

Washington State's Health Reform Proposals: A Human Rights Assessment

NoHLA Northwest Health Law Advocates, January 2009

UNIVERSAL SINGLE-PAYER PLAN

The single payer option proposed by the legislature would be based on the Canadian health system and modified for Washington State. When identifying the plan, the legislature simply mentioned it without specifying many details, making it difficult to evaluate on some of our criteria. As a state-administered system, it would provide health insurance for everyone in Washington, except undocumented immigrants and those covered by Medicare, the Federal Employee Benefit Plan (including retirees) and military health plans (including retirees). Existing state public health insurance programs (Medicaid, Basic Health, etc.) would be discontinued and beneficiaries would transfer into the single payer plan. Eligible individuals would be enrolled automatically, and there would be no premiums, deductibles or point-of-service cost-sharing associated with the single payer plan. This plan would be funded through general revenues, but the source of these revenues has not yet been determined.

Recognition of Right to Health Care for Everyone



The single payer plan recognizes the right to health care for most Washingtonians. However, undocumented immigrants do not have a right to care under this plan.

Access



The single payer plan would provide access to care for most Washingtonians, including many who cannot currently access care. However, it would exclude undocumented immigrants. For those now in state health programs, the single payer plan could potentially improve their access to health care providers. The single payer plan would not affect access to care for those who have federal insurance through Medicare, the Federal Employee Benefit Program or the military.

Affordability



In a single payer plan, health care is publicly financed. A single payer plan also has one combined risk pool. One of the main characteristics of a single payer plan is that it reduces health care expenses by eliminating the administrative and marketing costs, and profits, of insurance carriers. The affordability of the plan for individuals would depend on how it is financed. It is likely that taxes would be increased to generate revenue for this plan, but no specific funding mechanism has been proposed.


Equity & Non-Discrimination



Another characteristic of a single payer plan is equitable distribution of resources. We do not have sufficient information about this plan to determine its ability to eliminate health disparities or its approach to culturally competent health care. Since the health care available under the single payer plan would be the same for all enrollees, many discriminating factors in the current health system – age, gender and income among them – would be eliminated; instead there would be a single community-rated risk pool and a common set of benefits.

Comprehensiveness



As currently envisioned, the single payer plan would offer a health plan modeled on the existing state employees' benefit plan. This plan covers most services, but does not include dental coverage. 

KEY: ● clearly meets principles ◐ partially meets principles ○ fails to meet principles

* While in concept a single payer plan is likely to comply with many human rights principles, we were unable to fully assess this plan due to the absence of information on plan design. Therefore, our ratings may under-represent the strengths of this reform proposal

Availability

We expect that a single payer plan serving the majority of state residents would attempt to make health care infrastructure, goods and services available in all geographic areas and to all communities, although the mechanism for doing this has not yet described. Presumably, the governing authority would perform needs assessments and provide incentives to attract providers to rural and underserved areas, but more information is needed.

Quality

Since the single payer plan would cover a large percentage of Washington residents, data related to quality would presumably be more available and quality measures could be more easily instituted. None of this has yet been discussed in detail, however.

Information and Transparency

A single payer plan in which individuals are automatically enrolled and one benefit plan is available to everyone would go a long way toward making health coverage and benefits more transparent. More details are needed regarding how information for individuals, and communication between patient and provider, are handled in the single payer system.

Accountability

Accountability measures for providers and the government are not addressed. We expect that, like other single payer plans, this proposal will be developed to include guidance for the governing authority and the public that addresses the human rights principle of accountability.

Participation

The single payer plan, as developed to date, does not address participation.

Public Health

The single payer plan, as developed to date, does not address public health services or infrastructure.

Principles Related to Low-income Populations¹

Low-income individuals and families who currently receive health care through state public programs would switch to the single payer plan. The analysis prepared by Mathematica assumes that Medicaid and SCHIP would provide wrap-around coverage for mandatory populations up to 150% of the federal poverty level, assuring that individuals in this income category would not experience a reduction in services. There is no information on whether wraparound coverage would also be available to other populations the state currently serves under Medicaid and SCHIP, including children between 150% and 300% of federal poverty, pregnant women between 150% and 185% of federal poverty, and the Medically Needy. For low-income people ineligible for these programs who now have no or limited coverage, automatic enrollment in the single payer plan should improve access to health care. Provider access may also improve for public program clients once access to care is no longer based on source of payment (i.e. there is one payer), although there could still be barriers to getting subsidies or wraparound services. It is also not yet clear how the single payer plan would address language access services or transportation services.

¹ This is a combined rating for all the low-income principles. For a breakout of individual ratings, see “Quick Look” chart comparing Washington’s health reform proposals.