



Health care reform and the WHST 2025

Why the Washington Health Security Trust (WHST)?

Even with the Affordable Care Act (ACA), nearly 300,000 Washingtonians still do not have coverage.

- Nationally 66.5% of bankruptcies are caused directly by medical debt
 - In WA primary and pediatric care ranks at or below 25% in comparison to the other 49 states
 - Nearly half of WA families cannot afford their health care. In 2022:
 - 56% of families delayed or went without care
 - 27% of families rationed medicines like insulin
 - 25% of families had problems getting mental health care or addiction treatment
- * The burden of disease is higher in BIPOC communities

The WHST offers:

- comprehensive, continuous coverage for all Washington residents.
- inclusion of every licensed provider, not just those in particular networks.
- no cost sharing (deductibles, copays, coinsurance, or limits on coverage).

How will the WHST work with the ACA?

Through federal waivers. The ACA allows states to apply for “innovation waivers” to develop their own healthcare plans. There is another Federal bill, the State Based Universal Health Care Act (SBUHCA), that simplifies the waiver process. After the bill is enacted, Washington will apply to the federal Department of Health and Human Services for the waiver.

What is the current status of the WHST?

The WHST will be presented to the Universal Health Care Commission for consideration as a universal coverage model for Washington.

What’s happening on the single-payer front in other states?

At least 23 states have active single-payer organizations that share ideas and information, as well as lobby in Washington, D.C. Legislatures in Oregon, California, New York, and other states have considered single-payer bills like the WHST, but so far none have passed.

Benefits under the WHST

What services will be covered?

The uniform benefits package will cover all of the state’s current essential health benefits plus vision, hearing, and dental care.

Will the WHST cover prescription drugs?

Yes. In addition, the recent law that allows Washington to produce and distribute prescription drugs in combination with laws that increase the state’s bargaining power should result in much lower drug costs.

Can I keep my same doctor?

Yes, you will be able to choose any licensed practitioner that is contracted with the WHST.

Coverage under the WHST

Will everyone in the state be covered?

Yes. When the WHST is made law, all Washington residents will be covered. Veterans, federally recognized Tribal members, persons over the age of 65, and others who receive health care under federal programs like Medicare will continue to be covered under those programs. The goal is to include these groups under the WHST in the future.

Will the WHST replace my current plan?

The WHST will provide coverage for all medically necessary services. Commercial supplemental insurance will be available for non-covered items.

What if you're covered by the WHST but need care outside of Washington state?

The medical bill will be submitted to the WHST for payment. As with in-state treatment, there will be problems only if the care was not medically necessary or if the out-of-state provider submits unreasonable charges.

What if someone is visiting Washington and needs care?

The bill will be sent to the patient or to their insurer. Visitors will be covered for emergencies.

How will the WHST work with Medicare?

Medicare recipients will continue to receive their Medicare benefits, with the WHST as a secondary policy like Medigap. The goal is to include Medicare recipients under the WHST in the future.

How will the WHST work with Medicaid?

Medicaid enrollees will be covered by the WHST. Medicaid is funded jointly by the state and the federal government so Washington can receive special permission to use federal Medicaid funds for the WHST.

WHST costs and funding

How will the costs of the WHST compare with the cost of health insurance purchased now?

Studies show that administrative simplicity, bulk purchasing, and negotiating power can significantly reduce costs. Pooling the funds for health services across the state and spreading the risk across all residents provides a stable mechanism to pay for high-quality care for EVERY Washingtonian at a significantly lower cost. The administrative simplicity of the WHST will save time and money, as it replaces all private and many of the public plans.

How will the WHST be paid for?

The WHST will be paid for by a combination of government, employer and individual premiums.

- Federal, state, county, and city funding that pays for health care now will be included.
- A health security assessment on employers.
- A health security premium for individuals over 18 with incomes over 200% of the Federal Poverty Level.

Would employers have the option of paying for health coverage as an employee benefit?

Yes, employers may choose to pay their employees' premiums for the standard set of benefits that everyone receives. Under the WHST, employers' costs and employee premiums will be fixed and easily understood.

What will happen to workers' compensation (L&I) under the WHST?

The medical component of L&I would shift to the WHST, resulting in lower premiums for employers. Other aspects of the program would remain unchanged.

Quality of care

How will health care quality be assured?

Health care providers already must adhere to strict licensing requirements and oversight. Additionally, the proposed technical advisory committee will make recommendations to the Board on quality assurance issues.

How will we have enough providers to meet the increased need for health care?

Expansion in the use of nurse practitioners and increased medical school enrollments are underway and should improve the availability of primary care. There are already programs in place that forgive some or all of new physicians' student loans if they choose to practice primary care in underserved areas. The administrative simplicity of the WHST will allow providers to spend their time with patients, not paperwork.

Will there be long wait times, as in Canada?

We already have long wait times, partially caused by providers becoming burned out by insurer decisions that second-guess and override their recommendations. Under the WHST, provider decisions are not challenged by profit-first insurance companies, thereby making the practice of medicine in our state more attractive.

Will Canadians come to Washington to get care more quickly?

While some Canadians come to the US for elective care, most Canadians who receive care in the US get sick or injured while visiting here; their care is covered by the Canadian health system.