

2SSB 5822 - H COMM AMD
By Committee on Appropriations

NOT CONSIDERED 12/23/2019

1 Strike everything after the enacting clause and insert the
2 following:

3 "NEW SECTION. **Sec. 1.** (1) The legislature finds that:

4 (a) Health care is a human right and it is in the public interest
5 that all residents have access to health care that improves health
6 outcomes, contains health care costs for the state and its residents,
7 and reduces health disparities;

8 (b) The legislature intends to control health care costs so that
9 Washington is able to achieve a sustainable health care system with
10 more equitable access to quality health care;

11 (c) H.R. 6097, the state-based universal health care act of 2018
12 was proposed to establish a flexible framework under which states
13 could provide comprehensive universal health coverage to all of their
14 residents;

15 (d) It is prudent for the state to explore mechanisms to operate
16 and fund such a program if H.R. 6097 or similar federal legislation
17 is enacted; and

18 (e) Despite the progress Washington has made since the enactment
19 of the patient protection and affordable care act, not all state
20 residents can access or afford health coverage in the current market.
21 As of 2017, four hundred thousand Washington residents remained
22 uninsured, and a growing number go without care because of growing
23 health care costs.

24 (2) The legislature therefore declares its intent to provide a
25 policy and financial framework for how the state could achieve
26 universal coverage and equitable access and outcomes for all
27 residents in the future, while concurrently evaluating efforts to
28 ensure statewide affordable access and improvements to coverage for
29 all residents in the preceding years through a public option and
30 standardizing benefit plan designs.

1 (3) This section does not create any new entitlement to services
2 or cause of action under this act, and cannot form the basis for a
3 private right of action.

4 NEW SECTION. **Sec. 2.** (1) The health care authority shall
5 convene a work group on establishing a universal health care system
6 in Washington. The work group must consist of a broad range of
7 stakeholders with expertise in the health care financing and delivery
8 system, including but not limited to:

- 9 (a) Consumers, patients, and the general public;
- 10 (b) Patient advocates and community health advocates;
- 11 (c) Large and small businesses with experience with large and
12 small group insurance and self-insured models;
- 13 (d) Labor, including experience with Taft-Hartley coverage;
- 14 (e) Health care providers that are self-employed and health care
15 providers that are otherwise employed;
- 16 (f) Health care facilities such as hospitals and clinics;
- 17 (g) Health insurance carriers;
- 18 (h) The Washington health benefit exchange and state agencies,
19 including the office of financial management, the office of the
20 insurance commissioner, the department of revenue, and the office of
21 the state treasurer; and
- 22 (i) Legislators from each caucus of the house of representatives
23 and senate.

24 (2) The work group must study and make recommendations to the
25 legislature on how to create, implement, maintain, and fund a
26 universal health care system that may include publicly funded,
27 publicly administered, and publicly and privately delivered health
28 care that is sustainable and affordable to all Washington residents
29 including, but not limited to:

- 30 (a) Options for increasing coverage and access for uninsured and
31 underinsured populations;
- 32 (b) Transparency measures across major health system actors,
33 including carriers, hospitals, and other health care facilities,
34 pharmaceutical companies, and provider groups that promote
35 understanding and analyses to best manage and lower costs;
- 36 (c) Innovations that will promote quality, evidence-based
37 practices leading to sustainability and affordability in a universal
38 health care system. When studying innovations under this subsection,
39 the work group must develop recommendations on issues related to

1 covered benefits and quality assurance and consider expanding and
2 supplementing the work of the Robert Bree collaborative and the
3 health technology assessment program;

4 (d) Options for ensuring a just transition to a universal health
5 care system for all stakeholders including, but not limited to,
6 consumers, businesses, health care providers and facilities,
7 hospitals, health carriers, state agencies, and entities representing
8 both management and labor for these stakeholders;

9 (e) Options to expand or establish health care purchasing in
10 collaboration with neighboring states; and

11 (f) Options for revenue and financing mechanisms to fund the
12 universal health care system. If funds are appropriated specifically
13 for this purpose, the work group shall contract with one or more
14 consultants to perform any actuarial and financial analyses necessary
15 to develop options under this subsection (2)(f).

16 (3) The work group must report its findings and recommendations
17 to the appropriate committees of the legislature by November 15,
18 2020. Preliminary reports with findings and preliminary
19 recommendations shall be made public and open for public comment by
20 November 15, 2019, and May 15, 2020.

21 (4) This section expires January 1, 2021.

22 NEW SECTION. **Sec. 3.** If specific funding for the purposes of
23 this act, referencing this act by bill or chapter number, is not
24 provided by June 30, 2019, in the omnibus appropriations act, this
25 act is null and void."

26 Correct the title.

EFFECT: Adds a null and void clause. The bill is null and void unless funded in the budget.

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