Climbing the Ladder to Universal Health Care

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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

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

- State:
  - 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
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