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**SECOND SUBSTITUTE SENATE BILL 5822**

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**State of Washington**

**66th Legislature**

**2019 Regular Session**

**By** Senate Ways & Means (originally sponsored by Senators Randall, Frockt, Cleveland, Wilson, C., Salomon, Nguyen, Hasegawa, Keiser, Saldaña, Van De Wege, Lias, Das, Darneille, Dhingra, and Kuderer)

READ FIRST TIME 03/01/19.

1 AN ACT Relating to providing a pathway to establish a universal  
2 health care system for the residents of Washington state; creating  
3 new sections; and providing an expiration date.

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

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

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

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

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

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

20 (e) Despite the progress Washington has made since the enactment  
21 of the patient protection and affordable care act, not all state

1 residents can access or afford health coverage in the current market.  
2 As of 2017, four hundred thousand Washington residents remained  
3 uninsured, and a growing number go without care because of growing  
4 health care costs.

5 (2) The legislature therefore declares its intent to provide a  
6 policy and financial framework for how the state could achieve  
7 universal coverage and equitable access and outcomes for all  
8 residents in the future, while concurrently evaluating efforts to  
9 ensure statewide affordable access and improvements to coverage for  
10 all residents in the preceding years through a public option and  
11 standardizing benefit plan designs.

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

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

- 20 (a) Consumers, patients, and the general public;
- 21 (b) Patient advocates and community health advocates;
- 22 (c) Large and small businesses with experience with large and  
23 small group insurance and self-insured models;
- 24 (d) Labor, including experience with Taft-Hartley coverage;
- 25 (e) Health care providers that are self-employed and health care  
26 providers that are otherwise employed;
- 27 (f) Health care facilities such as hospitals and clinics;
- 28 (g) Health insurance carriers;
- 29 (h) The Washington health benefit exchange and state agencies,  
30 including the office of financial management, the office of the  
31 insurance commissioner, the department of revenue, and the office of  
32 the state treasurer; and
- 33 (i) Legislators from each caucus of the house of representatives  
34 and senate.

35 (2) The work group must study and make recommendations to the  
36 legislature on how to create, implement, maintain, and fund a  
37 universal health care system that may include publicly funded,  
38 publicly administered, and publicly and privately delivered health

1 care that is sustainable and affordable to all Washington residents  
2 including, but not limited to:

3 (a) Options for increasing coverage and access for uninsured and  
4 underinsured populations;

5 (b) Transparency measures across major health system actors,  
6 including carriers, hospitals, and other health care facilities,  
7 pharmaceutical companies, and provider groups that promote  
8 understanding and analyses to best manage and lower costs;

9 (c) Innovations that will promote quality, evidence-based  
10 practices leading to sustainability and affordability in a universal  
11 health care system. When studying innovations under this subsection,  
12 the work group must develop recommendations on issues related to  
13 covered benefits and quality assurance and consider expanding and  
14 supplementing the work of the Robert Bree collaborative and the  
15 health technology assessment program;

16 (d) Options for ensuring a just transition to a universal health  
17 care system for all stakeholders including, but not limited to,  
18 consumers, businesses, health care providers and facilities,  
19 hospitals, health carriers, state agencies, and entities representing  
20 both management and labor for these stakeholders;

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

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

28 (3) The work group must report its findings and recommendations  
29 to the appropriate committees of the legislature by November 15,  
30 2020. Preliminary reports with findings and preliminary  
31 recommendations shall be made public and open for public comment by  
32 November 15, 2019, and May 15, 2020.

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

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