SOCIAL SECURITY, MEDICARE AND MEDICAID WORK FOR TEXAS

www.socialsecurityworks.org

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Our *Social Security, Medicare and Medicaid Work for America* series of reports is written for public officials, members of the press, advocates and other concerned citizens. In addition to providing information about each program's history, character and vitality, as well as relating compelling, real-life stories, every report includes statistics about the number of people who receive benefits, the types of benefits they receive, and the total amount of funds flowing from these programs into a particular state, including its congressional districts and counties. Reports are available online for all 50 states, Washington D.C., Puerto Rico, American Samoa, Guam, the Northern Mariana Islands and the U.S. Virgin Islands. A national report, "Social Security Works for the United States," is also available.

Please note that a short fact sheet summarizing the data in this report can be found at the end of the report, directly following the endnotes.

For congressional district-level Social Security data, please see "Appendix 1: Social Security Works for Texas' Congressional Districts," toward the back of the report, just before the endnotes.

For county-level Social Security, Medicare, Medicaid and demographic data, please see "Appendix 2: Social Security, Medicare, and Medicaid Data for Texas' Counties," toward the back of the report, just before the endnotes.

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We hope the report is useful to you as you work to strengthen Social Security in its 80th anniversary year, and Medicare and Medicaid in their 50th anniversary years. Please contact our Communications Director, Lacy Crawford (lcrawford@socialsecurityworks.org), if you have questions about the report.

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The Alliance for Retired Americans is a grassroots organization representing more than 4 million retirees and seniors nationwide. Headquartered in Washington, DC, the Alliance's mission is to advance public policy that protects the health and economic security of older Americans by teaching seniors how to make a difference through activism. Learn more about The Alliance and its work at www.retiredamericans.org.

The mission of Social Security Works is to protect and improve the economic status of all Americans, especially disadvantaged and at-risk populations, and, in so doing, to promote social justice for current and future generations of children as well as young, middle-aged and older adults. www.socialsecurityworks.org.

The Strengthen Social Security Coalition is made up of more than 320 national and state organizations, representing more than 50 million Americans. The Coalition is united around core principles, which include that Social Security benefits should be expanded, and the belief that our nation's Social Security, Medicare and Medicaid systems are fundamental to the well-being of America's families and to the type of nation we are. www.strengthensocialsecurity.org.

INTRODUCTION AND SUMMARY

"We can never insure one-hundred percent of the population against one-hundred percent of the hazards and vicissitudes of life. But we have tried to frame a law which will give some measure of protection to the average citizen and to his family against the loss of a job and against poverty-ridden old age. This law, too, represents a cornerstone in a structure which is being built but is by no means complete. It is a structure intended to lessen the force of possible future depressions. It will act as a protection to future Administrations against the necessity of going deeply into debt to furnish relief to the needy. The law will flatten out the peaks and valleys of deflation and of inflation. It is, in short, a law that will take care of human needs and at the same time provide for the United States an economic structure of vastly greater soundness."

—FRANKLIN D. ROOSEVELT, August 14, 1935

In 1935, when President Franklin D. Roosevelt signed the Social Security Act into law he called it a cornerstone, the foundation, of a structure to be maintained and built upon by and for future generations. Social Security could not protect all Americans against every risk, but, as the President said, it could lessen the consequences of lost earnings in old age for workers and their families.

Since then, we have built our Social Security structure carefully and deliberately, first adding life insurance for survivors in 1939—initially for widows and dependent children, but eventually extended to widowers as well. Disability Insurance benefits were added in 1956, followed by Medicare and Medicaid in 1965. Important inflation protection—the automatic cost of living adjustment—was added in 1972, designed to maintain the purchasing power of benefits no matter how long someone lives. We built, maintained and strengthened these institutions for a reason—to enable working men and women to protect themselves and their families. We built them because we, as a nation, value hard work, personal responsibility, human dignity and caring for our parents, our children, our spouses, our neighbors and ourselves.

This report reveals the success of these institutions for Texas and the nation. The numbers tell part of the story—how many people receive benefits in Texas, in its congressional districts and counties; how many dollars flow into these jurisdictions in a year; the types of benefits and the types of people who receive those benefits. Perhaps more importantly, the report presents the stories of hard-working Texans and their families whose lives have been made immeasurably better by the protections they have earned.

As you read through this report, we urge you to think of the people you know. Family members who live in dignity in old age because they can count on a Social Security check, each and every month—checks they or another family member have earned. Think of that older person who has Medicare, and with it the peace of mind that he or she can receive medical care without going bankrupt. Think of a family you know who is able to care for a functionally disabled child at home because Medicaid is there. Think of a grandparent, a parent, an older aunt, uncle, cousin or family friend, whose life savings may have been exhausted paying for nursing home care, but who is still able to receive that care because of Medicaid.

Think, too, of how these institutions, like the nation's highway system, are part of a rich legacy of those who came before, a legacy that keeps working in good times and bad. Throughout the difficult years of the Great Recession and its aftermath, Social Security, Medicare and Medicaid have been even more vital than before for Texas residents, and the lifeblood of many small businesses, hospitals, nursing homes and home caregivers. Virtually all of the jobs these programs support stay in America. Figure 1 summarizes the positive impact our Social Security, Medicare and Medicaid systems are having on the people and economy of Texas.

FIGURE 1

Impact of Social Security, Medicare and Medicaid on the Economy and Population of Texas

PROGRAM	BENEFICIARIES IN TEXAS	PERCENT OF RESIDENTS RECEIVING BENEFITS	AVERAGE BENEFIT	TOTAL ANNUAL BENEFITS[1]
Social Security	3,842,249	14.3 percent	$13,931	$53.5 billion
Medicare	3,187,332	12.2 percent	$11,565	$33.3 billion
Medicaid	3,614,500	13.7 percent	$7,840	$28.3 billion

Source: Social Security Administration, 2015; U.S. Census Bureau, 2013-2015; Kaiser Family Foundation, accessed June 2015. The most recent data available for total annual benefits by state are FY 2013 for Medicaid, and FY 2009 for Medicare.

SOCIAL SECURITY WORKS

As we celebrate the 80th anniversary of the enactment of Social Security, it is time to recall the contributions our Social Security system has made to American economic security. For 80 years, even as our nation has endured wars, political crises and severe economic recessions, Social Security has never missed a payment; it has paid every dollar of earned benefits, on time and in full.

Social Security Made Dignified Retirement Possible for the Broad Middle Class

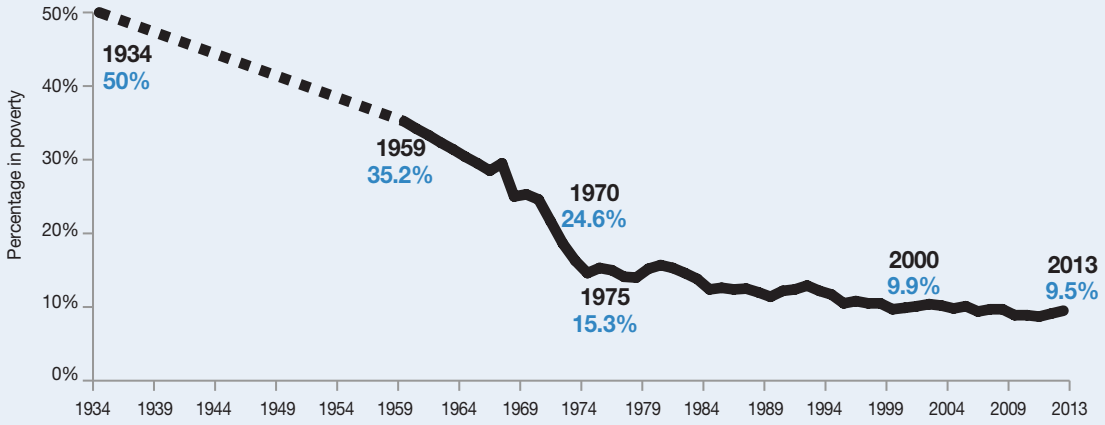
Before the creation of Social Security, poverty among older Americans was pervasive. In 1934, President Roosevelt's Committee on Economic Security estimated that "at least one-half" of all Americans aged 65 and older were poor.[2] These seniors had to rely on family, friends and private charity for support—or literally, go to the poor house. In addition to short-term measures designed to address the immediate crisis, F.D.R. introduced Social Security old-age insurance in 1935 to ensure that both current and future generations of Americans would enjoy a measure of security in their later years. By 1959, when the Census first began to officially count the poor, poverty among older Americans had declined to 35 percent [Figure 2].

And poverty among seniors continued to fall throughout the rest of the 20th century—to 25 percent by 1970 and about 10 percent in 2000, where it has hovered ever since, as measured by the official federal poverty line.[3] Research suggests that the entire decline in elderly poverty between 1967 and 2000 can be attributed to the maturation and expansion of the Social Security program.[4]

Social Security provided $848 billion in benefits in 2014 to 59 million beneficiaries—nearly 1 in 5 (18.3 percent) Americans.[5] It is important to recognize that Social Security is more than a retirement program for seniors. Nearly 17 million people under age 65 received Social Security benefits in 2014—about 2 in 7 (28.7 percent) beneficiaries.[6]

FIGURE 2

Elderly Poverty before and after Social Security, 1934-2013



Source: 1934: Committee on Economic Security, "Report of the Committee on Economic Security," January 15, 1935. 1959-2013: Economic Policy Institute, "Per Capita Social Security Expenditures and the Elderly Poverty Rate, 1959–2013," *The State of Working America, 12th Edition* (accessed May 20, 2015).

In fact, Social Security is the nation's largest and, despite its modest benefits, most generous children's program. The vast majority of America's children are protected against financial destitution in the event of the death, disability, or old age of workers on whose support they depend. As a consequence of Social Security's protections, there were an estimated 8.5 million children under age 18 receiving Social Security benefits in 2014, 11.6 percent of all children.[7] These included an estimated 3.2 million children who received Social Security benefits directly, and an additional 5.3 million children who lived in households where all or part of the income of the household came from Social Security. In addition to these children under age 18, there were 140,000 student children aged 18-19, as well as 1.0 million disabled adult children in 2014.[8]

Social Security benefits are modest: the average annual Social Security benefit for all beneficiaries was $14,375 in 2014, and $15,943 for retired workers.[9] Despite their modest size, Social Security's benefits are vital for the vast majority of beneficiaries, young and old alike. Almost two-thirds (64.6 percent) of elderly beneficiaries relied on Social Security for half or more of their income in 2012.[10] The program lifted 22.1 million Americans out of poverty in 2013, including 1.2 million children.[11]

Social Security Provides Critical Protection against Lost Wages Due to Disability

Social Security Disability Insurance (DI) provides insurance against a risk faced by all Americans: the experience of a life-changing disability that renders one unable to support oneself through work. When workers who have paid into Social Security become incapable of substantial work, as defined by the program's strict eligibility criteria, they can expect to have, as a result of their work and Social Security contributions, a portion of their wages replaced by DI. For these disabled workers and their families, Social Security is a lifeline. Social Security's DI benefits provide 75 percent of the income or more for nearly 6 in 10 non-institutionalized beneficiaries.[12] Nonetheless, 1 in 5 DI beneficiaries remains in poverty.[13]

GUS, Wisconsin

Gus was a "tunnel rat" in Vietnam—one of the volunteer Army infantrymen who specialized in entering the web of narrow tunnels created by the VietCong. The tunnel rats would kill enemy soldiers hiding there and plant explosives to destroy these underground avenues of guerilla warfare.

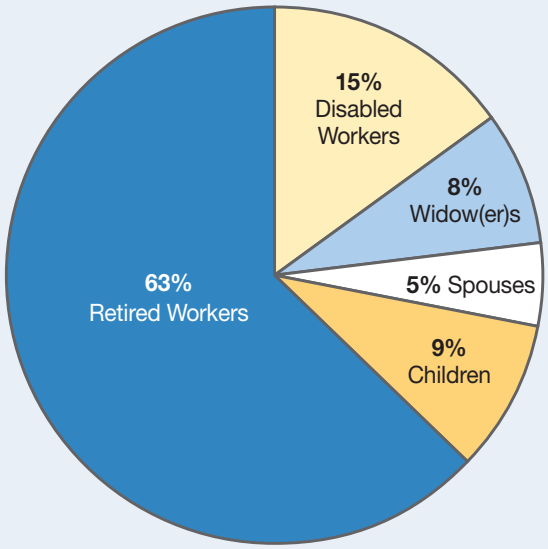
For his service in this capacity he was awarded the Silver Star, the third highest decoration for valor given by the Army. Sixteen days after he was mustered out of the Army, he returned to his home in Wisconsin—and was in a serious car crash, sustaining a high-level spinal cord injury.

Because his injury was sustained outside military service, he was not eligible for service-connected disability compensation and had to turn to Social Security Disability Insurance. "To put it quite simply," he says, "SSDI was a life saver."

Through their hard work and Social Security contributions, nearly all American workers earn Social Security's retirement, disability and survivorship protections for themselves and their families. Social Security is the primary disability and life insurance protection for most Texas workers. A 30-year-old worker with a spouse and two young children, earning $30,000-$35,000, receives Social Security insurance protections equivalent to disability and life insurance protections worth about $631,000 and $612,000, respectively.[14] Today, 212 million working Americans have earned Social Security's protections for themselves and their families.[15]

FIGURE 3

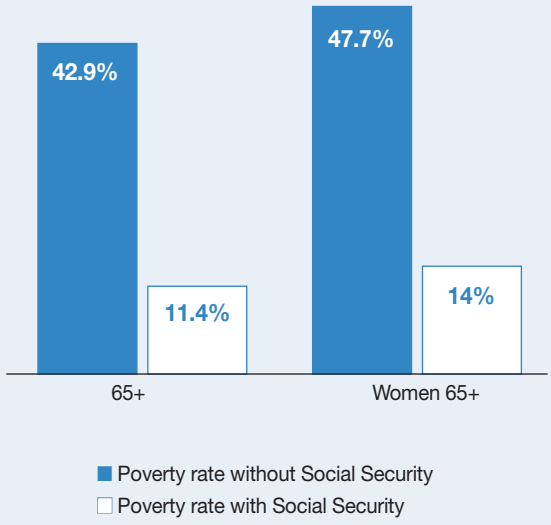
Texas' Social Security Beneficiaries, 2014



Source: Social Security Administration, 2015

FIGURE 4

Poverty Rate for Texas Beneficiaries 65+ with/without Social Security, 2011-2013



Source: Center on Budget & Policy Priorities, 2015

There is a significant chance that a worker will need Social Security's disability and/or survivor protections before he or she retires. Nationwide, just over 1 in 4 people who turned 20 in 2013 are projected to become severely disabled during their working years.[16] And 1 in 8 of today's 20-year olds are projected to die before reaching retirement age.[17] Taken together, this means that roughly 1 in 3 young adults entering the workforce today will die or become disabled before reaching the full retirement age.[18] Social Security provides peace of mind throughout the life span, insuring families against lost wages due to old age, disability or death.

Social Security Works for Texas' Residents and Economy [Figure 1]

- Social Security provided benefits to 3,842,249 Texans in 2014, around 1 in 7 (14.3 percent) residents.[19]
- Texans received Social Security benefits totaling $53.5 billion in 2014, an amount equivalent to 4.4 percent of the state's total personal income.[20]
- The average Social Security benefit in Texas was $13,931 in 2014.[21]
- Social Security lifted 1,388,000 Texans out of poverty in 2013.[22]

Social Security Works for Texas' Seniors[23]

- Social Security provided benefits to 2,424,311 of Texas' retired workers in 2014, 5 in 8 (63.1 percent) beneficiaries [Figure 3].[24]
- The typical benefit received by a retired worker in Texas was $15,168 in 2014.[25]
- Social Security lifted 892,000 Texans aged 65 or older out of poverty in 2013.[26]
- Without Social Security, the elderly poverty rate, as defined by the official poverty level,[27] in Texas would have increased from 1 in 9 (11.4 percent) to 3 in 7 (42.9 percent) [Figure 4].[28]

Social Security Works for Texas' Women

- Social Security provided benefits to 1,932,852 Texas women in 2014, 1 in 7 (14.2 percent) Texas women.[29]
- Social Security provided benefits to 204,481 Texas spouses in 2014, 1 in 19 (5.3 percent) beneficiaries [Figure 3].[30]
- Social Security lifted 520,000 Texas women aged 65 or older out of poverty in 2013.[31]
- Without Social Security, the poverty rate of elderly women would have increased from 1 in 7 (14 percent) to half (47.7 percent) [Figure 4].[32]

Social Security Works for Texas' Widow(er)s

- Social Security provided survivors benefits to 319,026 Texas widow(er)s in 2014, 1 in 12 (8.3 percent) Texas beneficiaries [Figure 3].[33]
- The typical benefit received by a widow(er) in Texas was $14,891 in 2014.[34]

Social Security Works for Texas' Workers with Disabilities[35]

- Social Security provided disability benefits to 574,012 Texas workers in 2014, 1 in 7 (14.9 percent) Texas beneficiaries [Figure 3].[36]
- The typical benefit received by a disabled worker beneficiary in Texas was $12,684 in 2014.[37]

Social Security Works for Texas' Children

- Social Security is the primary life and disability insurance protection for 98 percent of Texas' 7,115,614 children.[38]
- Social Security provided benefits to 320,419 Texas children in 2014, 1 in 12 (8.3 percent) Texas beneficiaries [Figure 3].[39]
- Social Security is the most important source of income for the 820,034 children living in Texas' grandfamilies, which are households headed by a grandparent or other relative.[40]

SUSIE, North Dakota

Susie worked with her husband in their family shoe store for more than 22 years.

"That's how we made our living," she says. "We made about $100,000 a year during good years. It wasn't all profit, we also had expenses but we got by." And even though her husband passed away 19 years ago, she's reminded of their sacrifices and successes when she receives her earned Social Security and Medicare.

She began work as a waitress at 14 years old in tiny Reeder, North Dakota. From there she maintained a series of jobs including later on, at her own shoe store. Today, she receives about $700 a month from Social Security along with support from Medicare. Even in Dickinson, the money doesn't go far. "I'm on both Medicare and Social Security, and together they pay less than I earned when I worked," Susie says.

At 68 years old, Susie has the benefit of hindsight when she surveys her life and the lives of other seniors. When asked how she feels about some who say seniors could afford to get by on $50 less each month if Social Security were cut, she has a stark reminder for younger generations: "Yes, $50 is a big deal! That means that I will have to drastically cut my food budget. It's already being cut as we speak. I don't even do entertainment out of the house anymore, because I can't afford it. My way of living has been reduced dramatically."

Social Security Works for Texas' African Americans

- In Texas, Social Security provided benefits to 2 in 9 (21.9 percent) African American households in 2013, 236,095 households.[41]
- Nationwide, Social Security lifted 1,231,000 African Americans aged 65 or older out of poverty in 2012.[42] Without Social Security, the poverty rate among African American seniors would have increased from 1 in 6 (18 percent) to half (51 percent).[43]
- Nationwide, Social Security provided nearly three-quarters (71.5 percent) of the income of African American elderly couples and unmarried individuals receiving benefits, on average, in 2012. Social Security made up 90 percent of the total income for nearly half (46.4 percent) of these African American elderly households.[44]
- African Americans were 12.6 percent of the population in 2011, but represented 19 percent of disabled worker beneficiaries.[45]

Social Security Works for Texas' Latinos

- In Texas, Social Security provided benefits to 1 in 6 (18 percent) Latino households in 2013, 482,529 households.[46]
- Nationwide, Social Security lifted 999,000 Latinos aged 65 or older out of poverty in 2012.[47] Without Social Security, the poverty rate among Latino seniors would have increased from 1 in 5 (21 percent) to half (52 percent).[48]
- Nationwide, Social Security provided three-quarters (74.5 percent) of the total income of Latino elderly couples and unmarried individuals receiving benefits, on average, in 2012. Social Security was 90 percent of the income for more than half (52.6 percent) of these Latino elderly households.[49]
- The Social Security Administration estimates that Latinos receive a higher rate of return on their Social Security contributions than the overall population—the highest of any group. That's because they tend to have lower lifetime income, longer life expectancy, higher incidence of disability, and larger families.[50]

Social Security Works for Texas' American Indians and Alaska Natives

- In Texas, Social Security provided benefits to one-quarter (23.2 percent) of American Indian and Alaska Native households in 2013, 10,401 households.[51]
- Nationwide, Social Security provided 90 percent of the income for 1 in 8 (12 percent) elderly American Indian and Alaska Native married couples, and half (50 percent) of elderly unmarried persons in 2011.[52]
- Since Social Security has a higher income replacement rate for workers with lower earnings, Social Security replaces a larger share of pre-retirement earnings for American Indians and Alaska Natives than for the overall population. The median earnings of working-age American Indians and Alaska Natives is about $34,600, compared to $43,000 for all working-age people. Social Security provides average benefits of about $14,546 and $12,207 annually for American Indian and

Alaska Native men and women aged 65 or older, respectively.[53]

Social Security Works for Texas' Asian Americans, Hawaiian Natives and Pacific Islanders

- In Texas, Social Security provided benefits to 1 in 8 (12.3 percent) Asian American, Hawaiian Native and Pacific Islander households in 2013, 41,024 households.[54]
- Nationwide, Social Security provided, on average, over two-thirds (67.7 percent) of the total income for Asian American households with beneficiaries aged 65 or older in 2012. Social Security was 90 percent of the income for over 4 in 10 (44.4 percent) Asian American elderly households.[55]
- Nationwide, Asian Americans and Pacific Islanders receive a high rate of return from Social Security because of their long life expectancies. An Asian American or Pacific Islander man aged 65 in 2011, can expect to live until age 85, compared to age 82 for all men. An Asian American or Pacific Islander woman of the same age can expect to live until age 88, compared to age 85 for all women.[56]

Social Security Works for Texas' Rural Communities

- Social Security is more important to Texans living in rural or non-metropolitan counties than to Texans living in metropolitan counties. 1 in 5 (21.3 percent) rural Texans received Social Security in 2014, compared with 1 in 7 (13.6 percent) metropolitan Texans.[57]
- Social Security is more important to the local economies of Texas' rural or non-metropolitan counties than to its metropolitan counties. Total personal income in Texas' rural counties was $115.1 billion in 2014 of which $8.7 billion, or 7.6 percent, was from Social Security. By comparison, total personal income in the state's metropolitan counties was $1 trillion, of which $45.3 billion, or 4.3 percent, was from Social Security.[58]

Social Security Works for Immigrants

- Social Security is critical for immigrants, of whom 7 in 10 (71.5 percent) are Latino or Asian American in 2013.[59]
- New immigrants tend to have lower career earnings, so Social Security is likely to be a larger source of retirement income for them. Nationwide, the median household income of foreign-born residents was $47,753 in 2013, 10.8 percent lower than the median for native-born Americans, which was $52,910.[60]
- Social Security is a lifeline for older workers who have serious health problems, difficult jobs or major work disabilities, among whom immigrants are disproportionately represented.[61] Nearly 6 in 10 (55.7 percent) immigrant workers aged 58 or older work in physically demanding jobs or difficult conditions, compared with 4 in 10 (43.8 percent) native-born workers.[62]
- An analysis by the Office of the Chief Actuary of the Social Security Administration shows that providing a path to citizenship for the country's 11 million unauthorized immigrants would net Social Security $284 billion by 2024, and extend Social Security's full solvency by two years.[63]

Social Security Works for Same-Sex Couples and Their Families

Social Security has generally looked to state law to determine who is married. Until recently, however, the federal Defense of Marriage Act and state restrictions on the right of same-sex couples to marry prevented same-sex couples and their families from obtaining all of the Social Security protections provided to different-sex married couples and their families. With the Supreme Court's historic rulings in U.S. v. Windsor (June 26, 2013) striking down the Defense of Marriage Act, and in Obergefell v. Hodges (June 26, 2015), affirming the constitutional right of same-sex couples to marry in all states, federal marriage benefits and protections are now available to all same-sex couples, regardless of state of residence.

RUBY, Arizona

I was born when Franklin Delano Roosevelt was elected into office in 1932, and three short years later he signed Social Security into law. I am retired now, so Social Security affects my life that way, but it also affected my life, and my children's lives, through survivors' benefits because we received benefits after their father died prematurely. It was a hunting accident. A guy across the hill from him shot, and my husband was hit, so I was left with the five kids.

It was such a shock that I didn't really know what I was going to do. It was really difficult. I got to the point where for three months, I could barely do anything and I finally had to go to the doctor. I could barely put one foot in front of me to physically walk to the doctor's office. I don't know what I would have done without Social Security. When I went to work, I only earned one dollar thirty cents an hour. It was tough but it was workable. Without Social Security I don't know how it would have been.

Married same-sex couples and their families in every state will now be able to claim the same spousal, survivor, and young dependent benefits guaranteed to all other married couples and their families.[64] Social Security's crucial protections will potentially benefit thousands of Americans, including:

- the 390,000 same-sex couples who are currently married under state law;[65]
- the estimated 70,000 same-sex couples in the 13 states that did not previously recognize or allow same-sex marriage who are expected to marry in the next three years;[66]
- the estimated 210,000 children being raised by same-sex couples.[67]

Social Security is Fiscally Responsible and Affordable

A public trust, Social Security is the nation's most conservatively financed and carefully monitored institution. Social Security does not, and, by law, cannot add a penny to the federal debt.[68] While the federal budget has run a deficit in every year but five over the last half century, Social Security is not allowed to pay benefits unless it has the funds to cover every penny of the cost; it simply does not have borrowing authority.[69] This is why Social Security has nothing to do with reducing the federal budget deficit, and should not be part of any deficit reduction legislation considered by our nation's leaders.

It is only because Social Security is required to project its finances 75 years into the future—an extremely long projection period by virtually any measure—that we even know about its modest long-term shortfall.[70] The 2015 report, signed by Social Security's trustees—the secretaries of the Treasury, Health and Human Services and Labor, the Commissioner of Social Security and two Public Trustees appointed by

the President—projects that Social Security can pay all benefits in full and on time for 19 years.[71] After that, if Congress were not to act, it could still pay 79 cents of every dollar of earned benefits.[72]

Social Security's projected shortfall is incredibly modest as a share of the economy. Even with the retirement of the baby boomers, Social Security's costs are projected to go from their current level of 5.0 percent of gross domestic product (GDP) to 6.1 percent in 2037, after which they are projected to fall and then rise again gradually to 6.2 percent in 2090.[73] The cost of bringing Social Security into actuarial balance is equal to roughly 1 percent of GDP.[74] This increase in Social Security spending is smaller than the increase in spending on public education that occurred when the boomers were children.[75]

Rising Inequality Calls for Scrapping Cap, Expanding Benefits

While incomes at the top—from wages and investments—have skyrocketed in recent decades, the wages of the typical worker have stagnated: the median male worker earned roughly the same amount, adjusted for inflation, in 2010 as his predecessor in 1964.[76] As a result, whereas from 1948-79 two-thirds of income growth went to the bottom 90 percent, from 1979-2012 ***all*** income growth has gone to the top 10 percent.[77] In other words, since 1979, the bottom 90 percent of households have, as a whole, seen their income decline in real terms.

While the lowest 94 percent of earners make Social Security contributions on all of their wages, millionaires and billionaires contribute on only the first $118,500 of their earned income in 2015.[78] And their investment income is completely outside the Social Security system. The fact that virtually all aggregate income growth has been occurring above the Social Security tax cap has hurt Social Security's finances, and is projected to harm them even more in the coming decades.[79]

We should not only scrap the cap, i.e. remove the limit on wages subject to Social Security contributions, but also incorporate high earners' investment income into Social Security. This would ensure that high earners contribute to Social Security on all their income at the same rate as average workers. And it would eliminate all of Social Security's projected 75-year funding gap, while providing enough revenue to expand benefits.[80] In addition or alternatively, dedicating revenue from the federal estate tax, our most progressive tax, to our Social Security system would also reduce income and wealth inequality while providing sufficient revenue to expand Social Security. It is important to recognize that the idea of a system of old age and disability pensions, financed from an estate tax, was proposed by one of our nation's Founding Fathers, Thomas Paine, over two centuries ago.[81]

Social Security Must Not be Held Hostage to the Need for Fund Rebalancing by 2016

Though Social Security is a single program, its benefits are paid from two separate trust funds—the Old Age and Survivors Trust Fund (OASI) and the Disability Insurance (DI) Trust Fund. From time to time, the funds need to be rebalanced. This requires Congressional legislation. For long-anticipated, well-understood reasons, Social Security's actuaries project that a rebalancing between the two trust funds will have to be enacted before the end of 2016, to allow DI benefits to continue to be paid in full and on time.[82] Several major demographic shifts between 1980 and 2010 increased the size of the disability beneficiary population considerably. During that period, the working-age population increased by nearly half, resulting in more covered workers who might become eligible for DI. The Baby Boomers

aged into their disability-prone years and this, together with lower birth rates in the generations that followed, shifted the population's age distribution, increasing the prevalence of disability. Finally, the growing number of women in the workforce since 1970 has resulted in a significant increase (from 50 to 68 percent) in the number of women insured for disability benefits.[83] The weak labor market and falling interest rates of the Great Recession compounded these strains on the system's finances, primarily by lowering the revenues coming into the system, as well as by reducing the interest earned on the DI Trust Fund's reserves. All of these trends which have hurt the disability fund's solvency are now projected to level off.[84]

There is a simple way to extend DI solvency to 2034—by rebalancing the share of payroll contributions going into the Social Security retirement and disability trust funds, as Congress has done 11 times, in both directions, in the past.[85] This would guarantee workers' full suite of Social Security protections without affecting the system's overall solvency. Moreover, by scrapping the cap and incorporating high earners' investment income into Social Security, the solvency of both the DI and OASI funds could be extended to nearly the end of the century.[86]

MIKE, Ohio

Mike was a small business owner. He had his own home construction business. While on vacation in the Bahamas, he suffered a massive stroke. He was only 60 years old. Although he did receive some initial medical attention in the Bahamas, his family, through the help of friends, was able to charter a plane to bring him back to the States for treatment.

His stroke left him paralyzed on his right side and with aphasia, which means he could understand, but not speak. While most SSDI cases take a couple of years to get approval, Mike's case was so compelling, he was approved immediately. In the seven years since his accident, Mike has managed to go through his IRA, which he used to pay for unexpected medical expenses. If he did not have SSDI and now his Social Security retirement benefit, his family does not know what he would have done.

MEDICARE WORKS

For half a century, Medicare has given seniors and people with disabilities access to efficient, affordable health care they can count on. It protects beneficiaries and their families against health-related expenditures that might otherwise overwhelm their finances. Even more importantly, it allows them to receive necessary—and often life-saving—medical care that many would otherwise not be able to afford.

For 50 Years, Medicare Has Provided Health Care in Retirement and Disability[87]

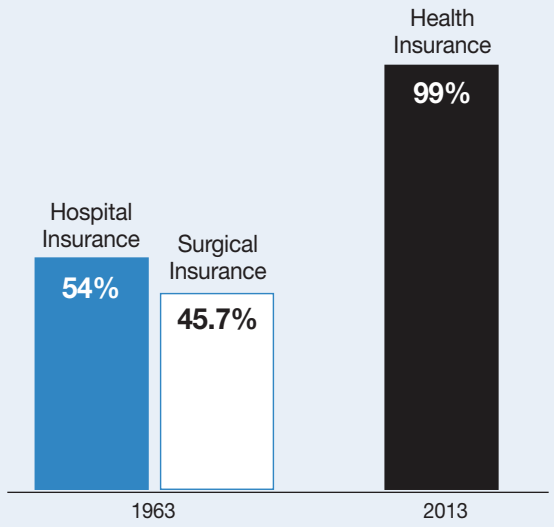
As we celebrate the 50th anniversary of Medicare, it is worth reflecting on the difference it has made in our lives. Before Medicare, roughly half of the elderly were uninsured [Figure 5]. This is because private health insurance companies, which must generate returns for their shareholders, were not able or willing to insure seniors and people with disabilities at affordable rates, given these groups' greater medical needs. Those who were insured paid nearly three times as much as younger people, even though they had, on average, only half as much income.[88]

To prevent these growing health care costs from continuing to threaten the economic security of Americans in retirement, the Social Security Act was expanded in 1965 to include a health insurance program for the elderly, known as Medicare. Today virtually all Americans aged 65 and older have health insurance, predominantly through Medicare.[89]

In 1972, Medicare was expanded to include people with disabilities under age 65 who receive Social Security Disability Insurance benefits. People with disabilities are eligible for Medicare after a two-year waiting period.[90] In 1963, before Medicare, only about

FIGURE 5

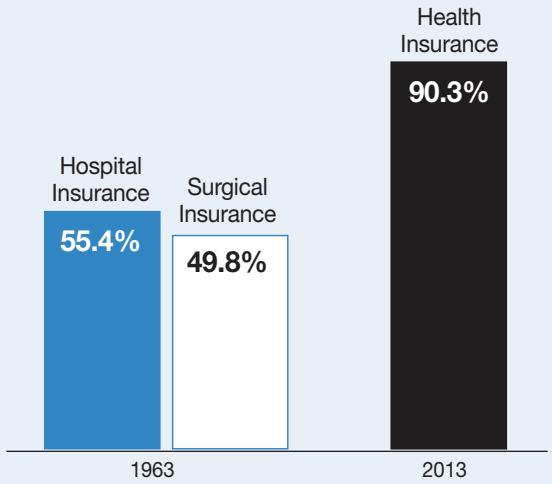
Americans 65 or Older with Health Insurance,1963 vs. 2013



Source: 1963: National Center for Health Statistics, "Health Insurance Coverage: United States—July 1962-June 1963," August 1964. 2013: U.S. Census Bureau, "Health Insurance Coverage Status by Sex by Age," 2011-2013 *American Community Survey* 3-Year Estimates, 2013.

FIGURE 6

Americans with Disabilities with Health Insurance (All Ages),1963 vs. 2013



Source: 1963: National Center for Health Statistics (NCHS), "Health Insurance Coverage: U.S.—July 1962-June 1963," August 1964. 2013: U.S. Census Bureau, "Age by Disability Status by Health Insurance Coverage Status," 2011-2013 *American Community Survey* 3-Year Estimates, 2013.

Note: The NCHS and U.S. Census Bureau both define disability as a chronic condition that impedes normal life and work activities. This definition is broader than the stricter definition used by Social Security and Medicare: inability to engage in "substantial gainful activity" as the result of a medical condition expected to last at least 1 year or end in death.

"[T]he later years of life should not be years of despondency and drift….Since World War II, there has been increasing awareness of the fact that the full value of Social Security would not be realized unless provision were made to deal with the problem of costs of illnesses among our older citizens."

— LYNDON BAINES JOHNSON, January 7, 1965

half of Americans with disabilities (of all ages) had health insurance [Figure 6]. Today, 90 percent do.

If Medicare did not exist, many seniors and people with disabilities today would not be able to afford basic medical services. Medicare beneficiaries are mostly people of modest means. Half had annual incomes below $23,500 in 2013.[91] Even with Medicare, more than one-third of the average Social Security check of retirees and their surviving spouses is consumed by out-of-pocket health care costs.[92]

Medicare: One System with Four Parts

Medicare works—for seniors, people with disabilities, people with end-stage renal disease and people with ALS (Lou Gehrig's disease). For all of these populations, the program covers needed hospital, physician, medical testing, pharmaceutical and rehabilitation services, as well as other necessary medical services and equipment.[93] Medicare provided health care coverage to 53.8 million Americans in 2014, of whom 84 percent (45.1 million) were aged 65 or older; and the remaining 16 percent (8.7 million) were severely disabled workers.[94] The average expenditure per Medicare beneficiary in 2014 was $10,641.[95]

Medicare consists of four parts, each of which provides different medical benefits or service delivery options. Medicare Part A, the Hospital Insurance (HI) program, covers hospital stays as well as select kinds of skilled nursing facility services and home health and hospice care. Hospital Insurance is earned during one's working years, and paid for by insurance contributions of 2.9 percent of wages, divided equally (1.45 percent each) between employers and employees.[96] Since 2013, households with income above the unindexed threshold of $200,000 ($250,000 for couples) pay an additional 0.9 percent Hospital Insurance contribution on their earned income (without an employer match). Medicare Part A's funding is further supplemented by a portion of the federal income taxes that Social Security beneficiaries with incomes above certain unindexed thresholds pay on their benefits.[97]

Medicare Part B, the Supplemental Medical Insurance (SMI) program, helps pay for physician care and related medical services including preventive care, lab tests, and durable medical equipment. One quarter of its costs are funded from premiums (generally deducted from beneficiaries' Social Security checks), and three-quarters from general federal revenues.[98] The 5.5 percent of beneficiaries with incomes above $85,000 ($170,000 for couples) pay significantly higher premiums.[99] For low-income Medicare beneficiaries who are also enrolled in Medicaid, Medicaid can cover Medicare's Part B premium and out-of-pocket costs. Low-income beneficiaries ineligible for full Medicaid benefits may qualify for one of several Medicare

Savings Programs, to help cover the cost of Medicare Part B premiums and cost sharing.[100]

Medicare Part C, also known as the Medicare Advantage program, allows beneficiaries to enroll in a private insurance plan that covers Medicare Part A and B benefits (and usually Part D as well, described below). About 15.7 million Medicare beneficiaries were enrolled in Medicare Advantage in 2014—three in ten (30 percent) beneficiaries.[101] These private plans receive payments from Medicare to cover physician and hospital services (and in most cases, prescription drug benefits). Historically, Medicare Advantage plans have cost more for the same services as provided under traditional Medicare (Parts A and B).[102] Prior to passage of the Patient Protection and Affordable Care Act of 2010 (ACA), Medicare was paying Medicare Advantage insurance companies over $1,000 per person more on average annually than traditional Medicare.[103] These extra costs resulted in not only higher government outlays but also higher Part B premiums for those enrolled in traditional Medicare. The ACA included provisions designed to bring the costs of Medicare Advantage closer to those of traditional Medicare.[104]

Medicare Part D, the prescription drug benefit, covers most outpatient prescription drugs. Part D benefits are provided by private plans that contract with Medicare. Part D benefits are purchased by beneficiaries either as stand-alone plans, or as part of a Medicare Advantage plan. In 2014, 37.6 million beneficiaries were enrolled in a Part D plan—7 in 10 (69.9 percent) beneficiaries.[105] The ACA ensures that seniors and people with disabilities in Part D who reach the prescription drug coverage gap, known commonly as the "donut hole," receive discounts on brand-name and generic prescription drugs. This year, beneficiaries reach the coverage gap after spending $2,960 on covered drugs, and the donut hole closes at the catastrophic coverage limit of $4,700.[106] On drugs purchased within the coverage gap, beneficiaries in 2015 only pay 45 percent of the price for brand-name covered drugs, and 65 percent for generic drugs. As a result of the ACA, these discounts will increase steadily until the donut hole is completely closed in 2020.

For most beneficiaries, roughly one-quarter of Part D costs are funded by premiums (generally deducted from beneficiaries' Social Security checks), and three-quarters from general revenue. States are required to pay premiums for low-income beneficiaries who are enrolled in Part D programs. Assistance paying for Medicare Part D premiums and cost sharing is also available for eligible low-income beneficiaries through the Low-Income Subsidy of Medicare Part D (commonly known as Extra Help), a program administered by the federal government through the Social Security Administration. A small proportion—about 5 percent—of Part D beneficiaries with incomes above $85,000 ($170,000 for couples) pay higher premiums. Higher-income beneficiaries pay between 35 and 80 percent of Part B and D program costs, with the share rising with income.[107]

Medicare Has Lower Administrative Costs than Private Health Insurance

Even though the traditional Medicare program (Parts A and B) covers people who, on average, have more health care claims and more expensive medical conditions than those covered by private insurance, its administrative costs are lower than those of private insurers. Traditional Medicare's administrative costs were 1.6 percent of total expenditures in 2014.[108] Private health insurance's administrative costs are generally much higher, for they include additional non-medical expenses such as marketing, advertising

and retained profit to insurers. The Congressional Budget Office (CBO) estimated that in 2007 these administrative costs varied from about 7 percent for large employer plans with 1,000 or more covered employees to as much as 30 percent for insurance sponsored by very small firms or purchased by individuals.[109]

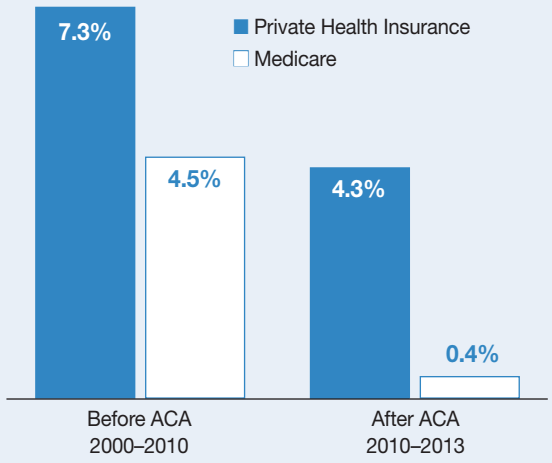
Traditional Medicare is also more efficient than Medicare Advantage plans. The Government Accountability Office (GAO) found that in 2006, Medicare Advantage plans' administrative costs averaged 16.7 percent.[110] The ACA stipulated that starting in 2014, Medicare Advantage plans could not devote more than 15 percent of their Medicare payments to administration, profits and other non-healthcare related items. In response, these plans are now becoming more efficient. A recent GAO study found that in 2011, Medicare Advantage plans' administrative costs had dropped to 13.6 percent—still far above those of traditional Medicare.[111]

Medicare Controls Health Costs Better than Private Insurance As Well, Especially since ACA

In the United States, we pay far more for doctors, hospitals and pharmaceutical products than other countries. In 2011, we spent 17.7 percent of gross domestic product (GDP) on health care, compared to an average of 9.4 percent across all advanced economies.[112] Within our overpriced health care system, Medicare historically performs better than private insurance at controlling costs. For common benefits provided in Medicare and private insurance, from 1969 to 2013, per-person costs increased by 9.1 percent per year in private insurance, compared to about 7.5 percent in Medicare.[113] In the decade immediately prior to passage of the ACA in 2010, the costs of commonly provided benefits grew by 7.3 percent per enrollee per year in private health insurance, vs. 4.5 percent in Medicare. Figure 7 shows that since the passage of the ACA, which added many new cost-control provisions to our health care system, and particularly to Medicare, Medicare outperforms private health insurance even more starkly.

FIGURE 7

Average Growth Rate in Costs of Private Health Insurance vs. Medicare for Common Benefits per Enrollee, before and after ACA



Source: Centers for Medicare & Medicaid Services, National Health Expenditure Accounts, "NHE Tables" (accessed June 30, 2015).

Indeed, since passage of the ACA, Medicare's costs for commonly provided benefits per enrollee have risen at less than one-tenth the rate of private insurance. Part of this slowdown in cost growth is no doubt attributable to the Great Recession; but the recession began in December 2007 and officially ended in June 2009, while the stark decline in cost growth did not begin until 2010 and has persisted through the latest data available (2013). Hence much of the slowdown in cost growth cannot be explained by the recession; the ACA's numerous payment and delivery reforms have surely played a role in containing costs as well.[114]

Tools in the ACA Must be Leveraged to Ensure Medicare's Long-Term Affordability

The Affordable Care Act is showing promising initial signs of bending the cost curve throughout our health care system, particularly in Medicare.[115] While the ACA has been implemented only gradually since 2010, the structural reforms contained in the law sent immediate signals to the health care industry that value, not quantity, would be rewarded in the post-

ACA world, particularly in the Medicare program.[116] Physicians and hospitals, on the one hand, and Medicare Advantage plans, on the other, quickly began changing how they do business in anticipation of the new value-based system. (Insurers in the individual and group health insurance markets had to become more efficient as well.)

The ACA's cost-control provisions include measures to encourage provision of coordinated care for groups of patients (so-called Accountable Care Organizations, or ACOs); reimbursement of providers on the basis of expected costs for clinically-defined episodes of care ("bundled payments") rather than simply paying for each service billed ("fee-for-service"); reduction of excessive payments to private insurers who operate in Medicare Advantage; reduction of payments to hospitals with high rates of preventable readmissions; increased monitoring and punishment of waste, fraud and abuse; comparative effectiveness research to get a better sense of what works and what doesn't; and a new innovation center (the Center for Medicare & Medicaid Innovation), tasked with testing innovative payment and service-delivery models to reduce program expenditures while preserving or enhancing the quality of care.[117] Each of these measures is likely to result in higher-quality care at lower costs over the long term. At a minimum, these innovations will inform ongoing initiatives to control costs and enhance health care quality.

In part as a result of the ACA, the Medicare Hospital Insurance (Part A) Trust Fund's solvency has been extended by 13 years, from 2017 to 2030, after which time it will be able to pay 86 percent of payments from current payroll contributions and other revenue in 2030, and 79 percent in 2039 and thereafter.[118] To express Medicare's finances another way, the total long-term shortfall in hospital insurance funding over the next 75 years is now less than one fifth as large as it was before the passage of the Affordable Care Act.[119]

Still, Congress must pursue policies that sustain affordable access to Medicare benefits over the long term. In so doing, however, it must resist efforts to simply shift costs from the federal government to beneficiaries. The most egregious of such proposals would replace Medicare with a voucher, as proposed in this year's House Republican Budget.[120] Without a strong public Medicare system, the cost of health care for seniors and people with disabilities would likely rise much faster than at present, and higher out-of-pocket costs could keep millions of lower and even many middle-income beneficiaries from getting the care they need.[121]

Cutting Medicare benefits would simply shift costs to the sickest and oldest among us, forcing some seniors and people with disabilities to forego treatment, likely leading to more costly health care needs like emergency room visits, ambulance rides and hospitalizations, and worse health outcomes over the long-term. Promising proposals are available, however, to control Medicare's costs without shifting the burden to older adults and people with disabilities. For starters, Congress could allow Medicare to use its considerable market power to negotiate better prices for beneficiaries on prescription drugs. Currently, under the law that created the Part D program, Congress is forbidden from doing so.[122] Medicare's administrators are also prohibited by Congress from conducting cost-effectiveness research, the kind of research more efficient health-care systems around the world use to determine whether their money is being spent on care that actually works and improves upon existing treatments.[123]

The bottom line is that substantial cost-savings are possible within our health care system without sacrificing quality or coverage. To this end, policymakers should continue to leverage the cost-control tools contained in the Affordable Care Act, and resist any efforts to shift Medicare costs to seniors and people with disabilities.

Medicare Works for Texas' Economy.

- Medicare provided $33.3 billion in benefits to Texans in 2009—22.7 percent of all health care spending in the state.[124] The average expenditure per Medicare beneficiary was $11,565 [Figure 1].[125]

Medicare Works for Texas' Residents.

- Medicare insured 3,187,332 Texans in 2012—1 in 8 (12.2 percent) state residents [Figure 1].[126]

Medicare Works for Texas' Seniors.

- 2,662,146 of Texas' 3,187,332 Medicare beneficiaries were aged 65 or older in 2012—4 in 5 (81.6 percent) beneficiaries.[127]

Medicare Works for Texas' People with Disabilities.

- 598,927 of Texas' 3,187,332 Medicare beneficiaries were people with disabilities in 2012—1 in 5 (18.4 percent) beneficiaries.[128]

Medicare Works for Texas' Residents with End-Stage-Renal Disease (ESRD).

End-stage-renal disease (ESRD) occurs when a person's kidneys stop functioning at a level needed for everyday life. People suffering from ESRD generally must undergo dialysis treatment or receive a kidney transplant, which are both prohibitively expensive.[129]

Medicare Works for Texas' Residents with Amyotrophic Lateral Sclerosis (ALS).

Amyotrophic Lateral Sclerosis, more commonly known as ALS, or Lou Gehrig's disease, is a nervous system disease that gradually shuts down all muscles in a person's body, eventually resulting in death from respiratory failure.[130] Many Texas residents with ALS would impoverish themselves or their families without the help of Medicare.

Seniors and people with disabilities cannot be economically secure if they are one illness away from bankruptcy. Medicare should be strengthened, not cut. As private-sector health insurance continues to rise in cost, preserving a strong public Medicare program is more important than ever.

MEDICAID WORKS

The period from the beginning of the 20th century through the end of the 1950s witnessed significant medical advancements.[131] Yet by the 1960s, these achievements had still failed to reach many: an estimated 40 to 50 million Americans were poor and lacked adequate medical care.[132] Children from low-income families were only able to visit doctors half as frequently as their middle-class peers. And public assistance for low-income Americans was fragmented, with inadequate benefits and, in some states, no medical benefits at all.[133] Consequently, health care for the nation's poor was an essential component of President Johnson's War on Poverty, declared in 1964.[134] Medicaid, the joint federal-state program that helps with medical and long-term care costs for people with low income and resources, was one of the major steps taken in the fight to end poverty.

Before Medicaid, 2 out of 3 Low-Income Americans Lacked Health Insurance

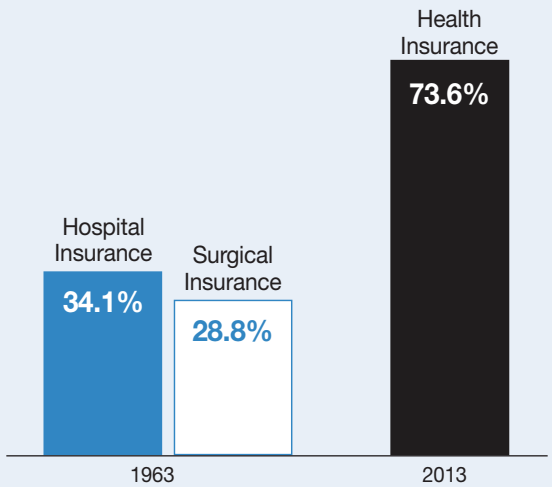
As we celebrate the 50th anniversary of Medicaid, let us recall what a difference it has made. We built our Medicaid system to provide health and long-term care coverage for low-income families, seniors and people with disabilities. In 1963, before Medicaid was created, only 34.1 percent of low-income Americans had hospital insurance, and only 28.8 percent had surgical insurance—the two most common forms of health insurance at that time.[135] Today, thanks to Medicaid and its expansion through the Affordable Care Act of 2010, nearly three-quarters of Americans (73.6 percent) living in or near poverty have some form of health insurance [Figure 8].[136]

For half a century, Medicaid has provided crucial health and long-term care coverage for low-income Americans. While Medicaid originally insured only Americans receiving cash welfare assistance, Congress expanded Medicaid over the years to help insure those without affordable access to private insurance as well as the increasing number of people left behind by erosions of coverage in the private system.[137] In 2013, Medicaid insured 55.4 million Americans—a broad range of Americans including pregnant women, children and some parents in both working and jobless families, and children and adults with physical and mental disabilities. Medicaid also helps some poor elderly and disabled Medicare beneficiaries with premiums, co-pays and other health care needs.[138] Medicaid is a lifeline for low-income Americans who, without the program, would likely be uninsured.

Before the Affordable Care Act, the federal government required states to provide Medicaid to children and pregnant women up to a minimum income threshold (which states had the option to raise), and to provide Medicaid to parents and children in families with income up to the threshold

FIGURE 8

Low-Income Americans with Health Insurance, 1963 and 2013



Source: Data from 1963: National Center for Health Statistics, "Health Insurance Coverage: United States - July 1962-June 1963," August 1964. Data for 2013: U.S. Census Bureau, "Health Insurance Coverage Status by Ratio of Income to Poverty Level in the Past 12 Months by Age," 2011-2013 *American Community Survey* 3-Year Estimates, 2013.

Note: In 1963,"low-income" = annual family income <$2,000 ($15,226 in 2013 dollars); in 2013, low-income = <138% of the poverty threshold ($15,856 for an individual).

in effect for welfare in the state on July 16, 1996. These thresholds were and remain extremely low in many states: 33 states limited coverage to families with incomes below the federal poverty line, which is $11,770 for an individual and $24,250 for a family of four in 2015;[139] and in 17 states, Medicaid eligibility was restricted to families living on less than half the poverty line.[140] Adults without dependent children (unless pregnant or disabled) were excluded from Medicaid eligibility by federal law unless a state used state-only funds or obtained a waiver from the federal government (CMS).[141]

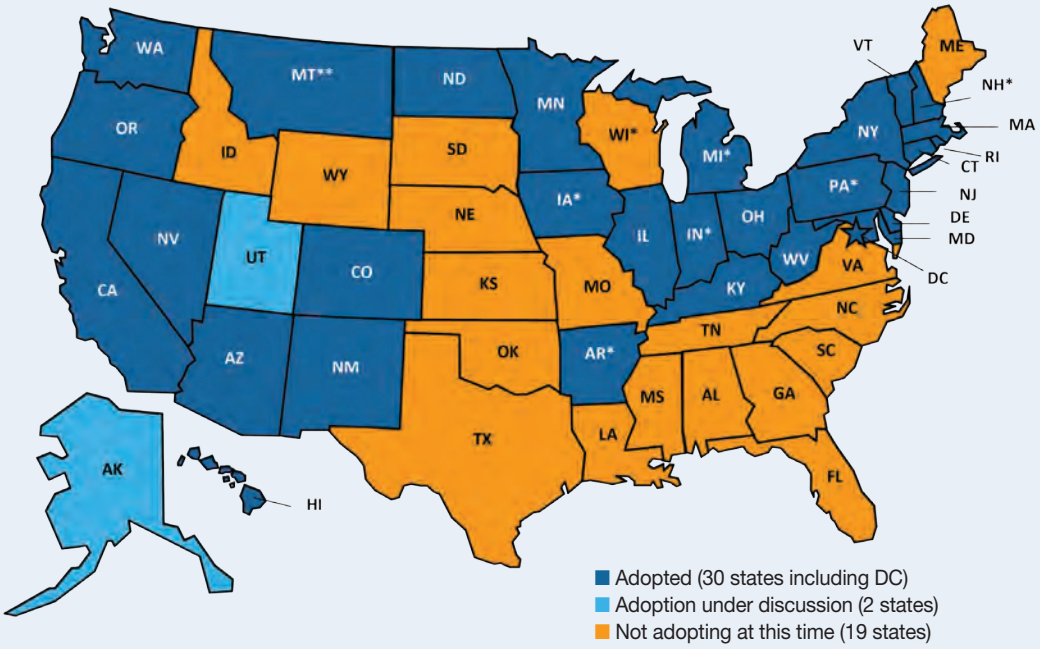
The Affordable Care Act expanded Medicaid eligibility to nearly all individuals with incomes at or below 138 percent of poverty ($16,243 for an individual in 2015), broadly expanding the program to reach low-income adults who were previously excluded from Medicaid. In June 2012, however, the Supreme Court ruled, in effect, that states could opt out of the Medicaid expansion. To date, 29 states and the District of Columbia have expanded Medicaid coverage under the Affordable Care Act, 19 have not, and in 2 states it is under discussion [Figure 9].

In the states that have expanded Medicaid, uninsured rates for all working-age adults have fallen by more than half, from 14.6 percent to 7.5 percent. The 21 states that have not expanded Medicaid also saw a decline in uninsured rates—due to the ACA's individual mandate, health insurance exchanges, premium subsidies, greater awareness of coverage, and enrollment simplification—but the decline has been much smaller, namely just under one third (from 21.4 percent to 17.1 percent).[142]

Medicaid remains especially crucial to seniors and people with disabilities in need of long-term care services. Medicare does not cover most long-term care costs, and private insurance plans that cover long-term care are often prohibitively expensive. As a result, many individuals exhaust their assets under the weight of steep long-term care costs and become eligible for Medicaid, which pays nearly half of long-

FIGURE 9

A Majority of States Have Adopted ACA Medicaid Expansion



Source: Kaiser Family Foundation, "Status of State Action on the Medicaid Expansion Decision," KFF State Health Facts, updated June 22, 2015.

*Note: Under discussion indicates executive activity supporting adoption of the Medicaid expansion. **MT has passed legislation adopting the expansion; it requires federal waiver approval. *AR, IA, IN, MI, PA and NH have approved Section 1115 waivers.*

term costs nationwide.[143] The ACA established enhanced opportunities for state Medicaid programs to shift more long-term care spending to home and community-based long-term services and supports, rather than institutional care.[144]

Nearly two-thirds (63 percent) of all Medicaid spending is for seniors and people with disabilities.[145] About one out of every four—16.5 million—seniors and people with disabilities depended on Medicaid in 2011. That included 6.4 million seniors and 10.1 million people with disabilities.[146] All told, 21 percent of Medicare beneficiaries were also enrolled in Medicaid (as so-called "dual eligibles") in 2011.[147]

Medicaid is also crucially important to children, who are about half of its beneficiaries nationwide.[148] More than one in every three of the nation's children now receive their health insurance through Medicaid or the smaller Children's Health Insurance Program (CHIP).[149]

Medicaid Works for Texas' Economy.

- Medicaid covered $28.3 billion in health care costs for Texas' low-income residents in 2013—and in 2009, Medicaid spending represented 16.2 percent of all health care spending in the state.[150] The average cost per Medicaid beneficiary in 2013 was $7,840 [Figure 1].[151]

Medicaid Works for Texas' Residents.

- Medicaid insured 3,614,500 Texans in 2013—1 in 7 (13.7 percent) state residents [Figure 1].[152]

Medicaid Works for Texas' Children.

- Medicaid insured 3,144,235 Texas children in FY2011—4 in 9 (45.4 percent) children in the state.[153]

Medicaid Works for Texas' Seniors.

- 297,031 of Texas' 3,614,500 Medicaid beneficiaries were aged 65 or older in 2011—1 in 16 (6.1 percent) beneficiaries.[154]

Medicaid Works for Texas' People with Disabilities.

- 566,944 of Texas' 3,614,500 Medicaid beneficiaries were people with disabilities in 2011—1 in 9 (11.7 percent) beneficiaries.[155]

Medicaid Works for Texas' Long-Term Care Recipients.

- Medicaid provided $5.6 billion in long-term care benefits for Texas residents in 2013. That includes:
  - $2.1 billion in home health care services (38.4 percent)
  - $2.4 billion to nursing home facilities (42.2 percent)
  - $20.8 million to mental health facilities (0.4 percent)

- $1.1 million to intermediate care facilities for the mentally retarded (19 percent).[156]

- Medicaid is the primary payer for the vast majority of Texas residents who opt for nursing home care. 58,371 of Texas' 92,359 nursing home residents were Medicaid beneficiaries in 2011—5 in 8 (63.2 percent) nursing home residents.[157] The average annual cost of nursing home care for a semi–private room in Texas was $52,925 in 2012.[158] Given the high cost of nursing home care, many Texas residents would not be able to afford it without Medicaid.

As health care costs increase system-wide, Medicaid's costs rise as well. But Medicaid spending has grown more slowly than private insurance—at a rate of 1.1 percent since 2007, vs. 4.4 percent for private insurance.[159] Medicaid budgets are strained, largely due to rising social inequality, which leaves an ever larger share of the population below 138 percent of the poverty line and without employer health coverage. Medicaid is part of the solution to these problems, not a problem in need of a solution.

Cutting Medicaid access by converting its federal long-term care funding to a block grant to states, and by capping per-person spending on low-income children and parents, as the current Congressional budget agreement proposes to do, would simply shift costs to states who, in turn, would likely shift them further onto those who can least afford it, leading many to forgo necessary care. Instead of taking more politically courageous measures to reduce health-care cost growth, such an approach would reduce access to health and long-term care among particularly vulnerable populations.[160]

The passage of Medicare and Medicaid in 1965 was intended by many policymakers to be the first step toward achieving health insurance coverage for all Americans.[161] The ACA's coverage expansions have brought us closer to this goal. If Medicaid were expanded in the remaining 21 states, so as to cover all Americans at or below 138 percent of the poverty line, an additional 4 million people would have health insurance coverage,[162] preventing between 7,000 and 17,000 deaths annually, according to a Harvard study.[163] For the sake of these very low-income adults, it is time for all states to expand Medicaid.

CONCLUSION

We built our Social Security and Medicare systems because they are the most efficient, secure, universal and fair ways for Americans to achieve income security in retirement, and health security in retirement and disability. We built our Medicaid system so that Americans of modest means can have access to the fundamental human right of health care.

As important as these protections are today, the need for them will only increase in the coming years. Income growth is, at best, slow for most of today's workers, and income inequality is higher than it has been in nearly a century. Jobs are less secure, and many workers have sustained substantial losses of home equity and other savings. Furthermore, most employers who historically offered supplements to Social Security have terminated traditional pension plans, replacing them with far more risky and inadequate 401(k)-style savings accounts.

Our nation faces an impending retirement security crisis. Workers today are saving no more at various ages than their counterparts did in 1983, even though they need much more, given that pensions are disappearing, out-of-pocket health-care costs are higher, and many are living longer.[164] The typical household nearing retirement has only $14,500 in retirement savings.[165] More than half (52 percent) of today's working Americans are not expected to have sufficient resources to maintain their standard of living in old age. The outlook is even more dismal when anticipated health and long-term care costs are counted; then, roughly two-thirds of working-age households are not expected to be able to maintain their living standard in retirement.[166]

Were it not for Social Security, Medicare and Medicaid, the retirement security crisis awaiting today's workforce would be much worse. These programs are fortresses of security and reliability, and they work extremely well. In this uncertain world, where no one is invulnerable to premature death, permanent disability or poor health, Social Security, Medicare and Medicaid are there to cushion the blow. Their protections should be expanded, not cut.

These programs, like our highways, are fundamental to our family and community life. In an increasingly uncertain economic environment, they will be even more important to future generations of retirees—today's middle-aged and younger workers.

We are much wealthier as a nation than we were in 1935, 1939, 1956, 1965 or 1972, when these structures were built and improved. Now it is our turn to maintain and improve them, as previous generations have done, for ourselves and for those who follow. To build our own legacy for our nation's children and grandchildren so when they become workers, they will have the economic security that Social Security, Medicare and Medicaid provide.

Maintaining our Social Security, Medicare and Medicaid systems must not be reduced to a matter of simple arithmetic. Any changes we make to these vital programs must help advance their mission of providing economic security and dignity to the American people. Reducing expenditures in these programs is not an end in itself; doing so in ways that expose beneficiaries to economic insecurity or health risks would solve the arithmetic problem while compromising these programs' fundamental promise.

The solution is clear—it is time to double down on what works. We must expand Social Security and Medicare, in order to buttress retirement security in an era of wage stagnation and inequality. And Medicaid should be expanded to cover all American households living under 138 percent of poverty in all 50 states.

At base, this is about what kind of nation we want to live in and leave for those who follow. Today's workers have a stake in preserving these foundational systems—for themselves, their families, and their children and grandchildren. And politicians have the opportunity to maintain, improve and pass on these paramount achievements for future generations, just as previous Congresses and presidents have done for us.

Appendix 1: Social Security Works for Texas' Congressional Districts (Page 1/3)

		STATE TOTAL	CONGRESSIONAL DISTRICTS										
			1	2	3	4	5	6	7	8	9	10	11	12
Total annual benefits ($ in millions)*		**$54,032M**	$2,035M	$1,420M	$1,395M	$2,106M	$1,766M	$1,536M	$1,347M	$1,817M	$1,069M	$1,559M	$1,916M	$1,688M
Number of residents in state/ congressional district		**26,049,971**	707,759	730,716	744,450	708,532	718,316	727,566	728,070	742,426	719,126	726,353	718,152	723,781
Number of residents receiving Social Security benefits		**3,842,249**	142,817	86,799	83,052	149,523	123,146	101,804	78,456	118,297	81,303	101,562	136,415	110,552
Percent of residents receiving Social Security benefits		**14.7%**	20.2%	11.9%	11.2%	21.1%	17.1%	14.0%	10.8%	15.9%	11.3%	14.0%	19.0%	15.3%
SOCIAL SECURITY BENEFICIARIES BY CATEGORY	***Women***	**1,932,852**	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Retired workers	**2,424,311**	89,041	58,755	58,957	95,683	78,797	66,044	54,339	78,033	48,308	68,074	89,357	73,528
	Disabled workers	**574,012**	22,665	9,543	7,999	24,636	20,468	15,207	6,887	15,619	14,521	12,464	18,017	15,201
	Widow(er)s	**319,026**	12,576	6,451	5,576	11,800	9,548	7,119	6,481	9,882	5,782	7,837	12,474	9,004
	Spouses	**204,481**	6,838	5,321	4,774	5,901	4,642	4,353	5,579	6,090	3,742	5,041	7,292	5,046
	Children	**320,419**	11,697	6,729	5,746	11,503	9,691	9,081	5,170	8,673	8,950	8,146	9,275	7,773

Sources: U.S. Census Bureau, *ACS Demographic and Housing Estimates*, "2011-2013 American Community Survey 3-Year Estimates," 2014.
SSA, "Texas," *Congressional Statistics, December 2014,* 2015.
SSA, *Annual Statistical Supplement, 2015,* "Table 5.J5.1: Number by state or other area and sex, December 2014," 2015.
*The annual benefits for the Congressional districts were calculated by taking the monthly benefits and multiplying by 12. The state annual benefits number is the sum of the congressional district numbers.

Appendix 1: Social Security Works for Texas' Congressional Districts (Page 2/3)

		STATE TOTAL	CONGRESSIONAL DISTRICTS										
			13	14	15	16	17	18	19	20	21	22	23	24
Total annual benefits ($ in millions)*		**$54,032M**	$1,768M	$1,812M	$1,084M	$1,201M	$1,496M	$1,169M	$1,630M	$1,295M	$1,990M	$1,341M	$1,383M	$1,377M
Number of residents in state/ congressional district		**26,049,971**	700,518	709,301	724,868	720,643	717,600	727,976	710,487	730,585	733,852	753,155	717,171	730,210
Number of residents receiving Social Security benefits		**3,842,249**	125,192	121,140	100,068	107,063	106,689	90,766	119,396	107,160	128,520	84,483	116,998	83,058
Percent of residents receiving Social Security benefits		**14.7%**	17.9%	17.1%	13.8%	14.9%	14.9%	12.5%	16.8%	14.7%	17.5%	11.2%	16.3%	11.4%
SOCIAL SECURITY BENEFICIARIES BY CATEGORY	***Women***	**1,932,852**	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Retired workers	**2,424,311**	80,577	74,055	58,629	61,521	67,197	51,234	74,573	62,057	91,430	56,346	68,777	58,811
	Disabled workers	**574,012**	18,270	19,513	15,247	16,950	16,945	18,523	17,532	20,092	13,867	9,040	18,013	8,980
	Widow(er)s	**319,026**	11,518	11,349	9,197	10,587	8,538	7,788	11,368	8,562	9,578	6,565	10,448	5,890
	Spouses	**204,481**	6,293	6,092	7,167	8,410	4,727	3,514	6,264	5,578	6,600	5,351	8,825	4,246
	Children	**320,419**	8,534	10,131	9,828	9,595	9,282	9,707	9,659	10,871	7,045	7,181	10,935	5,131

Sources: U.S. Census Bureau, *ACS Demographic and Housing Estimates*, "2011-2013 American Community Survey 3-Year Estimates," 2014.
SSA, "Texas," *Congressional Statistics, December 2014,* 2015.
SSA, *Annual Statistical Supplement, 2015,* "Table 5.J5.1: Number by state or other area and sex, December 2014," 2015.
*The annual benefits for the Congressional districts were calculated by taking the monthly benefits and multiplying by 12. The state annual benefits number is the sum of the congressional district numbers.

Appendix 1: Social Security Works for Texas' Congressional Districts (Page 3/3)

		STATE TOTAL	CONGRESSIONAL DISTRICTS										
			25	26	27	28	29	30	31	32	33	34	35	36
Total annual benefits ($ in millions)*		**$54,032M**	$1,755M	$1,362M	$1,814M	$1,173M	$921M	$1,301M	$1,558M	$1,538M	$973M	$1,216M	$1,213M	$2,008M
Number of residents in state/ congressional district		**26,049,971**	726,962	745,740	707,737	724,133	716,620	723,640	742,564	721,770	709,378	712,561	736,986	710,267
Number of residents receiving Social Security benefits		**3,842,249**	117,251	84,379	133,420	105,027	74,036	99,527	106,692	93,854	79,093	111,171	101,026	132,514
Percent of residents receiving Social Security benefits		**14.7%**	16.1%	11.3%	18.9%	14.5%	10.3%	13.8%	14.4%	13.0%	11.1%	15.6%	13.7%	18.7%
SOCIAL SECURITY BENEFICIARIES BY CATEGORY	***Women***	**1,932,852**	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Retired workers	**2,424,311**	78,228	58,044	81,728	60,315	41,431	58,221	68,949	65,018	45,272	65,354	56,257	81,371
	Disabled workers	**574,012**	15,443	9,667	20,855	16,290	12,412	21,954	15,908	10,961	16,007	16,420	21,821	20,075
	Widow(er)s	**319,026**	8,652	5,841	12,742	9,619	7,232	6,677	7,778	6,771	6,142	10,835	7,831	12,988
	Spouses	**204,481**	5,712	3,767	7,139	7,817	5,507	2,930	4,836	5,290	3,752	7,968	4,129	7,948
	Children	**320,419**	9,216	7,060	10,956	10,986	7,454	9,745	9,221	5,814	7,920	10,594	10,988	10,132

Sources: U.S. Census Bureau, *ACS Demographic and Housing Estimates*, "2011-2013 American Community Survey 3-Year Estimates," 2014.
SSA, "Texas," *Congressional Statistics, December 2014,* 2015.
SSA, *Annual Statistical Supplement, 2015,* "Table 5.J5.1: Number by state or other area and sex, December 2014," 2015.
*The annual benefits for the Congressional districts were calculated by taking the monthly benefits and multiplying by 12. The state annual benefits number is the sum of the congressional district numbers.

Appendix 2: Social Security, Medicare and Medicaid Data by County in Texas (Page 1/9)

		TEXAS COUNTY DEMOGRAPHICS, 2013					SOCIAL SECURITY BENEFITS, 2013-2014		SOCIAL SECURITY BENEFICIARIES BY CHARACTERISTIC, 2014*							MEDICARE & MEDICAID, 2011-2012	
County	Metropolitan/ Non-Metropolitan	2013 Population	Median Household Income, 2013	% in Poverty, 2013	Population over Age 65, 2013	% of Population over Age 65, 2013	Annual Total Benefits, 2014	% of Total Personal Income, 2013	% of Population Receiving Benefits, 2014	Total Beneficiaries	Retired Workers	Disabled Workers	Widow(er)s	Spouses	Children	% Receiving Medicare, 2012	% Receiving Medicaid, 2011
Texas Total (254 Counties)	N/A	26,448,193	$51,714	17.5%	2,966,167	11.2%	$54,031,692,000	4.7%	14.5%	3,842,250	2,424,310	574,010	319,025	204,485	320,420	13.7%	15.5%
Anderson	Non-Metropolitan	57,938	$41,279	22.4%	7,789	13.4%	$129,960,000	7.5%	16.4%	9,505	5,615	1,705	905	390	890	17.0%	14.3%
Andrews	Non-Metropolitan	16,799	$62,781	11.4%	1,682	10.0%	$31,512,000	3.8%	13.0%	2,185	1,250	320	260	155	200	13.2%	14.1%
Angelina	Non-Metropolitan	87,441	$41,804	21.5%	12,764	14.6%	$246,072,000	7.8%	20.6%	18,035	10,335	3,155	1,590	855	2,100	19.0%	19.3%
Aransas	Metropolitan	24,356	$41,666	20.7%	6,406	26.3%	$109,092,000	9.5%	31.0%	7,550	5,290	955	550	345	410	30.1%	16.1%
Archer	Metropolitan	8,681	$56,805	10.1%	1,552	17.9%	$25,296,000	5.4%	20.3%	1,765	1,165	245	165	90	100	20.9%	6.9%
Armstrong	Metropolitan	1,949	$52,122	11.0%	412	21.1%	$6,480,000	7.1%	23.6%	460	325	45	35	30	25	23.6%	7.5%
Atascosa	Metropolitan	47,093	$46,631	17.8%	6,476	13.8%	$109,140,000	6.4%	19.2%	9,020	5,015	1,660	825	555	965	17.1%	21.0%
Austin	Metropolitan	28,847	$52,042	13.6%	4,996	17.3%	$88,956,000	7.1%	20.5%	5,900	4,060	635	545	300	360	19.4%	12.3%
Bailey	Non-Metropolitan	7,114	$37,626	19.9%	1,045	14.7%	$17,148,000	6.4%	18.8%	1,340	840	150	145	105	100	16.5%	22.0%
Bandera	Metropolitan	20,601	$50,334	16.2%	4,927	23.9%	$87,144,000	10.0%	29.8%	6,130	4,295	785	410	290	350	25.1%	10.2%
Bastrop	Metropolitan	75,825	$50,151	18.7%	10,126	13.4%	$196,116,000	8.2%	18.3%	13,870	9,225	2,210	920	460	1,055	16.3%	15.0%
Baylor	Non-Metropolitan	3,614	$34,563	19.5%	904	25.0%	$14,208,000	9.7%	29.9%	1,080	695	170	105	45	65	31.5%	18.6%
Bee	Non-Metropolitan	32,799	$41,804	25.1%	3,664	11.2%	$57,420,000	5.6%	14.4%	4,720	2,635	775	565	285	460	13.8%	17.7%
Bell	Metropolitan	326,843	$50,223	15.1%	31,106	9.5%	$601,560,000	4.7%	14.2%	46,450	25,750	9,570	3,575	1,995	5,560	12.2%	13.0%
Bexar	Metropolitan	1,817,610	$49,655	17.4%	200,186	11.0%	$3,584,172,000	5.1%	15.4%	279,260	165,200	49,765	22,065	14,465	27,765	14.1%	17.2%
Blanco	Non-Metropolitan	10,723	$54,914	12.7%	2,297	21.4%	$41,052,000	7.1%	25.8%	2,765	2,010	275	220	145	115	22.2%	8.8%
Borden	Non-Metropolitan	637	$60,443	10.5%	135	21.2%	$1,416,000	3.6%	16.5%	105	65	5	15	15	5	23.0%	4.6%
Bosque	Non-Metropolitan	17,855	$42,864	17.0%	4,162	23.3%	$64,356,000	9.8%	24.8%	4,425	3,115	580	330	185	215	25.9%	13.9%
Bowie	Metropolitan	93,487	$41,657	21.4%	14,070	15.1%	$249,252,000	7.4%	20.9%	19,570	11,540	3,730	1,635	685	1,980	20.0%	17.8%
Brazoria	Metropolitan	330,242	$66,337	11.8%	34,928	10.6%	$687,816,000	5.0%	13.6%	44,760	28,045	6,205	4,045	2,605	3,860	12.7%	10.8%
Brazos	Metropolitan	203,164	$39,732	27.6%	16,396	8.1%	$305,616,000	4.7%	10.2%	20,815	13,580	2,820	1,645	1,070	1,700	9.6%	11.1%
Brewster	Non-Metropolitan	9,286	$39,106	14.9%	1,681	18.1%	$26,604,000	7.1%	21.5%	1,995	1,480	205	140	80	90	20.3%	11.0%
Briscoe	Non-Metropolitan	1,537	$40,235	17.4%	367	23.9%	$5,004,000	7.5%	25.7%	395	270	25	45	40	15	28.7%	14.3%
Brooks	Non-Metropolitan	7,237	$27,644	31.9%	1,288	17.8%	$18,144,000	7.6%	24.0%	1,735	975	265	215	115	165	23.9%	36.5%
Brown	Non-Metropolitan	37,749	$38,636	18.6%	7,130	18.9%	$125,976,000	9.9%	24.8%	9,355	6,050	1,480	740	400	685	23.7%	17.4%
Burleson	Metropolitan	17,169	$45,732	17.5%	3,237	18.9%	$54,576,000	7.9%	23.3%	4,000	2,595	605	345	185	270	22.7%	14.7%

Appendix 2: Social Security, Medicare and Medicaid Data by County in Texas (Page 2/9)

		TEXAS COUNTY DEMOGRAPHICS, 2013					SOCIAL SECURITY BENEFITS, 2013-2014		SOCIAL SECURITY BENEFICIARIES BY CHARACTERISTIC, 2014*							MEDICARE & MEDICAID, 2011-2012	
County	Metropolitan/ Non-Metropolitan	2013 Population	Median Household Income, 2013	% in Poverty, 2013	Population over Age 65, 2013	% of Population over Age 65, 2013	Annual Total Benefits, 2014	% of Total Personal Income, 2013	% of Population Receiving Benefits, 2014	Total Beneficiaries	Retired Workers	Disabled Workers	Widow(er)s	Spouses	Children	% Receiving Medicare, 2012	% Receiving Medicaid, 2011
Burnet	Non-Metropolitan	43,823	$49,286	14.9%	9,065	20.7%	$154,500,000	7.4%	23.9%	10,460	7,480	1,130	805	530	515	24.2%	11.9%
Caldwell	Metropolitan	39,232	$46,021	17.2%	5,073	12.9%	$93,048,000	8.0%	18.0%	7,080	4,525	1,145	585	275	550	16.2%	18.2%
Calhoun	Non-Metropolitan	21,806	$51,004	18.1%	3,449	15.8%	$60,396,000	7.7%	19.5%	4,250	2,655	605	415	285	290	18.9%	16.8%
Callahan	Metropolitan	13,525	$42,138	14.3%	2,668	19.7%	$45,288,000	9.1%	24.6%	3,330	2,285	420	260	150	215	24.0%	12.9%
Cameron	Metropolitan	417,276	$33,905	32.4%	50,090	12.0%	$645,012,000	6.2%	14.6%	61,070	36,275	8,640	5,685	4,540	5,930	13.2%	29.1%
Camp	Non-Metropolitan	12,413	$37,941	18.1%	2,101	16.9%	$38,604,000	8.8%	22.3%	2,765	1,740	465	235	125	200	21.9%	23.1%
Carson	Metropolitan	6,010	$59,252	8.5%	1,022	17.0%	$17,328,000	6.1%	19.4%	1,165	765	145	120	70	65	20.4%	6.9%
Cass	Non-Metropolitan	30,331	$37,546	21.8%	6,325	20.9%	$110,976,000	10.8%	27.2%	8,240	4,940	1,445	770	375	710	25.5%	18.1%
Castro	Non-Metropolitan	8,030	$40,689	19.6%	1,092	13.6%	$16,224,000	4.9%	15.4%	1,240	750	120	145	120	105	15.2%	20.5%
Chambers	Metropolitan	36,812	$74,915	10.5%	3,924	10.7%	$90,360,000	4.5%	15.7%	5,795	3,570	845	580	310	490	14.4%	8.5%
Cherokee	Non-Metropolitan	50,878	$37,735	23.6%	8,066	15.9%	$140,256,000	8.6%	20.4%	10,355	6,430	1,865	850	370	840	19.9%	19.6%
Childress	Non-Metropolitan	7,095	$33,919	25.5%	1,080	15.2%	$16,500,000	8.1%	18.4%	1,305	820	210	120	70	85	19.3%	16.6%
Clay	Metropolitan	10,473	$50,336	13.0%	2,081	19.9%	$36,648,000	6.8%	24.9%	2,605	1,735	365	225	115	165	23.6%	9.7%
Cochran	Non-Metropolitan	3,016	$37,242	23.6%	450	14.9%	$7,260,000	5.6%	19.9%	600	355	85	60	60	40	20.3%	22.8%
Coke	Non-Metropolitan	3,210	$38,866	14.4%	847	26.4%	$12,948,000	10.9%	29.1%	935	635	110	95	50	45	28.1%	11.5%
Coleman	Non-Metropolitan	8,543	$33,014	22.8%	1,984	23.2%	$31,968,000	10.3%	28.3%	2,420	1,710	290	170	105	145	28.7%	19.3%
Collin	Metropolitan	854,778	$81,315	7.9%	79,420	9.3%	$1,562,844,000	3.3%	11.0%	93,990	66,165	9,550	6,265	5,205	6,805	10.2%	5.3%
Collingsworth	Non-Metropolitan	3,099	$35,389	21.4%	534	17.2%	$8,196,000	5.9%	20.7%	640	425	70	70	40	35	21.8%	19.2%
Colorado	Non-Metropolitan	20,752	$42,438	16.9%	4,177	20.1%	$71,532,000	7.8%	23.7%	4,915	3,365	560	470	235	285	23.7%	15.6%
Comal	Metropolitan	118,480	$70,322	10.5%	20,103	17.0%	$397,296,000	6.9%	21.9%	25,990	18,600	2,810	1,810	1,250	1,520	20.9%	9.1%
Comanche	Non-Metropolitan	13,623	$35,434	20.3%	3,102	22.8%	$48,768,000	9.7%	27.0%	3,680	2,470	435	320	225	230	26.1%	15.5%
Concho	Non-Metropolitan	4,043	$39,035	26.9%	618	15.3%	$8,448,000	7.3%	16.3%	660	455	80	50	40	35	16.6%	9.4%
Cooke	Non-Metropolitan	38,467	$53,565	15.5%	6,630	17.2%	$115,188,000	5.1%	20.2%	7,775	5,440	940	635	325	435	19.9%	13.1%
Coryell	Metropolitan	76,192	$50,161	14.8%	6,498	8.5%	$123,996,000	4.4%	13.1%	9,950	5,490	1,910	830	490	1,230	11.0%	8.5%
Cottle	Non-Metropolitan	1,452	$32,292	21.9%	357	24.6%	$5,376,000	8.9%	30.3%	440	295	55	50	20	20	33.5%	20.7%
Crane	Non-Metropolitan	4,773	$58,901	10.1%	563	11.8%	$9,060,000	4.1%	13.8%	660	380	90	75	60	55	14.5%	10.5%
Crockett	Non-Metropolitan	3,807	$50,243	13.9%	560	14.7%	$9,024,000	5.8%	18.4%	700	455	80	75	50	40	18.0%	15.6%
Crosby	Metropolitan	5,991	$35,443	27.3%	1,084	18.1%	$16,560,000	5.5%	21.6%	1,295	795	185	135	80	100	21.7%	22.9%

Appendix 2: Social Security, Medicare and Medicaid Data by County in Texas (Page 3/9)

		TEXAS COUNTY DEMOGRAPHICS, 2013					SOCIAL SECURITY BENEFITS, 2013-2014		SOCIAL SECURITY BENEFICIARIES BY CHARACTERISTIC, 2014*							MEDICARE & MEDICAID, 2011-2012	
County	Metropolitan/ Non-Metropolitan	2013 Population	Median Household Income, 2013	% in Poverty, 2013	Population over Age 65, 2013	% of Population over Age 65, 2013	Annual Total Benefits, 2014	% of Total Personal Income, 2013	% of Population Receiving Benefits, 2014	Total Beneficiaries	Retired Workers	Disabled Workers	Widow(er)s	Spouses	Children	% Receiving Medicare, 2012	% Receiving Medicaid, 2011
Culberson	Non-Metropolitan	2,277	$32,945	24.7%	363	15.9%	$6,156,000	7.2%	25.0%	570	350	90	50	30	50	20.9%	22.5%
Dallam	Non-Metropolitan	7,057	$42,378	14.1%	620	8.8%	$12,288,000	3.5%	13.4%	945	585	125	95	70	70	14.2%	16.9%
Dallas	Metropolitan	2,480,331	$47,902	19.5%	234,557	9.5%	$4,426,824,000	3.7%	12.2%	303,195	193,325	50,765	21,575	13,290	24,240	11.8%	17.0%
Dawson	Non-Metropolitan	13,810	$38,333	23.8%	1,972	14.3%	$32,580,000	6.8%	17.8%	2,455	1,480	335	290	195	155	18.1%	19.2%
Deaf Smith	Non-Metropolitan	19,177	$37,991	21.5%	2,236	11.7%	$36,348,000	5.2%	14.7%	2,825	1,705	390	315	215	200	14.6%	21.8%
Delta	Non-Metropolitan	5,238	$37,985	19.2%	1,144	21.8%	$18,804,000	11.5%	26.9%	1,410	960	215	95	40	100	25.6%	17.0%
Denton	Metropolitan	728,799	$75,099	8.9%	60,255	8.3%	$1,267,716,000	3.8%	10.8%	78,455	54,040	9,050	5,320	3,500	6,545	9.7%	6.3%
DeWitt	Non-Metropolitan	20,503	$45,937	18.5%	3,875	18.9%	$60,972,000	6.5%	22.3%	4,570	2,895	625	470	255	325	22.1%	17.0%
Dickens	Non-Metropolitan	2,291	$35,491	23.2%	466	20.3%	$7,308,000	9.4%	25.3%	580	395	70	50	30	35	23.9%	13.6%
Dimmit	Non-Metropolitan	10,897	$35,801	27.0%	1,548	14.2%	$20,220,000	4.2%	18.4%	2,005	1,130	300	225	135	215	18.0%	31.4%
Donley	Non-Metropolitan	3,522	$34,861	19.7%	763	21.7%	$11,556,000	7.5%	25.0%	880	605	95	85	50	45	25.3%	13.7%
Duval	Non-Metropolitan	11,640	$35,118	25.6%	1,986	17.1%	$27,588,000	5.9%	21.2%	2,465	1,290	385	325	205	260	21.0%	26.6%
Eastland	Non-Metropolitan	18,245	$39,959	17.3%	3,806	20.9%	$61,032,000	4.8%	25.0%	4,565	3,045	630	435	200	255	25.2%	17.2%
Ector	Metropolitan	149,378	$53,752	15.3%	14,503	9.7%	$265,704,000	4.0%	13.0%	19,355	10,840	3,165	2,270	1,345	1,735	13.2%	18.3%
Edwards	Non-Metropolitan	1,884	$35,339	23.0%	462	24.5%	$4,740,000	7.1%	21.8%	410	255	45	50	40	20	26.4%	17.8%
Ellis	Metropolitan	155,976	$59,257	13.1%	17,861	11.5%	$371,748,000	6.3%	15.8%	24,700	16,350	3,690	1,695	945	2,020	14.3%	12.2%
El Paso	Metropolitan	827,718	$39,748	22.7%	90,470	10.9%	$1,336,164,000	5.2%	14.7%	121,445	68,570	19,995	11,900	9,885	11,095	13.6%	21.9%
Erath	Non-Metropolitan	39,658	$40,346	21.8%	5,347	13.5%	$86,652,000	6.7%	15.9%	6,290	4,185	745	525	315	520	15.3%	11.3%
Falls	Metropolitan	17,493	$34,376	25.2%	2,907	16.6%	$44,100,000	7.9%	20.3%	3,555	2,175	660	285	135	300	20.0%	18.4%
Fannin	Non-Metropolitan	33,659	$42,392	19.0%	6,116	18.2%	$107,652,000	9.8%	22.8%	7,670	5,095	1,255	595	250	475	22.2%	13.7%
Fayette	Non-Metropolitan	24,821	$50,938	11.2%	5,773	23.3%	$91,416,000	8.1%	25.1%	6,220	4,470	570	550	315	315	25.3%	11.6%
Fisher	Non-Metropolitan	3,856	$40,691	17.2%	894	23.2%	$13,524,000	7.3%	25.4%	980	635	110	120	60	55	26.4%	12.2%
Floyd	Non-Metropolitan	6,230	$36,534	20.5%	1,129	18.1%	$16,728,000	6.0%	20.5%	1,280	805	150	135	105	85	20.9%	20.4%
Foard	Non-Metropolitan	1,277	$33,484	17.8%	322	25.2%	$5,028,000	11.0%	31.7%	405	260	55	30	30	30	29.0%	15.6%
Fort Bend	Metropolitan	652,365	$87,901	8.9%	58,219	8.9%	$1,089,264,000	3.1%	10.7%	69,680	46,130	7,805	4,925	4,325	6,495	9.6%	7.6%
Franklin	Non-Metropolitan	10,660	$41,497	18.3%	2,134	20.0%	$31,980,000	8.2%	21.0%	2,235	1,485	300	150	115	185	22.6%	14.5%
Freestone	Non-Metropolitan	19,646	$44,408	16.3%	3,492	17.8%	$53,124,000	7.4%	19.2%	3,770	2,485	510	320	170	285	19.8%	13.2%
Frio	Non-Metropolitan	18,065	$35,405	31.0%	2,066	11.4%	$30,444,000	5.2%	15.3%	2,765	1,540	435	315	175	300	13.9%	25.4%

Appendix 2: Social Security, Medicare and Medicaid Data by County in Texas (Page 4/9)

		TEXAS COUNTY DEMOGRAPHICS, 2013					SOCIAL SECURITY BENEFITS, 2013-2014		SOCIAL SECURITY BENEFICIARIES BY CHARACTERISTIC, 2014*							MEDICARE & MEDICAID, 2011-2012	
County	Metropolitan/ Non-Metropolitan	2013 Population	Median Household Income, 2013	% in Poverty, 2013	Population over Age 65, 2013	% of Population over Age 65, 2013	Annual Total Benefits, 2014	% of Total Personal Income, 2013	% of Population Receiving Benefits, 2014	Total Beneficiaries	Retired Workers	Disabled Workers	Widow(er)s	Spouses	Children	% Receiving Medicare, 2012	% Receiving Medicaid, 2011
Gaines	Non-Metropolitan	18,921	$49,661	15.1%	1,813	9.6%	$25,608,000	3.7%	10.6%	2,005	1,130	250	250	180	195	10.7%	14.9%
Galveston	Metropolitan	306,782	$60,210	14.2%	38,011	12.4%	$776,448,000	5.4%	16.5%	50,635	32,600	7,540	4,320	2,255	3,920	15.2%	12.1%
Garza	Non-Metropolitan	6,317	$47,134	28.2%	737	11.7%	$11,988,000	3.1%	14.2%	895	570	120	80	60	65	13.7%	13.1%
Gillespie	Non-Metropolitan	25,357	$50,443	13.0%	7,098	28.0%	$116,052,000	8.4%	30.8%	7,820	5,995	545	540	445	295	29.9%	9.7%
Glasscock	Non-Metropolitan	1,251	$65,789	9.4%	175	14.0%	$2,136,000	2.2%	12.4%	155	100	10	10	25	10	16.1%	6.2%
Goliad	Metropolitan	7,465	$48,458	14.9%	1,514	20.3%	$23,472,000	8.7%	23.2%	1,730	1,110	230	160	110	120	21.9%	14.7%
Gonzales	Non-Metropolitan	20,312	$37,051	22.0%	3,203	15.8%	$49,956,000	6.6%	19.0%	3,865	2,470	600	355	165	275	19.0%	21.5%
Gray	Non-Metropolitan	23,043	$48,623	14.9%	3,549	15.4%	$63,264,000	6.0%	18.9%	4,360	2,765	570	435	295	295	19.6%	15.1%
Grayson	Metropolitan	122,353	$44,596	16.4%	20,404	16.7%	$397,248,000	9.0%	22.3%	27,225	17,940	4,420	2,060	965	1,840	21.1%	14.3%
Gregg	Metropolitan	123,024	$46,501	17.0%	17,145	13.9%	$343,152,000	5.8%	19.5%	23,935	14,460	4,020	2,305	1,110	2,040	18.7%	18.1%
Grimes	Non-Metropolitan	26,859	$44,486	19.5%	4,179	15.6%	$72,204,000	7.7%	19.1%	5,125	3,240	780	455	250	400	18.2%	15.3%
Guadalupe	Metropolitan	143,183	$59,288	11.0%	18,185	12.7%	$332,964,000	5.8%	16.8%	24,065	15,480	3,550	1,880	1,140	2,015	15.1%	10.8%
Hale	Non-Metropolitan	35,764	$39,209	22.3%	4,462	12.5%	$75,372,000	7.1%	16.2%	5,795	3,565	825	585	395	425	15.4%	20.2%
Hall	Non-Metropolitan	3,239	$30,380	21.9%	745	23.0%	$11,076,000	8.3%	25.9%	840	550	110	85	55	40	26.4%	20.7%
Hamilton	Non-Metropolitan	8,310	$39,448	17.9%	2,126	25.6%	$30,756,000	9.7%	26.8%	2,225	1,565	255	175	110	120	27.6%	15.0%
Hansford	Non-Metropolitan	5,555	$52,207	12.3%	782	14.1%	$13,476,000	4.4%	17.0%	945	600	75	110	110	50	17.1%	11.6%
Hardeman	Non-Metropolitan	4,016	$36,726	18.7%	790	19.7%	$12,864,000	8.6%	24.2%	970	620	160	85	35	70	24.6%	16.2%
Hardin	Metropolitan	55,417	$52,037	12.0%	8,146	14.7%	$168,624,000	7.5%	20.3%	11,275	6,680	1,750	1,235	735	875	18.6%	12.7%
Harris	Metropolitan	4,336,853	$52,533	18.4%	388,443	9.0%	$7,247,820,000	3.1%	11.4%	493,220	307,105	71,715	41,285		44,480	10.7%	15.8%
Harrison	Non-Metropolitan	66,886	$43,777	18.7%	9,713	14.5%	$185,400,000	5.8%	19.9%	13,305	8,145	2,265	1,150	610	1,135	18.0%	16.4%
Hartley	Non-Metropolitan	6,100	$64,558	10.1%	871	14.3%	$9,504,000	3.1%	10.5%	640	445	45	70	55	25	11.5%	6.3%
Haskell	Non-Metropolitan	5,875	$34,473	23.5%	1,270	21.6%	$18,672,000	8.1%	24.1%	1,415	935	170	170	70	70	25.6%	17.1%
Hays	Metropolitan	176,026	$59,260	14.3%	16,931	9.6%	$352,080,000	5.7%	13.3%	23,360	16,040	2,955	1,650	1,000	1,715	11.9%	9.4%
Hemphill	Non-Metropolitan	4,158	$69,124	8.1%	512	12.3%	$7,752,000	2.4%	12.7%	530	360	40	60	40	30	14.1%	9.0%
Henderson	Non-Metropolitan	78,675	$39,069	21.8%	16,132	20.5%	$309,804,000	11.1%	27.2%	21,430	14,275	3,380	1,655	815	1,305	25.1%	17.6%
Hidalgo	Metropolitan	815,996	$34,607	34.0%	82,000	10.0%	$988,632,000	5.3%	12.4%	101,130	58,435	15,440	8,975	7,870	10,410	11.1%	30.4%
Hill	Non-Metropolitan	34,823	$40,253	17.9%	6,842	19.6%	$121,020,000	9.8%	24.6%	8,575	5,710	1,260	705	355	545	23.7%	17.2%
Hockley	Non-Metropolitan	23,530	$50,047	17.7%	3,170	13.5%	$55,728,000	4.7%	17.2%	4,055	2,395	570	450	295	345	16.9%	18.2%

Appendix 2: Social Security, Medicare and Medicaid Data by County in Texas (Page 5/9)

		TEXAS COUNTY DEMOGRAPHICS, 2013					SOCIAL SECURITY BENEFITS, 2013-2014		SOCIAL SECURITY BENEFICIARIES BY CHARACTERISTIC, 2014*							MEDICARE & MEDICAID, 2011-2012	
County	Metropolitan/ Non-Metropolitan	2013 Population	Median Household Income, 2013	% in Poverty, 2013	Population over Age 65, 2013	% of Population over Age 65, 2013	Annual Total Benefits, 2014	% of Total Personal Income, 2013	% of Population Receiving Benefits, 2014	Total Beneficiaries	Retired Workers	Disabled Workers	Widow(er)s	Spouses	Children	% Receiving Medicare, 2012	% Receiving Medicaid, 2011
Hood	Metropolitan	52,905	$59,053	14.1%	12,484	23.6%	$229,608,000	9.6%	27.7%	14,660	10,880	1,395	1,060	655	670	26.5%	10.5%
Hopkins	Non-Metropolitan	35,565	$41,863	18.7%	5,962	16.8%	$104,388,000	8.3%	21.4%	7,620	4,905	1,150	655	330	580	20.2%	16.9%
Houston	Non-Metropolitan	22,911	$34,777	24.8%	4,731	20.6%	$76,476,000	10.2%	24.3%	5,565	3,580	840	505	235	405	22.6%	19.0%
Howard	Non-Metropolitan	36,147	$46,636	17.9%	4,565	12.6%	$74,784,000	5.6%	15.7%	5,690	3,410	905	590	265	520	16.2%	15.6%
Hudspeth	Metropolitan	3,318	$31,354	32.0%	532	16.0%	$5,688,000	5.5%	17.8%	590	315	100	60	65	50	17.6%	22.4%
Hunt	Metropolitan	87,048	$44,361	17.9%	13,219	15.2%	$258,804,000	8.6%	20.9%	18,150	11,620	3,250	1,295	610	1,375	19.2%	15.1%
Hutchinson	Non-Metropolitan	21,819	$50,060	15.5%	3,194	14.6%	$63,216,000	6.9%	19.3%	4,215	2,615	555	490	285	270	19.0%	13.5%
Irion	Metropolitan	1,612	$58,826	8.8%	295	18.3%	$4,620,000	5.2%	20.5%	330	220	30	40	20	20	22.3%	8.3%
Jack	Non-Metropolitan	8,957	$50,168	17.0%	1,439	16.1%	$21,048,000	4.8%	16.5%	1,475	990	170	150	80	85	19.2%	10.1%
Jackson	Non-Metropolitan	14,591	$48,338	12.7%	2,432	16.7%	$42,864,000	7.9%	20.8%	3,040	1,800	400	390	185	265	20.1%	16.4%
Jasper	Non-Metropolitan	35,649	$39,414	20.8%	6,359	17.8%	$122,976,000	10.0%	24.5%	8,730	5,085	1,390	930	590	735	22.3%	19.2%
Jeff Davis	Non-Metropolitan	2,253	$44,234	13.0%	641	28.5%	$8,412,000	9.4%	28.4%	640	505	40	30	45	20	26.8%	7.8%
Jefferson	Metropolitan	252,358	$42,099	22.7%	33,262	13.2%	$664,980,000	6.6%	18.3%	46,065	26,505	8,385	4,690	2,335	4,150	17.1%	17.8%
Jim Hogg	Non-Metropolitan	5,245	$35,854	24.0%	838	16.0%	$10,812,000	5.2%	18.7%	980	550	130	140	75	85	19.1%	27.5%
Jim Wells	Non-Metropolitan	41,680	$41,249	22.4%	5,757	13.8%	$101,172,000	5.4%	19.5%	8,140	4,410	1,350	955	575	850	18.3%	27.1%
Johnson	Metropolitan	154,707	$55,960	12.9%	19,976	12.9%	$405,516,000	7.2%	17.9%	27,620	17,655	4,235	2,100	1,160	2,470	16.6%	12.9%
Jones	Metropolitan	19,859	$40,621	24.7%	2,845	14.3%	$45,000,000	7.0%	17.3%	3,440	2,215	490	305	160	270	17.3%	12.5%
Karnes	Non-Metropolitan	15,081	$43,413	23.2%	2,143	14.2%	$36,036,000	6.2%	18.8%	2,835	1,700	425	320	175	215	18.8%	18.3%
Kaufman	Metropolitan	108,568	$61,004	11.7%	12,504	11.5%	$274,752,000	7.0%	17.3%	18,785	12,115	3,115	1,360	595	1,600	15.3%	13.1%
Kendall	Metropolitan	37,766	$75,860	8.5%	6,965	18.4%	$125,652,000	5.1%	21.2%	7,995	5,890	615	635	480	375	21.5%	7.2%
Kenedy	Non-Metropolitan	412	$38,088	18.6%	67	16.3%	$672,000	2.5%	15.8%	65	35	5	10	0	15	13.7%	17.5%
Kent	Non-Metropolitan	807	$41,038	14.7%	231	28.6%	$2,580,000	8.0%	22.9%	185	130	15	30	10	0	24.8%	14.2%
Kerr	Non-Metropolitan	49,953	$42,456	15.9%	13,153	26.3%	$223,764,000	9.6%	30.7%	15,330	11,110	1,615	1,155	755	695	30.1%	12.5%
Kimble	Non-Metropolitan	4,481	$38,019	21.6%	1,163	26.0%	$15,564,000	8.8%	25.7%	1,150	795	120	130	55	50	27.2%	13.8%
King	Non-Metropolitan	285	$56,680	9.8%	45	15.8%	$600,000	4.0%	15.8%	45	30	5	5	5	0	11.8%	3.5%
Kinney	Non-Metropolitan	3,586	$41,271	19.3%	897	25.0%	$11,628,000	10.0%	26.1%	935	655	95	80	45	60	26.8%	16.5%
Kleberg	Non-Metropolitan	32,101	$39,261	23.9%	3,908	12.2%	$62,520,000	5.2%	15.7%	5,035	2,965	750	565	360	395	15.2%	21.1%
Knox	Non-Metropolitan	3,767	$34,419	21.9%	796	21.1%	$10,860,000	7.3%	22.3%	840	545	95	90	60	50	24.5%	19.3%
Lamar	Non-Metropolitan	49,426	$37,593	18.3%	8,934	18.1%	$162,816,000	9.0%	24.3%	12,020	7,565	2,150	980	480	845	22.7%	20.2%
Lamb	Non-Metropolitan	13,775	$36,717	20.9%	2,231	16.2%	$32,124,000	7.2%	18.7%	2,580	1,500	390	310	205	175	19.9%	21.3%
Lampasas	Metropolitan	20,222	$48,746	14.8%	3,516	17.4%	$62,976,000	5.9%	23.3%	4,710	3,065	670	395	265	315	22.1%	13.8%
La Salle	Non-Metropolitan	7,369	$35,491	27.5%	974	13.2%	$12,780,000	4.2%	16.4%	1,210	690	185	130	80	125	16.0%	22.0%
Lavaca	Non-Metropolitan	19,581	$43,827	12.5%	4,262	21.8%	$72,180,000	8.5%	26.4%	5,170	3,670	525	475	235	265	25.7%	14.9%
Lee	Non-Metropolitan	16,628	$52,088	13.6%	2,841	17.1%	$48,732,000	6.6%	20.8%	3,455	2,300	440	305	165	245	19.6%	12.8%
Leon	Non-Metropolitan	16,742	$43,617	16.7%	3,830	22.9%	$76,764,000	11.6%	30.8%	5,155	3,560	610	445	260	280	29.3%	14.0%

Appendix 2: Social Security, Medicare and Medicaid Data by County in Texas (Page 6/9)

		TEXAS COUNTY DEMOGRAPHICS, 2013					SOCIAL SECURITY BENEFITS, 2013-2014		SOCIAL SECURITY BENEFICIARIES BY CHARACTERISTIC, 2014*							MEDICARE & MEDICAID, 2011-2012	
County	Metropolitan/ Non-Metropolitan	2013 Population	Median Household Income, 2013	% in Poverty, 2013	Population over Age 65, 2013	% of Population over Age 65, 2013	Annual Total Benefits, 2014	% of Total Personal Income, 2013	% of Population Receiving Benefits, 2014	Total Beneficiaries	Retired Workers	Disabled Workers	Widow(er)s	Spouses	Children	% Receiving Medicare, 2012	% Receiving Medicaid, 2011
Liberty	Metropolitan	76,907	$46,176	20.3%	9,591	12.5%	$189,468,000	6.7%	17.0%	13,080	7,245	2,410	1,485	780	1,160	16.1%	17.8%
Limestone	Non-Metropolitan	23,326	$36,537	21.4%	4,038	17.3%	$70,404,000	8.7%	22.7%	5,290	3,220	900	390	190	590	21.5%	19.0%
Lipscomb	Non-Metropolitan	3,485	$56,484	10.8%	483	13.9%	$7,776,000	4.3%	16.4%	570	365	65	60	50	30	17.0%	9.1%
Live Oak	Non-Metropolitan	11,867	$49,726	17.6%	2,324	19.6%	$31,500,000	5.8%	19.5%	2,310	1,475	265	250	180	140	16.9%	12.6%
Llano	Non-Metropolitan	19,444	$45,669	15.5%	6,457	33.2%	$112,512,000	14.0%	37.5%	7,295	5,520	625	560	370	220	33.5%	12.1%
Loving	Non-Metropolitan	95	$44,407	12.6%	9	9.5%	$168,000	4.4%	10.5%	10	10	0	0	0	0	16.9%	5.3%
Lubbock	Metropolitan	289,324	$46,223	17.8%	33,547	11.6%	$620,220,000	5.6%	15.3%	44,125	27,690	7,030	3,810	1,890	3,705	14.5%	15.8%
Lynn	Metropolitan	5,723	$37,678	19.5%	920	16.1%	$15,156,000	5.7%	19.7%	1,125	700	145	125	85	70	20.1%	18.3%
McCulloch	Non-Metropolitan	8,330	$38,408	21.2%	1,781	21.4%	$26,820,000	7.5%	25.2%	2,100	1,395	300	175	110	120	25.0%	20.6%
McLennan	Metropolitan	241,481	$41,066	20.9%	31,707	13.1%	$586,164,000	6.7%	17.7%	42,760	26,305	7,410	3,360	1,730	3,955	16.6%	17.4%
McMullen	Non-Metropolitan	764	$56,686	8.7%	173	22.6%	$2,256,000	4.1%	21.6%	165	115	10	20	15	5	26.2%	9.1%
Madison	Non-Metropolitan	13,781	$37,460	22.9%	2,039	14.8%	$35,040,000	8.3%	18.3%	2,525	1,635	345	215	115	215	17.5%	15.7%
Marion	Non-Metropolitan	10,235	$36,090	24.4%	2,336	22.8%	$44,052,000	12.2%	31.8%	3,255	2,035	565	310	140	205	28.7%	17.7%
Martin	Metropolitan	5,312	$50,004	13.0%	645	12.1%	$2,388,000	0.9%	3.1%	165	110	15	15	15	10	15.5%	15.0%
Mason	Non-Metropolitan	4,128	$42,087	15.2%	1,097	26.6%	$15,756,000	10.2%	28.6%	1,180	890	80	90	75	45	29.2%	10.4%
Matagorda	Non-Metropolitan	36,592	$42,036	20.4%	5,648	15.4%	$100,200,000	7.7%	19.5%	7,120	4,445	1,125	700	375	475	18.4%	19.6%
Maverick	Non-Metropolitan	55,932	$32,073	24.4%	6,204	11.1%	$85,692,000	6.5%	18.0%	10,040	5,600	1,395	1,095	1,020	930	16.1%	31.4%
Medina	Metropolitan	47,399	$53,714	18.0%	7,142	15.1%	$111,636,000	6.5%	18.6%	8,820	5,445	1,355	725	475	820	17.4%	14.9%
Menard	Non-Metropolitan	2,148	$31,390	23.7%	630	29.3%	$7,860,000	12.0%	30.0%	645	455	70	50	40	30	29.6%	17.6%
Midland	Metropolitan	151,468	$71,151	10.5%	15,668	10.3%	$282,360,000	2.1%	12.7%	19,215	12,000	2,630	1,900	1,130	1,555	12.9%	12.4%
Milam	Non-Metropolitan	24,167	$40,120	17.4%	4,623	19.1%	$80,652,000	8.8%	24.2%	5,855	3,635	860	575	340	445	23.0%	19.4%
Mills	Non-Metropolitan	4,907	$40,318	17.2%	1,198	24.4%	$17,640,000	9.4%	26.6%	1,305	935	125	110	65	70	27.3%	14.3%
Mitchell	Non-Metropolitan	9,402	$47,677	22.3%	1,262	13.4%	$21,024,000	7.2%	16.5%	1,550	965	220	185	80	100	16.7%	12.7%
Montague	Non-Metropolitan	19,503	$41,516	15.9%	4,078	20.9%	$71,712,000	7.3%	26.1%	5,095	3,405	685	460	210	335	26.0%	14.6%
Montgomery	Metropolitan	499,137	$69,317	11.8%	58,518	11.7%	$1,184,640,000	4.5%	15.0%	74,770	49,755	9,335	6,165	4,055	5,460	13.9%	9.8%
Moore	Non-Metropolitan	22,141	$46,991	14.9%	2,264	10.2%	$35,424,000	4.5%	11.5%	2,545	1,575	330	265	205	170	11.1%	16.0%
Morris	Non-Metropolitan	12,834	$36,366	21.0%	2,609	20.3%	$42,840,000	9.0%	24.2%	3,105	1,845	565	305	165	225	28.2%	21.1%
Motley	Non-Metropolitan	1,196	$37,159	19.6%	332	27.8%	$4,464,000	9.7%	28.8%	345	240	35	35	25	10	30.1%	13.6%
Nacogdoches	Non-Metropolitan	65,330	$36,775	26.4%	8,234	12.6%	$159,432,000	7.7%	17.4%	11,370	6,980	2,000	1,020	480	890	16.0%	17.5%
Navarro	Non-Metropolitan	48,038	$38,423	23.3%	7,456	15.5%	$140,736,000	7.9%	21.8%	10,480	6,460	1,840	775	385	1,020	20.3%	20.3%
Newton	Metropolitan	14,140	$38,544	19.4%	2,451	17.3%	$37,020,000	8.7%	19.9%	2,810	1,480	565	320	190	255	18.5%	17.9%
Nolan	Non-Metropolitan	15,037	$35,846	21.5%	2,556	17.0%	$42,696,000	7.5%	21.5%	3,240	2,000	470	340	190	240	21.7%	20.2%
Nueces	Metropolitan	352,107	$48,324	18.2%	45,044	12.8%	$766,752,000	5.2%	16.7%	58,785	34,185	10,270	5,630	3,105	5,595	15.7%	19.7%
Ochiltree	Non-Metropolitan	10,806	$60,650	10.6%	1,105	10.2%	$18,504,000	3.1%	12.0%	1,300	820	125	175	85	95	12.3%	12.2%
Oldham	Metropolitan	2,102	$52,431	14.2%	281	13.4%	$6,444,000	5.8%	22.4%	470	315	40	35	30	50	19.3%	10.8%

Appendix 2: Social Security, Medicare and Medicaid Data by County in Texas (Page 7/9)

		TEXAS COUNTY DEMOGRAPHICS, 2013					SOCIAL SECURITY BENEFITS, 2013-2014		SOCIAL SECURITY BENEFICIARIES BY CHARACTERISTIC, 2014*							MEDICARE & MEDICAID, 2011-2012	
County	Metropolitan/ Non-Metropolitan	2013 Population	Median Household Income, 2013	% in Poverty, 2013	Population over Age 65, 2013	% of Population over Age 65, 2013	Annual Total Benefits, 2014	% of Total Personal Income, 2013	% of Population Receiving Benefits, 2014	Total Beneficiaries	Retired Workers	Disabled Workers	Widow(er)s	Spouses	Children	% Receiving Medicare, 2012	% Receiving Medicaid, 2011
Orange	Metropolitan	82,957	$51,340	15.1%	12,314	14.8%	$273,036,000	8.2%	21.8%	18,120	9,975	3,290	2,050	1,265	1,540	20.1%	16.1%
Palo Pinto	Non-Metropolitan	27,889	$39,660	17.6%	4,992	17.9%	$89,244,000	8.2%	23.0%	6,405	4,190	915	555	310	435	21.1%	16.3%
Panola	Non-Metropolitan	23,870	$49,792	13.3%	3,949	16.5%	$71,448,000	6.5%	21.3%	5,090	3,065	770	535	305	415	19.7%	14.0%
Parker	Metropolitan	121,418	$61,199	11.8%	17,283	14.2%	$338,484,000	6.1%	18.2%	22,110	15,410	2,635	1,650	1,025	1,390	16.7%	9.0%
Parmer	Non-Metropolitan	9,965	$41,784	14.9%	1,237	12.4%	$19,308,000	5.0%	14.6%	1,450	870	150	170	155	105	14.5%	14.1%
Pecos	Non-Metropolitan	15,697	$43,766	18.1%	1,940	12.4%	$28,248,000	5.7%	14.7%	2,310	1,445	295	245	180	145	14.6%	15.6%
Polk	Non-Metropolitan	45,790	$39,833	18.3%	9,111	19.9%	$279,012,000	14.6%	40.6%	18,575	13,605	2,180	1,165	820	805	40.7%	18.3%
Potter	Metropolitan	121,661	$37,366	22.1%	13,873	11.4%	$251,112,000	5.8%	15.2%	18,535	11,250	3,385	1,660	790	1,450	15.0%	22.7%
Presidio	Non-Metropolitan	7,201	$32,766	23.3%	1,454	20.2%	$15,168,000	6.2%	24.0%	1,725	1,050	170	170	240	95	25.0%	26.9%
Rains	Non-Metropolitan	11,065	$42,183	18.0%	2,554	23.1%	$42,780,000	11.9%	26.4%	2,920	2,015	435	200	115	155	25.6%	14.3%
Randall	Metropolitan	126,474	$60,439	11.0%	16,784	13.3%	$307,560,000	5.6%	15.9%	20,120	13,860	2,355	1,735	965	1,205	15.8%	7.8%
Reagan	Non-Metropolitan	3,601	$61,724	9.9%	372	10.3%	$6,216,000	3.6%	12.5%	450	265	65	50	40	30	13.3%	10.9%
Real	Non-Metropolitan	3,350	$34,556	21.6%	927	27.7%	$16,776,000	15.0%	37.2%	1,245	870	140	115	65	55	34.7%	17.4%
Red River	Non-Metropolitan	12,470	$31,409	19.7%	2,819	22.6%	$44,952,000	10.6%	28.6%	3,570	2,235	640	305	145	245	28.0%	20.1%
Reeves	Non-Metropolitan	13,965	$37,053	27.4%	1,708	12.2%	$26,376,000	7.4%	16.0%	2,230	1,265	320	265	205	175	15.7%	20.7%
Refugio	Non-Metropolitan	7,305	$45,214	16.1%	1,527	20.9%	$24,648,000	7.3%	24.8%	1,815	1,145	245	200	120	105	25.6%	15.9%
Roberts	Non-Metropolitan	831	$70,127	8.7%	168	20.2%	$2,232,000	5.0%	18.1%	150	105	10	15	10	10	18.0%	5.6%
Robertson	Metropolitan	16,486	$40,631	22.8%	2,973	18.0%	$49,272,000	7.2%	22.3%	3,680	2,280	570	370	175	285	21.3%	19.6%
Rockwall	Metropolitan	85,245	$92,466	6.6%	9,537	11.2%	$193,056,000	4.2%	14.0%	11,935	8,445	1,265	785	500	940	13.0%	6.4%
Runnels	Non-Metropolitan	10,309	$36,769	18.7%	2,141	20.8%	$34,224,000	9.6%	25.7%	2,650	1,735	345	255	125	190	24.7%	17.0%
Rusk	Metropolitan	53,622	$44,349	21.5%	8,025	15.0%	$139,644,000	7.5%	18.5%	9,925	6,230	1,480	960	500	755	17.1%	14.0%
Sabine	Non-Metropolitan	10,361	$37,576	18.0%	2,971	28.7%	$53,256,000	15.0%	35.1%	3,640	2,355	520	330	230	205	34.5%	17.2%
San Augustine	Non-Metropolitan	8,769	$32,140	23.4%	2,152	24.5%	$32,628,000	11.8%	27.6%	2,420	1,460	405	225	130	200	28.5%	21.5%
San Jacinto	Non-Metropolitan	26,856	$42,320	22.8%	5,194	19.3%	$97,860,000	10.6%	25.3%	6,795	4,300	1,125	585	320	465	21.4%	16.1%
San Patricio	Metropolitan	66,137	$46,781	16.2%	9,135	13.8%	$171,504,000	6.2%	19.5%	12,885	7,530	2,050	1,360	855	1,090	18.8%	20.8%
San Saba	Non-Metropolitan	6,012	$36,030	22.7%	1,277	21.2%	$18,840,000	9.6%	23.8%	1,430	1,005	140	120	85	80	23.5%	15.0%
Schleicher	Non-Metropolitan	3,206	$50,402	13.7%	479	14.9%	$7,320,000	5.9%	17.0%	545	350	55	60	50	30	17.3%	11.4%
Scurry	Non-Metropolitan	17,302	$53,219	15.0%	2,367	13.7%	$41,292,000	4.2%	16.9%	2,920	1,845	385	330	175	185	17.5%	14.1%
Shackelford	Non-Metropolitan	3,375	$51,116	14.7%	620	18.4%	$10,092,000	3.4%	21.5%	725	485	90	80	35	35	20.7%	10.0%
Shelby	Non-Metropolitan	25,792	$36,565	21.0%	4,104	15.9%	$72,852,000	7.9%	21.5%	5,540	3,155	1,000	555	280	550	20.6%	20.6%
Sherman	Non-Metropolitan	3,093	$48,054	12.6%	429	13.9%	$5,148,000	3.4%	11.2%	345	250	20	35	30	10	12.5%	9.2%
Smith	Metropolitan	216,080	$47,711	16.8%	32,873	15.2%	$633,828,000	6.9%	19.9%	42,925	28,330	6,145	3,410	2,050	2,990	18.8%	14.6%
Somervell	Metropolitan	8,658	$56,282	11.5%	1,489	17.2%	$24,264,000	6.7%	18.8%	1,625	1,120	190	145	85	85	17.8%	10.8%
Starr	Non-Metropolitan	61,963	$25,408	36.3%	6,799	11.0%	$76,440,000	5.9%	15.6%	9,660	4,975	1,600	1,105	960	1,020	14.3%	40.6%
Stephens	Non-Metropolitan	9,247	$43,779	19.9%	1,741	18.8%	$29,076,000	5.8%	22.4%	2,075	1,380	275	195	100	125	21.8%	16.6%

Appendix 2: Social Security, Medicare and Medicaid Data by County in Texas (Page 8/9)

		TEXAS COUNTY DEMOGRAPHICS, 2013					SOCIAL SECURITY BENEFITS, 2013-2014		SOCIAL SECURITY BENEFICIARIES BY CHARACTERISTIC, 2014*							MEDICARE & MEDICAID, 2011-2012	
County	Metropolitan/ Non-Metropolitan	2013 Population	Median Household Income, 2013	% in Poverty, 2013	Population over Age 65, 2013	% of Population over Age 65, 2013	Annual Total Benefits, 2014	% of Total Personal Income, 2013	% of Population Receiving Benefits, 2014	Total Beneficiaries	Retired Workers	Disabled Workers	Widow(er)s	Spouses	Children	% Receiving Medicare, 2012	% Receiving Medicaid, 2011
Sterling	Non-Metropolitan	1,219	$57,266	12.9%	204	16.7%	$3,240,000	4.7%	19.7%	240	155	25	25	15	20	19.2%	10.1%
Stonewall	Non-Metropolitan	1,432	$42,158	15.8%	356	24.9%	$4,872,000	6.4%	25.8%	370	245	20	60	20	25	27.1%	11.7%
Sutton	Non-Metropolitan	4,006	$59,098	13.0%	630	15.7%	$9,792,000	3.5%	18.6%	745	485	70	75	70	45	17.9%	12.5%
Swisher	Non-Metropolitan	7,763	$35,601	21.0%	1,357	17.5%	$21,108,000	7.9%	21.0%	1,630	1,055	190	180	125	80	20.6%	18.3%
Tarrant	Metropolitan	1,911,541	$56,906	15.2%	189,414	9.9%	$3,695,352,000	4.4%	12.9%	245,855	159,135	36,140	18,880	11,460	20,240	12.0%	12.6%
Taylor	Metropolitan	134,117	$44,081	17.0%	18,410	13.7%	$332,532,000	5.9%	18.2%	24,360	15,450	3,595	2,070	1,070	2,175	17.3%	16.2%
Terrell	Non-Metropolitan	903	$36,712	18.6%	210	23.3%	$2,640,000	6.0%	24.9%	225	140	25	25	20	15	27.9%	12.8%
Terry	Non-Metropolitan	12,743	$37,489	22.4%	1,856	14.6%	$29,016,000	6.1%	17.5%	2,230	1,325	325	275	130	175	18.1%	21.9%
Throckmorton	Non-Metropolitan	1,600	$41,582	15.1%	404	25.3%	$5,532,000	6.7%	25.3%	405	290	35	45	25	10	26.2%	10.9%
Titus	Non-Metropolitan	32,581	$40,501	20.8%	4,150	12.7%	$77,052,000	8.0%	17.2%	5,590	3,485	860	475	305	465	15.0%	19.9%
Tom Green	Metropolitan	114,954	$45,405	14.5%	16,528	14.4%	$290,304,000	6.1%	18.5%	21,310	14,090	2,925	1,830	985	1,480	18.1%	15.5%
Travis	Metropolitan	1,120,954	$60,372	15.9%	91,305	8.1%	$1,785,576,000	3.3%	10.4%	116,825	76,525	17,645	7,830	5,425	9,400	10.0%	12.2%
Trinity	Non-Metropolitan	14,393	$33,447	20.9%	3,450	24.0%	$61,920,000	13.7%	30.3%	4,355	2,810	705	405	170	265	30.2%	18.8%
Tyler	Non-Metropolitan	21,464	$40,986	20.9%	4,360	20.3%	$73,728,000	11.2%	24.4%	5,240	3,135	855	535	315	400	23.0%	14.6%
Upshur	Metropolitan	39,884	$46,489	18.1%	6,735	16.9%	$124,644,000	7.9%	22.3%	8,905	5,355	1,540	825	455	730	20.6%	16.1%
Upton	Non-Metropolitan	3,372	$54,549	13.8%	468	13.9%	$8,172,000	4.0%	17.8%	600	330	95	75	40	60	18.7%	13.5%
Uvalde	Non-Metropolitan	26,926	$35,813	24.8%	4,240	15.7%	$57,528,000	5.4%	18.6%	5,020	3,045	725	485	340	425	19.3%	25.8%
Val Verde	Non-Metropolitan	48,623	$38,645	23.9%	6,502	13.4%	$85,008,000	5.4%	17.2%	8,385	5,115	915	880	840	635	16.4%	23.9%
Van Zandt	Non-Metropolitan	52,481	$43,220	16.2%	10,251	19.5%	$176,760,000	9.1%	23.8%	12,490	8,335	1,790	990	490	885	22.8%	14.4%
Victoria	Metropolitan	90,028	$51,544	15.8%	12,793	14.2%	$243,552,000	5.8%	19.0%	17,140	10,450	2,485	1,755	1,090	1,360	18.0%	18.6%
Walker	Non-Metropolitan	68,817	$40,092	25.5%	7,678	11.2%	$135,156,000	7.0%	13.5%	9,315	6,175	1,305	805	415	615	12.8%	10.5%
Waller	Metropolitan	45,213	$49,326	19.4%	5,170	11.4%	$87,276,000	6.1%	13.1%	5,905	3,860	815	510	290	430	12.6%	14.3%
Ward	Non-Metropolitan	11,244	$51,026	13.7%	1,609	14.3%	$28,236,000	5.4%	18.0%	2,025	1,195	300	230	155	145	18.9%	16.2%
Washington	Non-Metropolitan	34,147	$49,472	14.2%	6,632	19.4%	$114,780,000	6.7%	22.6%	7,730	5,320	785	650	375	600	22.5%	14.1%
Webb	Metropolitan	262,495	$38,652	30.6%	21,951	8.4%	$319,560,000	4.5%	12.0%	31,500	17,875	3,885	3,365	3,020	3,355	10.8%	28.2%
Wharton	Non-Metropolitan	41,216	$42,862	18.7%	6,327	15.4%	$113,292,000	6.8%	19.9%	8,190	5,120	1,100	890	450	630	18.6%	18.1%
Wheeler	Non-Metropolitan	5,751	$51,922	13.1%	984	17.1%	$15,648,000	5.0%	20.3%	1,170	780	125	115	65	85	20.5%	11.9%
Wichita	Metropolitan	132,047	$43,473	19.5%	17,917	13.6%	$336,984,000	6.4%	18.6%	24,535	14,875	4,625	2,145	960	1,930	17.7%	15.3%
Wilbarger	Non-Metropolitan	13,131	$37,840	17.5%	2,172	16.5%	$36,960,000	6.9%	21.4%	2,805	1,755	485	245	105	215	21.4%	19.0%
Willacy	Non-Metropolitan	21,921	$28,945	43.1%	2,705	12.3%	$37,644,000	6.3%	16.9%	3,715	2,080	615	395	265	360	15.7%	29.7%
Williamson	Metropolitan	471,014	$71,252	7.8%	49,041	10.4%	$985,704,000	4.9%	13.4%	63,060	43,975	7,260	4,340	2,935	4,550	11.9%	7.6%
Wilson	Metropolitan	45,418	$60,844	11.3%	6,496	14.3%	$105,876,000	5.8%	17.2%	7,795	5,045	1,165	590	405	590	16.0%	12.2%
Winkler	Non-Metropolitan	7,606	$54,294	14.5%	850	11.2%	$15,696,000	4.8%	15.6%	1,185	620	175	155	115	120	16.0%	16.6%
Wise	Metropolitan	60,939	$58,392	11.3%	8,538	14.0%	$163,812,000	6.6%	18.1%	11,020	7,255	1,540	920	500	805	16.3%	10.1%
Wood	Non-Metropolitan	42,306	$45,763	15.7%	11,180	26.4%	$209,412,000	14.5%	33.1%	14,010	10,035	1,725	995	595	660	30.9%	13.1%

Appendix 2: Social Security, Medicare and Medicaid Data by County in Texas (Page 9/9)

		TEXAS COUNTY DEMOGRAPHICS, 2013					SOCIAL SECURITY BENEFITS, 2013-2014		SOCIAL SECURITY BENEFICIARIES BY CHARACTERISTIC, 2014*							MEDICARE & MEDICAID, 2011-2012	
County	Metropolitan/ Non-Metropolitan	2013 Population	Median Household Income, 2013	% in Poverty, 2013	Population over Age 65, 2013	% of Population over Age 65, 2013	Annual Total Benefits, 2014	% of Total Personal Income, 2013	% of Population Receiving Benefits, 2014	Total Beneficiaries	Retired Workers	Disabled Workers	Widow(er)s	Spouses	Children	% Receiving Medicare, 2012	% Receiving Medicaid, 2011
Yoakum	Non-Metropolitan	8,184	$57,995	12.6%	977	11.9%	$17,748,000	3.9%	15.7%	1,285	750	155	140	120	120	15.0%	14.6%
Young	Non-Metropolitan	18,341	$44,372	18.2%	3,508	19.1%	$61,824,000	6.6%	23.9%	4,385	2,870	615	410	210	280	23.9%	16.1%
Zapata	Non-Metropolitan	14,390	$34,506	29.5%	1,611	11.2%	$20,892,000	4.8%	13.9%	2,000	1,070	285	240	200	205	13.1%	27.8%
Zavala	Non-Metropolitan	12,156	$25,291	33.4%	1,516	12.5%	$20,472,000	7.7%	18.0%	2,185	1,225	375	210	110	265	17.0%	34.9%

*State totals in this appendix may not equal state figures cited elsewhere in the report, because individual county figures provided by SSA are rounded.

2013 Population: US Census Bureau, *2014 Population Estimates,* "Annual Estimates of the Resident Population for Selected Age Groups by Sex for the United States, States, Counties and Puerto Rico Commonwealth and Municipios: April 1, 2010 to July 1, 2014," 2015. http://factfinder2.census.gov/. The total state population given in Appendix 2 may not match the state population in Appendix 1 because it is the sum of the individual county population estimates, which have a higher margin of error than congressional district population estimates.

Metropolitan/Non-Metropolitan: Unpublished calculations of US Census data performed by Dr. Roberto Gallardo, Mississippi State University Extension Service, on behalf of the Center for Rural Strategies, and shared with Social Security Works. For the purposes of this analysis, "metropolitan" refers to counties with at least one urbanized area of 50,000 people or more, and adjacent counties in which 25 percent of the workforce or more commutes to county with 50,000 people or more. "Non-metropolitan" refers to counties designated by the Office of Management and Budget (OMB) as non-metropolitan, including micropolitan areas, or "small cities," with urban clusters of 10,000-49,999 people, and non-core areas lacking a centralized population of any kind. Dr. Gallardo's initial calculations distinguished between "small cities" and "rural" counties. For Social Security Works, he created a weighted average of "small cities" and "rural" counties that allowed us to classify both as "non-metropolitan" figures. US Department of Agriculture, Economic Research Service (ERS), What is Rural?, March 16, 2015. http://www.ers.usda.gov/topics/rural-economy-population/rural-classifications/what-is-rural.aspx#.UeSGcGTTWGN

Total Personal Income, 2013: Bureau of Economic Analysis, "CA1 Personal Income Summary: Personal Income, Population, Per Capita Personal Income," November 20, 2014. http://bea.gov/regional/

Median Household Income, 2013: US Census Bureau, Small Area Estimates Branch, *Small Area Income and Poverty Estimates, 2013,* "Table 1: 2013 Poverty and Median Income Estimates—Counties," 2014. http://www.census.gov/did/www/saipe/data/statecounty/data/2013.html

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KEY FACTS ABOUT SOCIAL SECURITY, MEDICARE AND MEDICAID IN TEXAS

Social Security Works for Texas' Residents and Economy

- Social Security provided benefits to 3,842,249 Texans in 2014, 1 in 7 (14.3 percent) residents.
- Texans received Social Security benefits totaling $53.5 billion in 2014, an amount equivalent to 4.4 percent of the state's total personal income [Figure 1 in full report].
- The average Social Security benefit in Texas was $13,931 in 2013.
- Social Security lifted 1,388,000 Texans out of poverty in 2013.

Social Security Works for Texas' Seniors

- Social Security provided benefits to 2,424,311 Texas retired workers in 2014, 5 in 8 (63.1 percent) beneficiaries [Figure 3 in full report].
- Social Security lifted 892,000 Texas residents aged 65 and older out of poverty in 2013. Without Social Security, the elderly poverty rate in Texas would have increased from 1 in 9 (11.4 percent) to 3 in 7 (42.9 percent) [Figure 4 in full report].

Social Security Works for Texas' Workers with Disabilities

- Social Security provided disability benefits to 574,012 workers in 2014, 1 in 7 (14.9 percent) Texas beneficiaries [Figure 3 in full report].

Social Security Works for Texas' Women

- Social Security provided benefits to 1,932,852 Texas women in 2014, 1 in 7 (14.2 percent) Texas women.
- Social Security lifted 520,000 Texas women aged 65 and older out of poverty in 2013. Without Social Security, the poverty rate of elderly women would have increased from 1 in 7 (14 percent) to half (47.7 percent) [Figure 4 in full report].

Social Security Works for Texas' Children

- Social Security provided benefits to 320,419 Texas children in 2014, 1 in 12 (8.3 percent) Texas beneficiaries [Figure 3 in full report].

Social Security Works for Texas' People of Color

- Social Security provided benefits to 2 in 9 (21.9 percent) African American households in Texas in 2013, 236,095 households.
- Social Security provided benefits to 1 in 6 (18 percent) Latino households in Texas in 2013, 482,529 households.
- Social Security provided benefits to one-quarter (23.2 percent) of American Indian and Alaska Native households in Texas in 2013, 10,401 households.
- Social Security provided benefits to 1 in 8 (12.3 percent) Asian American, Hawaiian Native, and Pacific Islander households in Texas in 2013, 41,024 households.

Social Security Works for Texas' Rural Communities

- 1 in 5 (21.3 percent) rural or non-metropolitan Texans received Social Security in 2014, compared with 1 in 7 (13.6 percent) metropolitan Texans.

Medicare Works for Texas' Residents and Economy

- 3,187,332 Texans received Medicare benefits in 2012—1 in 8 state residents.
- Medicare provided $33.3 billion in benefits to Texans in 2009—22.7 percent of all health care spending in the state. The average expenditure per Medicare beneficiary was $11,565 [Figure 1 in full report].

Medicare Works for Texas' Seniors and People with Disabilities

- 2,662,146 of Texas' 3,187,332 Medicare beneficiaries were aged 65 or older in 2012—4 in 5 beneficiaries.
- 598,927 of Texas' 3,187,332 Medicare beneficiaries were people with disabilities in 2012—1 in 5 beneficiaries.

Medicaid Works for Texas' Residents and Economy

- 3,614,500 Texans received Medicaid benefits in 2013—1 in 7 state residents.
- A total of $28.3 billion in Medicaid benefits were paid to Texans in 2013. In 2009, Medicaid spending was 16.2 percent of all health care spending in the state. The average expenditure per Medicaid beneficiary in 2013 was $7,840 [Figure 1 in full report].

Medicaid Works for Texas' Seniors, People with Disabilities and Long-Term Care Recipients

- 297,031 of Texas' 3,614,500 Medicaid beneficiaries were aged 65 or older in 2011—1 in 16 beneficiaries.
- 566,944 of Texas' 3,614,500 Medicaid beneficiaries were people with disabilities in 2011—1 in 9 beneficiaries.
- Medicaid provided $5.6 billion in long-term care benefits for Texas residents in 2013. In 2011 Medicaid provided nursing home care for 58,371 nursing home residents, 5 in 8 state residents enrolled in nursing homes.