

Universal Health Care Commission

November 30, 2021

Universal Health Care Commission Meeting Materials

November 30, 2021
2:00 p.m. – 4:00 p.m.

(Zoom Attendance Only)

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Agenda

TAB 1

Universal Health Care Commission

November 30, 2021
1:00 p.m. – 3:00 p.m.
Zoom Meeting

AGENDA

Commission Members:

<input type="checkbox"/>	Vicki Lowe, Chair	<input type="checkbox"/>	Estell Williams	<input type="checkbox"/>	Kristin Peterson
<input type="checkbox"/>	Senator Ann Rivers	<input type="checkbox"/>	Jane Beyer	<input type="checkbox"/>	Representative Marcus Riccelli
<input type="checkbox"/>	Bidisha Mandal	<input type="checkbox"/>	Joan Altman	<input type="checkbox"/>	Mohamed Shidane
<input type="checkbox"/>	Dave Iseminger	<input type="checkbox"/>	Representative Joe Schmick	<input type="checkbox"/>	Nicole Gomez
<input type="checkbox"/>	Senator Emily Randall	<input type="checkbox"/>	Karen Johnson	<input type="checkbox"/>	Stella Vasquez

Time	Agenda Items	Tab	Lead
1:00-1:15 (15 min)	Welcome and Call to Order		Vicki Lowe, Chair, Executive Director American Indian Health Commission for Washington State
1:15-1:30 (15 min)	Commission member and staff introductions		Mandy Weeks-Green, Manager Health Care Authority
1:30-1:50 (20 min)	About the commission: legislation and history	2	Mich'l Needham, Chief Policy Officer Health Care Authority
1:50-2:10 (20 min)	Open public meetings	3	Katy Hatfield, Assistant Attorney General Attorney General's Office
2:10-2:25 (15 min)	Review of draft charter and operating procedures	4	Mandy Weeks-Green, Manager Health Care Authority
2:25-2:30 (5 min)	Schedule of upcoming meetings	5	Mandy Weeks-Green, Manager Health Care Authority
2:30-2:45 (15 min)	Public comment		Vicki Lowe, Chair, Executive Director American Indian Health Commission for Washington State
2:45-3:00 (15 min)	Adjournment		Vicki Lowe, Chair, Executive Director American Indian Health Commission for Washington State

During the COVID-19 public health emergency, and out of an abundance of caution for the health and welfare of the Commission and the public, this meeting of the Universal Health Care Commission will be conducted virtually.

Universal Health Care Commission meeting

We will wait a few minutes after the start time before we begin to allow time for everyone to arrive.

November 30, 2021

Welcome and introductions

- ▶ Meet the Health Care Authority (HCA) team
- ▶ Please introduce yourself!
 - ▶ First and last name
 - ▶ What perspective or particular interest you bring to the Universal Health Care Commission

About the commission: legislation & history

TAB 2

About the commission

Legislation & history

Background

- ▶ The Universal Health Care Work Group preceded the commission.
- ▶ In 2019, the Washington State Legislature passed [House Bill 1109](#), which created a work group to provide recommendations on how to create, implement, maintain, and fund a universal health care system.
- ▶ In January 2021, the work group submitted its final report and recommendations to the Legislature.

Background (continued)

- ▶ Visit the [Universal Health Care Work Group](#) pages to learn more and view their [final report](#).
- ▶ The Legislature established the Universal Health Care Commission based on:
 - ▶ The work group's recommendations
 - ▶ Hearing from people who wanted this work to continue

Legislative charge: SB 5399

- ▶ Senate Bill 5399 (2021) established the **Universal Health Care Commission** to:
 - ▶ Create immediate and impactful changes in the health care access and delivery system in Washington.
 - ▶ 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 has become available.

Legislative charge: SB 5399

(continued)

- ▶ Specific tasks and due dates:
 - ▶ **By November 1, 2022**, submit a report and recommendations to the Legislature the Governor and post on the HCA's website.
 - ▶ **After November 1, 2022**, continue to identify ways to implement:
 - ▶ Commission's recommendations
 - ▶ Structural changes to prepare the state for a transition to a unified health care financing system
 - ▶ **November 1, 2023, and annually thereafter**, submit annual reports and recommendations to the Legislature and Governor.

Commission makeup

- ▶ 15 members make up the commission:
 - ▶ Office of the Insurance Commissioner
 - ▶ HCA
 - ▶ Department of Health
 - ▶ Washington Health Benefit Exchange
 - ▶ Office of Equity
 - ▶ Legislative member from each caucus (4)
 - ▶ 6 members appointed by the Governor:
 - With knowledge of health care coverage, access, and financing, including at least one:
 - ➔ Consumer representative
 - ➔ Tribal government representative

Meeting the commission's legislative charge

- ▶ Meet every other month to develop a strategy for implementing changes.
 - ▶ Review opportunities to:
 - Increase access to health care services and health coverage
 - Reduce health care costs and health disparities
 - Improve quality
 - Prepare for transition to a unified health care financing system
 - ▶ Summarize past efforts, examine data and reports, assess the state's current preparedness, and develop recommendations for the Legislature.



Thank you!

Questions?

- ▶ Contact us at:
HCA_UniversalHCC@hca.wa.gov
- ▶ Visit us online at:
hca.wa.gov/about-hca/universal-health-care-commission

Open public meetings training

TAB 3

Open Public Meetings



Universal Health Care Commission

Presented by:

Katy Hatfield

Assistant Attorney General

November 2021



Washington's Open Public Meetings Act (OPMA)

- Passed in 1971 as part of nationwide effort to make government affairs more open, accessible, and responsive
- Requires meetings to be open to the public, gavel to gavel
- Codified at chapter 42.30 RCW



OPMA and Public Records Act Are Often Called “Transparency Laws” or “Sunshine Laws”

U.S. Supreme Court Justice Louis Brandeis once famously said, “Sunlight is the best disinfectant.” *



Transparency builds public confidence in government.

* This is not medical advice.

Law Is Strongly Worded and the Courts' Interpretation has Followed

Washington State Supreme Court:

- “The purpose of the Act is to allow the public to view the decisionmaking process at all stages”
- “...the statute itself declares that its protections ‘shall be liberally construed.’ Liberal construction requires that we resolve ambiguous provisions in favor of government transparency.”
- “As a result, where multiple reasonable alternatives of an exception are available, we are directed to adopt the narrowest of the alternatives.”
- Exceptions to the openness requirements (such as the grounds for executive session) “must be narrowly construed.”

Entities Subject to the OPMA

The OPMA requires the “governing body” of a “public agency” be open to the public. RCW 42.30.030



The Universal Health Care Commission is statutorily subject to the Open Public Meeting Act.

RCW 41.05.840(3)(b)

What is a “Public Agency”?

A “public agency” is defined in RCW 42.30.020(1) to include:

- Any state board, commission, department, educational institution, or other state agency that is created by statute;
- Any county, city, school district, special purpose district, or other municipal corporation or political subdivision of the state;
- Any “subagency” of a public agency that is created by statute, ordinance, or other legislative act, such as planning commissions and library and park boards.

However, a public agency does not typically include a discretionary adhoc group that was formed pursuant to general, implied executive authority instead of a specific statute or ordinance. Furthermore, even if a particular committee were created by or pursuant to statute or ordinance, it will not usually be subject to the OPMA if it is purely advisory with no policy or rule-making authority. 1975 Att’y Gen. Op. No. 53; 1983 Att’y Gen. Op. No. 1.

The term “public agency” also does not include any court or the Legislature. RCW 42.30.020(1)(a).

What Is a “Governing Body”?

Under RCW 42.30.020, the governing body is: (1) the multimember board, commission, council, or other policy or rule-making body of a public agency; or (2) **any committee** thereof *when* the committee acts on behalf of the governing body, conducts hearings, or takes testimony or public comment.

- A “committee thereof” means committees created by a governing body pursuant to its executive authority, regardless of whether the committee includes members of the governing body.
- A committee acts on behalf of the governing body when it exercises actual or de facto decision-making authority for the governing body.

What is “Action” and “Final Action”?

- **“Action”** is very broad and includes any official business such as deliberations, discussions, considerations, reviews, evaluations, receipt of public testimony, and votes. *RCW 42.30.020.*
 - It is not “action” for members of a governing body to individually review materials in advance of a meeting.
- **“Final action”** is a collective positive or negative decision, or an actual vote, by a majority of the governing body or committee. *RCW 42.30.020.*
 - Secret votes ballots are prohibited. Any vote taken in secret is null and void. *RCW 42.30.050.*
- It is not necessary for a governing body to take “final action” for there to be a “meeting” that is subject to the requirements of the OPMA.

What Is a Meeting?

- A “**meeting**” occurs when a governing body takes any “action.”
 - Ordinarily, a quorum or majority of the members of the governing body must be present in order for the governing body to conduct official business. Therefore, “action” by less than a quorum is generally not subject to the OPMA.
 - Physical presence is not required for a meeting to occur. 2014 Att’y Gen. Op. No. 7. A governing body can hold a public meeting by telephone or video conferencing so long as the speaker phone or video is provided at the designated meeting place and attending members of the public can hear all discussion and provide input. 2017 Att’y Gen. Op. No. 4.
 - A quorum of members of the governing body may attend a meeting of another organization provided that the body takes no “action.” 2006 Att’y Gen. Op. No. 6.
 - A quorum of members of a governing body may travel together or attend social events so long as the body takes no “action.” RCW 42.30.070; 2006 Op. Att’y Gen. No. 6.
- OPMA applies to “meetings” even if not called a “meeting,” such as retreats, workshops, study sessions, dinners, e-mail exchanges, etc.
 - The mere passive receipt of information or email does not constitute a meeting. Do not hit “reply all” and start a deliberation. If a majority of members communicate via email about issues that may or will come before the governing body, it can constitute a meeting.
 - Be careful during the pre- and post-meeting time



Regular Meetings



- “**Regular meetings**” are recurring meetings held in accordance with a periodic schedule by ordinance, resolution, bylaws, or other rule.
- A state public agency must:
 - Yearly, file with the Code Reviser a schedule of regular meetings, including time and place
 - Publish changes to regular meeting schedule in the state register at least 20 days prior to rescheduled date
 - Make the agenda available online no later than 24 hours in advance of the published start time
 - Boards are not restricted from later modifying the agenda of a Regular meeting

RCW 42.30.070; RCW 42.30.075, RCW 42.30.077

Special Meetings



- A “**special meeting**” is a meeting that is not a regular meeting
- Called by presiding officer or majority of the members
- At least 24 hours before the special meeting, written notice including the time, place, and agenda must be:
 - Given to each member of the governing body (unless waived)
 - Given to each local newspaper of general circulation, radio, and TV station that has a notice request on file
 - Posted on the agency’s website
 - Prominently displayed at the main entrance of the agency’s principal location and the meeting site
- At a special meeting, final disposition shall not be taken on any topic not listed in the agenda

Public Attendance at Meetings

- A public agency can't place conditions on public to attend meeting subject to OPMA:
 - Cannot require people to register their names or other information, complete a questionnaire, or otherwise fulfill any condition precedent to attendance
- Cameras and tape recorders are permitted unless disruptive. 1998 Op. Att'y Gen. No. 15.
- No public comment period required by OPMA

Interruptions and Disruptions

- Reasonable rules of conduct can be set
- The OPMA provides a procedure for dealing with situations where a meeting is being interrupted so the orderly conduct of the meeting is unfeasible, and order cannot be restored by removal of the disruptive persons.
- Meeting room can be cleared and meeting can continue, or meeting can be moved to another location, but final disposition can occur only on matters appearing on the agenda.

RCW 42.30.050

Executive Session

- Part of a regular or special meeting that is closed to the public
- Limited to specific purposes set out in the OPMA
- Purpose of the executive session (and why public is excluded) and the time it will end must be announced by the presiding officer before it begins; time may be extended by further announcement

RCW 42.30.110



Executive Sessions

Specified Purposes Set Out in OPMA.

Includes, for Example:



- National security
- Real estate transactions, if certain conditions met
- Review negotiations on the performance of publicly bid contracts, if certain conditions met
- Consider propriety or confidential nonpublished information related to development, acquisition, or implementation of state-purchased health care
- Evaluate qualifications of applicant for public employment
- Meet with legal counsel regarding enforcement actions, litigation or potential litigation, if certain conditions met
- Other purposes listed in RCW 42.30.110

RCW 42.30.110

Meeting Minutes

- Minutes of all regular and special public meetings must be promptly recorded and open to public inspection
- Minutes of an executive session are not required
- No format specified in law

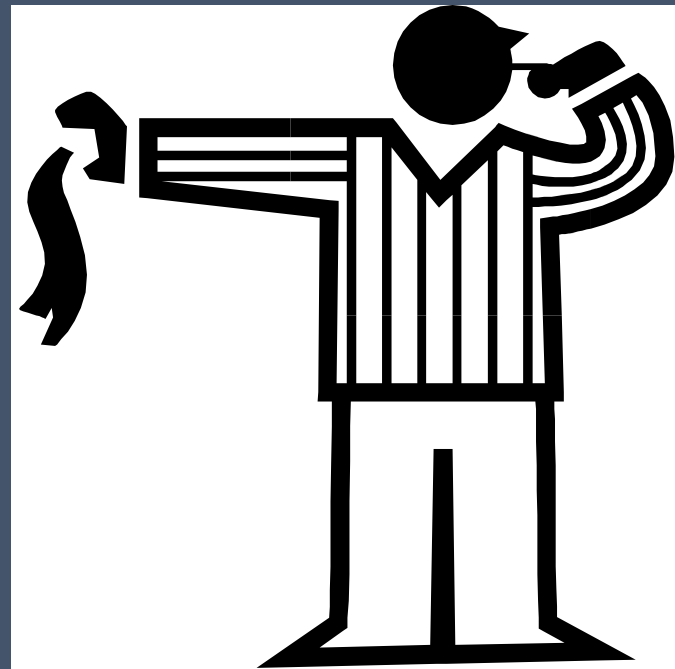
RCW 42.30.035



Penalties for Violating the OPMA

- The OPMA's standing requirements are very broad.
- Remedies for violations include:
 - nullification of actions taken;
 - civil penalties of \$500 per member of the governing body for first violation and \$1,000 for a subsequent violation;
 - an award of costs and attorney fees for any person prevailing in an action alleging OPMA violation;
 - Mandamus or injunctions to stop violation or prevent threatened violations;

RCW 42.30.120; RCW 42.30.130;
RCW 42.30.060





Recent Headlines

- “Lawsuit claims Yakima City Council broke transparency rules,” *Yakima Herald* (8/14/2018)
- “Lawsuit accuses Seattle [City Council] of violating open-meetings law before head-tax repeal vote,” *The Seattle Times* (6/14/2018)
- “Spokane Valley council could use a refresher course in open meetings law,” *The Spokesman-Review* (2/25/2016)
- “KPLU Listeners Express Anger Over Station’s Surprise Sale to KUOW,” *KNKX (formerly KPLU)* (11/25/2015)
- “Judge: UW Trustees’ Private Dinners Violated Open Meetings Laws,” *KNKX (formerly KPLU)* (4/24/2015)
- “Tacoma council violated open meetings laws on anti-Walmart moratorium, developer alleges in lawsuit,” *The News Tribune* (9/10/14)

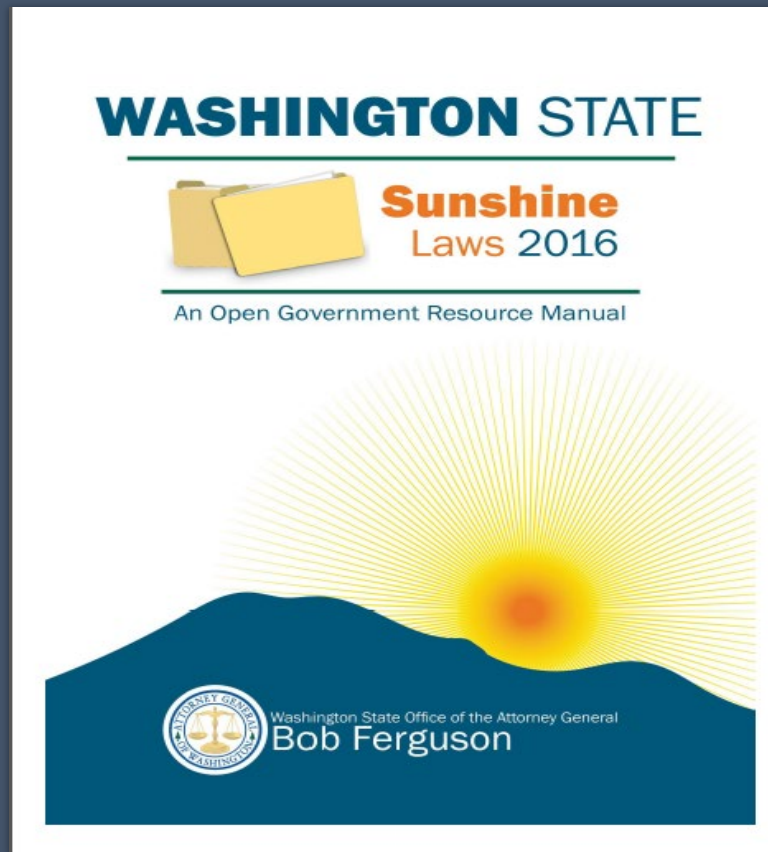
Risk Management Tips

- Establish a culture of compliance with the OPMA
- Receive training on the OPMA
- Review available resources and institute best practices
- Keep updated on current developments in OPMA (OPMA can be amended by the legislature and interpreted by the courts)
- Consult with agency's legal counsel

Open Government Training

- Every member of the governing body of a public agency must complete training on the requirements of the OPMA no later than 90 days after the date the member takes the oath of office or otherwise assumes his or her duties as a public official.
- Every member must complete refresher training at intervals of no more than four years.
- The Attorney General's Office can provide the OPMA training (or training may be completed remotely including an internet-based training).
- Training resources, videos, and more information about the OPMA (including legislative updates and a resource manual) are available on the Attorney General's Office Open Government Training Web Page: <http://www.atg.wa.gov/OpenGovernmentTraining.aspx>

AGO Open Government Resource Manual



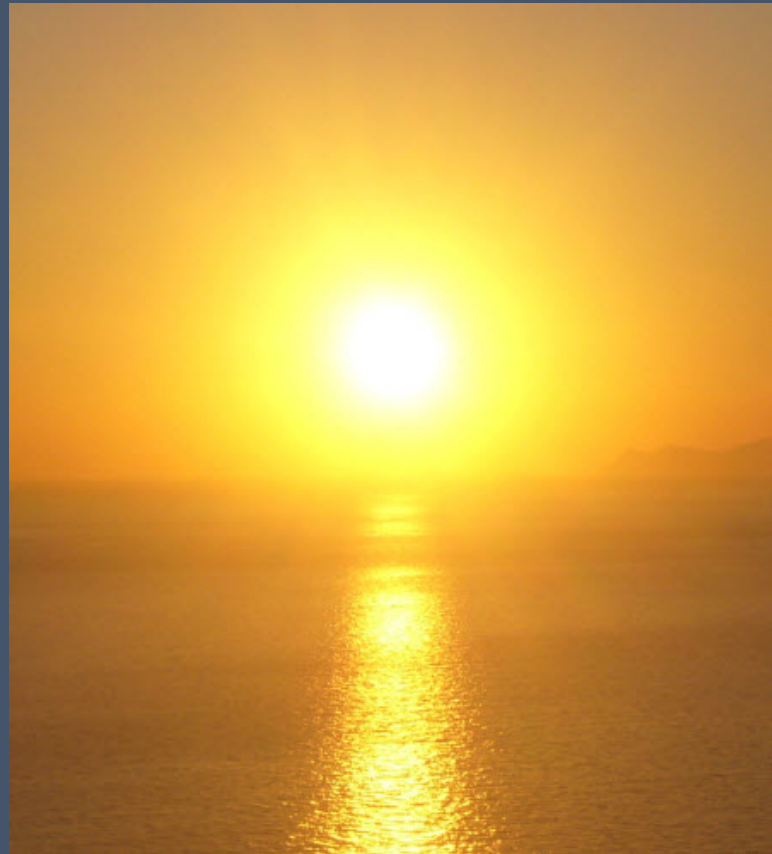
COVID-19 Impacts on OPMA

- On 3/24/2020, Governor Inslee issued Proclamation 20-28 prohibiting in-person public meetings and waiving and suspending certain OPMA laws. These provisions have been updated and amended multiple times in subsequent sequentially numbered proclamations (last I checked, it was up to Proclamation 20-28.15).
- On 1/15/2021, Legislature passed Senate Concurrent Resolution 8402, extending the Governor's emergency proclamation 20-28 until the termination of the state of emergency, or until rescinded, whichever occurs first.

COVID-19 Impacts on OPMA (cont.)

- During the emergency, many sections of RCW 42.30 are waived and suspended, but other requirements have been added to ensure open access to government:
 - Agencies are prohibited in most circumstances from conducting in-person public meetings
 - Agencies must provide an option(s) for the public to attend through, at a minimum, telephonic access, and agencies may also provide other electronic or internet means of remote access that provides the ability for all persons attending the meeting to hear each other at the same time
 - Agencies are not required to have a physical location where the public can watch and/or listen
 - If the agency permits public comment, all attendees must have a means to speak and be heard
 - For special meetings, agency is not required to post a paper agenda or paper meeting notice at the physical location

Thank you!



Proposed charter and operating procedures

TAB 4

Universal Health Care Commission Charter and Operating Procedures

The purpose of this charter is to clarify the charge and responsibilities of, and expectations for the Universal Health Care Commission (Commission).

I. Vision and Mission

A. Vision

To increase access to quality, affordable health care by streamlining access to coverage.

B. Mission

The Commission's primary objective is to develop a strategy for implementable changes to the state's health care financing and delivery system to increase access to health care services and health coverage, reduce health care costs, reduce health disparities, improve quality, and prepare for the transition to a unified health care financing system. The Commission aims to achieve this objective by: (1) examining data and reports from sources that are monitoring the health care system; (2) assessing the state's current preparedness for a unified health care financing system; (3) developing recommendations to increase access to health care services and health coverage, reduce health care costs, reduce health disparities, improve quality, and (4) preparing for the transition to a unified health care financing system.

II. Universal Health Care Commission Charge

Engrossed Second Substitute Senate Bill 5399, which passed during the 2021 Washington State Legislative Session, established the Universal Health Care Commission (Commission) to develop a strategy for implementable changes to the state's health care financing and delivery system to increase access to health care services and health coverage, reduce health care costs, reduce health disparities, improve quality, and prepare for the transition to a unified health care financing system. The Commission's work is primarily broken into two stages:

- **By November 1, 2022**, the Commission must submit a baseline report to the Legislature, the Governor, and post the report on the Health Care Authority's website. The report must include:
 - A complete synthesis of analyses done on Washington's existing health care finance and delivery system, including cost, quality, workforce, and provider consolidation trends and how they impact the state's ability to provide all Washingtonians with timely access to high quality, affordable health care.
 - A strategy for developing implementable changes to the state's health care financing and delivery system to increase access to health care services and health coverage, reduce health care costs, reduce health disparities, improve quality, and prepare for the transition to a unified

health care financing system by actively examining data and reports from sources that are monitoring the health care system.

- An inventory of the key design elements of a universal health care system including: (i) a unified financing system including, but not limited to, a single-payer financing system; (ii) eligibility and enrollment processes and requirements; (iii) covered benefits and services; (iv) provider participation; (v) effective and efficient provider payments, including consideration of global budgets and health plan payments; (vi) cost containment and savings strategies that are designed to assure that total health care expenditures do not exceed the health care cost growth benchmark established under chapter 70.390 RCW; (vii) quality improvement strategies; (viii) participant cost sharing, if appropriate; (ix) quality monitoring and disparities reduction; (x) initiatives for improving culturally appropriate health services within public and private health-related agencies; (xi) strategies to reduce health disparities including, but not limited to, mitigating structural racism and other determinants of health as set forth by the office of equity; (xii) information technology systems and financial management systems; (xiii) data sharing and transparency; and (xiv) governance and administration structure, including integration of federal funding sources.
 - An assessment of the state's current level of preparedness to meet the key design elements of a universal health care system (immediately above) and steps Washington should take to prepare for a just transition to a unified health care financing system, including a single-payer financing system. Recommendations must include, but are not limited to, administrative changes, reorganization of state programs, retraining programs for displaced workers, federal waivers, and statutory and constitutional changes.
 - Recommendations for implementing reimbursement rates for health care providers serving medical assistance clients who are enrolled in programs under chapter 74.09 RCW at a rate that is no less than 80 percent of the rate paid by Medicare for similar services.
 - Recommendations for coverage expansions to be implemented prior to and consistent with a universal health care system, including potential funding sources; and
 - Recommendations for the creation of a finance committee to develop a financially feasible model to implement universal health care coverage using state and federal funds.
- **Following the submission of the baseline report on November 1, 2022**, the Commission will submit annual reports to the Legislature and Governor reviewing the work of the Commission, continue strategy development regarding a unified health care financing system, and begin implementation, if possible.

- The Commission will continue developing implementable changes to the state's health care financing and delivery system to increase access to health care services and health coverage, reduce health care costs, reduce health disparities, improve quality, and prepare for the transition to a unified health care financing system and implement structural changes to prepare the state for a transition to a unified health care financing system as well continuing to further identify opportunities to implement reforms consistent with these goals.
- Subsequent annual reports beginning on November 1, 2023. The report will detail the work of the Commission, the opportunities identified to advance the Commission's goals, which, if any, of the opportunities a state agency is implementing, which, if any, opportunities should be pursued with legislative policy or fiscal authority, and which opportunities have been identified as beneficial, but lack federal authority to implement.

III. Commission Duties and Responsibilities

A. Membership and Term

There are a total of fifteen commission members. Six members are appointed by the Governor, using an equity lens, with knowledge and experience regarding health care coverage, access, and financing, or other relevant expertise, including at least one consumer representative and at least one invitation to an individual representing tribal governments with knowledge of the Indian health care delivery in the state. One member from each of the two largest caucuses of the House of Representatives, appointed by the Speaker of the House of Representatives. One member from each of the two largest caucuses of the Senate, appointed by the President of the Senate. Additional members include the Secretary of the Department of Health, Administrator of the Health Care Authority, the Chief Executive Officer of the Washington Health Benefit Exchange, Insurance Commissioner, and the Director of the Office of Equity, or their designee. The Governor shall also appoint a chairperson from the members for a term of no more than three years.

The Commission will convene beginning in 2021.

B. Commission Member Responsibilities

Members of the Commission agree to fulfill their responsibilities by attending and participating in Commission meetings, studying the available information, directing the work of advisory committees if any are created, and participating in the development of the required reports, including the November 1, 2022, report to the Legislature and Governor as well as the annual reports thereafter.

Members agree to participate in good faith and to act in the best interests of the Commission and its charge. To this end, members agree to place the interests of the state above any political or organizational affiliations or other interests. Members accept the responsibility to collaborate in developing potential recommendations

that are fair and constructive for the state. Members are expected to consider a range of issues and options to address them, discuss the pros and cons of the issues or options presented, and deliver a set of recommendations with key conclusions. The Commission should include the rationale behind each recommendation adopted.

Specific Commission member responsibilities include:

- Reviewing background materials and analysis to understand the issues to be addressed in the review and recommendation processes.
- Working collaboratively with one another to explore issues and develop recommendations.
- Attending Commission meetings; and
- Considering and integrating advisory committee recommendations, if any advisory committees are established, and public input into Commission recommendations as appropriate.

C. Vacancies Among Governor-appointed Commission Members

Vacancies among Governor-appointed Commission members for any cause will be filled by an appointment of the Governor. Upon the expiration of a member's term, the member shall continue to serve until a successor has been appointed and has assumed office. If the member to be replaced is the chairperson, the Governor shall appoint a new chair within thirty days after the vacancy occurs.

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

HCA shall assist the Commission and, if created, any advisory committees by facilitating meetings, conducting research, distributing information, draft the reports, and advising the members.

E. Chairperson's Role

The chair will encourage full and safe participation by members in all aspects of the process, assist in the process of building consensus, and ensure all participants abide by the expectations for the decision-making process and behavior defined herein. The chair will develop meeting agendas, establish subcommittees if needed, and otherwise ensure an efficient decision-making process. The chair will also serve as the liaison between the Commission and the Legislature, including presenting the report and recommendations of the Commission to legislative committees.

F. Commission Principles

The principles, listed below, are to guide decision-making during the development and adoption of recommendations by the Commission. The principles can be revised if proposed by the chairperson or by majority of members. The Commission's recommendations will:

- support the development of the report due by November 1, 2022, to the Legislature and Governor.
- increase access to health care services and health coverage, reduce health care costs, reduce health disparities, and improve quality.

- to the extent practical, be inclusive of all populations and all categories of spending.
- be sensitive to the impact that high health care spending growth has on Washingtonians.
- align recommendations with other state health reform initiatives to lower the rate of growth of health care costs, and
- be mindful of state financial and staff resources required to implement recommendations.

IV. Operating Procedures

A. Protocols

All participants agree to act in good faith in all aspects of the Commission's deliberations. 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:

- Members should try to 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.
- Members agree to be respectful at all times of other Commission members, staff, and audience members. They will listen to each other and seek to understand the other's perspectives, even if they disagree.
- Members agree to make every effort to bring all aspects of their concerns about these issues into this process to be addressed.
- Members agree to refrain from personal attacks, undermining the process or Commission, and publicly criticizing or misstating the positions taken by any other participants during the process.
- 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.
- Members are advised that email, blogs, and other social networking media related to the business of the Commission are considered public documents. Emails and social networking messages meant for the entire group must be distributed via a Commission facilitator.
- 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 the Commission's deliberations. In that regard, members are requested to include both the chair and Commission staff in written communications commenting on 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 the full Commission as appropriate.

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

2) Media

While not precluded from communicating with the media, Commission members agree to generally defer to the chair for all media communications related to the Commission process and its recommendations. Commission members agree not to negotiate through the media, nor use the media to undermine the Commission's work.

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

C. Conduct of Commission Meetings

1) Conduct of Commission Meetings

The Commission will meet by videoconference or in person at times proposed by the chair or by most voting members.

Most voting members constitutes a quorum for the transaction of Commission business. A Commission 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 chair to foster collaborative decision-making and consensus building. Robert's Rules of Order will be applied when deemed appropriate.

2) Establishment of Advisory Committees

The Commission may establish advisory committees that include members of the public with knowledge and experience in health care, to support stakeholder engagement and an analytical process by which key design

options are developed. A member of an advisory committee need not be a member of the commission.

Meetings of advisory committees will be conducted in accordance with the operating procedures in Section V.

3) Consensus Process/Voting

A consensus decision-making model will be used to facilitate the Commission's deliberations and to ensure the Commission receives the collective benefit of the individual views, experience, background, training, and expertise of its members. Consensus is a participatory process whereby, on matters of substance, the representatives strive for agreements that they can accept, support, live with, or agree not to oppose.

Members agree that consensus has a high value and that the Commission should strive to achieve it. As such, decisions on Commission recommendations will be made by consensus of all present members unless voting is requested by a Commission member. Voting shall be by roll call. Final action on Commission recommendations requires an affirmative vote of most of the Commission members. A Commission member may vote by videoconference, telephone, or in person.

Members will honor decisions made and avoid re-opening issues once resolved.

4) Documentation

All meetings of the Commission shall be recorded, and written summaries prepared. The audio records 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 the Commission meetings and access Commission materials on the website, or via GovDelivery.

At the end of the process, HCA staff will draft recommendations for which there is consensus and any remaining issues on which the Commission did not reach consensus.

D. Public Status of Commission and Advisory Committee Meetings and Records

The Commission and any advisory committee meetings are open to the public and will be conducted under the provisions of Washington's Open Public Meetings Act (Chapter 42.30). Members of the public and legislators may testify before the Commission upon the invitation of the chair or at the invitation of most of the members of the Commission. In the absence of a quorum, the Commission 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 webpage. Written summaries will be prepared noting attendance and any subject matter discussed.

Committee records, including formal documents, discussion drafts, meeting summaries and exhibits, are public records. Communications of Commission members are not confidential because the meetings and records of the Commission are open to the public. "Communications" refers to all statements and votes made during the meetings, memoranda, work products, records, documents, or materials developed to fulfill the charge, including electronic mail correspondence. The personal notes of individual members will be public to the extent they relate to the business of the Commission.

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.

2022 meeting schedule

TAB 5



STATE OF WASHINGTON
HEALTH CARE AUTHORITY

626 8th Avenue, SE • P.O. Box 45502 • Olympia, Washington 98504-5502

The following is the schedule of regular meetings for the Washington State Health Care Authority Universal Health Care Commission meetings for 2022:

Date	Time	Location
January 4, 2022	2:00-4:00 p.m.	*Zoom
February 25, 2022	2:00-4:00 p.m.	*Zoom
April 14, 2022	2:00-4:00 p.m.	*Zoom
June 16, 2022	3:00-5:00 p.m.	*Zoom
August 16, 2021	2:00-4:00 p.m.	*Zoom
October 13, 2022	2:00-4:00 p.m.	*Zoom
December 15, 2022	3:00-5:00 p.m.	*Zoom

*Dependent on public health emergency.

See the Health Care Authority's Universal Health Care Commission web page to learn more about the Universal Health Care Commission, meeting materials, and Zoom information:

<https://www.hca.wa.gov/about-hca/universal-health-care-commission>.

If you need further information or are a person with a disability and need a special accommodation, please contact Tamarra Henshaw, P.O. Box 45502, Olympia, WA 98504-5502, 360-725-1419, tamarra.henshaw@hca.wa.gov.

Public comment

Universal Health Care Work Group report to the Legislature executive summary

TAB 6



Universal Health Care Work Group

Executive summary

January 15, 2021

Executive summary

On behalf of the Universal Health Care Work Group, Health Care Authority (HCA) submits this report to the Washington State Legislature, as required by Engrossed Substitute House Bill 1109(57); Chapter 415, Laws of 2019. In collaboration with HCA, the Work Group was staffed by a Health Management Associates (HMA), 3Si, and Optumas project team.

Background and process

In 2019, the Legislature directed HCA to convene a Work Group to study and provide recommendations to the Legislature on how to create, implement, maintain, and fund a universal health care system. The 37 members of the Universal Health Care Work Group included a broad range of stakeholders with expertise in the health care financing and delivery system.

Membership reflected the geographic, socio-economic, ethnic, racial, and gender diversity of Washington's population. The Work Group recognizes that it stands on the shoulders of several generations of leaders, stakeholders, and advocates who have improved Washington's health care system over the past 30 years.

The COVID-19 pandemic has led to Washington's deepest economic crisis since the Great Depression. Skyrocketing unemployment has highlighted the inequities and weaknesses of the current health care system, in which tens of thousands of Washingtonians have no health coverage. Approximately 125,000 undocumented residents lack access to basic care.

Affordable, high-quality care is unavailable to many, and the COVID-19 pandemic has emphasized that these challenges threaten everyone's well-being.

Problems with the current system

The Work Group identified several key issues with the current system:

- Not all Washington residents have affordable access to essential, effective, and appropriate health services. Some residents lack coverage and others are underinsured and cannot afford to seek care.
- Disparities in health outcomes exist among Washington residents, and as with others, are worse on average than in comparative countries.
- Rising and uncontrolled health care prices and spending, along with increasing system complexity, harm local and state governments, the economy, consumers, patients, families, providers, employers of all sizes, and taxpayers.

Defining universal health care

The Work Group defined universal health care to mean that all Washington residents can access essential, effective, appropriate, and affordable health care services when and where they need it. The group discussed goals for a universal health care system across seven areas: access, equity, governance, quality, administration, affordability, and feasibility.

Three models considered

Both before and after models were developed for Work Group consideration, members discussed their perspectives on cost sharing, provider reimbursement, covered benefits, covered populations, and transition issues. They discussed these topics both on their own and in the context of the various models. In December 2020, members also completed a survey in which they ranked the models.

The project team used Work Group discussions, input, and information on international models and prior universal care or coverage concepts in the United States to develop three draft models for Work Group consideration:

- **Model A:** state-governed and administered program for all state residents.
 - Estimated implementation year savings: **\$2.5 billion**
 - Estimated annual steady state savings: **\$5.6 billion/year**
- **Model B:** state-governed and health plan administered program for all state residents.
 - Estimated implementation year savings: **\$738 million**
- **Model C:** access to coverage for undocumented residents unable to buy coverage now. This model could be expanded to other uninsured or underinsured populations.
 - **No system savings**

All models would have care delivered by private and public providers, clinics, and hospitals. The following tables are an overview of each model’s characteristics and financial analyses. It compares the model to the status quo and qualitative assessment of the model’s potential to achieve Work Group goals.

Table 1: overview of each model’s characteristics

	Model A	Model B	Model C
Populations	All state residents, including Medicaid, Children’s Health Insurance Program (CHIP), Medicare, privately insured, undocumented, uninsured		Undocumented immigrants
Covered benefits	<ul style="list-style-type: none"> • Essential health benefits, plus vision for all participants • Dental and long-term care for Medicaid¹ 		Essential health benefits
Cost sharing	<ul style="list-style-type: none"> • No cost sharing • Associated utilization changes 		Standard cost sharing
Provider reimbursement	<ul style="list-style-type: none"> • Reduced pricing variation between populations • Administrative efficiency • Increased purchasing power 		Cascade Care reimbursement levels

¹ Dental for all consumers is priced separately to show incremental cost of dental for non-Medicaid consumers.

Table 2: overview of each model’s financial analyses

	Model A	Model B	Model C
Population impacts	<ul style="list-style-type: none"> Improved access for the Medicaid population Improved access for uninsured, undocumented 		Assumes commercial utilization
Administration	<ul style="list-style-type: none"> State administers Premiums are exempt from state premium tax Lower system-wide administrative costs 	<ul style="list-style-type: none"> Health plans administer Premium tax applies Lower system-wide administrative costs 	Assumes commercial plan administrative costs
Expenditures for covered populations (in millions)			
Status quo expenditure	\$61,418	\$61,418	Not available
Model cost estimate	\$58,942	\$60,634	\$617
Implementation year savings	\$2,476	\$738	N/A

The Work Group discussed that Models A and B are designed to include all residents, while Model C focuses on access and affordability for undocumented individuals. Model C does not attempt to address all uninsured or underinsured.

Work Group members noted that, as it is not a universal program, Model C cannot benefit from efficiencies associated with system consolidation. It also does not address affordability for individuals not eligible for subsidies or who cannot afford current cost sharing. Several Work Group members suggested expanding Model C to include more state residents.

Achieving a vision for a universal health care system

To achieve universal health care will require the Legislature, Governor, state agencies, and a range of stakeholders to engage in a series of staged activities that will likely require many transition steps. This includes choosing one model, defining detailed operational plans, and establishing policies to ensure the health reform goals are achieved.

Some Work Group members noted that while Model C would not deliver universal access or achieve desired health reform goals, it should be a step toward universal health care. Model C would provide coverage for a group with immediate need for coverage while a more comprehensive system was being built.

Work Group members acknowledged the need to “fill in the gaps” and to maintain current coverage as the new system is formally adopted, implemented, and operationalized. Ensuring a smooth transition and avoiding disruptions in coverage for Washington State residents requires concerted effort over time, even in the face of fiscal and political challenges. This concept became part of the example transition plan below.

Developing and implementing a transition plan

The transition plan addresses activities across three work streams:

- Protect coverage and reduce uninsurance.

- Define and implement coverage structure, cost containment strategies, administration.
- Define and implement financing, program standards, and transition actions.

The first step in the transition process would be legislation that commits the state to a universal health care system by a certain date. The second step would be near-term efforts to reduce the number of uninsured state residents. Over the following years, the work to build a universal health care system would include:

- Defining the coverage.
- Financing and program standards.
- Developing a financing plan.
- Building governance and administration structures.
- Implementing and administering the universal health care system.²

Addressing equity

Many Work Group members stressed the need for a health care system that increases equity in access, care, financing, and outcomes. They discussed using an equity assessment to methodically evaluate and measure a new system as it is designed and implemented. Such assessments, which are used to identify inequitable policies, procedures, practices and outcomes, are in use in Washington, both in the public and private sectors.

Assuming the proposed state Office of Equity is established, any legislation and subsequent commissions and state agencies working to establish a universal health care system should explicitly involve this office and the Governor's Interagency Council on Health Disparities. Involving these groups and Washingtonians of diverse races, ethnicities, and cultures is needed to ensure that equity is addressed in the design of a new system.

² An example transition plan is available in Appendix I.



Link to Full Report: <https://www.hca.wa.gov/assets/program/final-universal-health-care-work-group-legislative-report.pdf>

Link to Universal Health Care Work Group Webpage: <https://www.hca.wa.gov/about-hca/universal-health-care-workgroup>



Universal Health Care Commission summary of legislation SB 5399

TAB 7



Universal Health Care Commission


Summary of Legislation SB 5399


Goals:

The Universal Health Care Commission is established to create immediate and impactful changes in the health care access and delivery system in Washington and to 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 has become available.

Tasks:

By November 1, 2022, the commission shall submit a baseline report to the legislature and the governor and post it on the authority's website. The report must include:

- a. A complete synthesis of analyses done on Washington's existing health care finance and delivery system, including cost, quality, workforce, and provider consolidation trends and how they impact the state's ability to provide all Washingtonians with timely access to high quality, affordable health care.
 - b. A strategy for developing implementable changes to the state's health care financing and delivery system to increase access to health care services and health coverage, reduce health care costs, reduce health disparities, improve quality, and prepare for the transition to a unified health care financing system by actively examining data and reports from sources that are monitoring the health care system. Such sources shall include data or reports from the health care cost transparency board under RCW 70.390.070, the public health advisory board, the governor's interagency coordinating council on health disparities under RCW 43.20.275, the all-payer health care claims database established under chapter 43.371 RCW, prescription drug price data, performance measure data under chapter 21 70.320 RCW, and other health care cost containment programs.
 - c. An inventory of the key design elements of a universal health care system including: (i) A unified financing system including, but not limited to, a single-payer financing system; (ii) Eligibility and enrollment processes and requirements; (iii) Covered benefits and services; (iv) Provider participation; (v) Effective and efficient provider payments, including consideration of global budgets and health plan payments; (vi) Cost containment and savings strategies that are designed to assure that total health care expenditures do not exceed the health care cost growth benchmark established under chapter 70.390 RCW; (vii) Quality improvement strategies; (viii) Participant cost sharing, if appropriate; (ix) Quality monitoring and disparities reduction; (x) Initiatives for improving culturally appropriate health services within public and private health-related agencies; (xi) Strategies to reduce health disparities including, but not limited to, mitigating structural racism and other determinants of health as set forth
- 




by the office of equity; (xii) Information technology systems and financial management systems; (xiii) Data sharing and transparency; and (xiv) Governance and administration structure, including integration of federal funding sources.


- d. An assessment of the state's current level of preparedness to meet the elements of section (c) immediately above and steps Washington should take to prepare for a just transition to a unified health care financing system, including a single-payer financing system. Recommendations must include, but are not limited to, administrative changes, reorganization of state programs, retraining programs for displaced workers, federal waivers, and statutory and constitutional changes.
- e. Recommendations for implementing reimbursement rates for health care providers serving medical assistance clients who are enrolled in programs under chapter 74.09 RCW at a rate that is no less than 80 percent of the rate paid by Medicare for similar services.
- f. Recommendations for coverage expansions to be implemented prior to and consistent with a universal health care system, including potential funding sources; and
- g. Recommendations for the creation of a finance committee to develop a financially feasible model to implement universal health care coverage using state and federal funds.

After November 1, 2022: the commission must structure its work to continue to further identify opportunities to implement reforms consistent with subsection (7)(b) of this section and to implement structural changes to prepare the state for a transition to a unified health care financing system.

November 1, 2023, and annually thereafter: The commission must submit annual reports to the governor and the legislature. The reports must detail the work of the commission, the opportunities identified to advance the goals of the Commission, which, if any, of the opportunities a state agency is implementing, which, if any, opportunities should be pursued with legislative policy or fiscal authority, and which opportunities have been identified as beneficial, but lack federal authority to implement.

Members:

- One member from each of the two largest caucuses of the House of Representatives, appointed by the Speaker of the House of Representatives.
 - One member from each of the two largest caucuses of the Senate, appointed by the President of the Senate.
 - The Secretary of the Department of Health, or the Secretary's designee.
 - The Director of the Health Care Authority, or the Director's designee.
 - The Chief Executive Officer of the Washington Health Benefit Exchange, or the Chief Executive Officer's designee.
 - The Insurance Commissioner, or the Commissioner's designee.
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- The Director of the Office of Equity, or the Director's designee.
 - Six members appointed by the Governor, using an equity lens, with knowledge and experience regarding health care coverage, access, and financing, or other relevant expertise, including at least one consumer representative and at least one invitation to an individual representing tribal governments with knowledge of the Indian health care delivery in the state.
 - Staffing: HCA staffs the commission.
 - **Chair:** The governor must appoint the chair of the commission for a term of no more than three years.


Voting:

Quorum: A majority of the voting members of the commission shall constitute a quorum for any votes of the commission.

Advisory Committees:

The Commission may establish advisory committees that include members of the public with knowledge and experience in health care, in order to support stakeholder engagement and an analytical process by which key design options are developed. A member of an advisory committee need not be a member of the commission.

Meetings:

- Must be open to the public under RCW 42.30.
 - HCA must publish on its website the dates and locations of commission meetings, agendas, and meeting materials of prior and upcoming commission meetings.
- 



Link to SB 5399 bill page: <https://app.leg.wa.gov/billsummary?BillNumber=5399&Year=2021&Initiative=false>

Link to Universal Health Care Commission Webpage: <https://www.hca.wa.gov/about-hca/universal-health-care-commission>



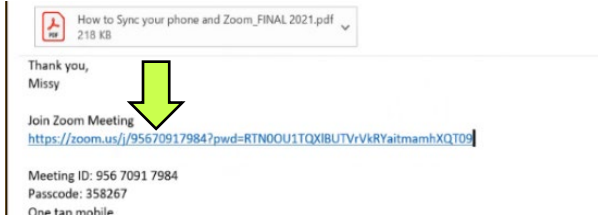
How to join a Zoom meeting

TAB 8

How to join a Zoom meeting

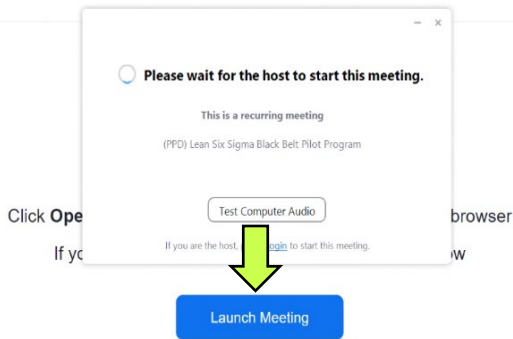
1. Find the meeting on your calendar and open it.

Click the Zoom hyperlink in the body of your invitation.

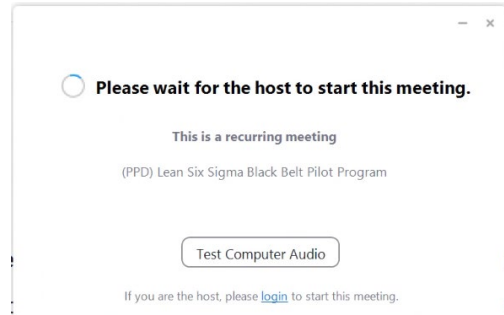


2. Your browser will automatically download Zoom for you

Click *Launch Meeting* if it does not start automatically.

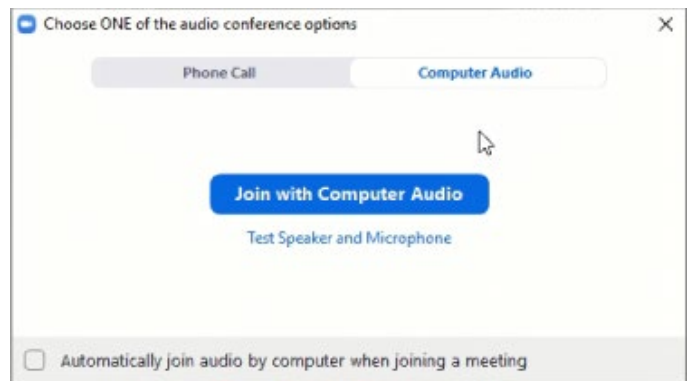


3. You will be placed in the waiting room until the meeting begins.



4. When the meeting starts, you will be prompted to select your audio.

Choose the option that best suits you. If you choose **Phone Call** please follow the directions provided for how to sync your phone and zoom profile.



Already downloaded Zoom?

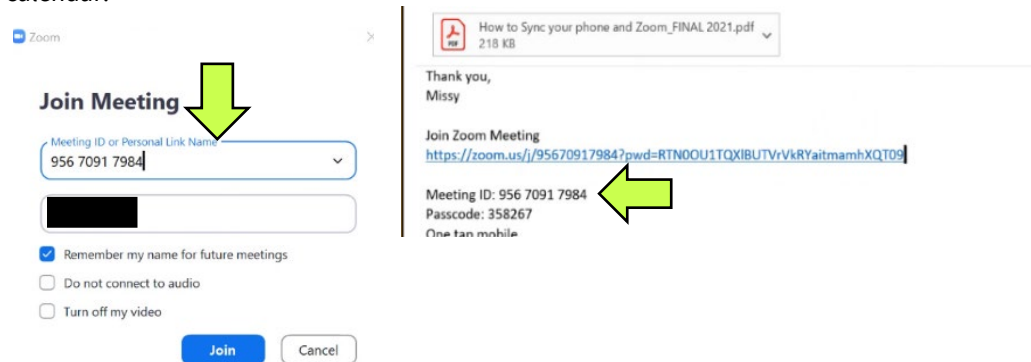
1. Open your application.

Click *Join a Meeting*.



2. Enter the meeting ID.

This can be found in the body of your invitation on your calendar.



3. Enter the passcode.

This can be found in the body of your invitation on your calendar. When you're done click *Join Meeting*.

