

SENATE BILL REPORT

ESJM 8006

As Passed Senate, January 17, 2024

Brief Description: Requesting that the federal government create a universal health care program.

Sponsors: Senators Hasegawa, Cleveland, Billig, Kuderer, Lovelett, Nguyen, Shewmake, Stanford, Valdez and Wilson, C..

Brief History:

Committee Activity: Health & Long Term Care: 2/14/23, 2/16/23 [DP, DNP].

Floor Activity: Passed Senate: 3/6/23, 27-21; 1/17/24, 27-20.

Brief Summary of Engrossed Joint Memorial

- Petitions the federal government to create a universal health care program, partner with Washington State to implement a single-payer health system, or grant Washington State the appropriate waivers for the state to create a universal health care system

SENATE COMMITTEE ON HEALTH & LONG TERM CARE

Majority Report: Do pass.

Signed by Senators Cleveland, Chair; Robinson, Vice Chair; Conway, Dhingra, Randall and Van De Wege.

Minority Report: Do not pass.

Signed by Senators Rivers, Ranking Member; Muzzall, Assistant Ranking Member; Holy and Padden.

Staff: Julie Tran (786-7283)

Background: Universal Health Care. In 2019, the Legislature established a Universal Health Care Work Group (Work Group) to make recommendations to the Legislature

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.

related to the creation, implementation, maintenance, and funding of a universal health care system that is sustainable and affordable to all Washington residents. The Work Group considered three models for realizing universal health care and provided analysis of each with respect to expected costs, access, equity, governance, quality, administration, affordability, and feasibility.

In 2021, the Legislature established the Universal Health Care Commission (Commission) to prepare the state for the creation of a health care system that provides coverage and access through a universal financing system once federal authority has been acquired.

The State-Based Universal Health Care Act of 2021. In June 2021, during the 117th Congress, Representative Ro Khanna introduced HR 3775, which establishes the option for states, or groups of states, to apply to waive certain federal health insurance requirements and provide residents with health insurance benefits plans through a state-administered program. Such programs must cover 95 percent of the residents in the state within five years and plan benefits must be at least as comprehensive and affordable as the coverage under the equivalent federal program.

State programs are supported with funds from the federal programs that the state programs replace, which may include Medicare, Medicaid, the Children's Health Insurance Program, the Federal Employee Health Benefits program, certain federal tax credits, and premium-assistance funds.

Summary of Engrossed Joint Memorial: Several findings are made in this memorial related to the health care system and universal health care:

- that costs in the current health care system continue to rise along with certain negative health outcomes;
- that the current system of fragmented private health insurance is the main obstacle to expanding access to health care because it promotes waste and inefficiency;
- that the current system most harms marginalized communities, and creating a system of universal access, free point-of-service care and standardized reimbursement would make the health care system more equitable and less expensive;
- that replacing the current system with a fair system will promote efficiency, better health, and good public policy;
- that a national universal health care program is the most efficient and cost-effective means of providing access to health care and would eliminate hardships experienced by many Americans due to either lack of timely access to health care or debt incurred, or both;
- that a single-payer health plan in the state would replace the current multi-payer system;
- that a single-payer health plan would establish a state agency to finance all medically necessary health care with substantial savings;
- that a single-payer health plan would reduce financial barriers to access care and

- inadequate coverage; and
- that workers and businesses would benefit from a single-payer health plan by lowering the cost of health care, removing the burden of unfunded and inadequate coverage, and allowing businesses to be more competitive in the markets.

The Legislature requests the federal government to:

- create a universal health care program to ensure every resident in the state and country have timely access to health care services without incurring familial debt; or
- absent federal action, partner with the state to implement a single-payer health system by having Congress pass House Resolution 6270; or
- grant the state the appropriate waivers to remove restrictions on the state's ability to create a universal health care system.

Appropriation: None.

Fiscal Note: Not requested.

Creates Committee/Commission/Task Force that includes Legislative members: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony: PRO: Many Washington residents want universal healthcare and they need relief. This Joint Memorial tells Congress that everybody needs healthcare. There is an economic development argument that the lack of access to healthcare is impacting the economy and people are suffering. Access to health care would help make a healthier and better workforce, save money, and increase collaboration and efficiency. The current healthcare system is inadequate and unjust. The discrepancy in access is based on people's income levels. The cost of healthcare is not about paying for care but paying insurance companies to make a profit, and things like price gouging can occur. The Commission is working on creating a plan but the best option is a national universal program. This bill calls for additional federal support, which is needed for financial and regulatory assistance.

CON: Citizens, not governments are the best advocate for their healthcare needs. Other governments have taxpayer-funded universal healthcare and it shows that affordability, access, and quality do not work together. There needs to be price transparency and educated consumers who shop for healthcare. Healthcare is not a right, but it is a necessity of life. An individual's healthcare does not benefit by taking away decisions between doctors and patients.

Persons Testifying: PRO: Senator Bob Hasegawa, Prime Sponsor; Kathryn Lewandowsky; Jen Nye, --None--; David Loud, Health Care Is a Human Right WA; Jody Disney, LWVWA; Marcia Stedman, Health Care for All-Washington; Sara Bowker; Elizabeth Reisner, Whole Washington; David Parker; Andre Stackhouse, Whole

Washington; Ben Kilfoil, Whole Washington.

CON: Elizabeth Hovde, Washington Policy Center.

Persons Signed In To Testify But Not Testifying: PRO: Aryo Karai, PROGRESSIVE VICTORY; Jeanette Leonard, Progressive Victory 2020; Emily Kohring; Nancy Boespflug.