

Health Care for All WA supports Rep. Pramila Jayapal's State Based Universal Health Care Act of 2018 (HR 6097)

In June, 2018 Rep. Jayapal (WA-07) introduced the State Based Universal Health Care Act of 2018 (SBUHCA - HR 6097). HCFA and other advocates worked with Rep. Jayapal to develop this proposal. We expect it to be reintroduced in 2019. In Rep. Jayapal's words, "At the federal level, as we work towards ensuring a Medicare-for-All-type single payer system, we should also be building on the expertise and energy that resides at the state level. In fact, throughout our nation's history, our states have served as the incubator of democratic ideas and ideals." HCFA believes that universal coverage may well be achieved at the state level in one or more states before it is won nationally, and that progress at the state level will help build the national movement.

The SBUHCA would make available to states the federal funding and regulatory authority to achieve universal health care coverage. Some key provisions:

- Replaces the Section 1332 State Innovation Waivers in the Affordable Care Act with a provision allowing states to combine several federal funding streams (ACA funds for health benefit exchanges, cost-sharing reductions and premium tax credits; Medicare; Medicaid; Children's Health Insurance (CHIP); Federal Employee Health Benefit Program; TRICARE) if the state offers a comprehensive universal health care plan that guarantees all residents of the state are covered.
- Going forward, prevents states from seeking the old Section 1332 waiver to impose barriers to affordable health care like Medicaid work requirements. The new waivers can be used only to provide access to care, not take it away. Existing 1332 waivers are grandfathered until they expire.
- The benefits provided by state plans would have to be equal to or greater than what beneficiaries receive now under the various federal programs. No more than 5% of residents could spend over 10% of their income on health care expenditures.
- 95% of state residents would have to be covered within 5 years. After 5 years, states would have to demonstrate that they have reached this target and provide a plan to cover the remaining 5% of their population.
- Allows 2 or more states the option of submitting a waiver application together to form regional plans.
- Allows states to apply for an ERISA waiver so that self-insured employers could not opt out of the state plan.
- Exempts existing federal health care *delivery* systems from state plans (Veterans Administration, Indian Health Service and DoD's military treatment facilities).

This bill would enable states to bring health care costs under control for the first time by (1) greatly expanding the risk pool; (2) eliminating much of the administrative and profit-oriented cost of private insurance plans, estimated to represent up to 30% of American dollars spent on health care; (3) allowing the creation of global health care budgets with negotiated reimbursement rates for all providers; and (4) reorienting health care towards prevention and primary care.

In WA State, the SBUHCA would make it possible to implement a proposal like the Washington Health Security Trust (WHST)/Apple Care Trust. It would offer the same federal support needed by other states like California and New York which are working to achieve universal and affordable health care for all their residents.