



STATE BASED
UNIVERSAL
HEALTH CARE
ACT OF 2019
HR 5010

U.S. HOUSE
REPRESENTATIVE
RO KHANNA
CALIFORNIA

20

CO-SPONSORS

INCLUDING

CONGRESSMAN JOE

NEGUSE

ALL DEMOCRATS

REFERRED TO:

- ❑ COMMITTEE ON ENERGY AND COMMERCE
- ❑ WAYS AND MEANS
- ❑ OVERSIGHT AND REFORM
- ❑ ARMED SERVICES AND
- ❑ EDUCATION AND LABOR

PURPOSE:

**TO AUTHORIZE THE
ESTABLISHMENT OF
STATE BASED
UNIVERSAL HEALTH
CARE SYSTEMS**

WHY IS THE ACT NEEDED???

▶ TO COVER EVERYONE AT THE STATE LEVEL

EACH STATE NEEDS FEDERAL

APPROVAL AND FEDERAL

FUNDS TO COVER THE PEOPLE

WHO ARE CURRENTLY COVERED

BY FEDERAL HEALTH PROGRAMS

HOW WOULD THE REMAINING COSTS BE COVERED?

- ▶ **PROBABLY, EACH STATE WOULD TAX THEIR RESIDENTS TO PAY FOR THE COST OF CARE FOR THE PEOPLE WHO WEREN'T ALREADY COVERED BY A FEDERAL PROGRAM**

SOME OF THE RESIDENTS' TAXES WOULD INCREASE

- ▶ **IN ALMOST ALL CASES THE TAX
WOULD BE LESS THAN THE
RESIDENTS WOULD PAY IN
PREMIUMS, DEDUCTIBLES, AND
COPAYS**
- ▶ **AND THE BENEFITS WOULD BE
AS GOOD OR BETTER**

WHY NOT COVER ONLY THE PEOPLE WHO AREN'T ELIGIBLE FOR FEDERAL PROGRAMS?

▶ STATES NEED THE BEST POSSIBLE ECONOMY OF SCALE TO KEEP TAXES AS LOW AS POSSIBLE AND PROVIDE THE BEST BENEFITS

WHY GO STATE BY STATE?

- ▶ **THE MOST POLITICALLY FEASIBLE**
- ▶ **SOME STATES ARE READY TO ACHIEVE UNIVERSAL HEALTH CARE**
- ▶ **OTHER STATES ARE NOT READY**

HOW THE STATE BASED UNIVERSAL HEALTH CARE ACT WOULD WORK

AMENDS THE ACA BY ADDING
WAIVER #1335

“WAIVER FOR STATE
UNIVERSAL HEALTH CARE”

A STATE OR STATES

**COULD APPLY TO THE
SECRETARY OF
HEALTH AND HUMAN
SERVICES FOR A
WAIVER**

REGIONAL WAIVER REQUEST

TWO OR MORE STATES CAN
FORM A REGION AND
SUBMIT ONE APPLICATION
FOR THE REGION

SINGLE APPLICATION

- ▶ SEVERAL FEDERAL AGENCIES HAVE OVERSIGHT FOR SPECIFIED FEDERAL HEALTH PROGRAMS THE FEDERAL AGENCIES MUST COORDINATE THEIR EFFORTS TO MAKE IT EASIER FOR EACH STATE OR REGION TO APPLY FOR A WAIVER

THE STATE PLAN
MUST COVER AT
LEAST 95% OF
ALL RESIDENTS
WITHIN 5 YEARS

STATE RESIDENT

US CITIZEN

US NATIONAL

STATE RESIDENT

□ ALIENS LAWFULLY
RESIDING IN THE
STATE

□ DREAMERS IN THE
STATE

STATE RESIDENT

- PRIMARY
RESIDENCE IS IN
THE STATE.

STATE RESIDENT

EXCEPT
NATIVE
AMERICANS

AMERICAN INDIANS AND ALASKAN NATIVES

- ▶ STATES MAY NOT
REQUIRE
ENROLLMENT OF
AN INDIAN

AMERICAN INDIANS AND ALASKAN NATIVES

- ▶ NO ENROLLMENT FEE, PREMIUM, OR SIMILAR CHARGE AND NO DEDUCTION, COPAYMENT, COST SHARING OR SIMILAR CHARGE IS TO BE IMPOSED AGAINST AN INDIAN**
- ▶ ALL COST INCURRED IN WAIVING SUCH CHARGES SHALL BE BORNE BY THE FEDERAL GOVERNMENT**

FUNDING

- ❑ **COMBINE SEVERAL FEDERAL HEALTH CARE FUNDING STREAMS**
- ❑ **CREATE A STATE TAX TO COVER RESIDENTS NOT COVERED BY FEDERAL HEALTH CARE PROGRAMS**

FEDERAL HEALTH CARE FUNDING STREAMS

☐ AFFORDABLE CARE ACT

☐ SUBSIDIES

☐ TAX CREDITS

FEDERAL HEALTH CARE FUNDING STREAMS

❑ MEDICARE

❑ MEDICAID

❑ CHILDRENS HEALTH
INSURANCE PROGRAM
(CHIP)

FEDERAL HEALTH CARE FUNDING STREAMS

- ❑ FEDERAL EMPLOYEES HEALTH BENEFITS PLAN
- ❑ TRICARE
- ❑ ERISA
- ❑ EARLY AND PERIODIC SCREENING DIAGNOSIS AND TREATMENT (EPSDT)

BENEFITS

- ▶ **MUST BE AT LEAST AS GOOD AS THE FEDERAL HEALTH CARE PROGRAM BENEFITS**

OUT OF POCKET SPENDING

AT LEAST AS AFFORDABLE
AS THE COVERAGE AND
COST SHARING
PROTECTIONS UNDER THE
SPECIFIED FEDERAL
HEALTH PROGRAM

PRIVATE INSURANCE

WILL NOT PRECLUDE THE
PURCHASE OF INSURANCE
THAT OFFERS COVERAGE
FOR BENEFITS NOT
OFFERED UNDER THE
STATE PLAN

FUNDS FROM THE FEDS TO THE STATE

- ❑ ADJUSTED FOR CASELOAD GROWTH
- ❑ ADJUSTED FOR INFLATION OF HEALTH CARE COSTS WITHIN THE STATE
- ❑ STATE ADMINISTRATIVE SAVINGS REINVESTED IN HEALTH CARE SERVICES IN THE STATE

WAIVER

CONSIDERATION AND

TRANSPARENCY

SECRETARY OF HEALTH AND

HUMAN SERVICES MUST

PROMULGATE REGULATIONS

WITHIN 180 DAYS AFTER

RECEIVING 1ST STATE

APPLICATION

REQUIREMENTS FROM THE PPACA

INCLUDED IN THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA):

- ❑ DEFINITION OF A QUALIFIED HEALTH PLAN (SECTION 1301)
- ❑ ESSENTIAL HEALTH BENEFITS (SECTION 1302)

REQUIREMENTS FROM THE PPACA

- ❑ **ABORTION RESTRICTIONS
(SECTION 1303)**
- ❑ **GROUP MARKET INDIVIDUAL
MARKET LARGE AND SMALL
EMPLOYER DEFINITIONS
(SECTION 1304)**

REQUIREMENTS FROM THE PPACA

- ❑ HEALTH BENEFIT EXCHANGES
(SECTION 1311)
- ❑ CONSUMER CHOICE (SECTION
1312)
- ❑ FINANCIAL INTEGRITY (SECTION
(1313))

REQUIREMENTS FROM THE PPACA

- **HEALTH EXCHANGE STATE FLEXIBILITY (SECTION 1321)**
- **FEDERAL PROGRAM TO ASSIST ESTABLISHMENT AND OPERATION OF NONPROFIT MEMBER RUN HEALTH INSURANCE INSURERS (SECTION 1322)**

REQUIREMENTS FROM THE PPACA

- ▶ **COMMUNITY HEALTH INSURANCE OPTIONS (SECTION 1323)**
- **NO REQUIREMENT FOR HEALTH CARE PROVIDERS TO PARTICIPATE**
- **NO REQUIREMENT FOR INDIVIDUALS TO JOIN**

REQUIREMENTS FROM THE PPACA

LEVEL PLAYING FIELD (SECTION 1324)

1. GUARANTEED RENEWAL
2. RATING
3. PRE-EXISTING CONDITIONS
4. NON-DISCRIMINATION
5. QUALITY IMPROVEMENT
6. FRAUD AND ABUSE

REQUIREMENTS FROM THE PPACA

LEVEL PLAYING FIELD (SECTION 1324)

7. SOLVENCY

8. MARKET CONDUCT

9. PROMPT PAYMENTS

10. APPEALS AND GRIEVANCES

11. PRIVACY AND CONFIDENTIALITY

12. LICENSURE

13. BENEFIT PLAN MATERIAL OR
INFORMATION

STATE ADMINISTRATION

- ❑ PUBLICLY ADMINISTERED BY AN AGENCY OR AGENCIES OF THE STATE
- ❑ STATE CAN CONTRACT WITH ONE OR MORE PRIVATE ENTITIES TO ADMINISTER THE STATE PLAN

A PANEL WILL CONSIDER APPLICATIONS, MAKE RECOMMENDATIONS TO THE SECRETARY, SERVE WITHOUT PAY

- ▶ 11 MEMBERS APPOINTED BY THE SECRETARY OF HHS WITH RECOMMENDATIONS FROM
- ▶ SPEAKER OF THE HOUSE
- ▶ HOUSE MINORITY LEADER
- ▶ MAJORITY LEADER OF THE SENATE
- ▶ MINORITY LEADER OF THE SENATE
- ▶ REPUBLICAN GOVERNORS ASSOCIATION
- ▶ DEMOCRATIC GOVERNORS ASSOCIATION
- ▶ THE PATIENT ADVOCACY COMMUNITY
- ▶ LABOR ORGANIZATIONS PROVIDING DIRECT PATIENT CARE INCLUDING AT LEAST ONE LABOR ORGANIZATION THAT REPRESENTS PRIMARILY REGISTERED NURSES
- ▶ PRIMARY CARE PHYSICIANS
- ▶ HEALTH CARE PROFESSIONAL PRACTICING IN A RURAL OR UNDERSERVED AREA

PANEL CHAIR AND VICE CHAIR

- ▶ **SECRETARY OF HEALTH AND HUMAN SERVICES OR DESIGNEE CHAIRS**
- ▶ **ADMINISTRATOR OF THE FEDERAL EMERGENCY MANAGEMENT AGENCY OR DESIGNEE SERVES AS THE VICE CHAIR**

PANEL RESOURCES

▶ **STAFF**

▶ **PROCURE SERVICES OF
EXPERTS AND
CONSULTANTS**

TIME FOR DETERMINATION

90 DAYS

5 YEAR REVIEW

EVERY 5 YEARS EACH STATE MUST:

- ❑ REPORT HOW WAIVER FUNDS HAVE BEEN SPENT
- ❑ NUMBER OF RESIDENTS WITHOUT INSURANCE AND A PLAN TO COVER THE UNINSURED

5 YEAR REVIEW

- HOW AFFORDABILITY HAS CHANGED
- IF THE STATE HAS ACHIEVED COVERAGE FOR AT LEAST 95% OF THE RESIDENTS
- MAJOR CHANGES IN QUALITY AND ACCESS

STATE NONCOMPLIANCE

- ▶ **FEDERAL GOVERNMENT HAS TO PROVIDE ASSISTANCE TO IMPROVE STATE COMPLIANCE**
- ▶ **STATE HAS 12 MONTH GRACE PERIOD TO COMPLY**
- ▶ **SECRETARY CAN TERMINATE THE WAIVER FOR NONCOMPLIANCE**

SUMMARY

- ▶ THE PURPOSE OF THE ACT IS TO MAKE IT EASIER FOR STATES TO CREATE THEIR OWN UNIVERSAL HEALTH CARE PLAN
- ▶ A STATE OR STATES CAN APPLY FOR A WAIVER TO CREATE A STATE BASED HEALTH PLAN
- ▶ THE STATE MUST COVER AT LEAST 95% OF THE STATE'S RESIDENTS
- ▶ BENEFITS MUST BE AT LEAST AS GOOD AS THE BENEFITS THAT SAME PATIENT WOULD RECEIVE UNDER A SPECIFIED FEDERAL HEALTH PLAN

WHAT CAN YOU DO???

- ❑ **THANK CONGRESSMAN JOE NEGUSE FOR CO-SPONSORING 5010**
- ❑ **INVITE CONGRESSMAN RO KHANNA TO SPEAK AT OUR CONFERENCE**
- ❑ **ASK YOUR OWN U.S. REPRESENTATIVE TO CO-SPONSOR 5010**

WHAT CAN YOU DO???

- ❑ ASK SENATOR BENNETT TO PRIME SPONSOR A COMPANION BILL IN THE U.S. SENATE
- ❑ ENCOURAGE YOUR FAMILY & FRIENDS TO SUPPORT 5010 AND CONTACT THEIR CONGRESSMAN

THANK YOU!!!

▶ **COMMENTS?**

▶ **QUESTIONS?**

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