

## Support for Rep. Khanna's State-Based Universal Health Care Act

Dear Congressman,

We, the undersigned, urge you to sign on as an original co-sponsor of Rep. Ro Khanna's State Based Universal Healthcare Act by the deadline of May 13th, 2021. Covid 19 has shone a bright light on the inequities, frailties, and unsustainability of our current fractured healthcare system, and it is time that we as a nation take significant steps to address these inadequacies.

As we work towards a universal national plan that works for all residents of our nation, we should also support state initiatives to expand comprehensive healthcare. Time and again states have served as the incubators for lasting systemic change, and it is our belief that we can do so again with healthcare reform.

As you may be aware, Rep. Ro Khanna is reintroducing the State-Based Universal Health Care Act to amend the ACA by creating a waiver to allow states to develop their own plans. In fact, multiple states are already passing legislation to ready themselves for a transition to a unified financing system pending federal authority. Rep. Khanna's bill would support these states in their efforts.

Specifically, the State-Based Universal Health Care Act requires participating states or groups of states to propose plans to provide health care coverage for at least 95 percent of their residents within five years, and requires benefits provided under state plans be equal to or greater than what federal beneficiaries receive now.

You may be thinking, "But wait, doesn't section 1332 of the ACA already allow states to innovate freely?" Unfortunately, 1332 waivers don't quite go far enough. Here are the main reasons the State Based Universal Health Care Act 1335 waiver is different from, and better than, the ACA's 1332 waiver for the purposes of creating universal state plans:

SBUHC allows states to integrate Medicare funds into a state plan; ACA's 1332 does not.

SBUHC gives access to an ERISA waiver to prevent self-insured employers from opting out of a state plan; 1332 does not.

SBUHC allows two or more states to apply for waivers together to create a regional plan; 1332 does not.

SBUHC requires state plans to cover at least 95% of their residents within 5 years; 1332 does not.

SBUHC creates a broad HHS Secretary-appointed Independent Assessment Panel to review and recommend on 1335 waiver applications; 1332 leaves waiver decisions with the HHS Secretary alone.

Please consider our request, and sign on as an original co-sponsor of this critical legislation as our nation looks to your leadership in the most challenging time we've faced in generations.

Kind regards,

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Link to google doc:

<https://docs.google.com/forms/d/e/1FAIpQLSfIFUMkqXNZ4TzIQRtTMfYyi1kUMWp59NSbZEmk1aeFslZ5Ww/viewform>