

Finance Technical Advisory Committee

March 9, 2023

**Finance Technical Advisory
Committee
Meeting Materials**

**March 9, 2023
3:00 p.m. – 5:00 p.m.**

(Zoom Attendance Only)

Meeting materials

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Tab 1

**Finance Technical Advisory Committee
(FTAC) to the
Universal Health Care Commission**

March 9, 2023
3:00 p.m. – 5:00 p.m.
Zoom Meeting

AGENDA

Commission Members:

<input type="checkbox"/>	Pam MacEwan, FTAC Liaison	<input type="checkbox"/>	Eddy Rauser	<input type="checkbox"/>	Kai Yeung
<input type="checkbox"/>	Christine Eibner	<input type="checkbox"/>	Esther Lucero	<input type="checkbox"/>	Robert Murray
<input type="checkbox"/>	David DiGiuseppe	<input type="checkbox"/>	Ian Doyle	<input type="checkbox"/>	Roger Gantz

Time	Agenda Items	Tab	Lead
3:00-3:05 (5 min)	Welcome and call to order	1	Pam MacEwan, FTAC Liaison
3:05-3:10 (5 min)	Roll call	1	Angela Castro, Senior Health Policy Analyst Health Care Authority
3:10-3:15 (5 min)	Approval of Meeting Summary from 01/12/2023	2	Pam MacEwan, FTAC Liaison
3:15-3:30 (15 min)	Public comment	3	Pam MacEwan, FTAC Liaison
3:30-4:00 (30 min)	FTAC ideas for transitional solutions	4	Liz Arjun, Senior Consultant, Jon Kromm, Principal, Gary Cohen, Principal, Health Management Associates
4:00-4:20 (20 min)	Lessons for Universal Health Care from the Indian Health Delivery System	5	Vicki Lowe, Chair, Executive Director American Indian Health Commission for Washington State
4:20-5:00 (40 min)	Options to include Medicare enrollees in a state-based universal system	6	Liz Arjun, Senior Consultant, Jon Kromm, Principal, Gary Cohen, Principal, Health Management Associates
5:00	Adjournment		Pam MacEwan, FTAC Liaison

Subject to Section 5 of the Laws of 2022, Chapter 115, also known as HB 1329, the Commission has agreed this meeting will be held via Zoom without a physical location.

Tab 2

Finance Technical Advisory Committee (FTAC) Meeting Summary

January 12, 2023
Health Care
Authority
Meeting held electronically (Zoom) and telephonically
2:00 p.m. – 4:00 p.m.

Note: this meeting was video recorded in its entirety. The recording and all materials provided to and considered by the committee is available on the [FTAC webpage](#).

Members present

Pam MacEwan, FTAC Lead and Liaison
Christine Eibner
David
DiGiuseppe
Eddy Rauser
Esther Lucero
Ian Doyle
Robert
Murray
Roger Gantz

Members absent

Kai Yeung

Call to order

Pam MacEwan, FTAC Lead and Liaison, called the meeting to order at 2:02 p.m.


Agenda items

Welcoming remarks

Pam MacEwan welcomed members of FTAC to the first meeting, reviewed the agenda, and shared the goals of the meeting. Vicki Lowe, Universal Health Care Commission (Commission) Chair, also welcomed FTAC Members and provided a land acknowledgement.

Public comment

Cris Currie, retired RN, encouraged committee members to read the [final report](#) by Oregon's Task Force on Universal Health Care, noting the proposed funding plan on pages 39-45, and urged FTAC to ask the Commission to adopt a similar vision. Cris Currie referenced the [Friedman Financial Analysis \(2021\) - Whole Washington](#) which explores the implications of a single-payer health plan in Washington.



Kathryn Lewandowsky, Vice Chair, Whole Washington, noted that Model A as proposed by the Universal Health Care Work Group (2021) is expected to reduce aggregate system wide expenditures by ~\$2.5B in the first year and over \$5B in successive years and urged FTAC to take note of Oregon's commitment to a single-payer system.

Maureen Brinck-Lund urged FTAC to think and get "out of the box," noting that profit permeates all systems we live in and with, and that U.S. health care costs are off the chart, yet health outcomes in the U.S. fall below other countries that spend less on health care.

Sarah Weinberg, retired pediatrician, was a member of the Universal Health Care Work Group and stressed the importance of the Commission agreeing on a model for the universal health care system, urging that FTAC members read the Work Group's report, and noting that the majority of Work Group members favored Model A.

Marguerite Dekker, retired RN, was in the health care field for 50 years and watched the slow deterioration of the ability to provide good care, and the goal of the Commission should be to provide Washington with a medical system that heals and comforts versus reaping the profits from Washingtonians' illnesses.

Consuelo Eccheveria supported FTAC's work and reminded the committee that the universal health care system should be a "moon shot" project that gathers all of our resources, thinks big, and changes the way that health care is delivered to make every Washingtonian healthy.

Warren George, a member of Oregon's Task Force on Universal Health Care, offered to assist FTAC in their work and stressed the benefits and the importance of Oregon and Washington working together to either work on a regional plan, or to have plans that could dovetail together.

Presentation: Open Public Meeting Act (OPMA) Training


Dana Gigler, Asst. Attorney General, Washington State Attorney General's Office

The Commission is subject to Washington's Open Public Meetings Act (OPMA) of 1971, requiring the governing body of a public agency to be open to the public to make government affairs more open, accessible, and responsive. Advisory committees to the Commission are not subject to OPMA, however FTAC will follow OPMA rules as a best practice. Passive receipt of emails does not constitute participation in a meeting. However, *replying* or *replying all* to an email could be considered participation in a meeting. A governing body that allows public comment has the authority to limit the time of speakers to a uniform amount. There is a requirement to record meeting minutes which must be promptly recorded and made open to public inspection. Violating the OPMA subjects Commission members to penalties including nullification of actions taken, civil penalties, and an award of costs and attorney fees to the person alleging an OPMA violation. Roger Gantz, FTAC Member, asked how, if ever established, FTAC work groups or subcommittees would need to comply with OPMA. Dana Gigler clarified that holding work groups with less than a quorum would not violate OPMA, however meetings with five or more individuals where action (discussion or deliberation of any kind) takes place would violate OPMA when applicable.

Presentation: Review of the Commission's work in 2022

Jon Kromm, Health Management and Associates (HMA)

Jon Kromm reviewed the Commission's charge per [Senate Bill 5399](#): 1) create immediate and impactful changes in Washington's health care access and delivery system, and 2) prepare the state for the creation of a health care system that provides coverage and access for all Washington residents through a unified financing system once the necessary federal authority becomes available. Much of the Commission's work in 2022 focused on the



development of the 2022 [Legislative report](#). Some of the components of the Commission’s report include developing recommendations for implementing increased Medicaid reimbursement rates, establishing a finance technical advisory committee, and identifying the core components of a universal health care system. In their report, the Commission made several recommendations to the Legislature, including aligning current state-run coverage programs, enhancing available coverage, and initiating components of necessary infrastructure. In establishing FTAC, the Commission determined that FTAC’s work will be directed by the Commission and will provide guidance and options to the Commission on the following: system design framework, ways to reduce the underlying cost of health care, and sources of revenue to replace premiums and co-pays in a universal health care system.

Presentation: Public Records Act (PRA) Training

Dana Gigler, Asst. Attorney General, Washington State Attorney General’s Office

FTAC is subject to the Public Records Act (PRA), where “public record” is defined as any writing containing information relating to the conduct of government or the performance of any governmental or proprietary function prepared, owned, used, or retained by any state or local agency regardless of physical form or characteristics. “Public record” also includes records of agency business when they are created or retained in non- agency devices, email accounts or files. Those records must be preserved, searched, and produced, like other public records. Committee members were advised to manage, maintain, and organize records, to review public records requests, to search for records, and to review the records for exemptions to disclosure. There is no general “privacy” exemption in the PRA. Christine Eibner, FTAC Member, asked if it is advisable to create a shared site for committee work to make materials easily accessible in the event of a public records search. Dana Gigler clarified that that method would be possible if the agency or individual has the ability to do so and suggested that in the alternative, Members could create a separate email address to be used specifically for FTAC work.

Presentation: Approach to the Commission’s work in 2023


Liz Arjun, HMA

Liz Arjun oriented committee members to the Commission’s strategy for 2023 and beyond. The Commission is unique in that it has a two-track focus: 1) propose short-term solutions that help move Washington towards a universal health care system, and 2) design the new system. The Commission’s 2023 meetings will also have a two- track focus, where in part, each meeting will be dedicated to developing short-term solutions, and in part focusing on designing the new system, including considerations and discussions of design elements with information from FTAC. The Commission’s 2023 report development timeline was outlined: February through April is dedicated to information gathering; June focuses on the Commission’s consideration of FTAC recommendations, if any; July and August are reserved for drafting the report content; September is a review period; and in October, the Commission votes to adopt the report to the Legislature due November 1, 2023. The Commission’s 2023 workplan was adopted at the December meeting and is contingent upon progress as planned. There are three key focus areas identified by the Commission for FTAC in their work: 1) equity impacts, 2) what can be learned from other states, and 3) what we know about Washington’s landscape. HMA also shared the meeting schedule set by the Commission with alternating meetings between the Commission and FTAC. At their February meeting, the Commission plans to discuss and develop structure and direction for FTAC.

FTAC Member Q&A

Roger Gantz asked whether FTAC would receive a charter and it was clarified that Members would receive a charter in their March meeting materials as approved by the Commission. Roger Gantz posited the idea of





establishing FTAC work groups, referring to Oregon’s use of work groups in their Task Force on Universal Health Care. Roger Gantz inquired about contracting and staffing dollars available to FTAC. Pam MacEwan, FTAC Lead, noted that HMA, the Commission’s consultant, may help connect FTAC to expertise. Roger Gantz stressed the importance of having a conceptual model to work from.

David DiGiuseppe referenced the Commission’s 2023 work plan and asked for clarification on the assumption that in 2023, FTAC is not directed to examine whether there a feasible mechanism to finance universal health care. Liz Arjun confirmed the assumption, adding that in 2023, FTAC will focus more on the design elements of the new system, e.g., eligibility. David DiGiuseppe asked if anyone has estimated the cost of universal health care to taxpayers. It was confirmed that the Universal Health Care Work Group that preceded the Commission obtained actuarial analysis which estimated the cost of implementing each of the Work Group’s three different universal coverage models. David DiGiuseppe asked that the reports and materials referenced during public comment to be shared with FTAC Members.

Esther Lucero noted that a health care system transformation is dependent upon money. From an Indian Health Service (IHS) system perspective, individuals eligible for IHS services should receive health care as a prepaid benefit due to the cessation of land. However, IHS has never been fully funded, and creating a universal health care system suddenly shifts IHS into a mainstream system for services and care that should have been received anyway. Esther Lucero reminded the committee to be mindful that in discussions about where funding will come from and how that funding will be utilized, IHS is part of a different system that has special resources dedicated to that service. Esther Lucero remarked that individuals served by IHS are unique as native people.

Adjournment

Meeting adjourned at 4:04 p.m.

Next meeting

March 9, 2023

Meeting to be held on Zoom

3:00 p.m. – 5:00 p.m.



Tab 3

**Finance Technical Advisory
Committee**

Written Comments

Received From December 29th

Written Comments Submitted by Email

K. Lewandowsky	1
C. Currie	2

Additional Comments Received at the January FTAC Meeting

- The Zoom video recording is available for viewing here:
<https://www.youtube.com/watch?v=BxruEHSNrXI>

Public comments received since (December 29th) through the deadline for comments for the March meeting (February 23rd)

Submitted by Kathryn Lewandowsky
1/12/2023

Hello members of the committee,
My name is Kathryn Lewandowsky and I am a practicing Registered Nurse here in Washington state. I am also the current Vice-Chair of Whole Washington and the Treasurer for One Payer States, Inc.

I want to thank you all for accepting this challenge of determining how best our state can finance universal, comprehensive healthcare for everyone in Washington. We all appreciate your service.

We hope that you will seriously consider the research done by the Universal Healthcare Advisory Work Group and Whole Washington that shows that we can save the most money while covering everyone through the efficiencies created within a single payer system.

According to the UHCWG report to the legislature (Jan. 2021), Model A (single-payer) is expected to reduce aggregate system-wide expenditures by approximately \$2.5 billion in the first (implementation) year. And over 5 billion in successive years.

This can be accomplished through multiple improved efficiencies such as

- Reduced payer administration cost
- Improved state purchasing power
- Provider administrative efficiencies
- And through increased transparency, leading to Reductions in waste, fraud and abuse

I also hope that all of you will seriously evaluate last month's presentation from the Oregon Universal Healthcare Task Force to the UH Commission. Especially, please take note of their commitment to a single payer system in their deliberations and as a means of finally addressing the issue of equity within our US healthcare system.

You may also feel free to review our economic studies contracted by Whole Washington with Dr. Gerald Friedman regarding our proposed Washington Health Trust. You can review his analysis from this link [Friedman Financial Analysis \(2021\) - Whole Washington](#) . We understand that the studies will be complicated by the fact that all of them have been done before the pandemic and so the stats will certainly not be exactly as the predictions were forecast. I guarantee you that this pandemic has been far more costly and devastating than anyone would have expected for the majority of Americans, although surprisingly, the for profit healthcare industry has seemed to have been sheltered from the economic difficulties of the pandemic posting record profits the last couple of years and also asking for continued premium increases from their subscribers.

I and many other healthcare justice advocates believe that focusing on a single payer strategy is our best hope of recovering from this pandemic and reinforcing our healthcare infrastructure which has been seriously strained over the last 3 years on top of decades of resources being slowly, and insidiously siphoned off. I am afraid that our current system, if you could call it a system, may not stand without making the drastic changes that Model A recommends.

I want to remind you that much of the work that you are wanting to complete has already been done by dedicated volunteers and experts in many organizations like Whole Washington, Healthcare is a Human Right, Healthcare for All-Washington and many others. As a representative of Whole Washington, I want to encourage you to have free use of all of the ideas presented in I-1600, SB5222, SB5204, I-1362, I-1471 and legislation soon to be introduced this year for your use and reference. It truly is more important that we move quickly to make the needed changes to our current healthcare financing than to be concerned about who gets the credit.

Similarly, as adding continued support to the fossil fuel industry does not achieve the needed goals that will protect our global climate and the earth we depend on, continued support of a for-profit health insurance industry will not add the needed infrastructure to create a truly sustainable healthcare system for my children's future. I encourage you to use Oregon's example and please do not go down that road of throwing good money after bad.

Lastly though, I am concerned that there seems to be no member on this committee that fits the description of a consumer representative as was described in the application process. I think this really does need to be addressed as it diminishes the credibility and stated goals of this committee.

Kathryn Lewandowsky, BSN, RN

Whole Washington- Board Vice-Chair

One Payer States- Treasurer

www.Kathryn4LD39.com

Together we can all have healthcare free at the point of service; that is comprehensive with no copays or deductibles and that puts billions of dollars of savings into the pockets of regular people just like you and me!. Healthcare that will take care of all of our people from Cradle to Grave! History is clear that our elected officials will never do this for us. We must do it for the people that we love. Please go to WholeWashington.org and donate today! It will take all of us demanding these basic human rights from the global elite! Together we can do this!

<https://secure.actblue.com/donate/whole-washington-1>

"Never believe that a few caring people can't change the world, For indeed that's all who ever have" Margaret Mead

Submitted by Cris Currie

1/12/2023

Public Comment for first FTAC Meeting 1/12/23

I'm Cris Currie, retired RN from Spokane and FTAC applicant. As you might know, three members of Oregon's Joint Task Force on Universal Health Care gave a presentation at the December UHC Commission meeting regarding their [final report](#). I would like to strongly encourage every FTAC member to read the entire report, paying special attention to their vision as laid out in their letter to the Oregon Legislature on page iv, as well as their proposed funding plan as summarized on pages 39-45.

I would also like to encourage you to ask our UHC Commission to quickly adopt a similar vision, *and* I would like you to note the similarities between Oregon's funding plan and the proposed 2019 Washington Health Securities Trust legislation as described in [HB 1104 Section 16](#). A tremendous amount of good work has already been done, both by our neighbors to the south and by many residents of Washington and others like economist [Gerald Friedman](#), so I can assure you that there is no need for this committee to start from scratch. Thank you for your interest in this challenging job.

Tab 4

Finance Technical Advisory Committee

Liz Arjun, Jon Kromm, Gary Cohen - HMA

Presentation to the Finance Technical Advisory Committee

March 9, 2023

Today's Objectives

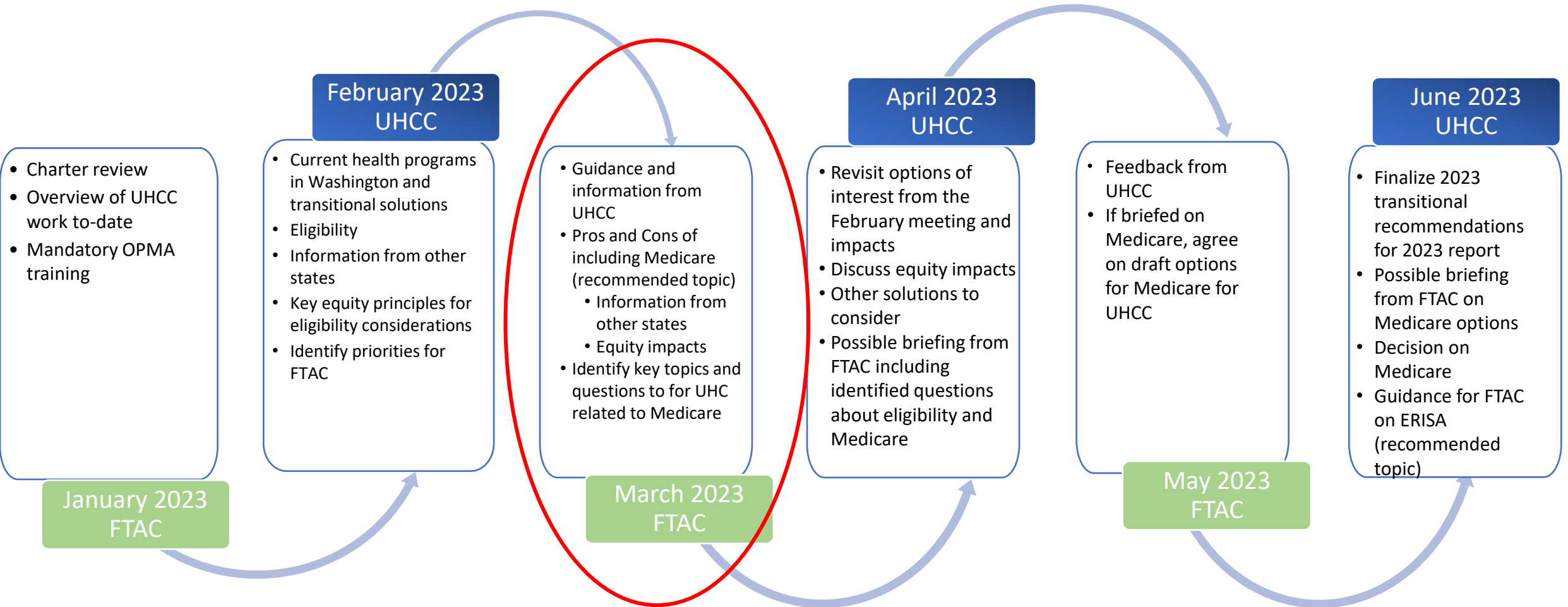
Gather transitional solutions from FTAC for the Commission's consideration

Begin discussing options for including Medicare enrollees in Washington's universal health care system

Process and Timing

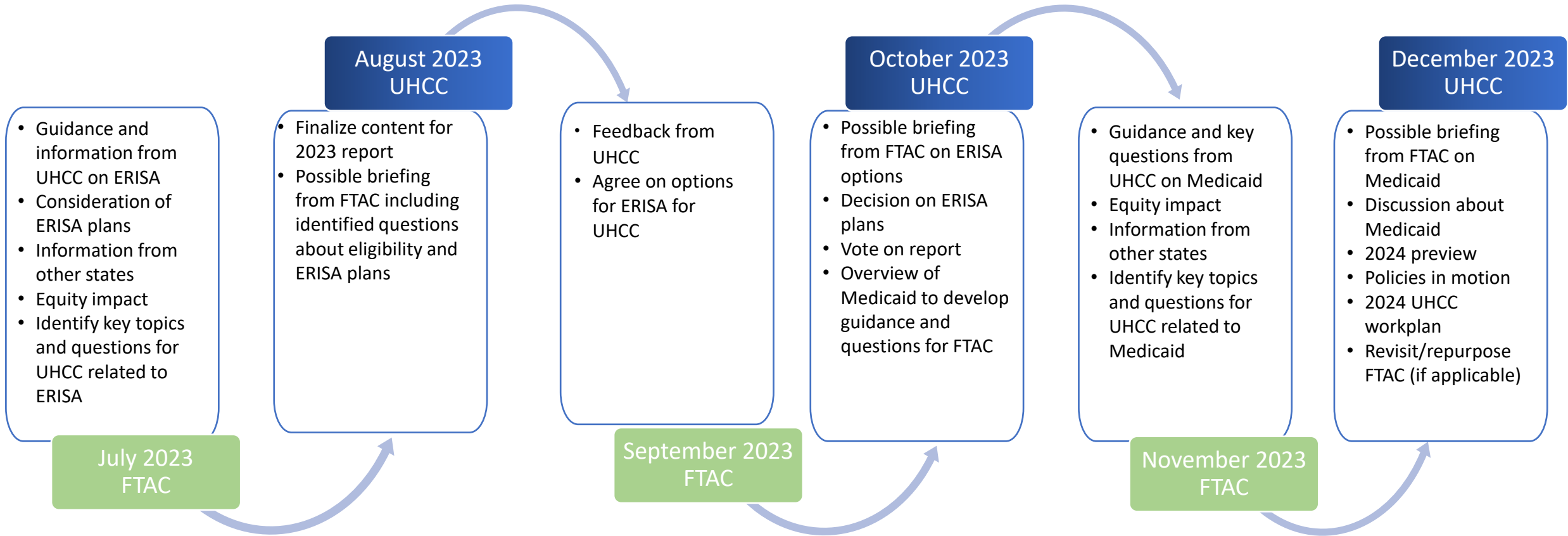


Washington's UHCC 2023 Workplan



*Workplan will change depending on progress made in each meeting

Washington's UHCC 2023 Workplan



*Workplan will change depending on progress made in each meeting

Transitional Solutions

As part of its mission to ensure that all Washingtonians have equitable access to culturally appropriate health care and universal coverage, the Commission is tasked with developing recommendations for transitional solutions that advance universal healthcare goals.

Transitional Solutions: 2022 Recommendations

In the Commission's 2022 Report to the Legislature, the Commission outlined broad priorities for transitional solutions

- Establish sustained funding sources for coverage solutions that ensure long-term coverage for uninsured populations
- Implement and continue funding the Cascade Care Savings program
- Further align existing public coverage programs
- Leverage the work of cost transparency initiatives to develop a broader set of health care cost targets
- Implement the Integrated Eligibility and Enrollment Modernization Roadmap

Transitional Solutions: 2023 Recommendations

In January, staff interviewed Commissioners to develop new transitional solutions to refine and build on the 2022 recommendations. Solutions identified included the following:

- Develop standard benefits across payers
- Create a “buy-in” option for employers to leverage PEBB/SEBB networks
- Align value-based payment strategies across markets
- Establish initiatives to reduce costs for Cascade Select plans
- Streamline eligibility and enrollment processes to reduce churn

Transitional Solutions: Discussion



FTAC Ideas for Transitional Solutions

High Impact/Less resource intensive

High Impact/More resource intensive

Low Impact/Less resource intensive

Low Impact/More resource intensive

Tab 5



Lessons for Universal Health Care from the Indian Health Delivery System

**Presentation to
Finance Technical Advisory Committee**

March 9, 2023

**Presented by Vicki Lowe, Executive Director
American Indian Health Commission for Washington State**



Objectives

- Differentiate Between System of Care and Coverage
- Understanding Direct Care and Purchase and Referred Care
- Learn About The Jamestown S'Klallam Tribal Health Benefit Program

Indian Health Services is a System of Care

- Three types of facilities- Indian Health Service, Tribal facilities and Urban Indian Health Programs
- Providers and facilities are funded on an annual basis
 - Funded is based on agreed upon services and user population
- Tribal compacts/contracts with I.H.S by entering into an annual funding agreement
 - Line items are chosen out of the I.H.S. budget
 - Three year look back period for services provided to include patient as an I.H.S. user of the clinic

Differences Between System of Care and Coverages

System of Care

- Covered based on geography
 - Must live near clinic
- Facility or provider payments based on per person/per year calculation
- Less administrative burden for providing care
- I.H.S. funding happens after services received
- Prior authorization for referred services, based on need and availability of funding

Coverage

- More portable, based on finding a contracted provider
- Two Types of Payment:
 - Fee for service (FFS) payments
 - Per Member/Per Monthly (PMPM) payments
- FFS= payment after service provided
- PM/PM- payment prior to providing services
- Prior authorization for referred services are different based on coverage

PURCHASED AND REFERRED CARE PAYING FOR CARE REFERRED OUTSIDE THE INDIAN HEALTH CARE SYSTEM

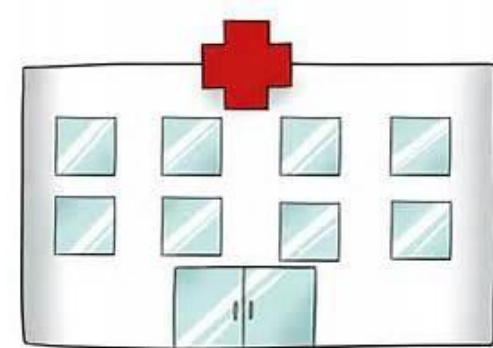
Indian Health Care Provider



- Health Care
- Mental Health
- Substance Use
- Dental

*Referral &
Coordination*

Non-Indian Health
Care Provider



- Specialty Care
- Inpatient Care

Purchased and Referred Care

Care received outside the Indian Health Delivery System

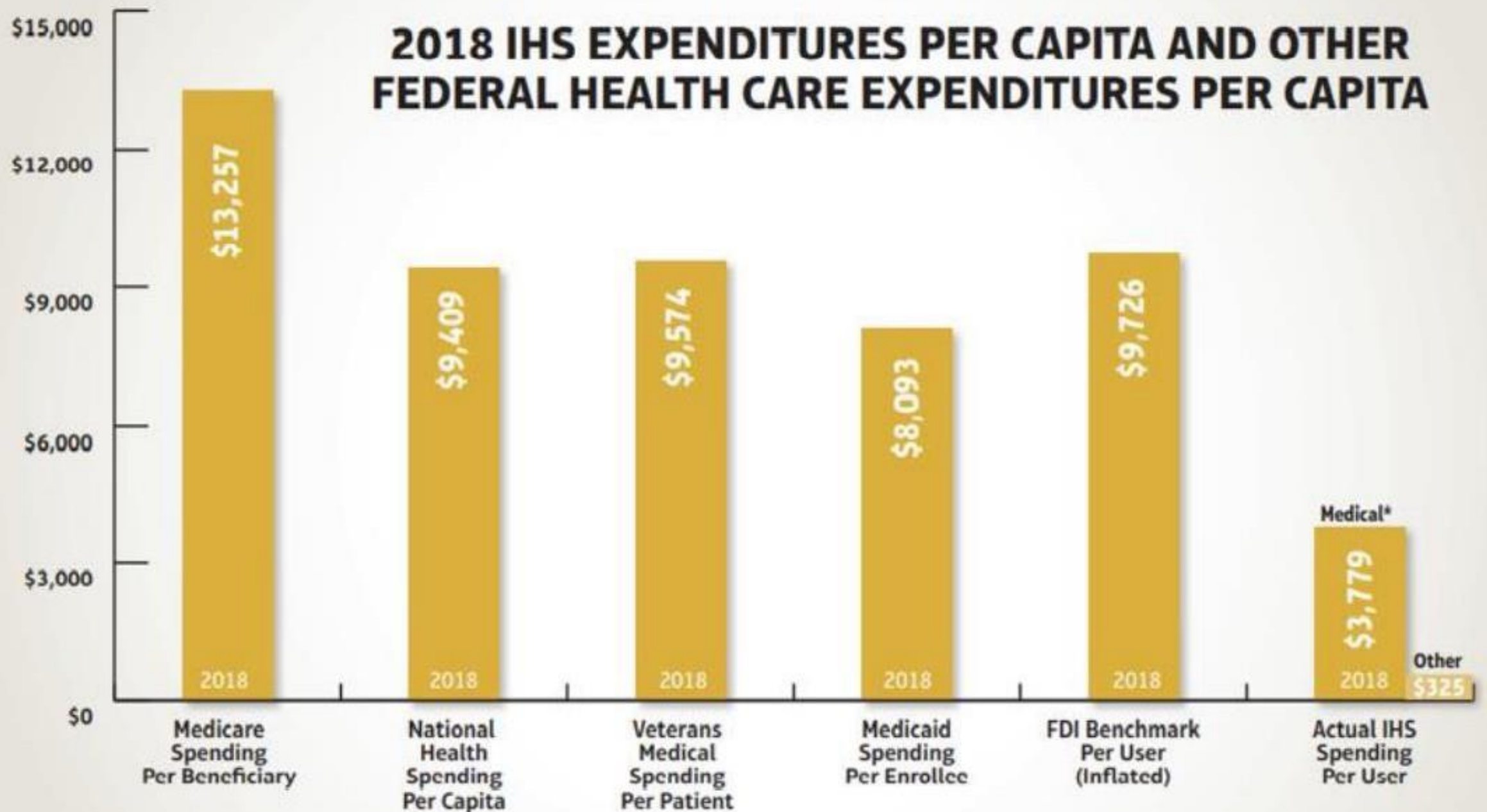
Paid at "Medicare Like Rates"

Limited funding for these services

Appropriated funds not Entitlement funds

Eligibility for Catastrophic Health Emergency Funds (CHEF)- stoploss coverage at \$25k per episode of care

2018 IHS EXPENDITURES PER CAPITA AND OTHER FEDERAL HEALTH CARE EXPENDITURES PER CAPITA



*Payments by other sources for medical services provided to AIANs outside IHS is unknown.

Jamestown Tribal Health Benefits

- Insurance based program
- Coverage based on all Tribal Citizens having the same level of coverage regardless of eligibility for insurance coverage
- Program wraps around Medicaid, Medicare, Private and Employer Insurance to bring each person to the same level of benefits.
- If benefits are changed, they are changed for everyone
- Income does not impact coverage

Thank you

**American Indian Health
Commission for Washington
State**

Vicki Lowe

Executive Director

vicki.lowe.aihc@outlook.com



*Dragonfly baskets by
Bobbie Bush,
Chehalis*

Tab 6

Medicare

Medicare is a federal program which presents barriers to ensuring that all Washingtonians receive the same level of benefits under a *state-based* universal system. As the Commission continues to develop design elements of the new system, they requested FTAC guidance on options to include Medicare enrollees in the system design.

Medicare and other state single payer efforts

“There is no precedent for a Medicare waiver that gives a state control over Medicare funds and program administration. Vermont’s ultimately unsuccessful effort to implement a single payer program ended, in part, because of CMS’s clear indications that it does not intend to give up control of Medicare program administration.”

A Comprehensive Assessment of Four Options for Financing Health Care Delivery in Oregon

“Because Medicare is a program of the federal government with specific requirements imposed by Congress, for the Plan to fully include Oregon’s Medicare-eligible population, Congress will need to change current federal law, or Oregon will need to secure a novel, unprecedented waiver of federal requirements.”

Final Report and Recommendations, Oregon Joint Task Force on Universal Health Care

“There is no single federal waiver authority that would allow the federal Department of Health and Human Services (HHS) to redirect federal funds for Medicare, Medicaid (Medi-Cal), and Affordable Care Act (ACA) advance premium tax credits.”

Key Design Considerations for a Unified Health Care Financing System in California

Medicare Discussion on 2/9/23

- Authority does not currently exist to include Medicare beneficiaries in a state-based system.
 - Pursue this path when the option is available
- The goal is to deliver equitable access to culturally appropriate health care and universal coverage for Washingtonians.

Two pathways identified by the Commission for FTAC to provide guidance:

- Whether a state-run Medicare Advantage plan is a viable option to cover Medicare enrollees' non-covered benefits
- Other options to “wrap around” Medicare benefits so that enrollees receive the same benefits

Options for Medicare: Exploring a Medicare Advantage Plan



Questions from the Commission for FTAC's analysis

- What additional analysis would need to be done to determine whether this is viable?
- What questions need to be addressed regarding how this would be administered?
- What analysis of costs/benefits would be needed to evaluate this option?

Plan if these questions can't be answered today:

- What actions and/or information will be necessary for FTAC Members to bring to the May meeting so that these questions can be answered?

Options for Medicare: Exploring Wrap Around Benefits

Questions from the Commission for FTAC's analysis

- How might the state provide Medicare beneficiaries with benefits equivalent to what others in the uniform financing system receive— e.g., dental, vision, hearing, long-term care?
- How might this be structured?
- How might this be funded?
- What additional questions need to be addressed?
- What additional analysis would be needed to determine how this might be done?

Plan if these questions can't be answered today:

- What actions and/or information will be necessary for FTAC Members to bring to the May meeting so that these questions can be answered?



Next Steps

FTAC Liaison and HMA will share with the Commission at their April meeting:

- FTAC's options for transitional solutions
- Information from today's discussion about Medicare

Tab 7

Universal Health Care Commission's Finance Technical Advisory Committee

Charter and Operating Procedures

The purpose of this charter is to clarify the charge and responsibilities of, and expectations for the finance technical advisory committee (FTAC) as established by the Universal Health Care Commission (Commission).

I. Vision and Mission

A. Vision

To provide guidance for consideration of the Commission in development of a financially feasible model to implement universal health care coverage in Washington.

B. Mission

FTAC serves at the direction of the Commission. The goal of FTAC is to provide guidance to the Commission on financially feasible model options to implement universal health care coverage in Washington. FTAC members will investigate strategies to develop unified health care financing options for the Commission and as directed by the Commission, including but not limited to a single-payer system. In their work, FTAC is directed by the Commission to carefully consider the interdependencies between necessary components of a unified financing system and other considerations before the Commission. FTAC may be asked to provide the Commission pros and cons of each option while keeping in mind the impact of those options on patients. Finally, FTAC will provide guidance and options related to entities responsible for implementation and administration of a proposed unified health care financing system.

II. FTAC Charge

Per the Commission's authorizing legislation, and in its 2022 report to the Legislature, the Commission established a finance technical advisory committee. The Commission directs FTAC to provide option-based guidance for the development of a financially feasible model to implement universal health care coverage using state and federal funds.

In their annual report to the Legislature and Governor, the Commission will detail their work, including FTAC's directives, discussions, and provided options with continued strategy development regarding a unified health care financing system, and implementation, if possible. The report due annually on **November 1**, will detail the opportunities identified by the Commission and FTAC to advance the Commission's goals, including those identified in the legislation and annual reporting requirements.

III. FTAC Duties and Responsibilities

A. Membership and Term

The Commission will appoint nine FTAC members, which includes one consumer representative, and if possible, reserving at least two spots for two state agencies which include the Department of Revenue and the Office of Financial Management.

For the near future, and unless changed by the Commission, FTAC will meet between Commission meetings on a bimonthly basis. This schedule will continue until the Commission deems it appropriate to revise FTAC's meeting schedule, or FTAC completes its goals. FTAC members should review materials before meetings and attend meetings.

FTAC will convene beginning in 2023.

B. FTAC Member Responsibilities

Members of FTAC agree to fulfill their responsibilities by serving at the direction of the Commission, attending and participating in FTAC meetings, and studying the available information. Also as directed by the Commission, FTAC members agree to participate in the development of the Commission's required reports, including the November 1, 2023 report to the Legislature and Governor and annual reports thereafter until FTAC's sunset.

FTAC members provide option-based guidance to the Commission. The Commission will consider FTAC guidance in its decision making for transitioning Washington to a universal health care system supported by a unified financing system, and/or transitional solutions to make immediate and impactful changes to improve the current health care delivery and/or financing system. Outside subject matter experts may be invited to present to FTAC at their meetings on a singular or recurring basis. However, outside subject matter experts will not be official members of FTAC.

Members of FTAC agree to participate in good faith and to act in the best interests of the Commission and its charge. To this end, FTAC members agree to place the interests of the Commission and the state above any political or organizational affiliations or other interests. FTAC members accept the responsibility to collaborate in developing option-based guidance and pros and cons of those options to the Commission that are fair and constructive for the Commission. FTAC members are expected to consider a range of issues and options to address them, discuss the pros and cons of the issues or options, and present them to the Commission, while keeping in mind the impact of those options on patients. FTAC will include the rationale behind each option provided to the Commission.

Specific FTAC member responsibilities include:

1. Attending FTAC meetings and reviewing materials provided in advance of the meeting.
2. Reviewing background materials, including:
 - the Commission's November 1, 2022 report to the Legislature and Governor to understand issues under consideration by the Commission and the Commission's recommendations to the

- Legislature.
- the [Universal Health Care Work Group's final report](#) to the Legislature (January 2021), particularly the revenue and financing modeling for Models A and B as proposed by the Work Group.
3. Working collaboratively with one another to explore issues as directed by the Commission.
 4. Hearing from invited outside subject matter experts, as needed.
 5. Developing option-based guidance to the Commission with pros and cons of each option, while keeping in mind the impact of those options on patients.
 6. Some of the following areas could be assigned by the Commission for guidance, including but not limited to:
 - Revenue goals and projections
 - Scope of coverage, benefits, and cost-sharing, including dental and vision
 - Development of fee schedule
 - Securing federal funds
 - Employee Retirement Income Security Act (ERISA)
 - Tax structure, including the impact of the tax structure on equity
 - Assessing how to include Medicare beneficiaries
 - Administrative cost reduction
 - Risk management
 - Model development process
 - Health equity in financing
 - Level of reserves and methods of funding
 - Cost sharing
 - Health care and administrative workforce
 - Provider reimbursement
 - Impact of payment model on care quality and equity
 - Economic impacts of new taxes
 - Care investments, including primary care, behavioral health, community health, and health-related social needs
 - Funding for culturally appropriate health care models
 - Assessing how federally funded health systems, VHA, and IHS will be included or intersect with the universal health care system
 - Financial forecast of changes in demand/utilization, etc.
 - Authority and analytic capacity within a new or existing administering agency

C. Vacancies Among FTAC Members

Vacancies among FTAC members will be filled by the Commission.

D. Role of the Washington Health Care Authority (HCA)

HCA assists the Commission and shall assist FTAC by facilitating meetings, conducting research, distributing information, drafting reports, and advising FTAC members.

E. FTAC Lead's Role

The FTAC lead will be designated by the Commission. The FTAC lead will encourage full and safe participation by FTAC members in all aspects of the process, assist in the process of building options-based guidance for the Commission, and ensure all participants abide by the expectations for discussion processes and behavior defined herein.

The FTAC lead will develop meeting agendas, share with the Commission FTAC's proposed options for outside expertise, organize invitations from outside expertise, and otherwise ensure an efficient decision-making process. The FTAC lead will also serve as the liaison between FTAC and the Commission, including presenting to the Commission FTAC's option-based guidance with pros and cons.

F. FTAC Principles

The principles listed below are to guide FTAC's process to provide guidance to the Commission. The principles have been established by the Commission and can be revised if proposed by the FTAC lead or by majority of Commission members. FTAC's guidance will:

1. Support the development of the report due annually by November 1, and all subsequent reports until FTAC's sunset, to the Legislature and Governor.
2. Provide options to the Commission that increase access to health care services and universal health coverage, reduce health care costs, reduce health disparities, and improve quality.
3. Be inclusive of all populations and all categories of spending.
4. Be sensitive to the impact that high health care spending growth has on Washingtonians.
5. Align guidance to the Commission with other state health reform initiatives to lower the rate of growth of health care costs.
6. Be mindful of state financial and staff resources required to implement options.

IV. Operating Procedures

A. Protocols

All participants agree to act in good faith in all aspects of FTAC's discussions. This includes being honest and refraining from undertaking any actions that will undermine or threaten the deliberative process. It also includes behavior outside of meetings. Expectations include the following:

1. Members should attend and participate actively in all meetings. If members cannot attend a meeting, they are requested to advise HCA staff. After missing a meeting, the member should contact staff for a recording of the meeting, or if not available, then a meeting summary and any available notes from the meeting.
2. Members agree to be respectful at all times of other FTAC members, Commission members, staff, and audience members. They will listen to each other and seek to understand the other's perspectives, even if they disagree.
3. Members agree to make every effort to bring all aspects of their concerns about these issues into this process.
4. Members agree to refrain from personal attacks, undermining the process of FTAC or the Commission, and publicly criticizing or misstating the positions taken by any other participants during the process.
5. Any written communications, including emails, blogs, and other social networking media, will be mindful of these procedural ground rules and will maintain a respectful tone even if highlighting different perspectives.
6. Members are advised that email, blogs, and other social networking media related to the business of FTAC or the Commission are considered public documents. Emails and social networking messages meant for the entire group must be distributed via HCA staff.
7. Requests for information made outside of meetings will be directed to HCA staff. Responses to such requests will be limited to items that can be provided within a reasonable amount of time.

B. Communications

1) Written Communications

Members agree that transparency is essential to FTAC's discussions and the Commission's deliberations. In that regard, members are requested to include both the FTAC lead and HCA staff in written communications commenting on FTAC's discussions or the Commission's deliberations from/to interest groups (other than a group specifically represented by a member); these communications will be included in the public record as detailed below and copied to FTAC and the full Commission as appropriate.

Written comments to FTAC, from both individual FTAC members and from agency representatives and the public, should be directed to HCA staff. Written comments will be distributed by HCA staff to FTAC and the full Commission in conjunction with distribution of meeting materials or at other times at the FTAC lead's discretion. Written comments will be posted to the Commission's webpage.

2) Media

While not precluded from communicating with the media, FTAC members agree to generally defer to the FTAC lead for all media communications

related to FTAC or the Commission's process and its work. FTAC members agree not to negotiate through the media, nor use the media to undermine FTAC or the Commission's work.

FTAC members agree to raise all their concerns, especially those being raised for the first time, at an FTAC meeting or to the FTAC lead and not in or through the media.

C. Conduct of FTAC Meetings

1) Conduct of FTAC Meetings

For the near future, FTAC will meet by videoconference bi-monthly unless changed by the Commission. An FTAC member may participate by telephone, videoconference, or in person for purposes of a quorum.

Meetings will be conducted in a manner deemed appropriate by the Commission and FTAC lead to foster collaborative discussion. Robert's Rules of Order will be applied when deemed appropriate.

2) Conflict of Interest

In the event that an FTAC member has a conflict of interest, an FTAC member must disclose the interest to HCA staff and will be ineligible to vote on guidance to the Commission.

3) Documentation

All FTAC meetings shall be recorded, and written summaries prepared. The meeting recordings shall be posted on the Commission's public webpage in accordance with Washington law. Meeting agendas, summaries, and supporting materials will also be posted to the Commission's webpage. Interested parties may receive notice of FTAC meetings and access FTAC materials on the website, or via GovDelivery.

D. Public Status of FTAC Meetings and Records

The Universal Health Care Commission meetings are conducted under the provisions of Washington's Open Public Meetings Act (Chapter 42.30). Though FTAC meetings are open to the public, meetings are not conducted under the provisions of Washington's Open Public Meetings Act (Chapter 42.30). Members of the public and legislators may testify before FTAC at the time designated for public testimony. In the absence of a quorum, FTAC may still receive public testimony.

Any meeting held outside the Capitol or by videoconference shall adhere to the notice provisions of a regular meeting. Recordings will be made in the same manner as a regular meeting and posted on the Commission's webpage. Written summaries will be prepared noting attendance and any subject matter discussed.

FTAC records, including formal documents, discussion drafts, meeting summaries and exhibits, are public records. Communications of FTAC members are not confidential because the meetings and records of FTAC are open to the public.

the charge, including electronic mail correspondence. The personal notes of individual FTAC members will be public to the extent they relate to the business of the Commission and/or FTAC.

E. Amendment of Operating Procedures

These procedures may be changed by an affirmative vote of most of the Commission members, but at least one day's notice of any proposed change shall be given in writing, which can be by electronic communication, to each Commission member.