

Excerpt From Washington State Democratic Platform:

passed 6/14/08

Health Care

Health care is a basic human right. Our government should assure, and guarantee by law, accessible and affordable health care for all.

We believe in establishing an ethically-based, not-for-profit health care system, serving patients and public health needs focusing on optimal patient outcomes at a cost we can afford.

We call for:

- A comprehensive, single-payer national health care plan emphasizing prevention, primary care, and chronic disease management, using available evidence-based guidelines;
- Services that include quality outpatient and inpatient services; acute and long-term care; home, residential, and hospice care; mental health care and substance abuse programs dental, visual, and hearing services; family planning with contraceptive care; alternative care; and rehabilitation, according to health care needs;
- Coverage of prescription drugs, medical supplies, durable medical equipment and medical technology with attention to assuring effectiveness, appropriate usage and cost containment;
- Development and implementation of an interim universal state plan, with benefits as above;
- Interim reform of Medicare Part D, including price negotiations to control costs and elimination of gaps in payment coverage (“donut holes”) and co-payments for persons dually covered by Medicare and Medicaid;
- A unified electronic medical record system that safeguards patient privacy, while enabling a seamless transfer of information between portals of care and providing a more accurate way to assess clinical outcomes;
- Freedom of choice in our own health care, including the choice of a personal physician to provide coordinated care with continuity;
- A strong patient bill of rights, including the right to refuse care;
- Public health policy based on sound scientific guidelines following recommendations of the Centers for Disease Control and Prevention;
- Increasing the supply of health care providers with incentives for working in primary care as well as underserved communities and populations;
- Increasing funding for medical research based on scientific merit, not a political agenda;
- Increasing funding and support of international family planning agencies with the United Nations.

We oppose:

- “Cherry picking” of patients, conditions, or coverage;
- The linking of health care coverage solely to employment; health insurance must be portable between jobs and when unemployed;
- “Pre-existing conditions” clauses in insurance policies;
- Spend-down requirements for persons eligible for Supplemental Security Income and Social Security Disability Insurance before they can receive Medicaid.