



LEAGUE OF WOMEN VOTERS® OF WASHINGTON

Empowering all Washingtonians to engage in a more responsible and responsive democracy

2018 ISSUE PAPER – HEALTH CARE

Summary: During the 2018 Legislative Session there will be health care legislation introduced to increase the access and coverage of residents of Washington State, including those who are undocumented. Since Washington State has been cited by the Federal government as not having adequate care for those who have mental illness, there will be legislation to deal with that lack of care.

Position Statement: The LWVWA position on health care states that health care policies need to “ensure universal access for all residents to a comprehensive, uniform, and affordable set of health services. These services shall be available regardless of one’s health status (i.e. pre-existing conditions) or financial status.” The LWVUS position on health care states that the League “believes that a basic level of quality health care at an affordable cost should be available to all U.S. residents. Every U.S. resident should have access to a basic level of care that includes the prevention of disease, health promotion and education, primary care (including prenatal and reproductive health), acute care, long-term care and mental health care. Every U.S. resident should have access to affordable, quality in- and out-patient behavioral health care, including needed medications and supportive service that is integrated with, and achieves parity with, physical health care. The League favors a national health insurance plan financed through general taxes in place of individual insurance premiums. As the United States moves toward a national health insurance plan, an employer-based system of health care reform that provides universal access is acceptable to the League.”

Background: Since the 1940s efforts have been made to reform the health care system in the United States. The first law of reform was enacted in 1965 with adoption of Medicare. Today Medicare offers health insurance to over 40 million people age 65 and older and over eight million younger people with disabilities. In 1965 Medicaid came into existence with the amendment of the Social Security Act to provide health care coverage to low-income populations. Attempts to reform health care took place in the early 1990s, but those attempts failed.

The Patient Protection and Affordable Care Act (PPACA) was passed by Congress and signed by President Obama in 2010. Enrollment began October 2013 and Expanded Medicaid and the Health Benefit Exchanges began to operate on January 1, 2014. This act eliminates pre-existing condition, eliminates any cap on lifetime benefits to individuals, allows adults up to the age of 26 to remain on their parents’ health insurance policies, and forbids insurance companies from charging more than 20% over their actual health care payments to those they insure, are already in place. Even though there were several glitches in the enrollment process, many people enrolled and will continue to enroll in Medicaid and the Health Benefit Exchanges.

Throughout this time the single payer health care concept, publicly funded—privately delivered health care, has gained momentum. The Washington Health Security Trust (a single payer health plan for Washington State) has been introduced to Washington State Legislature several times in the past twenty years. In 2014 a coalition formed called Health Care is a Human Right. This coalition unites labor unions, single payer organizations, and community action groups (including the League of Women Voters of WA) to promote the passage of a single payer bill in the legislature by 2017, which would create a system that fits human rights principles, and qualifies for an Affordable Care Act waiver. This action would allow the state of Washington to have its own single payer health care system, in which health care would be publicly funded and privately delivered.

Washington State lacks resources in terms of mental health providers and addiction specialists, particularly in rural areas, and there are insufficient numbers of treatment beds to address the behavioral health needs of the population. For these reasons Washington State is rated 47th of the states in care for the mentally ill, many of whom are housed in

jails. Some pilot programs throughout the state are integrating mental health with physical health to increase coverage and efficiency. Legislation will be necessary to increase access to care and coordination of care for those who have mental illness.

Analysis: The Affordable Care Act (ACA) is the first attempt at health care reform in many years. The two main goals of this law are to expand health care coverage to 32 million Americans who are uninsured and to slow down the rising cost of health care. This law enables many people in low and moderate income levels to obtain health care coverage. If Medicare is an example, once people can experience health care coverage, they will not want to do without it.

The ACA states that those who are “lawfully present” in the United States are eligible to enroll in Medicaid expansion and the Health Benefit Exchanges. Unfortunately, that leaves out those immigrants who are undocumented, estimated to be 12 million people. Without health care coverage for all, there is great danger to our public health system. A single payer health care plan would cover all Washington residents and include the following human rights principles: universal access, affordability, availability to all, equity, equality, quality care for all, participation with physicians in making decisions, accountability to patients, and transparency.

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