Chapter IV

IMPROVING HEALTH CARE COVERAGE

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1. Stop working to impose a socialized, single-payer system on Washingtonians
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3. Promote structural reforms at the state level
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6. Respect doctor-patient decisions by not imposing controversial vaccine mandates on adults

Policy Recommendation:

1. STOP WORKING TO IMPOSE A SOCIALIZED, SINGLE-PAYER SYSTEM ON WASHINGTONIANS

The best approach to improving health care policy is for lawmakers to move personal health decisions away from the political process and closer to the patient. The competitive free market has proven to be the most effective way to provide better health care quality and access for everyone.

Greater patient control helps Washington taxpayers, employers, and people who purchase health care services control costs while keeping access and medical quality standards high. It emphasizes personal responsibility, increases the public's knowledge and respects patient-sensitive medical choices. A patient-centered approach also strengthens the taxpayer-provided safety net for people who cannot afford private coverage.

Good public policy would also recognize that in an aging population with increasing health care costs, free-market solutions are the most effective, and society needs more, not fewer, people directing and paying for their own health care coverage.[1]

Washington has moved in the wrong direction

When it comes to these important goals of quality and affordability, however, Washington lawmakers often impose government-centered policies that move in the wrong direction.

The Affordable Care Act (ACA), known as Obamacare, was passed by Congress in 2010. It is a highly complex and controversial law that has made the health care delivery system more costly and confusing.[2] The ACA's complexities and shortcomings have fueled a push for a government-run, taxpayer-financed system of health care because of its perceived simplicity.

Often called a single-payer system, socialized medicine would have the U.S. government directing health services for all Americans, not just those who already depend on taxpayers. Taxation would be sharply increased to fund those services. Personal choices would need to be ignored and replaced by arbitrary rules and restrictions imposed by Congress and by federal regulators.

State steps toward a socialized system

In the absence of a federal, socialist single-payer system, some lawmakers in Washington state want to go it alone at the state level. Some state lawmakers want the federal government to make it easy to impose socialist medicine. In 2023, they proposed a bill to do just that.[3] The bill proved highly unpopular and failed to gain the support of most lawmakers.

Instead, lawmakers created another state Universal Health Care Commission, one of many they had created over the years, to push a government-run, taxpayer-financed system.[4] This time they set up a permanent commission staffed by the state Health Care Authority (HCA) and charged with imposing a taxpayer-financed, government-run care for all Washingtonians.[5]

The commission was not formed to consider whether or not a state-run-and-financed system was the best for the people of Washington. That

conclusion is already assumed by current state leaders. The present commission, like those before it, has not found a viable way to push forward with a government-run, taxpayer funded health care system. Instead the commission itself simply created another commission called the Finance Technical Advisory Committee.[6]

This latest sub-commission shows no greater prospect of imposing a socialized medical system than its many predecessors.

Supporters of government-run health care often refer to such a system as "universal," despite the reality that not all people get the health care they need or want with such a system. This is amply demonstrated by the harmful experience of Canadians, the British, and other people living under socialized medicine regimes.

Do not use other countries as a model for socialized health care

Far more health care dollars are spent per person in the United States than in other industrialized countries. National data show that in 2021, overall medical spending in the U.S. totaled $4.3 trillion and accounted for 18.3% of the national gross domestic product.[7]

Other countries are often promoted as useful models for the United States because they spend less on health care.[8] Looking to other countries to solve our health care delivery system problems, however, is not practical or reasonable. Most other countries have far smaller and more homogenous populations than the U.S. and have lower rates of immigration and cultural diversity.

One common aspect of all government-run systems stands out: The demand for health care is much greater than the money politicians budget to pay for it. The results of this supply-demand mismatch are chronic shortages followed by strict rationing of health care. The rationing takes many forms – from long wait times, to denying the elderly access to certain procedures, to influential individuals jumping the line and getting priority attention. In socialist systems, people suffering from severe illnesses are sometimes diverted into end-of-life hospice care to save money.

Access and quality suffer under socialized systems

Simply having health coverage in theory in no way guarantees timely access to actual care.

Great Britain and Canada are good examples of this failure. Both nations have taxpayer-funded, government-run universal care, and recent studies show residents of both countries suffer from poor access and quality.

The Fraser Institute found the average wait time in Canada between a primary care provider referral and a patient receiving specialty treatment is almost seven months.[9] Similar studies have found that waiting times have grown even longer through the years.

In Great Britain, it is reported people who suffer heart attacks or strokes wait more than one-and-a-half hours on average for an ambulance to arrive. More than one in ten people are stuck on waiting lists for non-emergency hospital treatment for routine procedures like hip replacements.[10]

The Royal College of Emergency Medicine estimates that 300 to 500 people suffer premature death each week because of a lack of access to timely care.[11] In 2019, the Royal College of Surgeons wrote that the long National Health Service waiting lists included over 220,000 patients who waited more than six months for treatment and more than 36,000 patients who waited more than nine months.[12]

The long waiting times in a single-payer system are not in the best interest of patients, and a system of delayed and denied care would not be acceptable to most Americans. They are also a reason countries increasingly have developed two-tiered health care systems – a private one for the rich and a government-run one for everyone else.

Canadians frequently travel to the United States for medical care because of service delays in their own country. Canada's two-tiered system is made up of socialized services in-country and, for the privileged who can afford it, travel to the U.S. for privately-funded care.

In Great Britain, *The Guardian* news site reported that:

> "One in eight Britons have paid for private health services in the last year, amid frustration with delays in getting NHS (National Health Service) treatment and a growing willingness to buy care using salary or savings."[13]

Another 27% considered going private but often could not afford it. Of those who turned to private health care, 53% said they did so to be seen more quickly.[14] Recent numbers show that while the percentage of adults

paying for private health insurance in Britain hovered around 12% in 2019, by 2022 that figure had climbed to 22%.[15]

Pointing out the life-and-death consequences of delayed care, health policy expert Sally Pipes noted:

> "Unsurprisingly, British cancer patients fare worse than those in the United States. Only 81% of breast cancer patients in the United Kingdom live at least five years after diagnosis, compared to 89% in the United States.
>
> "Just 83% of patients in the United Kingdom live five years after years after a prostate cancer diagnosis, versus 97% here in America."[16]

Money trouble, skimpier care

The imposition of a single-payer universal system should concern Washington lawmakers. They should consider the insurmountable costs that have forced other states to abandon their single-payer plans, and learn from our state's continual committee-creating holding pattern.

In Vermont, despite being a politically left-leaning state with a small population, efforts at more than a dozen financing concepts showed the only way to set tax rates as low as Vermont officials wanted would mean giving residents worse coverage than most insured Vermonters already had. This is the finding of a study conducted by the center-left think tank Third Way.

The study found that the estimated cost of the new system would have been over $5 billion in 2021. The study authors concluded:

> "For context, the entire budget for the state of Vermont was $5.01 billion for 2012-2013."[17]

Officials in Vermont decided an 11.5% state payroll tax and a 9.5% income tax would be needed to pay for a socialist health care system. Even the state's Democratic governor described the proposed tax hikes as "enormous."[18]

Further politicizing health care services

Under a taxpayer-financed system, health care must compete with all other government agencies and political interests for funding. This makes health care very political and subject to change with every budget cycle. It also forces each health care sector, for example, hospitals and doctors, to compete against each other for limited public money.

The failures of the U.S. Department of Veterans Affairs show the weakness of this approach. Not only is the Veterans' system costly and wasteful with inconsistent care results, as many reports show, it is yet another American example of the failures of a government-run, taxpayer-financed system.[19]

Lawmakers should reject attempts to decrease competition in health care and increase government dependency because this policy leaves patients at the mercy of a monopolistic and heavily politicized system that is not timely or responsive to patients.

Innovation threatened

The single-payer system discourages innovation and would leave virtually no money to encourage investment in new life-saving medicines and medical devices. Lack of innovation guarantees that under the single-payer system, few new treatments would be discovered. This would mean little or no improvement in quality of life or life expectancy, particularly for the medically vulnerable and the elderly.

A better way

Like all other economic activities, the competitive free market offers the best way to provide the greatest access and control costs. People should be free to make their own health care decisions and use their own health care. Taxpayer-funded safety nets should be strengthened and focused, not expanded to include everyone.

Health care is not a political right granted by the government. It is a core necessity of life, like food, clothing and shelter. Most people's needs are met by willing providers who seek a cooperative voluntary relationship with their customers in an open market. At the same time, government programs provide assistance for people in need.

Conclusion

The pattern of single-payer, "universal" medicine in other countries indicates a high tax burden, barriers to treatment, waiting lists, the rationing of care, and poor average outcomes, especially for the elderly. Demand always outstrips supply, political disputes and doctor strikes become common and patient-centered choices are ignored.

Other states have attempted to impose socialized health care systems and have failed every time. Government-run health care is costly, inefficient and unpopular. In contrast, a patient-centered market respects the choices of individuals in directing their own care and provides flexible and affordable ways to access care without being put on a waiting list.

Policy Recommendation:

2. FOCUS MEDICAID ON THOSE WHO NEED IT MOST

Medicaid was originally intended to be a safety-net program for the poor, yet today, around 2.2 million state residents, or about 30% of the state's population, are in the taxpayer-funded health care program.[20] The poverty rate in Washington state is only 10.2%.[21]

Fastest-growing state budget cost

The Kaiser Family Foundation reports, and Medicaid.gov confirms that Washington's Medicaid program, called Apple Health, grew by 96% in its monthly enrollment from pre-ACA days (2010) to April 2023.[22]

That puts Washington among the top states in the nation for increased Medicaid rolls, costing the state billions (Medicaid is jointly financed by state and federal tax dollars).[23] Medicaid expenditures are the fastest-growing budget item for virtually all states. State Medicaid spending rose 44%, from 7.5 billion to nearly $11 billion, from 2012 to 2016 alone.[24]

Putting more and more people with higher incomes into the Medicaid safety-net program depletes limited resources and threatens coverage of the state's most vulnerable populations. In 2010, the ACA expanded Medicaid to non-elderly adults with incomes up to 138% of the federal poverty level. Washington state was even one of five states that eagerly used a provision in the ACA that allowed for early expansion of Medicaid prior to 2014.

State officials recently sought and gained permission from the federal government to extend subsidized health insurance to undocumented immigrants on its own.[25] Undocumented immigrants are not ineligible for federally funded coverage options.

Using the COVID crisis to expand Medicaid

In addition to the massive growth in Medicaid enrollment and expenditures caused by the ACA expansion to childless adults with higher incomes, COVID-19 also added to Medicaid's bloated figures.

While COVID-19 initially increased the number of people needing to rely on taxpayers for health care, a wasteful and careless federal rule then kept them on the rolls for years, whether they needed taxpayer assistance or not.

The Families First Coronavirus Response Act prevented states from disenrolling anyone from Medicaid, regardless of whether they regained employer-provided coverage or their incomes were high enough to afford their own coverage. The only exceptions were for people who moved out of state, died, or were responsible enough to request coverage termination on their own.

The expanded coverage was in place for three years, from March 2020 through March 2023, and the needless coverage cost taxpayers billions. During that time, Medicaid swelled nationally by more than 23 million and in Washington state by 506,400 recipients.[26]

The tax-subsidized Apple Health program, with 2.2 million people, means over one in four Washingtonians is on Medicaid, reports the state's Medicaid director, Dr. Charissa Fotinos.[27]

Although the requirement ended in the spring of 2023, officials in some states are intentionally delaying the removal of people who can afford their own health coverage. Washington state is one of them.

State officials say they want to comply with the rule to restore Medicaid eligibility standards, but they instead are diverting millions in tax subsidies to people who don't need it. Every dollar diverted to an ineligible recipient depletes taxpayer money available for people truly in need and for whom the Medicaid program was built. State officials said they would use the full 12 months allowed for redetermination of Medicaid eligibility.[28]

In addition to state and federal cost-savings that could be realized by maintaining the eligibility standard, Medicaid is not known for patient-centered health care decisions or for paying its way. If people have the ability to obtain other, better coverage, they should be encouraged to do so. Pushing more people into Medicaid, including those who are not income-eligible, hurts the entire health care system, making it more costly for people who pay for their own coverage or receive it as a job benefit.

Washington state has a strong incentive to figure out who is eligible and who is not in a timely manner. Since most able-bodied, income-eligible people enrolled in Medicaid have other coverage available to them, Washington lawmakers should restore the integrity of the program.

Reforms to protect Medicaid

Even if the state were to update its Medicaid roles, ongoing eligibility and quality controls should be a priority. Washingtonians are generous and want to help people who truly need it. Ensuring tax money is spent in the right way would help restore government trust and allow taxpayers to take pride in the state Medicaid program.

The following reforms could strengthen the taxpayer-funded program.

- Washington state could pursue federal waivers (under sections 1332 and 1115A) to make significant changes in the implementation of the ACA without action by Congress. This would allow state officials to implement reforms to strengthen and stabilize the program.
- Where applicable, able-bodied Medicaid enrollees should have a work requirement. Like welfare, Medicaid should be viewed not as a permanent lifestyle, but as a transition to help low-income families and individuals achieve self-confidence, economic independence and enjoy the pride of self-sufficiency.
- State lawmakers should restore Medicaid for people in need and stop subsidizing middle-income people in its ACA marketplace, the Washington Healthplanfinder. Instead of encouraging independent people to become dependent on the state, lawmakers and state agencies need different messages to the public about how to access private health care services.
- Decrease waste, fraud, and abuse in the Medicaid program. A high percentage of Medicaid costs do not provide care for enrollees. The

massive bureaucratic nature of the program makes it a target for cheating and financial crime.

- One area where abuse is rampant is Medicaid long-term care. The growing cost of long-term care in the Medicaid budget even led some Washington state lawmakers to impose a new payroll tax on workers.[29]
- Continue to encourage home health care in Medicaid. Costs are lower, and patient satisfaction is higher with home health care. It reduces government involvement in care and respects the supportive family relationships of patients.

Conclusion

"We were able to determine that in many cases, private insurance is picking up the bill for the shortcomings in Medicaid, Medicare and other government programs," Sen. Ron Muzzall (R-Oak Harbor) said while discussing legislation related to Medicaid reimbursement. One hospital, he explained, is charging "somewhere between 170 and 180 percent of the actual cost to private insurance to make up for the shortfall from the government programs."[30]

These dramatic findings show that rising Medicaid costs are making private health care less affordable. Treating Medicaid as a true safety-net program focused on helping those most in need while encouraging affordable options in a competitive private market will provide better access to quality health care for everyone.

Policy Recommendation:

3. PROMOTE STRUCTURAL REFORMS AT THE STATE LEVEL

Washington state lawmakers should enact structural reforms that promote innovation and choice in the health care market, focus on patient-centered care, attract talented medical professionals, increase access to health care services, and lower costs for patients. Here are some forward-looking reforms that lawmakers should pursue:

1. **Limit state taxpayers' contribution to Medicaid expansion.** States can opt out of costly Medicaid expansion under the ACA, freeing resources that can be used for state-level health programs.[31]

2. **Enact legal reform to reduce wasteful medical expenses.** Legal fees and defensive medicine (doctors ordering unneeded tests) add tremendously to the cost of health care, without increasing patient choices or quality of care. The practice of defensive medicine – doctor decisions to avoid lawsuits instead of offering patient-centered care – costs the U.S. health care system more than $50 billion a year.[32]
3. **Cut state mandates and taxes on health care services.** Each mandate adds to the cost of health insurance and often reduces choices for patients. Taken together, state mandates alone add about 20 percent to the cost of health care coverage.[33]
4. **Expand and promote the use of Association Health Plans.** Association Health Plans allow small groups to join together to purchase health insurance in the same way large groups do. Large group plans are regulated by the federal ERISA law and, therefore, avoid many of the problematic features of the ACA.
5. **Continue to advance telemedicine.** Some policy advances were made in response to COVID-19, giving patients easier online access to consultation with doctors. Lawmakers should continue on that path. Telemedicine and similar online services reduce costs and increase patient access to health care, especially for people living in rural areas.[34]
6. **Remove restrictive, unnecessary licensing laws.** State lawmakers should continue to cut barriers to medical practice to increase access to skilled health care services for patients. They should build on the encouraging progress they made in the 2023 legislative session.[35]
7. **Encourage direct primary care.** For a fixed amount per month, patients can access primary care without waiting. Direct primary care increases access to doctors for all patients, regardless of income. The state Legislature should encourage direct primary care by protecting doctors from restrictive state regulations.[36]
8. **Cut taxes on private health insurance.** Washington state imposes a 2% tax on every insurance policy sold in the state. Cutting or repealing the state insurance tax would immediately make health care coverage more affordable for everyone.[37]
9. **Encourage expansion of Health Savings Accounts (HSAs) and raise contribution limits.** HSAs are popular and effective at promoting cost-containment, health care security and reducing medical inflation. They also give people personalized options in health care. HSAs empower patients to act as consumers, seeking the best value for their

care, which helps lower overall health care costs. People are smarter about spending money when they see the direct benefit they receive.[38]

10. **Repeal Cascade Care**. Getting rid of the restrictive top-down public health plan would increase affordability, competition and choice in the health care market, so employers and families can select coverage that best fits their needs.

Cascade Care, administered through the Washington State Health Benefit Exchange, is designed to let the state compete against private insurance in the individual and small-group markets. The plan is aimed at middle-income consumers and offered to anyone earning up to 250 percent of the federal poverty level.

No state should compete against its own citizens, and costs for Cascade Care are imposed on taxpayers and health care providers. The government is giving a subsidy to people who don't need it, and the government-based plans pay less to doctors, nurses and hospitals.

Conclusion

Private plans cannot compete against government subsidies, which means Cascade Care will result in less competition and innovation in the health care market. Medicare devastated the thriving private health insurance market for seniors. The public option is having the same effect on the individual and small group health insurance markets in Washington state. As private choices fade, employers may cut or end employee health benefits, which will increase the government's control over our health care.

Policy Recommendation:

4. REPEAL CERTIFICATE OF NEED LAWS

New York state passed the first Certificate of Need law in 1964.[39] State lawmakers decided there were too many hospital beds and restricted further hospital expansion with special legislation. The law made it illegal to add beds to an existing hospital or to treat patients in a new facility without first gaining permission from state officials.

States were encouraged to establish their own Certificate of Need programs and in a few years all 50 states complied. By 1982, however, the federal

government realized the national Certificate of Need law was not saving money, but was restricting care and limiting health services for patients.

Congress repealed the federal law in 1987, and 15 states later repealed their individual hospital-limitation laws, most recently New Hampshire in 2016. Washington state remains one of 35 states that retained its Certificate of Need law and maintain it today.[40]

The Washington state Certificate of Need process is controlled by the Department of Health. Officials describe the program as:

> "...a regulatory process that requires certain healthcare providers to get state approval before building certain types of facilities, or offering new or expanded services. For example, a certificate of need is required if a hospital wants to add to the number of its licensed beds."[41]

Basically, a Certificate of Need review is required for any new medical facility or any addition of treatment capacity of an existing hospital or clinic. For example, a new hospital or the addition of licensed beds at an existing hospital requires state approval. A Certificate of Need is also required if an existing facility wants to add a specialized treatment service such as heart surgery or organ transplantation. The application process can take months or years, adding greatly to the delay and cost of providing any new health care services in the state.

The argument in support of the Certificate of Need concept was that the federal government, through Medicare and Medicaid, paid for health care in the U.S., and this funding, in turn, gave the government the justification to limit the expansion of the health care system. The idea was to provide enough "business" to justify the operation of a limited number of hospitals and clinics.

This prediction turned out to be false. Certificate of Need laws instead create artificial regional monopolies that increase costs and restrict access to health care for patients. This fact led Congress and several states to repeal their Certificate of Need laws. The movement continues, as lawmakers in Florida, Georgia, and West Virginia have considered legislation to repeal their Certificate of Need restrictions.[42]

Conclusion

With over 50 years of real-world experience, the evidence is now clear that neither federal nor state-level Certificate of Need laws reduce health care costs. They do, however, add to delay and cost, provide political protection to hospitals against fair competition, and greatly reduce patient access to affordable care. Repealing Washington's outdated Certificate of Need law, as Congress and other states have done, would serve the public interest by lowering health care costs for everyone.

Policy Recommendation:

5. PROTECT CHILDREN BY KEEPING PARENTS INVOLVED IN HEALTH CARE DECISIONS

The central moral principle in health care is "First, do no harm." When doctors complete their training they take an oath to abstain from actively harming their patients. Allowing a minor to undergo medical services without the permission and guidance of parents or guardians can result in lasting harm to children.

For that reason doctors, government officials and school administrators should not allow harmful medical procedures to impact children without parents' specific consent. Currently, public school nurses are barred from giving students even common medications like aspirin without parental notification and consent. The same should be true of even more drastic procedures that result in life-changing harm to students.

Protecting children from harmful surgeries

Further, taxpayers should be protected from paying for life-altering medical procedures, like those associated with a student's perceived gender identity, that could harm children and that do not have parental permission or consent.

Many state laws recognize the development of a child's brain and the gradual evolution of decision-making abilities. Government policy is based on the expectation that parents are involved every day in the protecting the well-being of their children.

Recent legislative efforts, however, divide families and seek to treat children as adults when it comes to their health care desires. One law that state lawmakers enacted in 2023 treats parents as if they are a threat to their children's health and assumes the state knows what is best for a child.[54] The radical new law requires public officials to hide the location of a child from parents if the child claims to be seeking certain medical procedures.

The law specifically provides for the administration of "medical or surgical interventions" to underage children without notifying parents. These surgeries can be painful, harmful, and permanent. Critics say the law "legalizes the kidnapping of children" by homeless shelters and youth homes authorized by the state.[43] Blocking contact between children and parents undermines social trust in public institutions and makes parents think that "health" officials are working against them.

Conclusion

Laws that are intended to separate children from their parents when there is no evidence of immediate danger or active abuse in the home should be repealed. Parents and other legal guardians are the primary caregivers, educators, and protectors of children. Existing statutes clearly define abuse, and neglect, and when necessary the state rightly intervenes on a child's behalf. Imposing radical, unproven, and life-altering medical procedures does not meet that standard. Preservation of parent rights in health care should be paramount in state laws regarding child health.

Policy Recommendation:

6. RESPECT DOCTOR-PATIENT DECISIONS BY NOT IMPOSING EXPERIMENTAL VACCINE MANDATES ON ADULTS

During 2020, 2021 and 2022 lawmakers heavily intervened in health care decisions that should have been left to doctors and patients. Thousands of workers were directly harmed by Governor Jay Inslee's strict COVID-19 vaccine mandate.[44] The experimental vaccine did not stop the spread of COVID-19. Instead, the mandate forced workers to choose between losing their jobs or making a health care decision that many were medically advised not to make or did not want to make.

State officials report that 2,135 workers were fired or felt pressured to quit due to the governor's vaccine mandate.[45] Other reports showed the

state's health care system lost about 3,000 hospital workers because of the mandate, and that some of the state's most dedicated first responders and health care providers were fired.[46]

As a result of the governor's mandate as a condition for public employment, safety, and health care services suffered, careers were ruined and working families lost income.

In addition, the social cost was high. Many families, friends, and co-workers were divided after the government-led vilification of unvaccinated people. Some remained divided even after Governor Inslee's COVID-19 vaccine mandate was rescinded.[47]

Conclusion

Even in a health emergency the governor and lawmakers should not take on the role of personal physician. They can set broad standards but should leave sensitive and highly personal medical decisions to patients and their doctors.

This is especially true when the physical outcome of following the state's directives is experimental and unknown. The COVID-19 vaccine proved ineffective – it does not prevent illness and it did not stop the spread of disease. Recovering from COVID-19 provided greater protection than the experimental vaccine, yet the governor ignored this scientific finding and fired unvaccinated workers anyway.

This painful experience shows that in the next crisis state leaders should adopt general health policies to protect the public without targeting, blaming or harming individuals.

ADDITIONAL RESOURCES

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