

# Climbing the Ladder to Universal Health Care

January 25, 2018

Jill Zorn

Senior Policy Officer

[jzorn@universalhealthct.org](mailto:jzorn@universalhealthct.org)

[universalhealthct.org](http://universalhealthct.org)



# Climbing the Ladder to Universal Health Care

- The vision: What is at the top of the ladder?
  - Core beliefs and values
  - Principles
  - Policy goals
- The ladder: How do we get there?
  - State and Federal
  - Access and cost
  - Accountability and regulation
  - Defense and offense



## Universal Health Care Foundation of Connecticut: Who We Are And What We Do

- 501(c)3 non profit “activist philanthropy”
- Conversion foundation
- Program
  - Advocacy: legislative, administrative, grass roots organizing
  - Public policy monitoring, research, and development
- Communications
- Grantmaking
- Development



## Universal Health Care Foundation of Connecticut Mission Statement

- To serve as a catalyst that engages residents and communities in shaping a democratic health system that provides **universal access to quality, affordable health care** and promotes **health** in Connecticut.
- We believe that **health care is a fundamental right** and that our work is part of a broader movement for **social and economic justice.**





## Universal Health Care Core Beliefs and Values

- People have a right to health care and healthy communities
- Excessive profits have no place in health care
- Health care should be treated as a public good not as a market commodity
- Government has a major role to play in financing coverage, regulating prices, enforcing quality standards and ensuring health equity



# Universal Health Care Principles

- **Universal:** Access to coverage and care when and where you need it, leaving no one out
- **Continuous:** No gaps in coverage throughout your life
- **Affordable:** For all income levels
- **Sustainable:** For the economy
- **Healthy Outcomes:** High quality, safe, comprehensive, and equitable care that promotes health

Source: Universal Health Care Foundation of Connecticut



# Universal Health Care Policy Goals

- Guaranteed access for all to coverage and care
- Better care
- Lower costs
- Better health
- Health equity
- Consumer voice built in and supported

Source: Presentation by Michael Miller and Jill Zorn at the Convening on the Future of Health Care, Leonard Davis Health Initiative, June 23, 2016







## Access: State 2006-2011

- A public option for Connecticut: SustiNet passed in 2009
  - Start with Medicaid and State employee health plan
  - Add the uninsured
  - Separate pools and benefit structures but common delivery innovations
- SustiNet not implemented, but many policies were
  - Medicaid managed by a non-profit ASO not MCOs
  - State employee health plan now self-insured; open to municipalities
  - Delivery reform: PCMH, chronic disease management, Health Enhancement Program for State employees



## Access: Federal and State 2009-2014

- Federal: Policy input, advocacy, HHS implementation of the ACA

• S



- Public education
- Legislation to implement ACA in CT
- Consumer input to Access Health CT policies
- Evaluation of enrollment assistance programs
- Grant to support planning for HealthyCT insurance co-op (R.I.P.)



# Cost:

## Focus on Prices and Monopoly Power

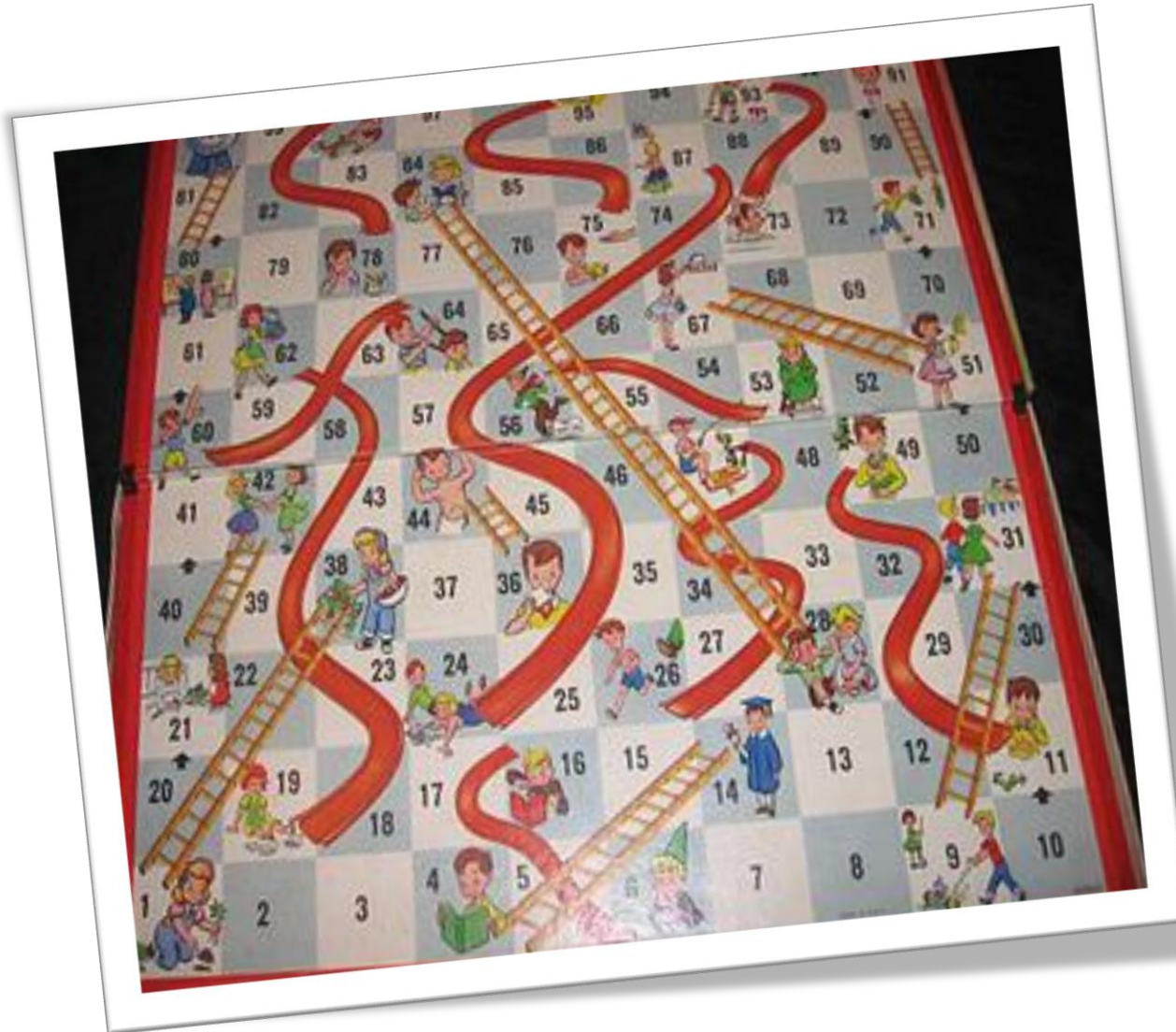
- Hospitals
  - Consolidation
  - Community health needs assessments and implementation plans
  - Community benefit
- Insurance
  - Opposition to Anthem-Cigna and Aetna-Humana mega-mergers
  - Consideration of affordability to consumers in insurance rate setting process
- Prescription drugs
  - Transparency and price gouging
  - Relief from unaffordable out-of-pocket costs



# Accountability and Regulation Connecticut

- Certificate of Need reform
- State Innovation Model
  - Consumer Advisory Board
- Healthcare Cabinet Cost Containment Study (2016)
- Created Office of Health Strategy (2017)
- Distant goals
  - All payer-rate setting
  - Health authority/cost commission/health policy board





## 2017 – 2018 and/or 2020 Defend Access: Federal

- Defend against Federal threats
  - ACA repeal efforts
  - Administrative sabotage of the ACA
    - Short term plans
    - Association Health Plans
  - Cuts to Medicaid and Medicare,
  - Attacks on women's reproductive health care, transgender care
  - Lack of funding for CHIP and community health centers



## State Response: Connecticut Defense



- Started with Federal; evolving to focus on State offense and defense
- 2018: Focus on building leadership through regional organizing
- Candidate education and accountability
- 30 Supporting Partner organizations and 500 individuals signed up to-date

[www.protectourcarect.org](http://www.protectourcarect.org)





## State Response: Connecticut Offense

- Access: shoring up and improving the ACA
  - Silver loading
  - Extending open enrollment dates
  - Codify EHBs
    - Birth control as preventive care with no co-pay
  - Individual mandate creativity
  - Reinsurance
- Cost
- Accountability and regulation



## Climbing the Ladder: Big Ideas to Achieve the Vision

- State-Based public option
- Medicare Buy-in
- Medicaid Buy-in
- Medicare Part E
- Improved Medicare for All



