
SENATE BILL 5399

State of Washington

67th Legislature

2021 Regular Session

By Senators Randall, Cleveland, Das, Dhingra, Frockt, Hunt, Kuderer, Liiias, Lovelett, Nguyen, Nobles, Robinson, Saldaña, Stanford, Van De Wege, Wellman, and Wilson, C.

Read first time 02/01/21. Referred to Committee on Health & Long Term Care.

1 AN ACT Relating to the creation of a universal health care
2 commission; and adding a new chapter to Title 48 RCW.

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

4 NEW SECTION. **Sec. 1.** FINDINGS. (1) The legislature finds that:

5 (a) Healthy Washingtonians contribute to the economic well-being
6 of their families and communities, and access to appropriate health
7 services and improved health outcomes allow all Washingtonian
8 families to enjoy productive and satisfying lives;

9 (b) Washington and the United States are experiencing the deepest
10 economic crisis since the Great Depression, caused by a public health
11 crisis;

12 (c) Skyrocketing unemployment rates due to COVID-19 have exposed
13 the frailties and inequalities of the current health care system
14 while causing unsustainable strain to the state's medicaid system;

15 (d) Thousands of union and nonunion workers are unemployed and
16 without health insurance;

17 (e) Approximately 125,000 undocumented people live in the state
18 with no access to health care during a global pandemic; and

19 (f) Multiple economic analyses show that a universal system is
20 less expensive, more equitable, and will produce billions in savings
21 per year.

1 (2) Therefore, the legislature intends that by 2026, all
2 residents of the state have comprehensive, equitable, and affordable
3 health care coverage under a publicly financed and privately and
4 publicly delivered health care system.

5 (3) The resulting universal system should:

6 (a) Be built upon the success of existing publicly supported
7 health insurance programs in the state;

8 (b) Streamline access to coverage, reduce fragmentation of health
9 care financing across multiple public and private health insurance
10 entities, reduce unnecessary administrative costs, and establish
11 mechanisms to expeditiously link residents with their chosen
12 providers; and

13 (c) Control health care spending so that the system is affordable
14 to the state, employers, and to individuals over time.

15 (4) The state, in collaboration with all communities, health
16 plans, and providers, should take steps to improve health outcomes
17 for all residents of the state.

18 NEW SECTION. **Sec. 2.** UNIVERSAL HEALTH CARE COMMISSION. (1) The

19 universal health care commission is established to develop a plan to
20 create a health care system in Washington that provides coverage and
21 access through a universal financing system including, but not
22 limited to, a single-payer financing system, for all Washingtonians.

23 (2) The commission includes the following voting members:

24 (a) Two members from each of the two largest caucuses of the
25 house of representatives, appointed by the speaker of the house of
26 representatives;

27 (b) Two members from each of the two largest caucuses of the
28 senate, appointed by the president of the senate;

29 (c) The secretary of the department of health, or the secretary's
30 designee;

31 (d) The director of the health care authority, or the director's
32 designee;

33 (e) The chief executive officer of the Washington health benefit
34 exchange, or the chief executive officer's designee;

35 (f) The insurance commissioner, or the commissioner's designee;

36 (g) The director of the office of equity, or the director's
37 designee;

38 (h) Eight members appointed by the governor with knowledge and
39 experience regarding health care coverage, access, and financing, or

1 other relevant expertise, including at least one appointee from
2 tribal governments with knowledge of the Indian health care delivery
3 in the state.

4 (3) The director of the department of retirement systems, or the
5 director's designee shall serve as a nonvoting member of the
6 commission.

7 (4) A majority of the voting members of the commission shall
8 constitute a quorum for any votes of the commission.

9 (5) The office of financial management shall staff the
10 commission.

11 (6) Members of the commission shall serve without compensation
12 but must be reimbursed for their travel expenses while on official
13 business in accordance with RCW 43.03.050 and 43.03.060.

14 (7) The commission may establish advisory committees that include
15 members of the public with knowledge and experience in health care,
16 in order to support stakeholder engagement and an analytical process
17 by which key design options are developed. A member of an advisory
18 committee need not be a member of the commission.

19 (8) By November 1, 2024, the commission shall submit a final
20 report to the legislature and the governor, and post it on the
21 department of health's website. The report must include:

22 (a) An analysis of Washington's existing health care finance and
23 delivery system, including cost, quality, workforce, and provider
24 consolidation trends and how they impact the state's ability to
25 provide all Washingtonians with timely access to high-quality,
26 affordable health care;

27 (b) Recommendations for key design elements of a universal health
28 care system including:

29 (i) A unified financing system including, but not limited to, a
30 single-payer financing system;

31 (ii) Eligibility and enrollment processes and requirements;

32 (iii) Covered benefits and services;

33 (iv) Provider participation;

34 (v) Effective and efficient provider payments, including
35 consideration of global budgets and health plan payments;

36 (vi) Cost containment strategies;

37 (vii) Quality improvement strategies;

38 (viii) Participant cost sharing, if appropriate;

39 (ix) Quality monitoring and disparities reduction;

1 (x) Initiatives for improving culturally appropriate health
2 services within public and private health-related agencies;

3 (xi) Home and community-based services;

4 (xii) Strategies to reduce health disparities including, but not
5 limited to, mitigating structural racism and other determinants of
6 health as set forth by the office of equity;

7 (xiii) Information technology systems and financial management
8 systems;

9 (xiv) Data sharing and transparency; and

10 (xv) Governance and administration structure, including
11 integration of federal funding sources;

12 (c) Recommendations for steps Washington should take to prepare
13 for the transition to a unified financing system, including a single-
14 payer financing system. Recommendations must include, but are not
15 limited to, administrative changes, reorganization of state programs,
16 federal waivers, and statutory and constitutional changes;

17 (d) Recommendations for coverage expansions to be implemented
18 prior to and consistent with a universal health care system,
19 including potential funding sources. Recommendations shall include
20 expansion for full scope medicaid coverage, regardless of immigration
21 status;

22 (e) Recommendations for the creation of a finance committee to
23 develop a financially feasible model to implement universal health
24 care coverage using state and federal funds.

25 (9) The commission must submit an interim report to the governor
26 and the legislature 12 months after its first meeting and every six
27 months thereafter detailing the work of the commission.

28 (10) This section shall not be construed to authorize the
29 commission to implement any provision of the reports until there is
30 further action by the legislature and the governor.

31 (11) The commission must hold its first meeting within 90 days of
32 the effective date of this section.

33 (10) The commission terminates December 31, 2024.

34 NEW SECTION. **Sec. 3.** Sections 1 and 2 of this act constitute a
35 new chapter in Title 48 RCW.

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