



Achieving Universal Healthcare





Update

The I-1362 Ballot Initiative

Signature Collection Suspended: August 2021

When we filed: April 2021

Start of Signature Collection: June 2021

Number of signatures needed: approx. 405,000. This amount includes padding for signatures that will be discarded.

Deadline to turn in signatures: December 20, 2021

If threshold met, on the **Nov 2022 ballot.**

Who is Whole Washington?

We're a **grassroots** campaign fighting for **Universal Healthcare**

We represent the entire state with volunteers in all 49 Legislative Districts

We have an 11 member Board and Two Paid staff: Campaign Director and Accountant

The rest of our organization is entirely volunteer. We're not building careers and we're not making money. **We simply want and need healthcare.**



"We're all storming the castle. We don't know who will get there first."



State-Based

Universal Healthcare Act



Initiative 1362 (suspended)

SB 5204



State-based Legislative History

Senate Bill 5204

- Introduced in January 2021
- Did not make it out of committee
- Will be automatically re-introduced in the 2022 session
- Sponsored by State Senators: Hasegawa, Kuderer, Lias, Lovelett, Nguyen, Stanford, Wilson, C.

Initiative 1362

- Filed in April 2021
- Campaign suspended - August 2021
- 324,516 valid signatures required by December 2021

Senate Bill 5222

- Introduced in January 2019
- Sponsored by State Senators Hasegawa, Hunt, Keiser
- SB 5222 did not make it out of committee

Initiative 1600

- Filed in January 2018
- Based on the Washington Health Security Trust (WHST) bill
- Included a financing plan based on an economic analysis by Dr. Gerald Friedman.
- 103,000 signatures via a 100% volunteer effort. 260,000 needed.

We Support Legislation That Meets Specific Requirements



1. **Universal/Accessible** - Can every Washington State resident enroll?
2. **Affordable** - Does it remove all financial barriers from seeking care?
3. **Non-Profit, Publicly-Funded** - Does a government entity reimburse providers directly without contracting with private insurers?
4. **Comprehensive** - Does coverage include essential benefits such as dental, vision, audiology, and mental health services?
5. **Fully Realized Legislation** - Does it create an implementable program within a determined timeline while meeting the first four filters?

What's the Whole Washington Health Trust?

And who does it cover?

The Whole Washington Health Trust would be the first state-wide, publicly financed, not for profit, healthcare system in the U.S.

All residents of the Washington State are covered. **Resident** is defined by the [HCA](#). See the [Residency Flowchart](#)

- The unemployed are covered.
- The homeless are covered.
- Those traveling temporarily out of the state are covered.
- Those living here for a temporary job are covered.

Benefits for Every Washington State Resident



Inpatient/Outpatient Care



Mental Health Services



Emergency Services



Reproductive Care



Vision



Audiology



Dental

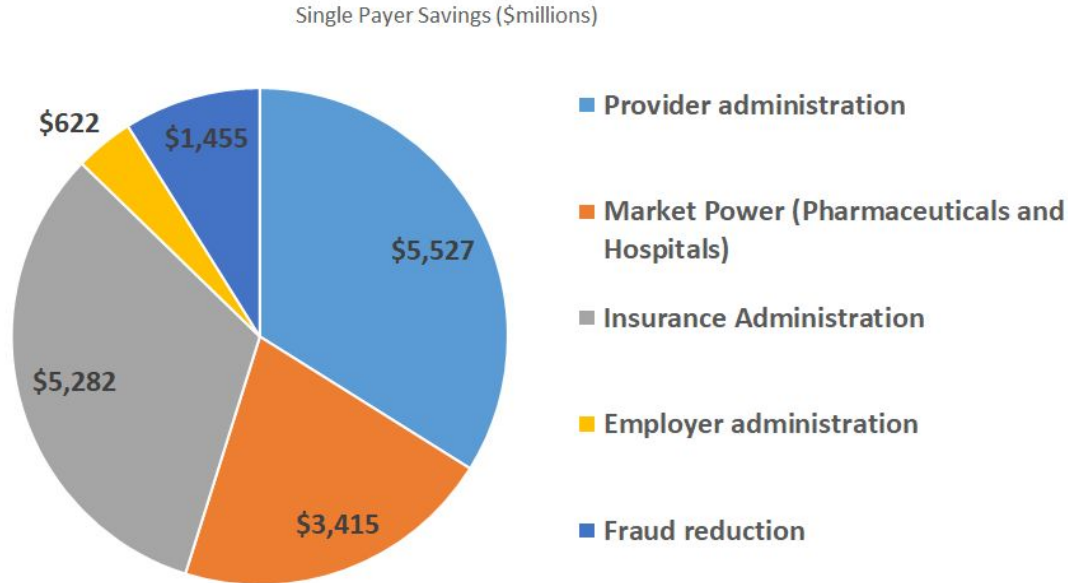


Prescription Drugs

- Generics Fully Covered
- \$250/year cap on non-generics

The Whole Washington Health Trust will save \$9 billion annually

That's after covering everyone with comprehensive
benefits and removing cost-sharing



How Do We Pay For It?

The funding is broad-based and based on ability to pay.

It includes payroll contributions, a Capital Gains tax that helps correct Washington's regressive tax system, and a capped monthly premium.

- Employer Contribution - 8.5%
- Payroll Deduction - 2% (employer can pay any portion)
- Capital Gains - 8.5%
- Monthly Premium - determined by the Board

The bill has been reviewed by Department of Revenue and Employment Securities Department to ensure it's implementable.

Benefits for Businesses



Savings & Predictability	Most employers currently pay 15% of their payroll and above Employers would save \$600 million annually. Their costs will remain consistent YOY
Flexibility	Ability to attract and retain the best work-force by choosing to cover employees' deductions and/or premiums (if applicable)
Administration Reduction	<ul style="list-style-type: none">• No shopping for plans• No paying into Health Savings Accounts• No open enrollment• No dealing with claims or authorizations• No networks• No eligibility tracking (part time & full time employees receive the same care)
Healthy Employees	No financial barriers to care--no copays / no deductibles Comprehensive coverage with no gaps

Why We Can't Stop

The pandemic proves it

- White populations have the lowest death rates among confirmed or probable COVID-19 cases of all race/ethnicity groups.
- NHOPI populations have death rates among confirmed or probable COVID-19 cases that are approximately **six times higher than white populations.**
- AIAN and Hispanic populations have death rates among confirmed or probable COVID-19 cases that are **three times higher than white populations.**
- Black populations have death rates among confirmed or probable COVID-19 cases that are about **twice as high as white populations.**

Table 1. Confirmed or probable COVID-19 case, hospitalization, and death count and age-adjusted rates by race/ethnicity

Race/Ethnicity	Case Count	Age-Adjusted Case Rate per 100,000	Hospitalization Count	Age-Adjusted Hospitalization Rate per 100,000	Death Count	Age-Adjusted Death Rate per 100,000
All Races	539,439	7045.8	30,140	393.7	6,416	83.8
Unknown	243,539		14,036		14	
Hispanic	83,182	8750.9	3,415	634.6	768	230.9
White	155,586	3089.6	9,213	152.8	4,491	68.9
Asian	17,542	2382.2	1,128	189.4	469	95.6
Black	16,250	5155	884	366.9	223	128.4
NHOPI	5,178	9293.2	485	1257.1	114	403.7
Multiracial	8,807	2996.1	333	215	97	92.1
AIAN	4,832	5036.3	345	415.3	144	214.1
Other	4,523		301		96	

This legislation would fundamentally benefit the vast majority of people, especially the BIPOC community.

*"This bill comes at a time when our state and country have experienced the biggest protest movement in our history, a protest movement saying **Black Lives Matter**. Our BIPOC community has borne the brunt of this public health emergency, because our society has unjust systems, including healthcare. The BIPOC community has the lowest rates of insurance and health outcomes, but this bill would provide quality, comprehensive healthcare to all, regardless of race."*

*Sean Cavanagh,
Whole WA Field Director*



What Can **YOU** Do?



- Pass a supportive resolution or endorse our efforts
- Write Letters to the Editor
- Talk to family, friends, co-workers--**organize your local circle.**
- Sign up to Volunteer - wholewashington.org/volunteer
- Donate at wholewashington.org.



Questions

