



## Legislation Text

File #: 21-1776, Version: 1

**To:** Harris County Commissioners Court

**Through:** Sophie Elsner, Director, HC Pct. 1 Policy Department

**Prepared By:** Natalie Minas, Policy Advisor, HC Pct. 1 Policy Department

**Subject:** Resolution regarding Expansion of Health Care Coverage

**Project ID (If applicable):**

**Purpose and Request:**

*Request for approval of a resolution in support of the Texas Legislature expanding healthcare coverage for Texans.*

**Background and Discussion:**

*Texas has a dangerously high uninsured rate (18.4% in 2019), and the COVID-19 pandemic that has effected millions of Texans' jobs and health. Texas is one of the twelve states that have not pursued healthcare coverage expansion under the Affordable Care Act.*

**Fiscal Impact:**

*[INSTRUCTIONS: A short description of the cost of the request and where you are requesting funding from. No more than 2 sentences. In addition please fill out the table below. This includes financial impact to the current fiscal year and subsequent fiscal years along with the source of funding (general fund, grant, etc.). If the amount is within the current budget, please indicate the amount from 'Existing Department Budget'. If all of or part of the request is a new expense, please indicate funding source in the space provided.]*

Fiscal Summary			
Expenditures	FY 20-21	FY 21-22 Projected	Future Years Projected [3 additional years]
<b>Service Impacted:</b> <i>[Please specify division where expenditure is occurring]</i>			
Existing Budget			
Additional Appropriation Requested			
<b>Total Expenditures</b>			
<b>Funding Sources</b>			
Existing Department Budget			
Please Identify Funding Source (General Fund, Special Revenue, Grant, etc.)			
[INSERT FUNDING SOURCE]			

<b>Total Sources</b>			
----------------------	--	--	--

**Alternatives:**

*[INSTRUCTIONS: In this section you should briefly discuss any viable alternatives, including the benefits and consequences of each. Include subtitles on the first line of each alternative to identify it. If appropriate, the financial impact of each alternative can be discussed. If taking no action is a viable alternative it should also be discussed, including any financial or other impacts that would result.]*

**Alignment with Strategic Objective:**

*[INSTRUCTIONS: Please write out the Department Strategic Objective impacted by this item.]*

**Attachments:**

*[INSTRUCTIONS: Please include a list of backup for this item with a short description of each if more than one.]*