NoHLA
Northwest Health Law Advocates

presents

Mending Health Care *with* Community

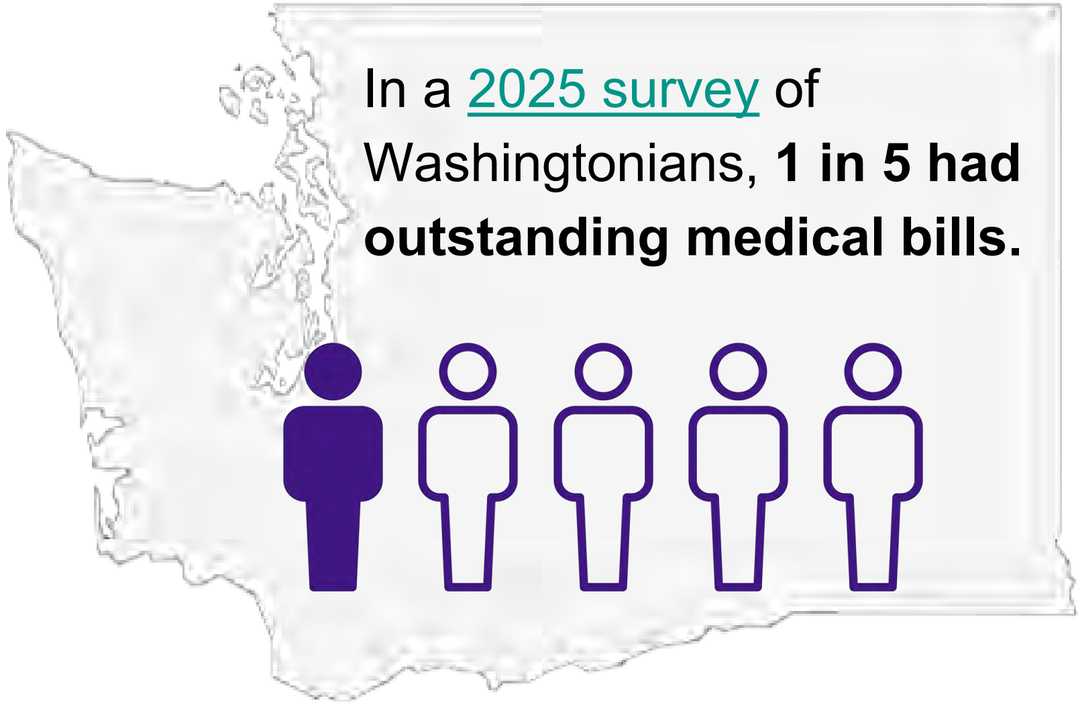
September 25, 2026

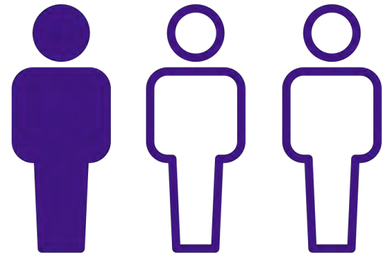
Starting soon:

Advocacy in a Changing Health Care Landscape

Impacts of Our Health Crisis

Medical Debt is All Too Common





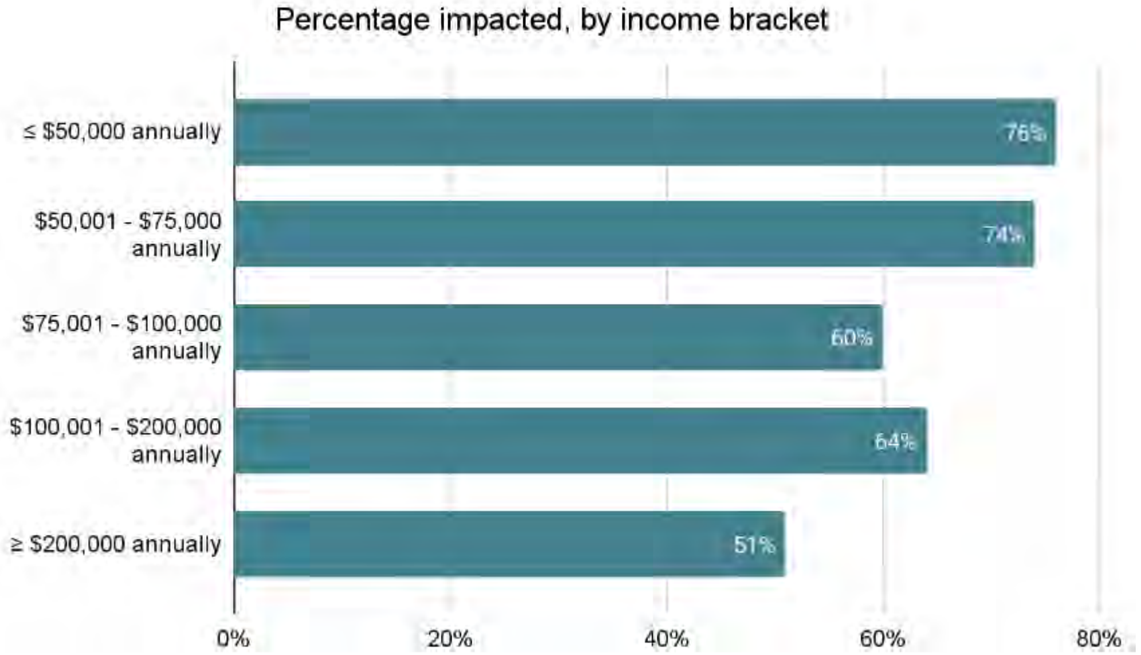
1 in 3 experienced a significant financial burden due to medical debt:

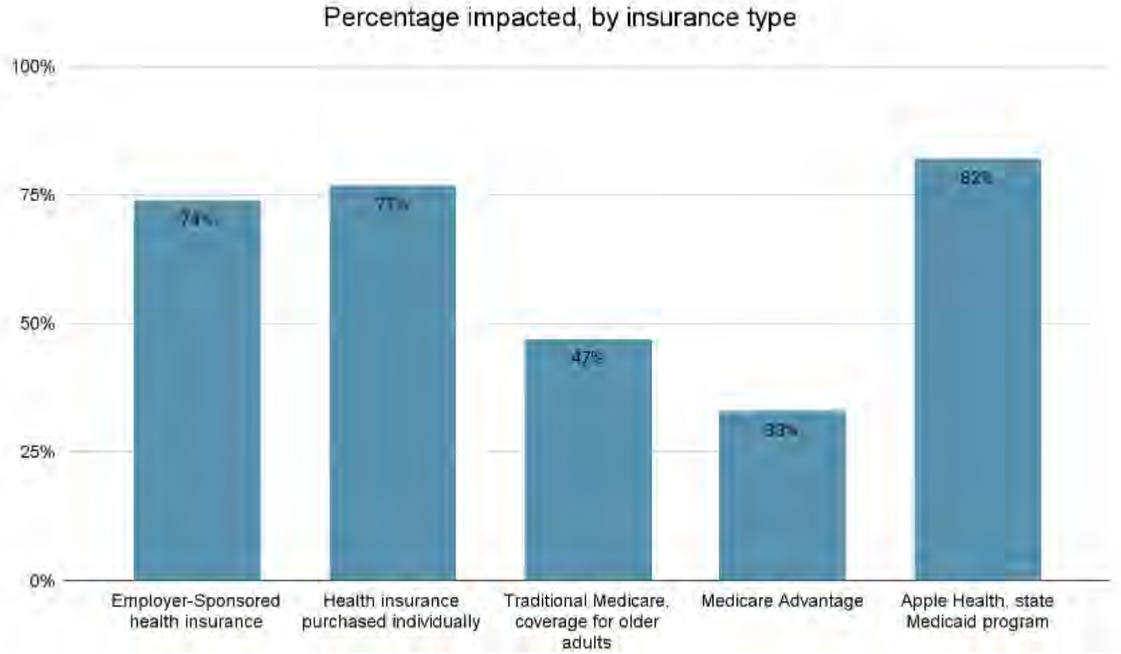
- Using up all or most of their savings to pay off medical bills
- Unable to pay for basic necessities like food, heat, or housing
- Contacted by a collections agency
- Borrowing money or taking out a loan
- Accumulating large amounts of credit card debt

Source: Altarum CHESS, 2025

2 in 3 Skipped Needed Care Due to Cost

affecting people across all income brackets and insurance types





Source: Altarum CHESS, 2025

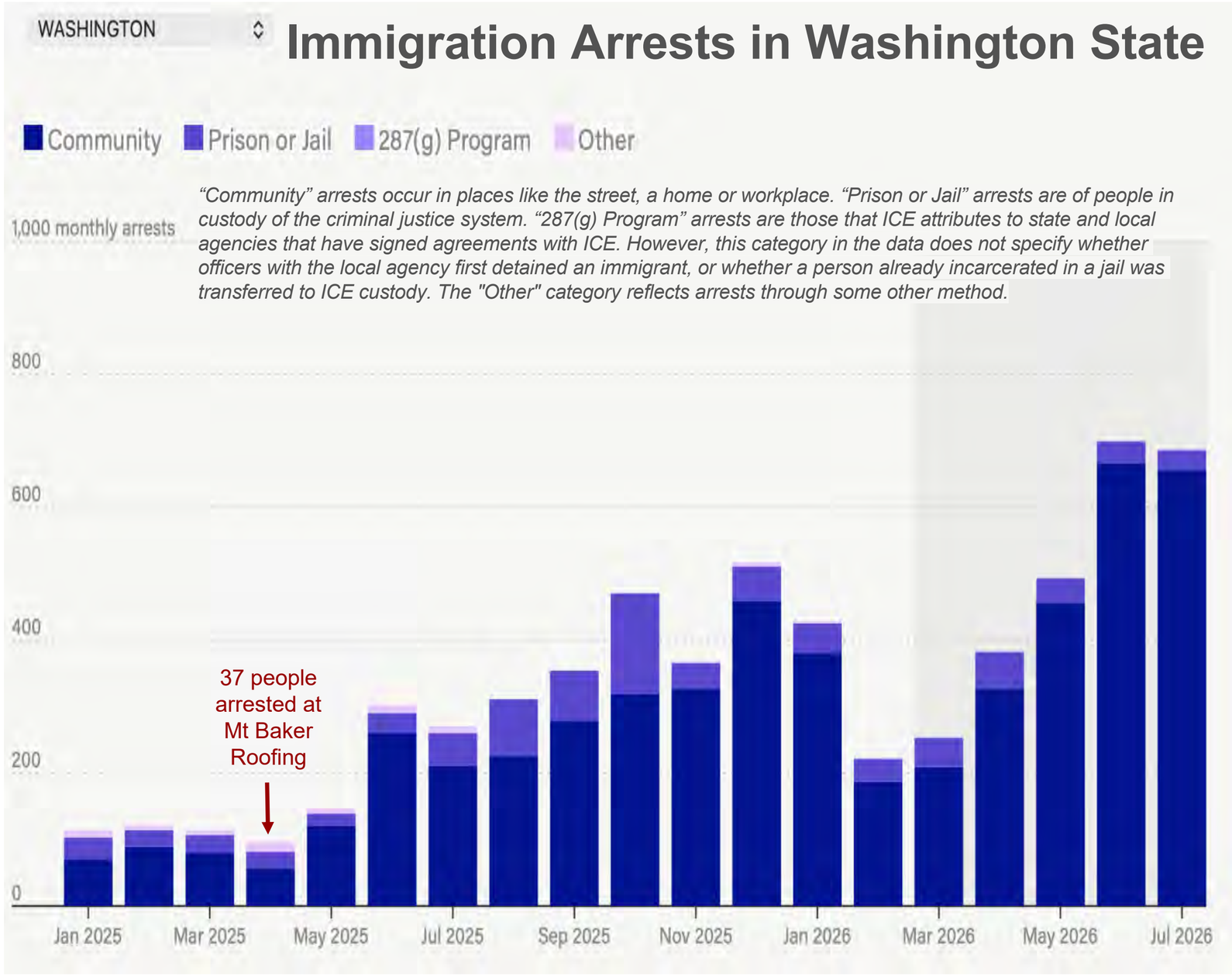
Immigrants in Washington:

- Are more than 1 of every 7 Washingtonians
- Paid **$6.5 billion** state & local taxes in 2023
  - Those without federal status paid **$1.1 billion** state & local taxes
- Live in mixed status families with 228,400 US citizens
  - 144,700 US citizen children live with an undocumented family member

Source: American Immigration Council

Immigrants are under attack

- ICE & CBP received expanded funding despite rampant abuse & extrajudicial killings
- The federal government is weaponizing agency data
- H.R. 1 is stripping safety net access from lawfully present immigrants
- New Public Charge rule changes make getting LPR status harder
- Proposed NPRM eliminating grace period for workers & their families



Source: Marshall Project image from U.S. Immigration and Customs Enforcement, processed by the Deportation Data Project

Budget Cuts Have Disproportionate Impact

- WA's June revenue forecast predicted a $1 billion shortfall in the upcoming budget cycle
  - 2026 session legislation increased state revenue through 2031
  - But weaker economic activity reduced projected revenue overall
  - Millionaire's Tax revenue not available until 2029 (at earliest)
- Next revenue forecast: November

- Office of Financial Management budget instructions to agencies:
  - identify potential cuts
  - make only mandatory increases while not expanding existing programs
- Agency Decision Package Requests show potential cuts to "optional" services & programs

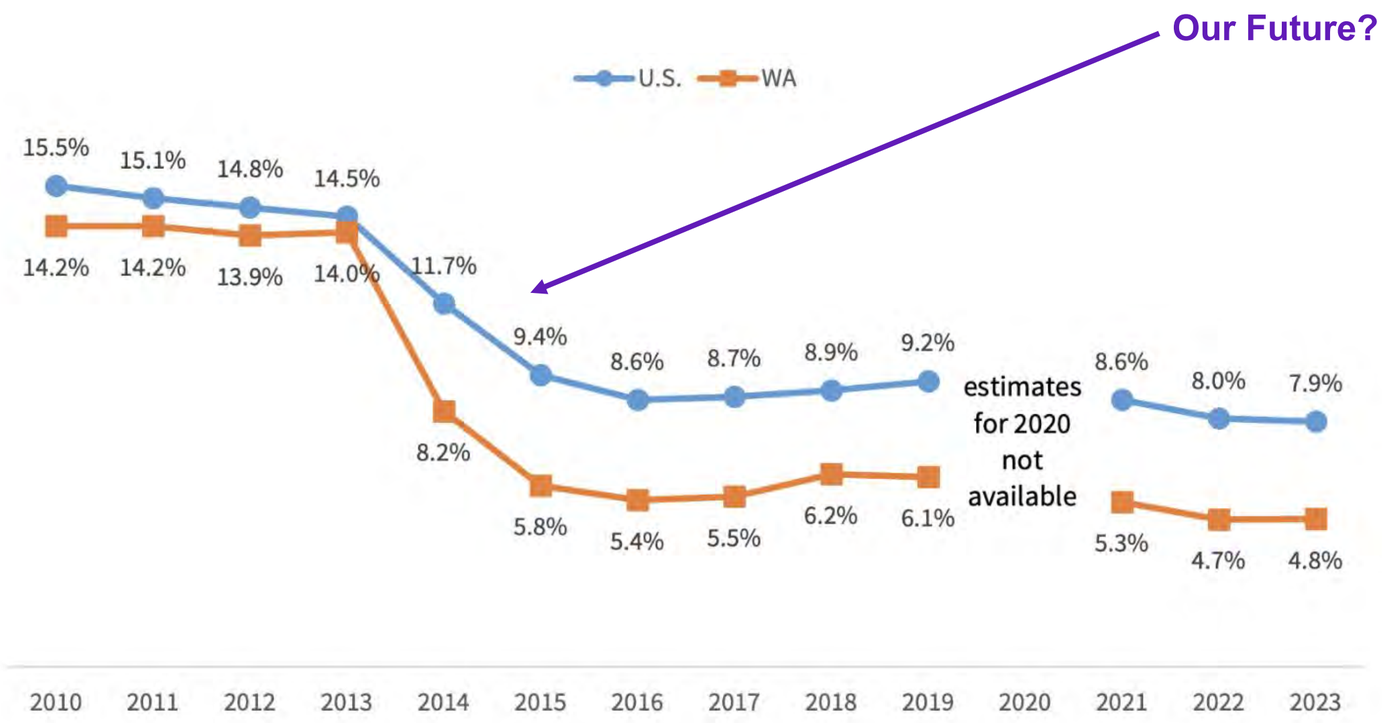
So-Called “Optional” Services & Programs

- “Optional” services & programs in Medicaid - means the federal Medicaid law allows states to opt out of providing these
- “Optional” does not mean “unimportant” or “nonessential”
- “Optional” service examples: *Prescription Medications. OT/PT/SLP. Dental care. Personal care services. LTSS outside of a nursing home.*
- Current cuts proposal examples of “optional” services:
  - Dentures
  - LTSS eligibility cuts (Note: Some people losing LTSS also lose their entire Medicaid eligibility and/or their residence)

Uninsurance Rates Could Nearly Double

The state projects 300,000+ will lose coverage by 2028, in addition to the existing uninsured (381,000+ at last count in 2023).

WA and US Uninsured Rates:
Total Population 2010-19 and 2021-23



Sources: WA OFM, Research Brief No. 118, 2025 & Population Estimate, 2023; WA Governor Executive Order 26-03

Health Care Costs Continue to Rise

In real dollars, average premiums have nearly tripled since 2014 for people who buy their own insurance.

Impact of Cumulative Rate Changes on WA Individual Health Plan Premiums
2014-2026

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
Estimated Average Premium	$295	$301	$312	$356	$481	$546	$528	$511	$533	$576	$628	$695	$841
Cumulative Rate Change (%) Since 2014		1.8%	5.7%	20.6%	62.8%	84.9%	78.9%	73.2%	80.3%	95.1%	112.5%	135.7%	185.1%

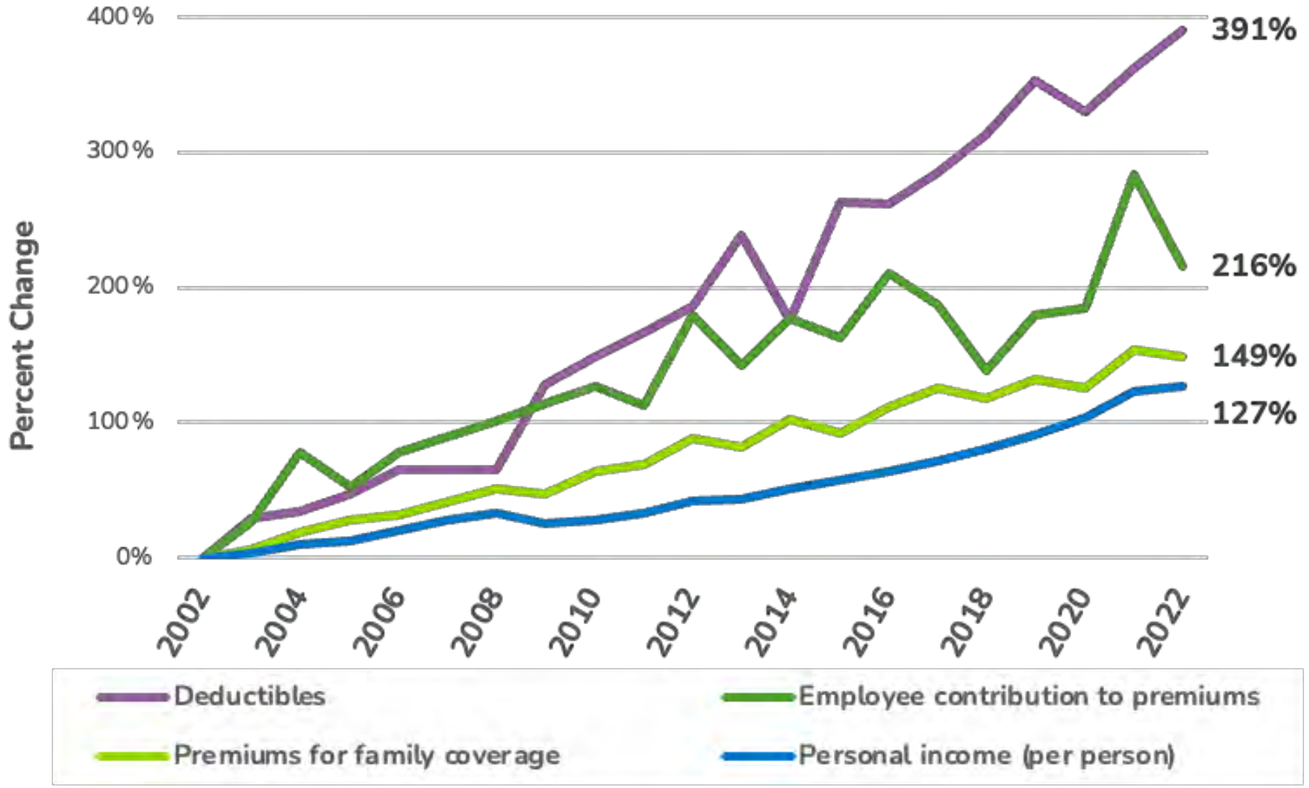
Note: 2025 and 2026 average premium estimates are approximate.

Source: Office of the Insurance Commissioner data, on file

Cost Pressure is Accumulating

Health insurance costs in WA have outpaced personal income growth for over two decades.

Change in Health Costs & Personal Income, 2002-2022

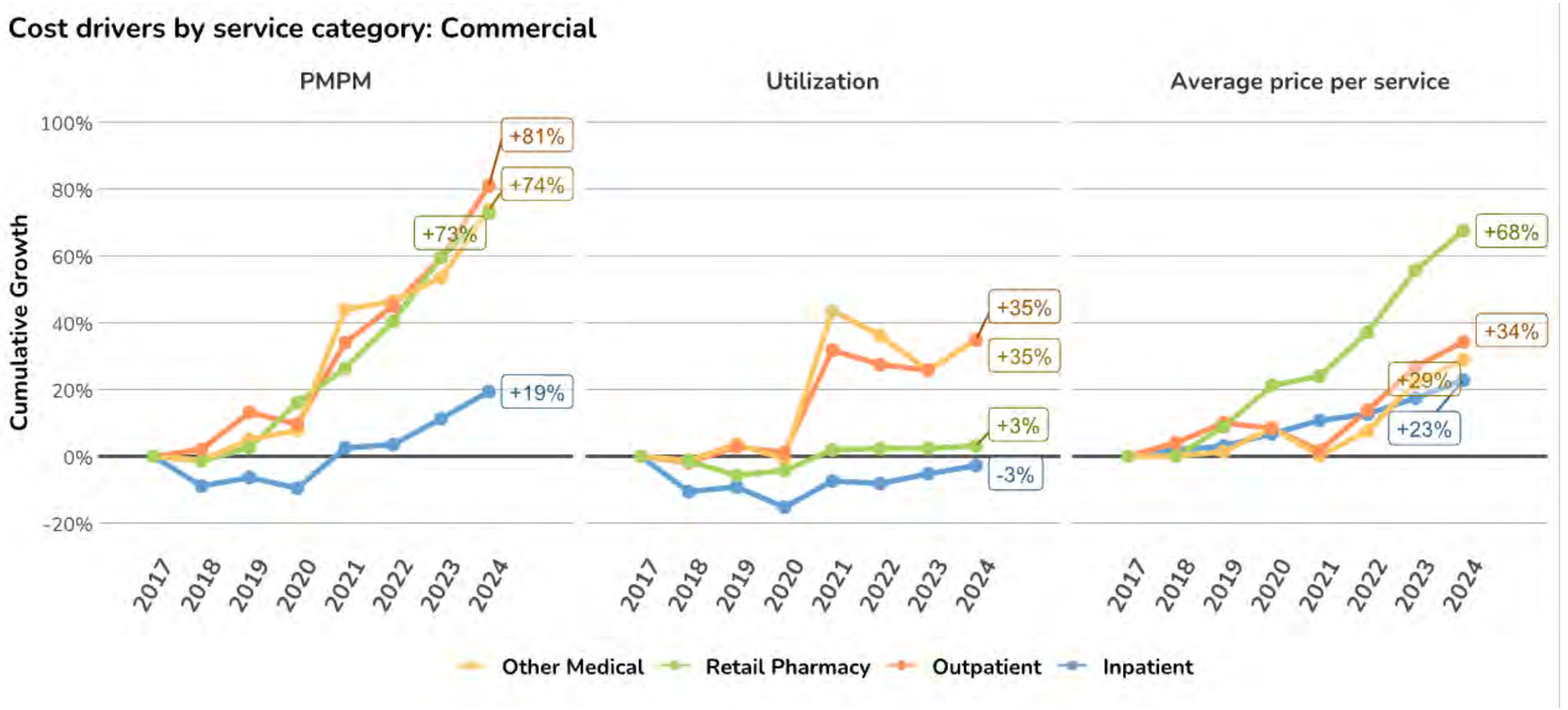


Source: WA Health Care Cost Transparency Board analysis of Bureau of Economic Analysis & Medical Expenditure Panel Survey data

Price Growth Is Contributing to Cost Growth

State data from the Health Care Cost Transparency Board confirms that unit price increases are a major driver of overall cost growth.

Cumulative Growth in Top Spending Categories
WA Commercial Market, 2017-2024)



Source: WA Health Care Cost Transparency Board

What Happens When People Can’t Access or Afford the Care They Need?

The Cruelty and Catch-22s of HR 1

Beginning January 2027, people in the ACA Medicaid Expansion category ("Apple Health for Adults") will have to meet work reporting requirements or show that an exclusion applies. Consider these scenarios:

- If you need health care to be well enough to work, but don't work because you don’t have health coverage to pay for the care, how do you get health coverage when you don’t have a doctor and health records to reflect your inability to work?

- If an Apple Health for Adults applicant experiences an event that qualifies as a short-term hardship exception, such as hospitalization, the one-month lookback period for initial applications will mean they will not be eligible for coverage until potentially the month *after* they need the coverage (e.g, after the hospitalization).

- What if you have a condition that flares up intermittently (e.g., mental illness, MS), preventing you from working only some of the time, or from submitting verification timely?

But even private insurance coverage doesn't prevent medical debt.

"Delaying CT scan to check the progression of my cancer because it's too expensive."

"I did not get a medication; my copay was $200 every 2 weeks."

"I declined a colonoscopy because of the cost, and I am not at the recommended age. Yet, they found it to be important enough to get me scheduled ASAP—I just couldn't afford it."

Quote source: Altarum CHESS 2025

Average Per Patient Annual Costs for Medicare Services Related to Cancer Care in 2020 US Dollars

Projections Using 2007-2013 data, by Cancer Site and Phase of Care

Cancer Site	Initial care	Continuing care	Last year of life
All Sites	$43,516.1	$5,517.6	$109,727.3
Bladder	$26,442.8	$6,350.4	$95,985.4
Brain	$139,813.8	$17,385.6	$176,354.9
Breast	$34,979.5	$3,539.6	$76,101.2
Cervix Uteri	$58,715.6	$3,956.0	$97,026.4
Colorectal	$66,523.5	$6,246.3	$110,143.7
Esophagus	$89,947.2	$9,785.9	$120,033.8
Hodgkin Lymphoma	$75,372.5	$9,785.9	$128,986.8
Kidney	$41,121.7	$8,536.7	$95,985.4
Leukemia	$47,263.9	$12,700.9	$169,588.0

Source: NIH, Financial Burden of Cancer Care

Holes in the Existing Safety Net

Statewide Hospital Charity Care in WA, FY 2015-2026

Year	In Millions			Charity Care		Operating Margin %
	Total Patient Services Revenue	Adjusted Patient Services Revenue	Total Charity Care (Billed Charges)	% of Total Revenue	% of Adjusted Revenue	
2015	$57,703	$23,009	$540	0.9%	2.3%	5.6%
2016	$61,782	$24,102	$568	0.9%	2.4%	2.7%
2017	$65,506	$24,734	$772	1.2%	3.1%	2.0%
2018	$70,148	$26,850	$951	1.4%	3.5%	2.4%
2019	$76,292	$28,769	$1,039	1.4%	3.6%	2.7%
2020	$74,717	$28,845	$1,115	1.5%	3.9%	2.9%
2021	$81,452	$30,462	$941	1.2%	3.1%	2.9%
2022	$90,022	$32,603	$1,134	1.3%	3.5%	2.7%
2023	$99,133	$36,440	$1,196	1.2%	3.3%	2.9%
2024	$108,580	$40,249	$1,608	1.5%	4.0%	3.0%

Table 1 notes: Adjusted patient service revenue is the total hospital revenue minus Medicare and Medicaid charges. Operating margin is the total hospital patient service operating revenue (net of deductions) minus total patient service operating expenses expressed as a percentage. Note: Patient services revenue is the same as billed charges.

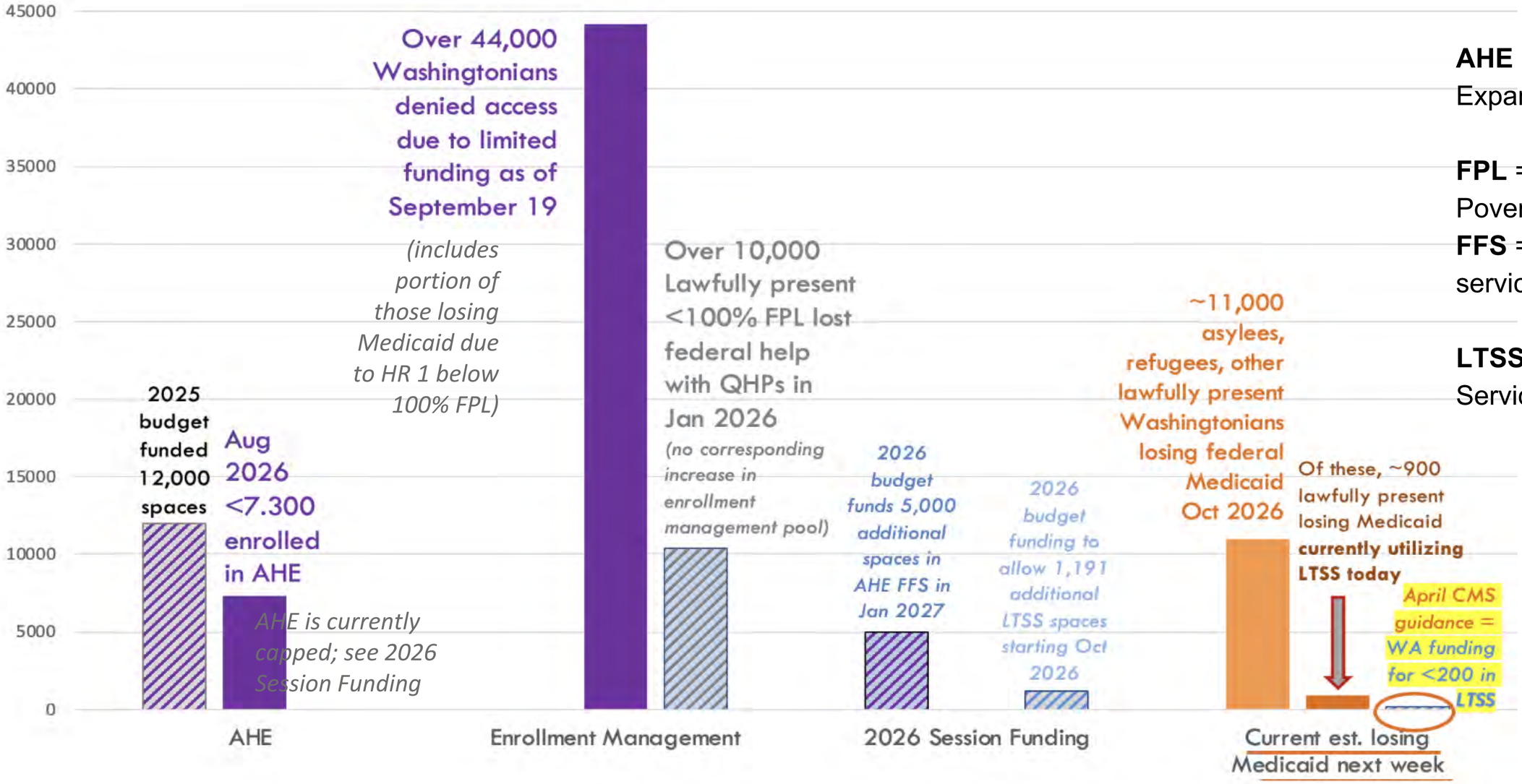
Source: WA DOH, 2024 Charity Care in Washington Hospitals, Jan. 2026

- Hospital charity care rights are protected under state & federal law (RCW 70.170.60; 26 U.S.C. 501(r))
- *Preston v. SB&C:* The state Supreme Court had to step in because too many eligible people were not getting charity care
- 46 of the state's hospitals are nonprofit (receive tax breaks), 41 are public (receive tax dollars), and four are for-profit (KFF)

The Long Tail of Medical Debt

- Debt collectors can sit on debt for 6 years before collecting *[RCW 4.16.040]*
- 9% interest rate for medical debt *[RCW 19.52.010(2)(a)]*
- Court's judgment on the debt can last up to 20 years *[RCW 6.17.020(7)]*
- Debt collectors can garnish all *except*:
  - Bank accounts up to $2,000 *[RCW 6.15.010(1)(d)(iii)(A)(III)]*
  - Wages of up to ~$600 weekly *[RCW 6.27.150(4)(a)]*
- Added fees:
  - If debt collector is collecting on a public debt, collector can tack on 50% of the principal *[RCW 19.16.500(1)(b)]*
  - Every 60 days when garnishment is renewed, the debtor will be charged costs and debt collection attorneys' fees *[RCW 67.27.105]*

Significant Unmet Immigrant Health Needs



AHE = Apple Health Expansion

FPL = Federal Poverty Level

FFS = Fee for service

LTSS = Long Term Services & Supports

The Human Costs of A Limited Safety Net

People without affordable health care delay treatment, preventable problems get worse, & many end up at emergency rooms we all use.

In recognition of those human and financial costs for immigrants losing coverage:

- ***Oregon & California*** *are continuing to cover immigrants in their state-funded programs*
- ***Massachusetts*** *is continuing to cover older immigrants and those using long term care*
- ***New York City & San Francisco*** *have programs that provide care, including specialty care, at public hospitals & clinics at no cost to those in poverty.*

Safety Net Improvements: One Step Forward, One Step Back

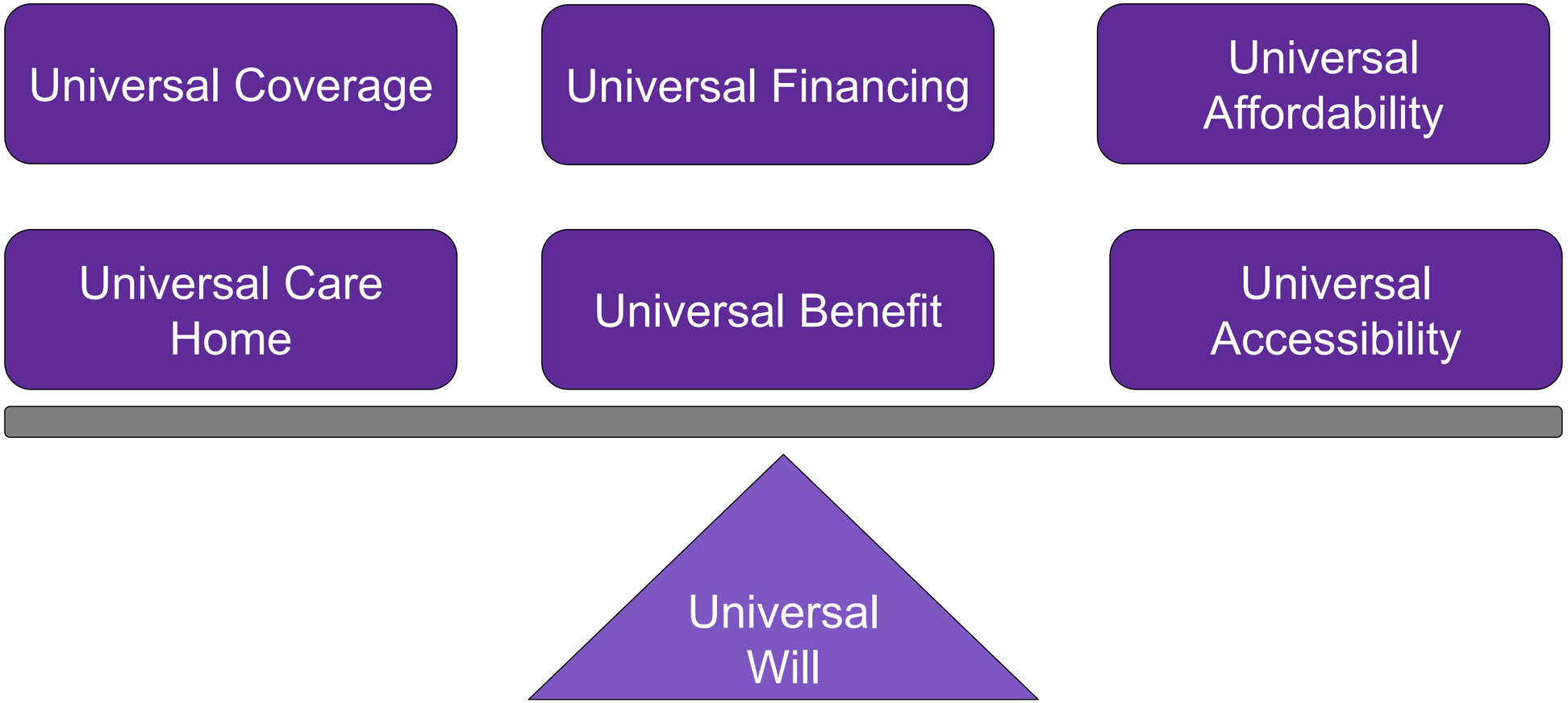
Many proposed reductions are penny-wise, pound-foolish and would inevitably need to be restored. For example:

- **LTSS Personal Needs Allowance (PNA) proposed reduction back to 2022 level**
  - PNA allows long-term care recipients to keep limited income to pay for costs of living at home (shelter, food, essentials)
  - If PNA is too low, recipients are forced to move into more-costly facilities

- **Medicare Savings Programs (MSP) proposed severe savings limits, again**
  - MSPs help Medicare enrollees (age 65+ or with disabilities) afford care, but are much less help than full Medicaid
  - Adding a savings (asset) limit would remove a tiny step toward parity with younger, healthier, and often higher-income people who get full Affordable Care Act Medicaid

Opportunities for Community Advocacy & Engagement

Building Toward Lasting Change



Leaning Into the Next Era of Health Reform

➔Learn from the mistakes of the past

➔Forge a values-based budget

➔Expect accountability from existing investments

➔Leverage state purchasing power as the “first actor”

➔Call for shared responsibility across all sectors