Washington State Health Care Authority

Universal Health Care Commission Meeting Summary

April 11, 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 commission is available on the Universal Health Care Commission webpage.

Members present

Vicki Lowe, Chair
Bidisha Mandal
Dave Iseminger
Jane Beyer
Joan Altman
Karen Johnson
Kristin Peterson
Mohamed Shindane
Nicole Gomez

Members absent

Senator Ann Rivers
Senator Emily Randall
Estell Williams
Representative Joe Schmick
Representative Marcus Riccelli
Stella Vasquez

Call to order

Vicki Lowe, Commission Chair, called the meeting to order at 2:01 p.m.

Agenda items

Welcoming remarks

Chair Lowe welcomed the members of the Commission to the eleventh meeting.

Meeting Summary review from the previous meeting

The Commission Members present voted by consensus to adopt the Meeting Summary from the Commission's February 2023 meeting.

Finance Technical Advisory Committee (FTAC) Updates

Pam MacEwan, FTAC Liaison, provided updates from FTAC's March meeting. There were three main topics: 1) Transitional solutions, 2) a presentation by Chair Lowe on the Indian Health Delivery System, and 3) Medicare eligibility. Since Health Management and Associates (HMA) is scheduled to provide more detail on the transitional solutions work later in this meeting, updates were focused on the other topics. Chair Lowe's presentation described the Jamestown Program's approach to universal health care which ensures that members experience the same level of benefits regardless of their source of coverage. This presentation grounded FTAC's discussion on options to include Medicare enrollees in the universal system. There is no precedent for a waiver that gives a state control over Medicare funds and program administration. As a result, there was not much energy from FTAC on pursuing a waiver at this time. The major focus of FTAC's next meeting will be to solidify guidance to the Commission on the pursuit of a Medicare waiver, and to draft some pros and cons on waiver alternatives.

Public comment

Chair Lowe called for comments from the public.

Ben Kilfoil lost health coverage due to job loss and if it weren't for his partner's insurance coverage, he would go bankrupt due to the high costs of his essential medication.

Mike Benefiel remarked that transition issues can be handled after a new system is created and that Senate Bill 5335 provides an immediate solution for comprehensive health care.

Nancy Boespflug, Precinct Committee Officer (PCO) 41st District, previously lived in countries with effective universal health care. Any of the three models (as proposed by the Universal Health Care Work Group) would improve what we have. We need political will to move forward.

Elizabeth Hovde, Washington Policy Center, remarked that socialized health care leads to the rationing of care. The Commission should consider access and quality issues in universal health care systems. Health care is a need not a right.

Cris Currie, retired RN, stated that full integration of Medicare should be the goal to create savings and fully fund the universal system. The necessary pieces to begin working on a 1332 waiver application are included in the Washington Health Securities Trust bill.

Noah Peterson supported SB 5335 to avoid needless suffering of the residents of Washington. The Commission should analyze the savings generated by a universal health care system as detailed in their 2022 report.

El Moore shared concerns about aging out of his parents' insurance coverage and cited a report that found that one in three of all COVID deaths were linked to insurance gaps. We need to make the Washington Health Trust a reality.

Judy D'Amore urged the Commission to adopt Model A, sharing that her son and others who are not insured through their employer avoid going to the doctor because of the prohibitive costs.

Kathryn Lewandowsky, RN, noted that overutilization is not the problem in the U.S., rather it is inadequate access

to appropriate care that is a driver of inflated costs. In 2012, Connecticut "un-privatized" their Medicaid program, which has generated savings over time.

Maria Elena Van Gaver, family nurse practitioner, sees daily how the current health care system hurts people and burns out health care workers and urged the Commission to recommend SB 5335 as a path to implement Model A.

David Sattgast shared that due to medical needs, he cannot live independently or without his parents' health care coverage. A universal health care system would allow David to live a happier and independent life without fear of going into medical debt.

Connor Buchanan shared that many older veterans who have served this country cannot afford to age and die in this country without losing their savings due to the cost of care. This continues to cause generational trauma.

Maureen Brinck-Lund, PCO 36th District, is concerned that "single-payer" stipulations in the Commission's legislation is being given short shrift and urged the Commission to instruct FTAC to explore a single-payer option as required by SB 5399.

Marcia Stedman, Health Care for All Washington, recommended setting aside the Employee Retirement Income Security Act of 1974 (ERISA) for now and instead designing a system that prioritizes providing access to care for Washingtonians who don't currently have access.

Joselito Lopez, Washington Community Action Network, suffered two heart attacks resulting in tens of thousands of dollars in medical debt after losing employer sponsored insurance. SB 5355 provides a good starting point as does Oregon's Universal Health Care Task Force report.

Jen Nye is concerned with the subjectivity of some of the Commission's goals, e.g., "affordable." What's affordable for one person may be out of reach for another. Eliminating all out-of-pocket costs is the most humane approach and the Commission should define their goals.

Warren George, former member of Oregon's Task Force on Universal Health Care, shared that Oregon's Task Force found evidence that a public option doesn't go far enough to resolve issues within the current system and advocated for a single-payer system.

Consuelo Echeverria, Health Care for All Washington, suggested that the Commission refer to Oregon's report for steps to consolidate and unify the financing and management of Public Employee Benefits (PEB)/School Employee Benefits (SEB) and other state-based exchange programs as an interim step.

Sarah Weinberg, retired pediatrician, recalled that the Health Options Program (1990) upended her office's billing practices. One useful step for Washington could be to take Medicaid back from private insurers as Connecticut has done.

Emma Devroe noted that universal health care would significantly reduce privatized markups on medication and treatment and allow for an infrastructure that is easily regulated for quality and equitable outcomes.

Ronnie Shure, Health Care for All Washington, remarked that a single-payer health care system is not the same as "socialized medicine." A single-payer system is socialized insurance, just as we have for firefighters and police.

Mason Chittick shared that he and his brother were born with epilepsy and seizures. His parents could barely afford the cost of medicine and treatment, and universal health care would have been so beneficial when he was growing up.

Gareth Morrish stated that in New Zealand, the government subsidizes the cost of medication for individuals who are uninsured. Cutting this component of the health care system is not on the table.

Linda Orgel shared concern that Medicare Advantage is an option being considered to include Medicare enrollees in the universal health care system. Medicare Advantage is private insurance and should not be considered for the universal system.

Members of the public who were unable to provide oral public comments were encouraged to send their written comments to the Commission's inbox.

Presentation: Review of the request regarding the Washington Health Trust Bill (SB 5355)

Chair Vicki Lowe

Chair Lowe reviewed the request by Senators Hasegawa and Cleveland for the Commission to analyze the Washington Health Trust bill. Per the request, the Commission's analysis should: be shared in a report by June 30, 2024; assess whether the proposal aligns with the goals and planned activities of the Commission; assess whether and how the Commission might recommend implementing the proposal, if the Commission considers it within their mission and a viable proposal; identify opportunities for Whole Washington to substantively engage with the Commission in the future; and engage the leaders of Whole Washington throughout the analysis process and report preparation. Commission Member Mohammed Shidane suggested the proponents present to the Commission and Commission Member Nicole Gomez agreed. Commission Member Jane Beyer remarked that it would be helpful to understand how the bill does and does not align with the Commission's current work. Jane Beyer suggested that the Commission inform Senators Hasegawa and Cleveland of areas of the bill that fall outside of the Commission's current work. Chair Lowe noted that no additional funding was allocated for this request and proposed a crosswalk of the ideas between the bill and the Commission's work. Commission Member Kristin Peterson agreed with the proposed crosswalk. Chair Lowe moved for a motion to incorporate the request into the Commission and FTAC's work plan to the extent possible within the requested timeframe. Jane Beyer offered a friendly amendment to end the motion with "and available resources." The Commission voted unanimously to approve the amended motion. At the June meeting, HMA will share options for how the analysis can work into the Commission's current workplan.

Presentation: Equity – An Overview

Dr. Karen A. Johnson (Dr. J.), Director, Washington State Office of Equity

Dr. J. reviewed the work of the Washington State Office of Equity (Office) to inform the Commission's ongoing discussions and design of a universal healthcare system. The vision for the Office of Equity (Office) is for everyone to have full access to the opportunity, power, and resources to flourish and achieve their full potential. In their

directive to create a five-year statewide equity strategic plan, the Office developed a Pro Equity Anti-Racism (PEAR) playbook. PEAR is an "ecosystem" that acknowledges that humans and organizations don't exist in isolation of other systems. PEAR values are the Office's true north, informing service lines such as government policies, laws, and people that powerfully influence who can achieve their full potential. PEAR details the determinants of equity (many of which align with social determinants of health), including equity in quality education, economic justice, and housing. Community is the Office's guiding light. Dr. J. noted that when designing a universal healthcare system, it will be important to bring the community to the table for discussion and decision making.

It's not possible to discuss health equity without acknowledging the impact of racism on the health of communities, families, and children. Structural racism is a system of "othering" that has been used to "other" additional groups and communities such as women and people with disabilities. Since the U.S. has maintained a racialized and segregated society, we have all grown up in a system accustomed to "othering." Health inequities have implications including economic costs, health care costs, quality of life, and duration of life. The Commission should decide what kind of health care should be provided and paid for in the new system in a way that addresses trauma in an equitable way to help Washingtonians be resilient.

Achieving equity will not be accomplished through treating everyone equally, but by treating everyone justly according to their circumstances. Equity considerations include increasing self-awareness, aligning core values and actions, retraining your brain, and taking deliberate equitable action. Dr. J. shared some resources for and examples of how to retrain your brain. Implicit bias refers to unconscious stereotypes toward a group of people that affect our understanding, actions, and decisions. Implicit biases can be positive or negative and they affect us without our conscious awareness or control. Implicit bias affects health equity. The Commission should bring the community to the table as they examine health disparities. What is the aim of our new system? With no *aim*, there is no system. Washington is working to become a state in which everyone belongs. How can the Commission create a system with guaranteed access to quality, affordable health care for all?

Presentation: Continuing Transitional Solutions Discussion

Jon Kromm, HMA

The discussion on transitional solutions was moved to the next meeting due to time constraints.

Presentation: Eligibility: Preliminary ERISA Questions for FTAC

Jon Kromm, HMA

Previously, the Commission identified Eligibility as the first foundational topic for FTAC to address. The Commission was asked what preliminary questions they'd like FTAC to answer and evaluate regarding the Employee Retirement Income Security Act of 1974 (ERISA) eligibility for the universal system. Jane Beyer noted the goal to deliver the greatest benefit to the greatest number of people and motioned that FTAC not focus on obtaining a federal waiver and instead focus on two aspects of ERISA: 1) a "pay or play" option where employers have a choice to continue providing coverage to employees, and 2) an option where employers pay into the universal system and employees are covered by the universal system. Alternatively, Oregon's option would require employers to pay into the system through a payroll tax which eventually becomes financially unfeasible for employers to both pay into the system *and* continue to provide employees' coverage. The goal is to design a system so appealing that employers with self-funded health plans will opt to buy in to the universal system for their employees' coverage. Employers cannot be forced to participate. Jane Beyer was comfortable with FTAC relying on Erin Fuse Brown's legal analysis of ERISA (Appendix A, final report by Oregon's Task Force on Universal Health Care).

Commission Member Dave Iseminger and Commission Member Bidisha Mandal noted that this conversation requires more discussion before reaching a vote. The Commission agreed that Jane Beyer's questions would be a good starting point for FTAC's examination, but not to the exclusion of other things. The Commission agreed not to vote on the motion and to revisit Jane Beyer's motion after further discussion. Bidisha Mandal shared that since employer contributions may be optional, FTAC could examine how any employer contributions could be captured under the various ERISA eligibility options (and estimated dollar values for each option) to fund the new system. Commission Member Joan Altman noted that ERISA law has evolved somewhat and suggested FTAC brining to the Commission some initial guidance, including areas of the law that have changed, areas that are unchanged since the last analysis done on the topic, and any new approaches with potential areas of opportunity. This will narrow the scope of the field on ERISA and help avoid retreading the work that's already been done. Mohammed Shidane suggested that FTAC could review the Washington Health Trust Bill for information regarding ERISA. Chair Lowe noted that the Commission may ask FTAC to review certain aspects of that bill.

HMA briefly reviewed the Commission's workplan. FTAC will continue their work on Medicare and will then begin discussions on ERISA.

Adjournment

Meeting adjourned at 4:19 p.m.

Next meeting

June 13, 2023
Meeting to be held on Zoom
2:00 p.m. – 4:00 p.m.