

# Universal Health Care Work Group: From the Veterans of Washington's Health Care Reform Efforts

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The Project Team compiled information from five members of the Universal Health Care Work Group who were part of past health care reform efforts in Washington including Jane Beyer, Dennis Dellwo, Aaron Katz, Pam MacEwan and Sherry Weinberg. Four individuals submitted written answers to a few prepared questions developed by the Project Team, while one member, Aaron Katz, shared answers in a brief recording. The questions we asked our Veterans were:

1. What commission or process did you participate in?
2. Did it lead to system or other changes?
  - If yes – it led to changes, what changes occurred? What factors made change possible that we should incorporate into our current work?
  - If no – it didn't lead to changes, why do you think it didn't lead to change or what were the barriers to change?
3. What should this report include to avoid some of the issues with the prior group's recommendations?

The written answers to these questions are provided below and Aaron Katz's recording can be accessed [here](#).

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## Jane Beyer


### Senior Policy Analyst, Washington State Office of the Insurance Commissioner

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*In preparing these thoughts, I had an opportunity to briefly review the 1992 Washington Health Care Commission report, the 1993 Health Services Act, the Executive Summary of the WA Health Services Commission's 1995 report to the Legislature, and a bit of review of current statutes to refresh my recollection of dates of enactment.*

#### What commission or process did you participate in?

- Staff to the Washington Health Care Commission, which submitted its report to Gov. Gardner and the Legislature on November 30, 1992. My primary responsibility was staffing the subcommittee on the health care liability system, but I also researched ERISA-related issues/questions.
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- Legislative policy staff for the House Democratic Caucus during the 1993 legislative session when the Health Services Act was enacted.

### Did it lead to system or other changes?

Yes, both led to enactment of the Washington Health Services Act of 1993.


### What factors made change possible that we should incorporate into our current work?

- Study commissioner with extensive stakeholder participation and subcommittees to develop a detailed proposal to the Legislature –
  - House Concurrent Resolution establishing the study commission enacted in 1990, with report to the Legislature in November 1992.
- Once the Health Services Act was enacted in 1993, it included phased approach to implementation, such as:
  - Initial insurance reforms, e.g. guaranteed issue
  - Initial report to the legislature with a summary of findings and recommendations on 20 health reform topics, as required by the Health Services Act of 1993, as well as a set of draft rules and proposed legislation re the commission's organizational structure, uniform benefits package, certified health plan certification standards to be submitted to the Legislature by December 1994
  - 2 years for design and implementation of uniform benefits package
  - 5 years for coverage of uninsured residents, starting with the lowest income residents
  - 5 years to seek necessary federal waivers
- Washington Health Services Commission (HSC): Established by the HSA. Acknowledgment of need for a transparent administrative infrastructure to design and implement reforms, e.g. establishment of health services commission and advisory and special committees (such as health services effectiveness committee). The HSC established 8 advisory committees.

### What didn't lead to change or what were barriers to change?

Repeal of much of the act in 1995 as control of the Legislature shifted and a federal health care reform proposal failed.

- Retained or added by the 1995 Legislature:
  - Health insurance reforms, e.g. guaranteed issue and renewal; adjusted community rating
  - Medicaid children's expansion to 200% FPL
  - Expansion of the Basic Health Plan and addition of a nonsubsidized option

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- Resulted in breakdown of the individual health insurance market by the late 1990's, and establishment in 2000 of the standard health questionnaire with WSHIP as source of coverage for individuals who were screened out of coverage based upon their results of application of the standard health questionnaire.

**What should this report include to avoid some of the issues with the prior group's recommendations?**

- See factors that made change possible above. If not specific details re: what these transparent administrative structures would look like, or the explicit phase into universal access, then acknowledgement of the need for a phased, open, participatory process.





## Representative Dennis Dellwo, retired attorney and former Chair of the Washington State House of Representatives Health Care Committee

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### What commission or process did you participate in?

I was elected to the Washington State Legislature as a State Representative from the 3rd Legislative District. I was in that position for around 13 years before I was appointed to the Washington State Growth Management Hearings Board. I am an attorney and have an interest in Healthcare Reform. During my Legislative terms I was the Chairman of the House Banking and Insurance Committee. I was then asked by Speaker of the House, Joe King, to become the Chairman of the House Health Care Committee. He recognized that we were in the middle of a call for Healthcare Reform. My staff received recommendations from several commissions and studies; examined the Oregon effort and we began building the Health Services Act of 1993. John Conniff and Jane Beyer were the greatest.

After my terms in the State House, I worked with several groups, gave lectures and joined efforts to reform Health care. The latest group I joined was Healthcare for All-Washington.


### Did it lead to system or other changes?

We did advance and adopt a comprehensive reform to the Healthcare system. We chose to mount a dramatic change to the whole system except for allowing Insurance Companies to remain able to participate, if they provided the CIP, the plan that incorporated the benefits and rules guided. The Act phased in the requirement that businesses pay for certain percentages of their employee's insurance costs. Other provisions would phase in as we got waivers and changes from the federal government.

### What changes occurred? What factors made change possible that we should incorporate into our current work?

The changes were comprehensive, some remaining in place. The changes that drove the Republican's effort to win a majority and repeal portions of the Act, were:

1. Mandatory coverage;
2. Employers, especially small business employers, require coverage of portions or all of their workers' health insurance.
3. Limiting what the Insurance industry can offer.
4. Guaranteed issue and renewal;
5. Community rating.



## What should this report include to avoid some of the issues with the prior group's recommendations?

The report must show a path to single payer leaving no doubt that it can be attained. We need to address the key issues that scare the public and the legislators. The lie that it is too expensive, Socialist, gives the insured no choice and they cannot keep their doctor, not trying to bring in whole programs that already have coverage, i.e. Medicare; large firms, that it will cost so much more than the existing system, etc. These are the issues that will stop the change. We need the outline of the plan and the answer for the false or exaggerated or real accusations.

So much work was done by the Health Care Commission and three volumes were produced showing numerous changes that could be adopted to improve the Act. The members were from all branches of the industry and they came to the table. They believed that it was law and they better help advocate their position. It was sad that many did not even read the study. We need to review the report and make sure we use what they have given us. Pam MacEwan was one of the members of that Commission.



## Pam MacEwan, Chief Executive Officer, Health Benefit Exchange

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### What commission or process did you participate in?

I was appointed to be one of the commissioners on the Washington Health Services Commission. We were tasked with implementing the Health Services Act and my role was to represent consumers and labor.

### Did it lead to system or other changes? What changes?

We developed an impressive body of health policy improvements and implementation plans but in the end very little was actually implemented. The changes that were long lasting were the insurance reforms, especially protections for people with pre-existing conditions and expansion of access through Basic Health and Medicaid. The individual market protections were unique in the country at that time. After most of the law was repealed the individual market carriers began to lose money in the individual market and exited the market to new enrollment for approximately two years until new market reforms could be negotiated and passed by the Legislature. Many of the consumer protections remained in place even after legislation to reopen the individual market was passed. The Basic Health Plan also survived the swings in legislations.

### What were the barriers to change?

The Health Services Act was passed with almost exclusively Democratic votes. There was no Republican support and as a result very little support from the business community. When the Democrats lost their majority in the Legislature, the law was quickly repealed. The animosity between the parties over the law is similar to the party divisions we see surrounding the Affordable Care Act. It's difficult to sustain systemic reform without bipartisan support. There were other weaknesses to the law, but I believed those issues could have been addressed over time. Basic Health and individual market reform had broad political and public support.

### What should this report include to avoid some of the issues with the prior group's recommendations?

The implementation effort in 1993 was based on Legislation and was very ambitious. The complexity of the law itself required a lengthy process that left it vulnerable to repeal. There are significant tradeoffs between complexity of implementation and creating win that build sustainable public support.

The report should address concerns of all the major stakeholder groups and understand the challenges of making changes in how people receive health care. Incremental reform should not be an end in itself but can be a bridge to building public and bipartisan support. Because health care has gotten so expensive there may be more of an appetite from small business and consumers for more sweeping changes.





## Sarah Weinberg, MD, President, PNHP Western Washington

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### What commission or process did you participate in?

I have been involved in three separate efforts:

- In 1990-92 I was one of about 4 friends of Randy Revelle who gathered with him about once a month to discuss the progress of the Gardner Commission, for which he was the Executive Director. As a result, although I was not directly involved, I learned a lot about how that group of 17 commissioners studied possible health care system solutions for Washington State. The commissioners were selected to include the broadest political spectrum as well as the geographic spectrum of our state. Their final conclusion was that there was no consensus but by 9-8 they believed that a single payer tax-supported system would be the best solution, but difficult to accomplish politically. They also came up with a private insurance system that included an individual mandate and a 3-year phase-in. By another 9-8 vote they presented this plan to Gov. Gardner and the legislature in late 1992, and the plan became the Health Services Act of 1993.

Under the HSA, 5 commissioners were chosen to implement the plan, and again Randy Revelle was hired as Executive Director, so our informal advisory committee continued to meet with Randy until the end.


This plan was scuttled by the 1995 legislature when the Republicans gained a majority in both houses of the legislature.

- In 1998-2000 I was involved in the writing of the Washington Health Security Trust, which was initially filed as Initiative 725 in the spring of 2000. That campaign failed to gather enough signatures, either as an Initiative to the People or as an Initiative to the Legislature. Eventually, the sponsoring organization, then called Healthcare 2000, became Health Care for All – Washington and was able to find sponsors in the legislature – I'm not sure which was the first year it was filed. In the past decade, the WHST bill has been filed in each legislative session.
- As an active member of the Washington State Medical Association, I have been a member of a Work Group that has been discussing various aspects of health care system reform. This group has been unable to unite behind any long-term solution, but was able to help the WSMA support the budget proviso that created the UHCWG. Dr. Rod Trytko was also a member of this Work Group.

### Did it lead to system or other changes?

- The Gardner Commission did lead to the HSA of 1993. Implementation was slowly, but surely, underway when there was a Republican sweep in the 1994 elections. If the HSA had been fully implemented, Washington State would have reached universal coverage by 1996. The basics of the plan were much like Romneycare in Massachusetts and Obamacare nationally.



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- The WHST is still alive, but not going anywhere soon. Its basic structure is also incorporated in the Whole Washington bill that was filed in the 2019-20 legislature.
  - The WSMA has not gotten involved in any proposed major system changes.

### **What changes occurred? What factors made change possible that we should incorporate into our current work?**


- The Gardner Commission presented the Democratic Governor (Gov. Lowry succeeded Gov. Gardner in 1993) and the Democratic-majority legislature with a realistic plan. This is what the Commission was charged with, and they did it, even without a consensus.

### **What didn't lead to change or what were barriers to change?**

- The HSA was the victim of a very misleading campaign nationwide in 1994, attacking Hillary Clinton and the group she organized to write a complicated health care reform proposal. Republican operatives in Washington State erroneously linked the unpopularity of her group's proposal to the HSA, which actually was written and passed into law before the Clinton group had even formed (shades of 2020!).
- The WHST initially didn't get off the ground because people running the campaign didn't want to use paid signature gatherers. In recent history, the only initiatives to make it to the ballot have used paid signature gatherers.
- The WSMA has not been able to get its own house in order enough to get behind any serious system reform. They're left with defending physician reimbursement and scope of practice issues until they do so.

### **What should this report include to avoid some of the issues with the prior group's recommendations?**

- The charge to the UHCWG is to come up with a recommendation to get to universal health coverage in the State of Washington. The plan does NOT have to be a consensus statement, but must delineate a path to that goal over a few years of implementation.
- We should avoid kicking the can down the road when it comes to financing the proposed plan, but suggest realistic sources of public funding.
- If the ultimate goal is a version of Option A, we need to include plans to deal with the large loss of business on the part of insurers – in particular, transition aid for their employees in our state for a couple of years.
- We need to include an estimate of costs and savings once the plan is fully implemented – in other words, beyond the first year and maybe out as much as 5 years.
- We need to prepare a PR campaign to sell our plan to state residents (voters!), so they won't be swayed by the inevitable attacks from the market-forces-or-bust folks.
  - Our health care system belongs to all of us, and must be viewed as a public service. We all pay into it as able, and receive care as needed.

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- Our health system should not be a profit center for large corporations, mega-hospital conglomerates, greedy pharmaceutical companies, or over-priced specialists (remember Dr. Johnny Delashaw?).
  - People care about free choice of physician, other health professional, and hospital. They don't care about choice of insurance company except as it limits or enables these choices.
  - The only way to bring the profiteers and their high prices down is by banding together – the entire state's population.
  - The coronavirus pandemic has shown us that we're all in it together. We must make our health care system work with all of us for all of us.

