Universal Health Care Commission Meeting Summary

June 16, 2022
Health Care Authority
Meeting held electronically (Zoom) and telephonically
3:00 p.m. – 5:00 p.m.

Note: this meeting was video recorded in its entirety. The recording and all materials provided to and considered by the Commission is available on the Universal Health Care Commission webpage.

Members present

Vicki Lowe, chair
Dave Iseminger
Estell Williams
Jane Beyer
Joan Altman
Representative Joe Schmick
Karen Johnson
Representative Marcus Riccelli
Nicole Gomez

Members absent

Senator Ann Rivers
Bidisha Mandal
Senator Emily Randall
Kristin Peterson
Mohamed Shindane
Stella Vasquez

Call to order

Vicki Lowe, Commission Chair, called the meeting to order at 3:02 p.m.

Agenda items

Welcoming remarks

Chair Vicki Lowe welcomed the members of the Commission to the fifth meeting. Vicki Lowe provided an overview of the agenda and shared the goals of the meeting. Members shared what brings them joy in their work during roll call.

Virtual Meetings Update

Commission Members voted unanimously to continue to hold virtual-only meetings.

Meeting Summary review from the previous meeting

The Commission Members present voted by consensus to adopt the Meeting Summary from the Commission's April 2022 meeting.

Public Comment

Vicki Lowe called for verbal and written (via Zoom chat) comments from the public.

Roger Collier remarked that a universal health care system in Washington is not yet feasible due to several legal barriers, and suggested that the Commission has a unique opportunity to propose changes to state laws and regulations that could reduce health care costs and improve access for Washingtonians. (Verbal)

Cris Currie remarked that it is not the goal of this Commission to determine the subjective feasibility of this project. Cris Currie also shared three major types of mechanisms for transitioning employer self-funded plans to a state-based single-payer system in a Pennsylvania Law Review article from 2020. (Verbal)

Maureen Brinck-Lund shared that it is part of the Commission's charge to create immediate and impactful changes to the current health care system and suggested that the Commission consider bringing new legislation to the 2023 legislative session, especially given the start of a new biennium in 2023. (Verbal)

Deana Knutsen stressed the importance of looking beyond the flaws of the current system and to be innovative in the vision for universal health care. Deana Knutsen suggested that all Commission Members must be heard because they represent various groups and communities in Washington. (Verbal)

Marcia Stedman shared concern of a seeming lack of urgency given that the Commission's report is due to the Legislature this year. Marcia Stedman shared concern regarding the color coding in the draft report illustrating the feasibility of some reforms but is encouraged by the Commission's expertise and experience in this field. (Verbal)

Kathryn Lewandowsky voiced support of the Commission's mission to create a comprehensive financing plan for universal health care in Washington, as well as support for Model A as proposed by the Universal Health Care Work Group. (Verbal)

Nathan Rodke remarked that the US is the only country to leverage excessive health care costs onto patients. Nathan Rodke shared strong support for Model A, but suggested that the Washington Legislature may not be ready for Model A. (Verbal)

David Loud shared interest in Roger Collier's (member of the public) proposal for interim steps to reducing costs and improving access, and suggested Commission Members have time at each meeting to discuss the mission and vision for universal health care. (Verbal)

Kathleen Randall suggested that if including Medicare beneficiaries in the universal health care system is not feasible initially, that it may be possible for universal coverage to become a Medicare supplement. Kathleen Randall voiced support of the Commission developing a pathway for Washington to become part of a Medicare for All Plan (federal) if/when the plan is developed. (Verbal)

Commission Member, Joan Altman, remarked on the benefit of benefit standardization in the Exchange. (Written)

Kathleen Randall shared support for one benefits package and suggested that patients could be registered into the State plan via a simple registration system as they seek care. With no levels of coverage, there is no option for discrimination. (Written)

Aruna Bhuta remarked on healthcare providers not accepting Medicaid rates which can limit access to care or cause delays. (Written)

Kathleen Randall remarked that providers should be paid for all care they prescribe, with perhaps the exception of care that is not a medical necessity. (Written)

Nathan Rodke shared agreement with Chair Vicki regarding cost-sharing. (Written)

Commission Member, Jane Beyer, shared a Kaiser Health News article regarding Americans' medical debt. https://khn.org/news/article/diagnosis-debt-investigation-100-million-americans-hidden-medical-debt/ (Written)

Kathleen Randall suggested that it may be appropriate to refer individuals seeking care inappropriately to behavioral health care for anxiety disorders, not to be ignored as nuisance patients, and shared the Public Health Model as a potential means of provider compensation. (Written)

Aruna Bhuta asked what can be learned from original Medicare. (Written)

Presentation: Liz Arjun, Gary Cohen, and Jon Kromm, Health Management and Associates, shared a timeline for the development of the Commission's report due to the Legislature in November 2022, in addition to section 4 and section 2 of the draft report. Section 4 assesses Washington's readiness to implement key design components of a universal health care system, and section 2 covers proposed strategies for developing implementable changes to Washington's health care financing and delivery system.

Section 4 focused on providing an assessment of Washington's current level of preparedness to meet the elements of a unified health care financing and delivery system. For purposes of assessing Washington's level of preparedness in the draft report, *Green* signifies that Washington is ready to implement a particular design element without major additional resources and IT systems or disruption to existing State programs; *Yellow* signifies that Washington has some resources, IT systems, and programs that could be modified and expanded to implement the design element or has no history of implementing a similar function.

Eligibility and enrollment readiness for a universal health care system was assessed as *Yellow*, for reasons including a lack of a centralized system with information about existing coverage, and that existing systems are not interoperable. Additionally, though there are robust systems in place for Apple Health and Qualified Health Plans via Healthplanfinder, modifications would be costly. Further, enrolling uninsured individuals and transitioning individuals from existing coverage requires significant and ongoing resources.

Commission Member Discussion on Eligibility and Enrollment

Dave Iseminger shared that the fragmentation of the various eligibility processes in Washington impacts individuals and families. There are multiple manual processes to understand even among the coverage programs housed under HCA, in addition to the eligibility processes within the Health Benefit Exchange (HBE). A single eligibility system is necessary for a universal health care system.

Joan Altman echoed Dave Iseminger's comments and remarked that the HHS (Health and Human Services) Enterprise Coalition is currently exploring their HHS Roadmap to determine how and where Healthplanfinder and other State systems could be further leveraged and integrated. There has been interagency commitment and legislative commitment to charting a path forward to leverage investments Washington has made in IT.

Jane Beyer pondered whether there is an existing universal data system (which may not capture anyone who moves into the state but could capture who was born in the state) that could be utilized to capture a large portion of the population for enrollment and eligibility.

Karen Johnson shared that viewing universal health care as a system through an equity lens inspires reflection on the trauma that oppression brings, including the generational trauma brought on by the genocide of Indigenous peoples and the enslavement of African peoples in building this country. Karen Johnson urged Commission Members to think about how to address this in this work and is concerned about the health status and mental status of those who have experienced such trauma.

Chair Vicki Lowe agreed with Karen Johnson and pointed to the barriers BIPOC individuals face in signing up for State agency programs and services because of past trauma, including generational trauma. Vicki Lowe's organization is working with Tribal liaisons on building a report for the American Indian/Alaskan Native (AI/AN) populations to identify more of these barriers.

Karen Johnson suggested that there may be lessons learned from the universal health care system under Veterans Affairs that could be translatable to Washington's universal system. Veterans Affairs leveraged people in Veterans' lives to help redesign the system with actively engaged staff who delivered a superior customer experience to Veterans that also honored their experience and in a way that maintained their dignity and humanity.

Nicole Gomez recommended that any new eligibility system should be user friendly and simple to ensure an equitable process.

Representative Schmick suggested that the Commission clarify who the eligibility system is ultimately for if Medicare and Medicaid enrollees are not covered under the universal system.

Benefits and services were assessed as *Yellow* for reasons including varied benefit packages, and because Washington's experience managing benefits under Apple Health, PEBB and SEBB, are conducted largely through managed care plans and commercial carriers providing administrative functions. In its final report, the Universal Health Care Work Group assumed that the benefits covered under a universal system included Essential Health Benefits as defined by the Affordable Care Act (ACA), including vision and dental, as well as long-term care (for Medicaid eligible individuals only). However, this was not a comment on what all Work Group members wanted or what was ideal. HMA asked Commission Members' views on what the set of benefits should be.

Commission Member Discussion on Benefits and Services

Jane Beyer pondered how to remove deductibles and cost sharing so that individuals can actually access their benefits and noted the several proposals in the Washington Legislature to add benefits to the mandated benefits. However, the ACA provides that if a state wants to add benefits to the Essential Health

Benefits, the state must bear the cost. Jane Beyer stressed the importance of having any established benefits package evolve with evidence-based advances in medical care.

Estelle Williams echoed Jane Beyer's comments, especially given that medical care is evolving as health inequities and health disparities are being recognized, and we are understanding from where these inequities and disparities stem and how they can be addressed. Estelle Williams stressed the importance of ensuring that individuals from a marginalized identify are included in advances in medical care and do not incur additional costs.

Chair Vicki Lowe stressed that access to care should be inclusive of medical, dental, hearing, vision, and behavioral health.

Dave Iseminger echoed Chair Vicki Lowe's comments, remarking how often dental care is left out of medical care and suggested that small benefit design changes can have powerful impacts on perception of a benefit and perception of actual or non-existent care and price. There is a mandatory dental benefit in the PEBB and SEBB programs and premiums are covered fully by the employer.

The Work Group report mentioned the idea of supplemental insurance being available to purchase in addition to the essential benefits under a universal system. Commission Members were asked their thoughts on whether the idea of supplemental insurance is worth pursuing, considering the equity implications.

Commission Member Discussion on Supplemental Insurance Options

Dave Iseminger remarked that having the ability to purchase private insurance highlights a very clear inequity because some individuals could afford enhanced benefits, and some could not. Having a flat amount for covered services provided to enrollees will make the system simpler, help avoid confusion, and help with predictability.

Joan Altman shared that HBE is reviewing "choice overload." Additionally, standardization has been a way to help individuals who purchase on the individual market make informed choices.

Jane Beyer stated that Medicaid has a richer benefits package because it acknowledges the fact that eligible individuals do not have money available to pay for a service not covered under the benefits package.

Chair Vicki Lowe remarked that cost sharing is an equity issue and inhibits individuals, particularly lower income individuals, from getting care.

The UHC Work Group report did not provide details on provider reimbursement beyond assuming that there would be a fee schedule set by the State, with rates higher than public programs currently and lower than commercial rates. Commission Members were asked whether the universal health care system should continue and build upon efforts to pay for health care other than by a fee-for-service (FFS) model in order to promote affordability, quality, and equity goals.

Commission Member Discussion on Provider Reimbursement and Participation

Jane Beyer shared concern in moving away completely from the FFS system because there has been significant horizontal and vertical consolidation in health care with an increase in private equity money in health care. Jane Beyer cautioned against creating value-based payment (VBP) models that could force

providers to sell their practice due to capacity issues. Jane Beyer shared that in recent evidence reviews of outcomes of VBP models, the research is mixed, especially in terms of the impact of VBP models on price, and urged that the Commission explicitly address these issues in its discussion of moving to VBP.

Chair Vicki Lowe echoed Jane Beyer's comments and shared that Indian Health Care Providers are also concerned about fully moving to VBP as well, particularly with respect to rural health care providers. It may be helpful to do some sort of cost-based reimbursement to ensure that providers are paid at least the cost to provide care. Vicki Lowe also suggested that providers in cities should not be paid more than providers in rural areas. The cost of providing care must be part of the equation.

Nicole Gomez sees costs and payments through the lens of Workers Compensation, which utilizes a fee schedule. This may be a possibility for a streamlined payment system that could be translatable to a universal system.

Currently, most of the cost containment efforts across Washington are not aligned. The new system will also require significant resources dedicated to aligning IT systems to support a universal system. There may be an opportunity for the State to transition gradually with taking on more functions of the system.

Section 2 covered proposed strategies for developing implementable changes to Washington's health care financing and delivery system. HMA shared an illustration outlining the foundational elements of a universal health care system, including benefits and services, eligibility, financing, and provider reimbursement. These elements as proposed, could help guide decision making around infrastructure, enrollment, cost containment elements, and governance. Several Commission Members noted that cost containment elements could be considered a foundational element, rather than a secondary element.

HMA also shared actions the Commission could take in the short-term, mid-term, and long-term in considering the model for implementation. In the near term, the Commission could focus on establishing a financing technical advisory committee to carry out the initial exploration and details of models. Also in the near term, the Commission could focus some of its work on making implementable changes to the current system to improve access to coverage and care. Additionally, the Commission could develop recommendations for phased initiatives and a pathway to ready the existing system for the transition to a universal system. In the mid-term, the Commission could finalize recommendations to the Legislature on each of the core design elements and how each element will be implemented. In the long-term, the Commission could establish technical advisory work groups to develop operational details of the universal system.

Adjournment

Meeting adjourned at 5:05 p.m.

Next meeting

Tuesday, August 16, 2022
Meeting to be held on Zoom
2:00 p.m. – 4:00 p.m.