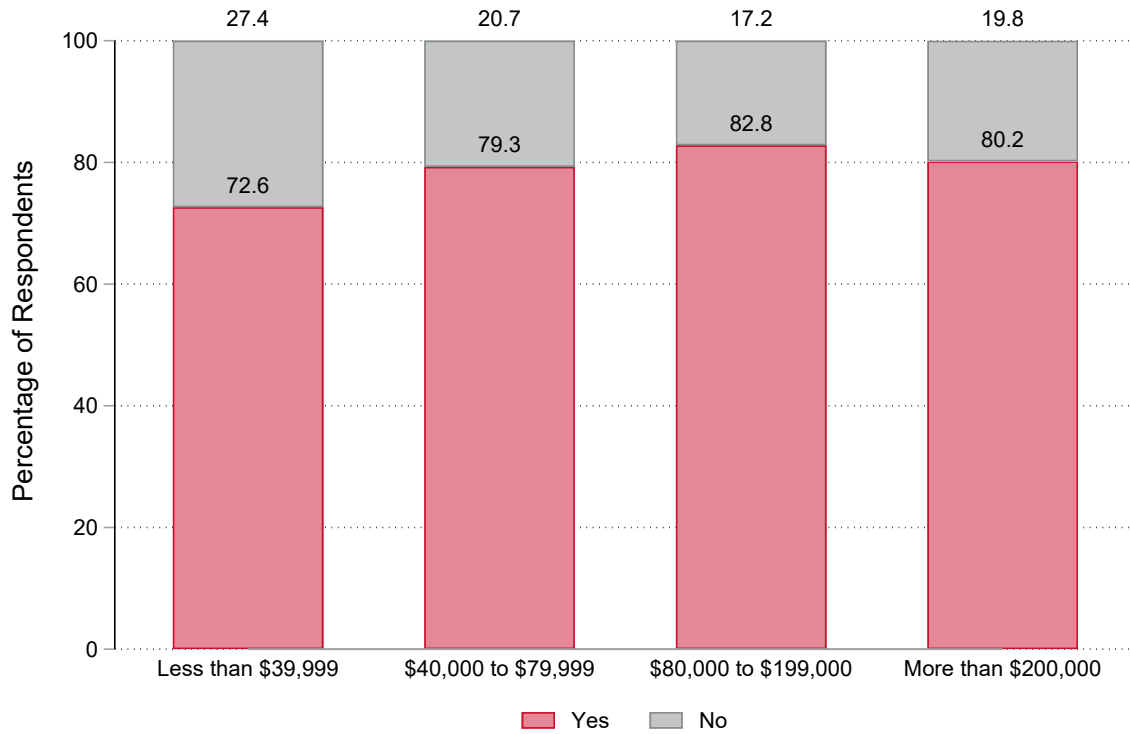


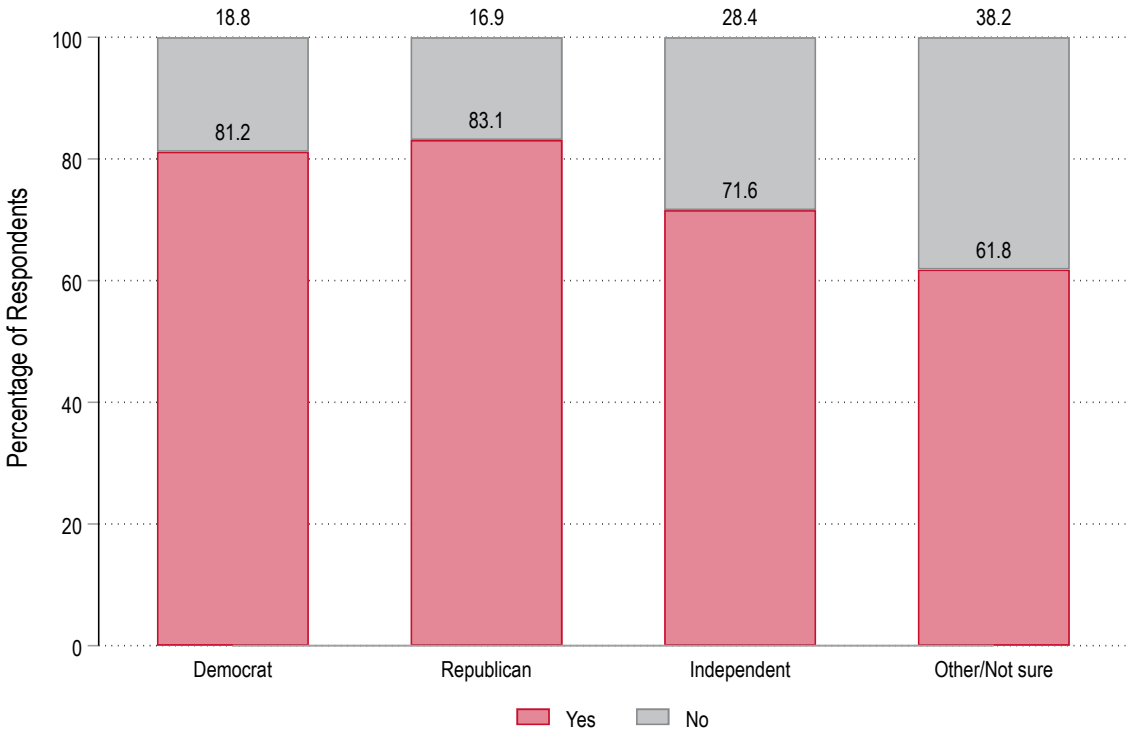
Figure 3.5 shows that income level is related to having a regular place to go for health care, with respondents with higher incomes more likely to have a regular place to go for health care than lower income levels. The percentage point difference between respondents with less than \$39,999 of income and those with the highest income level (more than \$200,000) is around 8%.

**Figure 3.5:** Respondents that have a regular place to go for health care by by income level



Finally, we looked at the variation by party identification (Figure 3.5). Both Republican (83%) and Democrat (81%) respondents have a higher likelihood of having a regular place to go for health care than Independent respondents (72%) and respondents that identify themselves with other parties (78%). Over half of respondents (53%) that are not sure about their party identification report having a regular health care service.

**Figure 3.6:** Respondents that have a regular place to go for health care by political party identification



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## Chapter 4: Policy preferences over Medicaid expansion and prescription drug prices

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Under the Affordable Care Act (ACA), most states expanded their Medicaid program to cover more low-income people. For states that expanded their Medicaid program, the federal government pays for at least 90% of the costs of this expansion with the state paying the rest. We asked respondents if they think Texas should a) keep Medicaid as it is today, b) expand Medicaid to cover more low-income uninsured people, or c) if they did not know or were not sure.

We find that 52% of respondents were in favor of expanding Medicaid, 30% said they wanted to keep Medicaid as it is today, and 18% did not know or were unsure. We also looked at support for expanding Medicaid in Texas across race, gender, income, age cohorts, and party identification. Figure 4.1 shows that women were more likely to say that Texas should expand Medicaid to cover more low-income and uninsured persons. While 55% of women said Texas should expand Medicaid, 47% of men did so. Just over a third of men said that Texas should keep Medicaid as it is today compared to about a quarter of women; similar proportions of men and women responded that they were unsure.



**Figure 4.1: Position on Medicaid expansion by gender**

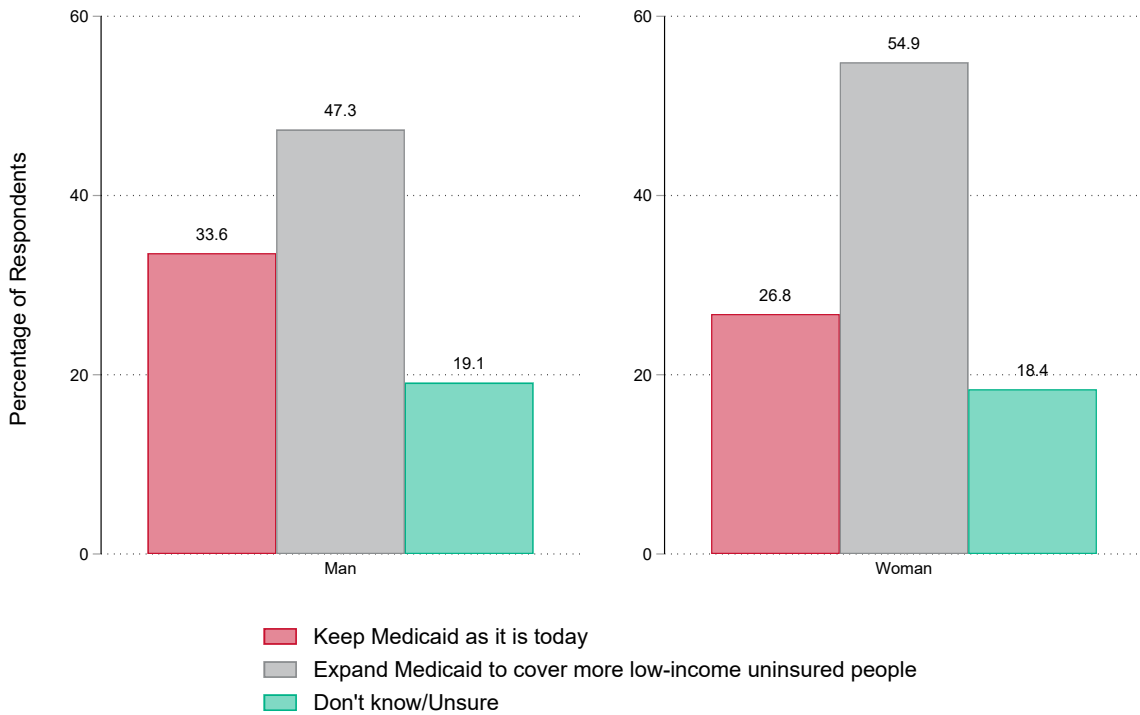
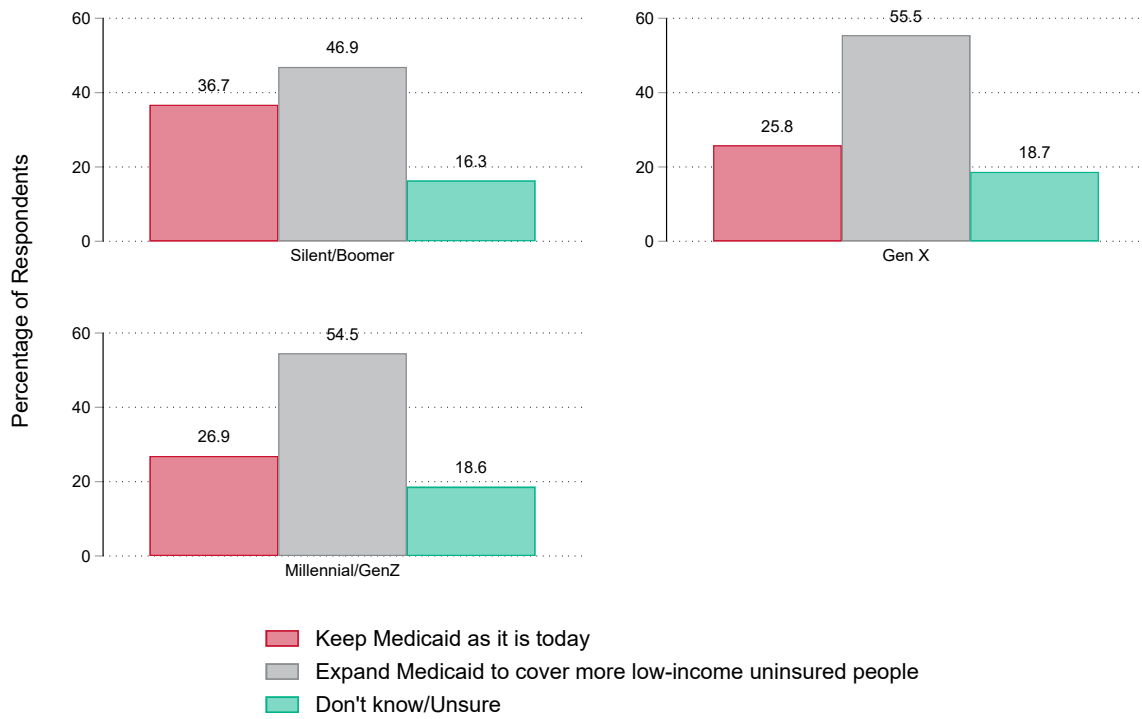


Figure 4.2 shows that a majority of Gen X (56%) and Millennial/Gen Z (54.5%) respondents said that Texas should expand Medicaid. Support for keeping Medicaid as it is today is highest among Silent and Boomer generation respondents (37%) compared to 26% and 27%, respectively, among respondents from younger generations. Likewise, support for keeping Medicaid as is was highest among white respondents (38%) whereas support for expanding Medicaid was highest among Black respondents (Figure 4.3). A majority of Black (69%), Hispanic (58%), and Asian (60%) respondents said that Texas should expand Medicaid compared to only 45% of white respondents and 46% of respondents from other race/ethnicity groups.

**Figure 4.2: Position on Medicaid expansion by generation**



**Figure 4.3: Position on Medicaid expansion by race and ethnicity**

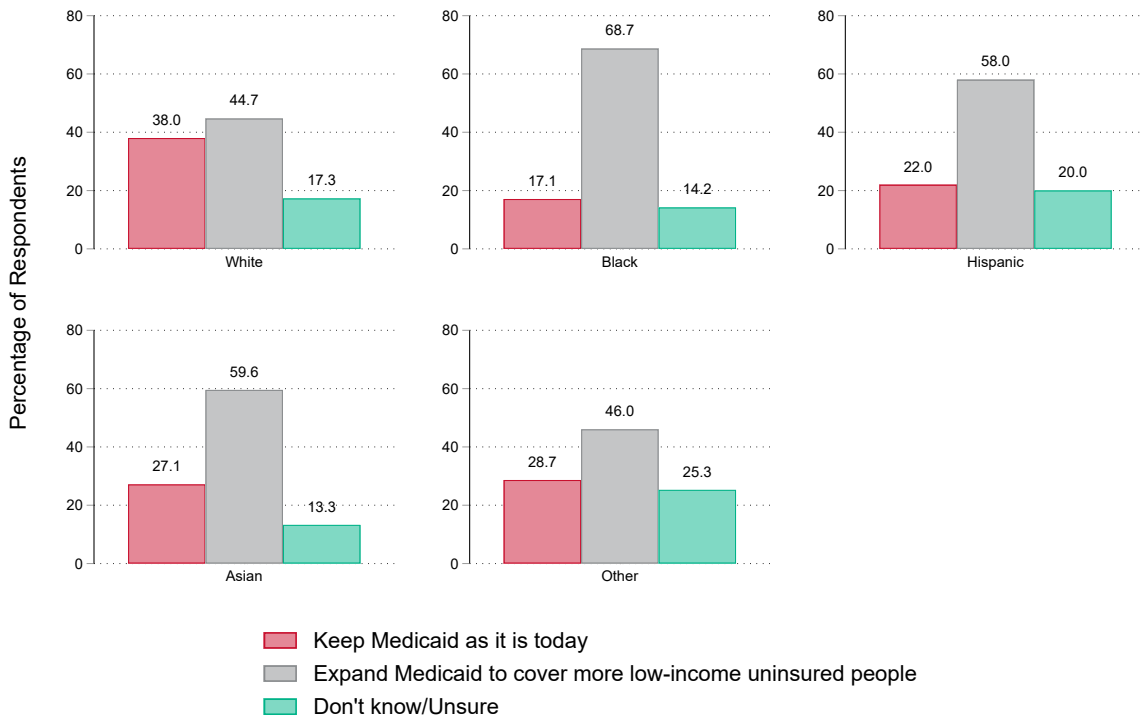
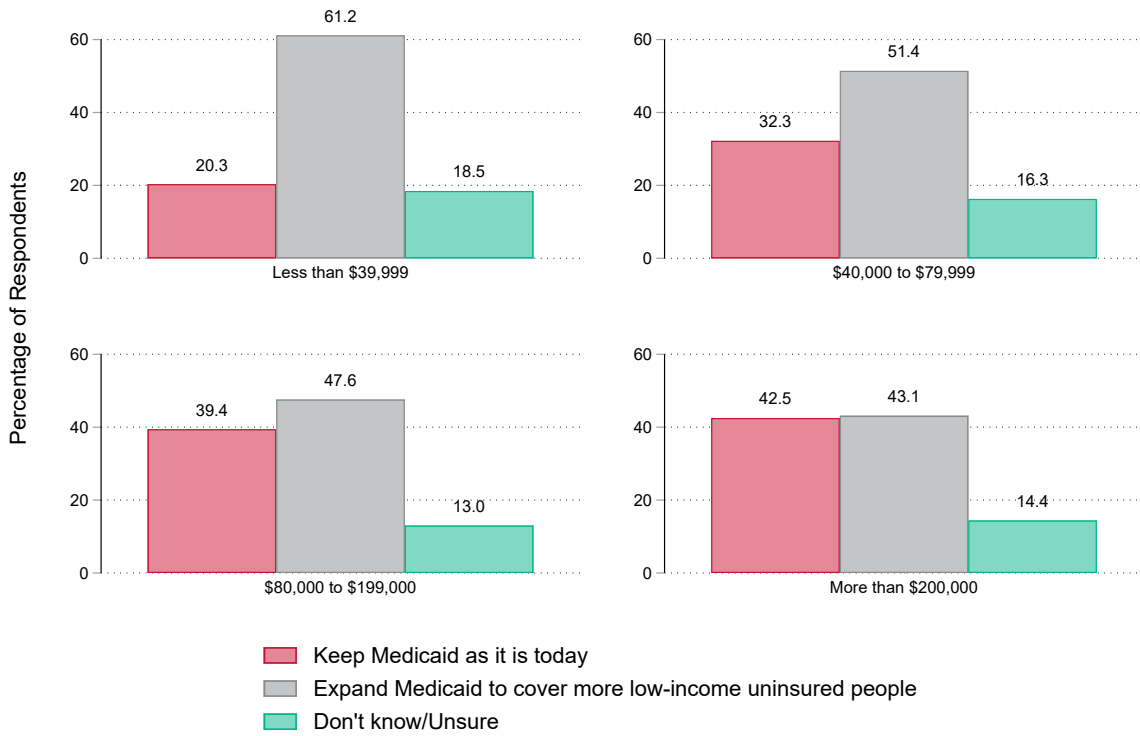


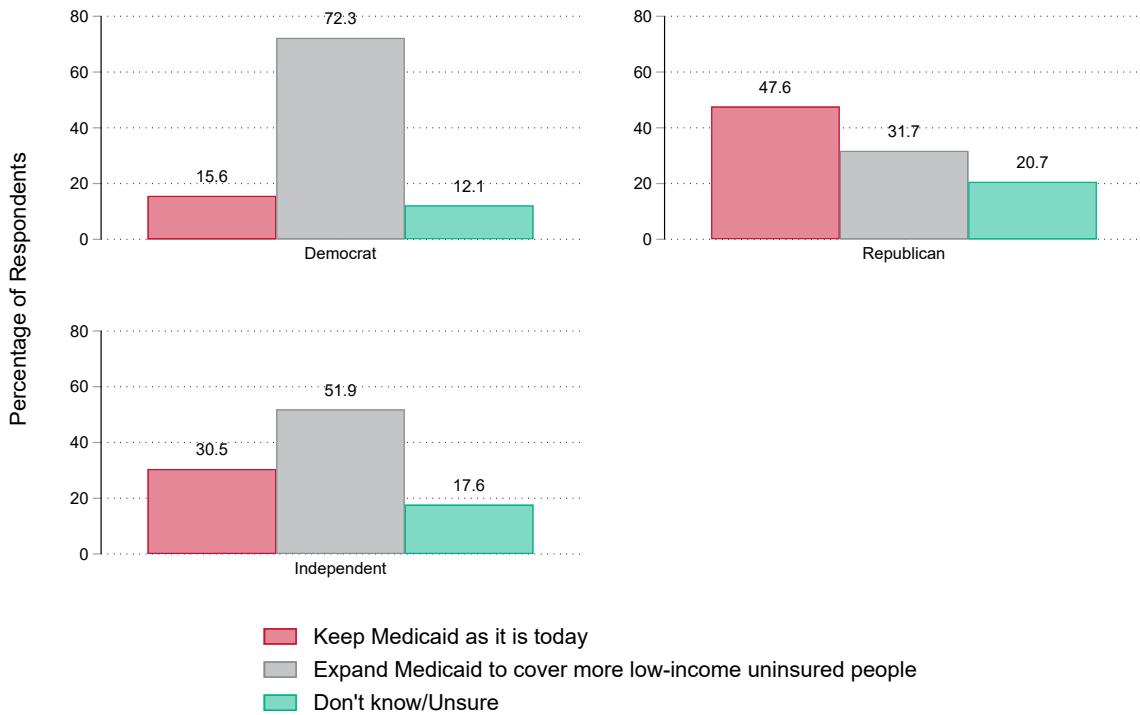
Figure 4.4 and 4.5 show how support for expanding Medicaid varies by income and party identification. From Figure 4.4, we can see that the percentage of respondents favoring expansion decreases with income. A majority of respondents earning less than \$80,000 said that Texas should expand Medicaid and support was highest among those earning less than \$40,000, with 61% of respondents saying that Texas should expand Medicaid. Among those earning more than \$200,000, responses were evenly split between keeping Medicaid as it is today and expanding it, with about 43% saying Texas should keep it as is and 43% saying Texas should expand Medicaid.

As for political party identification, the vast majority of Democrats (72%) and the majority of Independents (52%) said that Texas should expand Medicaid to cover more low-income uninsured people. Republicans is the only demographic group in which a plurality of respondents (48%) said that Texas should keep Medicaid as it is today; for all other demographic characteristics, the plurality of respondents said to expand Medicaid.

**Figure 4.4:** Position on Medicaid expansion by income level



**Figure 4.5: Position on Medicaid expansion by political party identification**



## Policies related to prescription drug prices

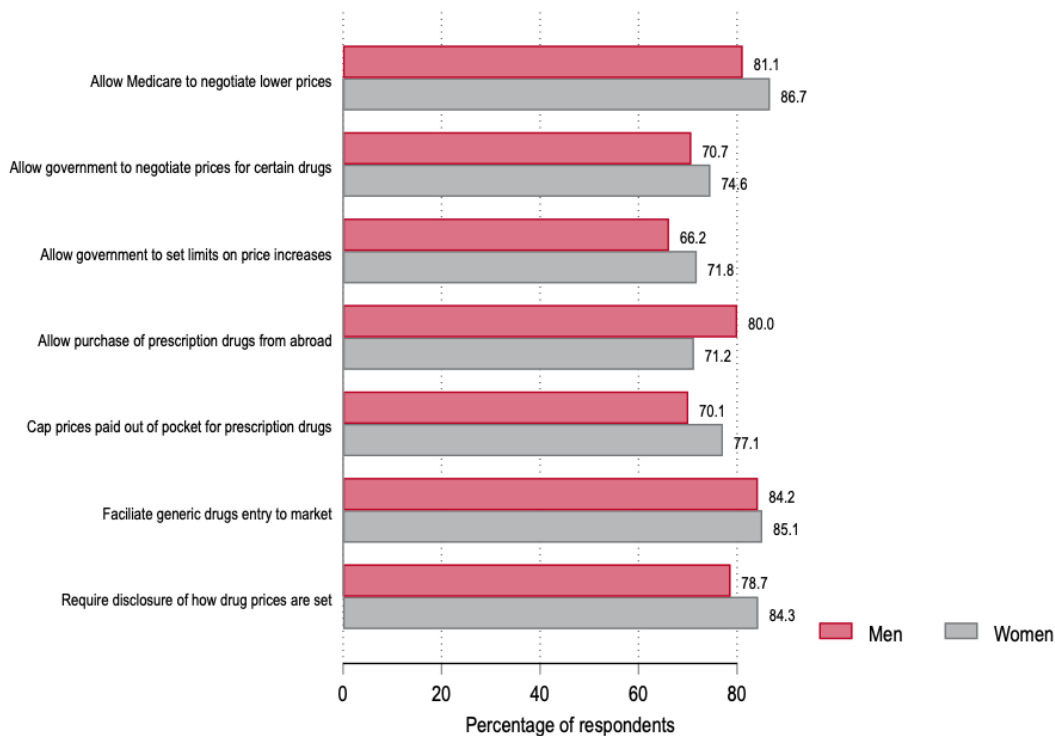
The survey also asked questions about a set of policy proposals that have been made to lower the costs of prescription drugs. Respondents were asked to indicate whether they favor or oppose the following seven proposals:

1. Allow consumers in the U.S. to purchase prescription drugs from other countries if they can be purchased safely;
2. Make it easier for generic drugs to come to market;
3. Allow Medicare to negotiate with drug companies for lower prices;
4. Require drug companies to publicly disclose how prices are set;
5. Cap how much Americans have to pay out of pocket for their prescriptions;
6. Allow the federal government to negotiate prices for certain high-cost drugs that have no competitors;  
and
7. Allow the federal government to set limits on drug price increases.

Response options for these policy proposals were: strongly favor, somewhat favor, neither favor nor oppose, somewhat oppose, strongly oppose, or don't know/not sure. Don't know/not sure responses were removed.<sup>5</sup> Respondents overwhelmingly favor, strongly or somewhat, these seven prescription drug policies. With 83% of respondents in favor, the most favored policies were making it easier for generic drugs to come to market and allowing Medicare to negotiate with drug companies for lower prices. The least favored proposal was allowing the federal government to set limits on drug price increases; still, 69% of respondents strongly or somewhat favored this proposal.

Figures 4.6 to 4.10 show the percentage for respondents who strongly or somewhat favor the prescription drug policies by five demographic characteristics. With regard to how men and women favored these policies, Figure 4.6 shows that the vast majority of both men and women support the seven policies. Women were slightly more likely to favor six of the seven policy proposals, the exception being allowing the purchase of prescription drugs from abroad for which men were more likely than women to favor.

**Figure 4.6:** Position on proposals to lower the costs of prescription drugs by gender

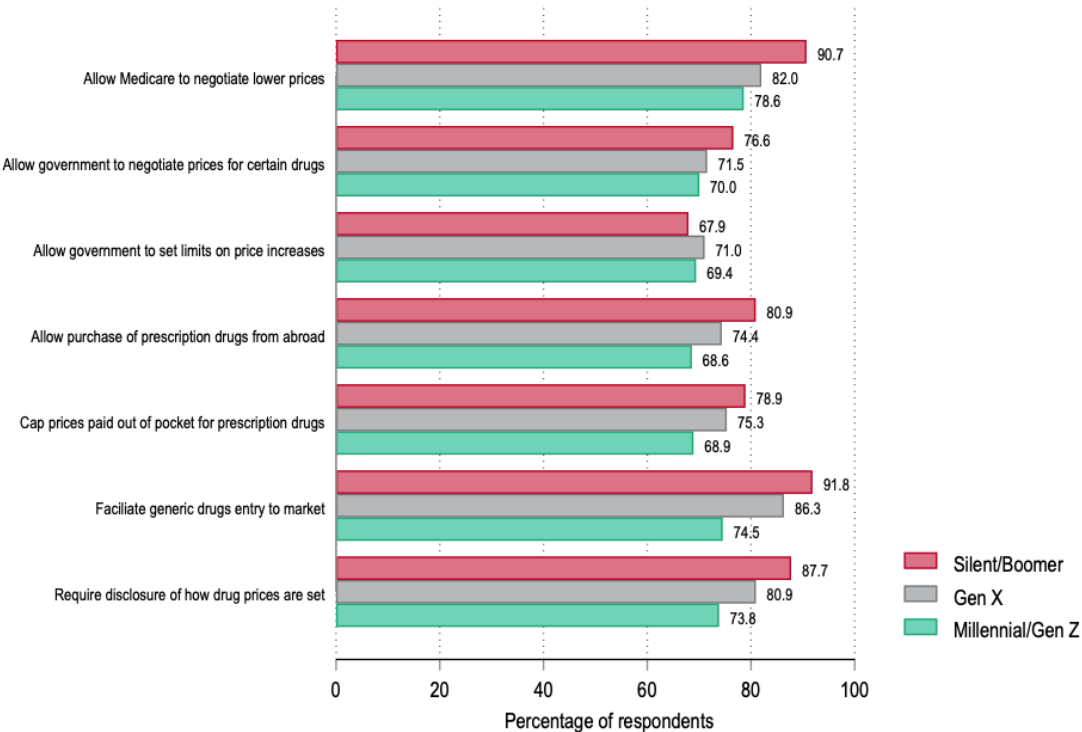


Looking at the relationship between respondents' generation and favorability in Figure 4.7, we see that older respondents - those in the Silent and Boomer generations and Generation X - were more likely than those in the two younger generations to strongly or somewhat favor six of the seven policies. While 81% and 74% of Silent/Boomer and Gen X respondents, respectively, favor allowing the purchase of prescription

<sup>5</sup>Six percent or less of respondents answered don't know/not sure across the seven policy proposals.

drugs from abroad, 67% of Millennial/Gen Z respondents favor this proposal. Policies to lower prescription drug prices are likely more salient for older respondents, and we see respondents from the Silent and Boomer generations more supportive of these policies on average than younger generations. The one exception where we see inter-generational consensus is allowing the federal government to set limits on drug price increases for which 69% of Millennial/Gen Z respondents, 71% of Gen X respondents, and 68% of Silent/Boomer respondents favor.

**Figure 4.7:** Position on proposals to lower the costs of prescription drugs by generation



The prescription drug policies were widely supported across race and ethnicity groups (Figure 4.8). Among white respondents, the most supported policy is making it easier for generic drugs to come to market. Allowing Medicare to negotiate lower prices was the most supported policy among all other race/ethnicity groups.



**Figure 4.8:** Position on proposals to lower the costs of prescription drugs by race and ethnicity

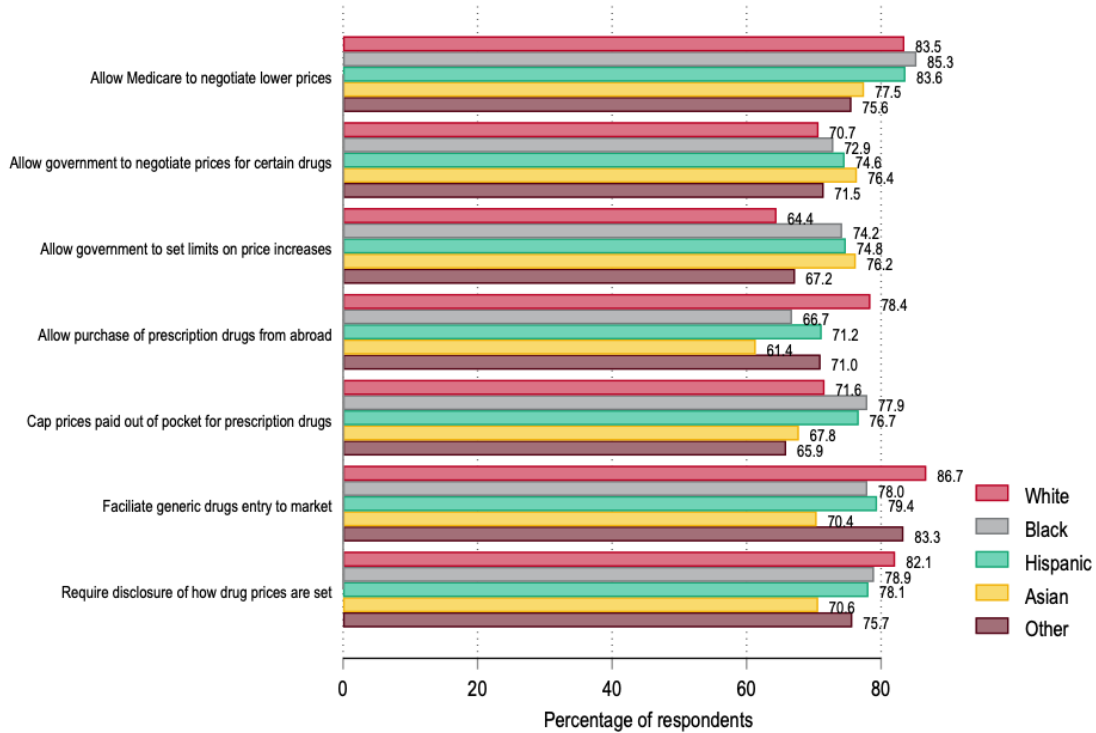
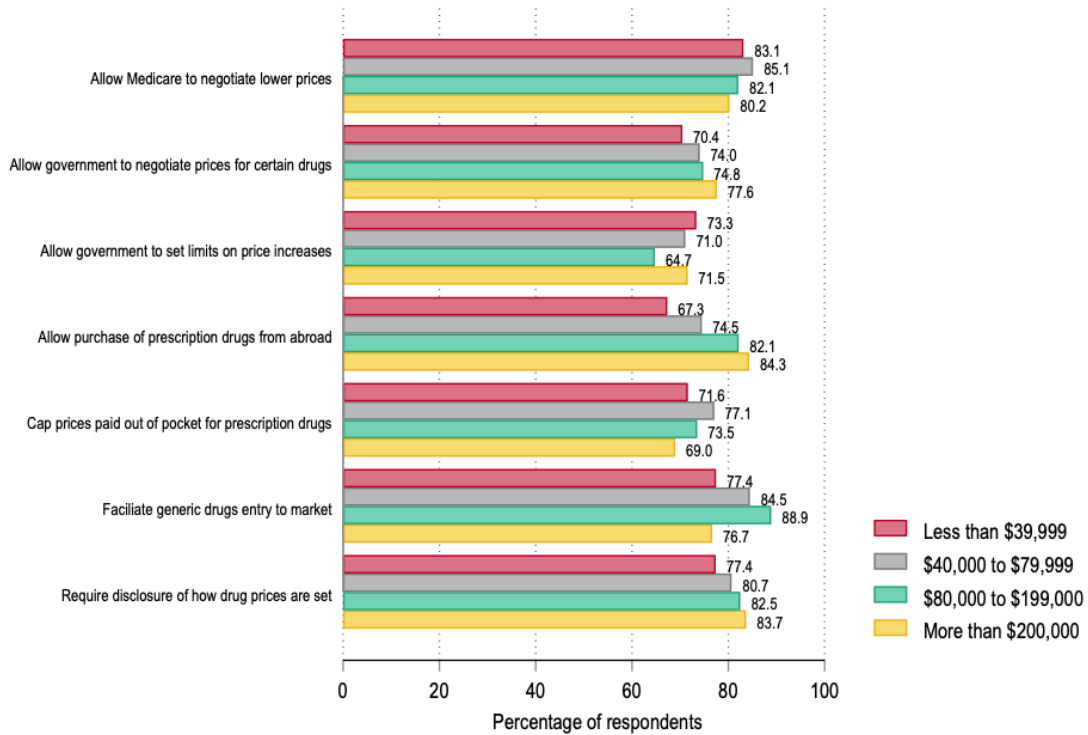


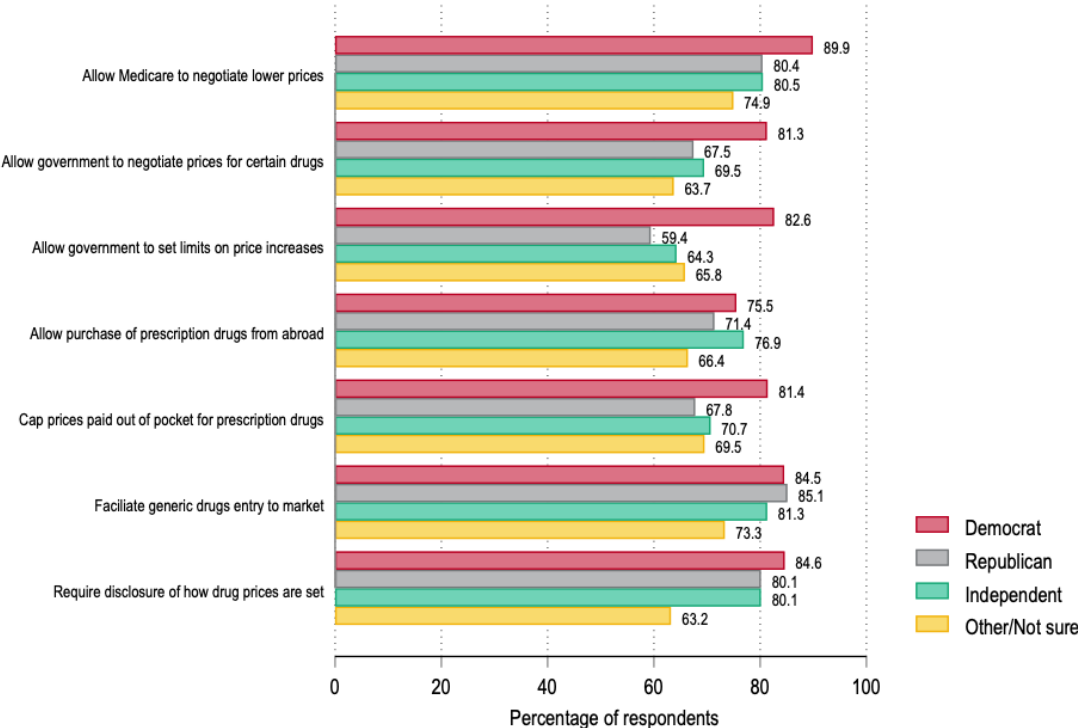
Figure 4.9 does not reveal a clear relationship between income and favorability. The policies to lower prescription drug prices were supported by the vast majority of respondents across income groups. For example, more than 80 percent of respondents in all four income groups support allowing Medicare to negotiate lower drug prices. Three-quarters or more of respondents also support transparency in setting drug prices and facilitating the entry of generic drugs to market.

**Figure 4.9:** Position on proposals to lower the costs of prescription drugs by income level



Respondents, regardless of the party identification, were overwhelming supportive of the proposed policies to lower prescription drug prices. Overall, however, respondents identifying as Democrats were most likely to favor the proposed policies whereas those who identify with another party or are not sure of their party identification favored the policies the least. Among Democrats, the most favored policy was allowing Medicare to negotiate lower prices, with 90% in favor, and the least favored was allowing the purchase of drugs from abroad (76% favored). Among Republicans, 85% favored making it easier for generic drugs to come to market (the most favored policy), whereas only 59% favored allowing the federal government to set limit on drug price increases.

**Figure 4.10:** Position on proposals to lower the costs of prescription drugs by political party identification



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## Chapter 6: Conclusion

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The latest Texas Trends survey confirms a high percentage (21%) of uninsured persons in Texas, a rate three percentage points above Census estimates. Health insurance obtained through an employer or union is the most common coverage, though this type of insurance is more common among those with higher income levels. On the other hand, Medicaid is the most common way in which lower income and women are covered by health insurance. Not surprisingly, respondents in favor of expanding Medicaid to cover more low income people, were mostly women, younger, lower income, Democrats, and racial and ethnic minorities. Medicare ranked second in type of coverage with more women than men covered by Medicare. Compared to other race and ethnicity groups, white respondents are more likely to be uninsured.

Affordability limits access to health care in Texas, according to our survey. Nearly 23% of the respondents do not have a place where they usually go when they are sick or when they need advice about their health. According to the survey, this is mostly because they do not have had any health problem or think that either co-pays or prescriptions are too expensive.

Regardless of their income, gender, party, or ethnoracial identification, respondents favored the seven policies to lower prescription drugs in the survey. They mostly supported policies were the proposals that would make it easier for generic drugs to come to market and that would allow Medicare to negotiate with drug companies for lower prices. The least favored proposal was allowing the federal government to set limits on drug price increases; still, 69% of respondents strongly or somewhat favored this proposal. There was also a significant portion of survey respondents that were unsure or did not know what to answer when asked about health care issues, suggesting a pressing need to increase health care access and affordability in Texas but also to inform the population on health care topics.