
Health Care & Wellness Committee

E2SSB 5399

Brief Description: Concerning the creation of a universal health care commission.

Sponsors: Senate Committee on Ways & Means (originally sponsored by Senators Randall, Cleveland, Das, Dhingra, Frockt, Hunt, Kuderer, Liias, Lovelett, Nguyen, Nobles, Robinson, Saldaña, Stanford, Van De Wege, Wellman and Wilson, C.).

Brief Summary of Engrossed Second Substitute Bill

- Establishes the Universal Health Care Commission to develop a plan to create a health care system that provides coverage and access through a universal financing system.
- Requires the Universal Health Care Commission to report to the Governor and the Legislature by November 1, 2024.

Hearing Date: 3/18/21

Staff: Christopher Blake (786-7392).

Background:

The Universal Health Care Work Group (Work Group) was established in 2019 to make recommendations to the Legislature related to the creation, implementation, maintenance, and funding of a universal health care system. The Work Group consisted of 37 members and was staffed by the Health Care Authority and private consulting groups. The definition of "universal health care," as adopted by the Work Group, means that "all Washington residents have access to essential, effective, appropriate, and affordable health care services when and where they need it." The Work Group considered three models for realizing universal health care: (1) a state-governed and administered program; (2) a state-governed, and health plan administered program; and (3) a program for undocumented residents to access coverage. The final report was issued

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.

on January 15, 2021, and provided analysis of each with respect to expected costs, access, equity, governance, quality, administration, affordability, and feasibility.

Summary of Engrossed Second Substitute Bill:

The Universal Health Care Commission (Commission) is established for the purpose of developing a plan to create a health care system in Washington to provide coverage and access through a universal financing system, including a single-payer financing system.

The Commission consists of the following voting members:

- two legislators from each caucus of each chamber of the Legislature;
- the Secretary of the Department of Health, or the Secretary's designee;
- the Director of the Health Care Authority, or the Director's designee;
- the Chief Executive Officer of the Washington Health Benefit Exchange, or the Chief Executive Officer's designee;
- the Insurance Commissioner, or the Commissioner's designee;
- the Director of the Office of Equity, or the Director's designee;
- an individual representing local health jurisdictions;
- the Secretary of the Department of Social and Health Services, or the Secretary's designee; and
- eight members appointed by the Governor who have knowledge and experience regarding health care coverage, access, and financing, including at least one invitation to a representative of tribal governments with knowledge of Indian health care delivery.

In addition, the Director of the Department of Retirement Systems must serve as a nonvoting member. The Commission may establish advisory committees that include members of the public who are not on the Commission. The Health Care Authority is responsible for staffing the Commission.

The Commission must submit interim reports to the Governor and the Legislature 12 months after its first meeting and every six months after that. The final report is due to the Legislature and the Governor by November 1, 2024. The final report must include:

- a complete synthesis of analyses of Washington's existing health care finance and delivery system, including cost, quality, workforce, and provider consolidation trends, and the way different factors impact the ability to provide timely access to high-quality, affordable health care to all Washingtonians;
- recommendations for key design elements of a universal health care system, including a unified financing system, eligibility and enrollment processes and requirements, covered benefits and services, provider participation, effective and efficient provider payments, cost containment and savings strategies, quality improvement strategies, participant cost sharing, quality monitoring and disparities reduction, initiatives to improve culturally appropriate health services, home and community-based services, strategies to reduce health disparities, information technology and financial management systems, data sharing and transparency, and governance and administration structure;

- steps the state should take to prepare for a just transition to a unified financing system, including recommendations regarding administrative changes, reorganization of state programs, retraining programs for displaced workers, federal waivers, and statutory and constitutional changes;
- recommendations for coverage expansions to be implemented prior to and consistent with a universal health care system, including expansion for full scope Medicaid coverage, regardless of immigration status; and
- recommendations for the creation of a finance committee to develop a financially feasible model to implement universal health care coverage using state and federal funds.

The Commission is not authorized to implement any provisions of the reports until further action is taken by the Legislature and the Governor.

Legislative findings are made and the stated intent of the Legislature is that by 2026 all residents of Washington will have comprehensive, equitable, and affordable health coverage under a publicly financed and privately and publicly delivered health care system.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.