

Background Paper 1

The Washington Health Security Trust

Accessible, Affordable, High-Quality Health Care for ALL Washington Residents

The problem: unaffordable health coverage

For over twenty years, government reports, economic analyses and anecdotal accounts have repeatedly shown that Washingtonians spend more than we can afford and get less health care than we need. We spend more than \$45 billion each year on health coverage and health care, yet several hundred thousand Washington residents remain uninsured even after three years of full implementation of the Affordable Care Act (ACA). Many more are underinsured, as the quality of insurance coverage continues to decline. Premiums are rising much faster than wages, leaving workers constantly in fear of being unable to afford their health insurance or its cost-sharing requirements. Medical bills, even for people with health insurance at the beginning of illness, are the leading cause of over 50 percent of personal bankruptcies.

Our solution: the Washington Health Security Trust (WHST)

Health Care for All – Washington (HCFA-WA) has written legislation to create a single public trust fund, the Washington Health Security Trust (WHST). The fund is dedicated to paying for a defined set of health services for all state residents.

The WHST, if fully implemented, would, essentially, collect the money we now spend on health insurance and health care from the same sources as at present (employers, individuals, state government, and the federal government), and put those funds into the Trust. The WHST can cover high-quality, comprehensive health care for all residents without additional revenue.

Highlights of the WHST

- All residents are covered for defined benefits regardless of health or employment status.
- Residents choose their health professionals.
- Health professionals and patients make the medical decisions.
- Health professionals work in both the private and public sectors, just as they do now. They are not employees or agents of the WHST.
- Health professionals, clinics, hospitals, and other health providers negotiate terms of their participation with the WHST.
- A public board of trustees governs the WHST. The initial appointed board defines the initial benefits package, creates a claims processing system, and sets up a system of effective tools to monitor WHST performance. Subsequently, the members of the board will be appointed by the governor from a list of nominees, on a rotating basis.

- The board will use three advisory committees: a citizens' advisory committee for general input, especially about access to care, quality of care and public satisfaction; a technical advisory committee to help with decisions about what services, pharmaceuticals, and devices to include in the benefits package; and a financial advisory committee to monitor operations and financial performance.
- The board will seek public input for WHST policies over time.
- The board is required to submit yearly reports to the legislature and the governor.

How the WHST is to be financed

The current WHST bill (HB1026 & SB 5701* in 2017-18) requires the Joint Select Committee on Healthcare Oversight (the committee that oversees the ACA Exchange) to commission an actuarial study and devise a funding mechanism by Nov. 2017 or Oct. 2018. The committee is to report to the legislature before the 2018 or 2019 legislative session. Funding for the WHST must be designed to work within specific limitations and unique provisions of the Washington tax system and federal law. It is highly likely that a combination of a payroll assessment on all employers and an individual premium will be required to raise sufficient funds.

The WHST board is instructed to apply as needed to allow inclusion of federally protected populations, along with their funding, in the WHST. Until such waivers are granted, the existing federal coverage remains in effect, and the WHST will provide secondary coverage..

Employers may continue to purchase private health insurance for their employees. However, the WHST benefits package is designed to provide employees better coverage at lower cost than current health benefit plans. (The WHST, if funded by a payroll assessment on ALL employers, is designed to be compliant with ERISA, a federal law that restricts states from interfering with benefit agreements between employers and their employees.)

Pooling the funds for health services across the state and spreading the risk across the entire state population provides a stable mechanism to pay for high-quality care for EVERY Washingtonian.

The WHST is simple, smart, fair, accountable, and affordable

It is a unified, user-friendly system to pay for high-quality health care for ALL residents of the state of Washington – all at a cost equal to or less than our current failing, overly complex, overly expensive non-system. This is still true even after the federal Affordable Care Act has been implemented.

For more information, contact www.healthcareforallwa.org

*SB 5701, The Washington Apple Care Trust, is very similar to HB 1026, but removes references to applying for a Sec. 1332 waiver under the Affordable Care Act.