

Universal Health Care Commission meeting summary

December 14, 2023

Hybrid meeting held electronically (Zoom) and in-person at the Health Care Authority (HCA)
2–4 p.m.

Note: this meeting was 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
Senator Emily Randall
Jane Beyer
Joan Altman
Representative Joe Schmick
Kristin Peterson
Representative Marcus Riccelli
Megan Matthews
Mohamed Shidane
Nicole Gomez

Members absent

Senator Ann Rivers
Bidisha Mandal
Estell Williams
Stella Vasquez

Call to order

Vicki Lowe, Commission Chair, called the meeting to order at 2:06 p.m.

Agenda items

Welcoming remarks

Chair Lowe welcomed Commission members to the fifteenth meeting and provided a land acknowledgement.

Meeting summary review from the previous meeting

The Commission members voted by consensus to adopt the October 2023 meeting summary.

Public comments

Cari Simson is self-employed and fluctuations in income create instability in qualifying for premium subsidies. A universal health care system would provide better security for self-employed individuals.

Nicolas Duchastel de Montrouge stressed the importance of focusing on improving access to health care. Much health care spending goes toward administration which is much lower in single-payer countries.

Warren George, former member of Oregon's Joint Task Force on Universal Health Care, encouraged the Commission to prioritize transitional solutions that lead to simplification. Washington and Oregon should cooperate in their respective implementations since many Washington residents work in Oregon, and vice versa.

Mike Benefiel, Democratic Precinct Committee Officer, Legislative District 23, remarked on the health care crisis leading to medical debt, bankruptcy, and loss of life. The Democratically led legislature is moving too slowly in spite of available universal health care legislation through the Washington Health Trust ([SB 5335](#)).

Roger Collier, experienced in implementing new government health care programs, suggested that the Commission should be further along in achieving its goals. The Commission should revisit Oregon's proposal and Roger Collier's (pages 12-20 of [today's meeting materials](#)) to accelerate decision making.

Christie Patterson shared personal experience of being abandoned by the current health care system, including having too much income to qualify for Medicaid, but too little to afford coverage on the Exchange, and remarked that "the more vulnerable you are, the less help you receive."

Rep. Bob Hasegawa, sponsor for SB 5335, noted that [Senate Joint Memorial 8006](#) gets the ball rolling at the federal level, including asking for the creation of a national universal health care system, or passing federal legislation to give states the right to make their own universal health care systems. The third element of the legislation requests that waiver authority be granted to Washington to implement a universal health care plan.

Sharon Abreu, an Apple Health enrollee, struggled for years to afford health care that did not meet their basic needs and expressed support for Whole Washington and single-payer health care, and for including dental care in health care.

FTAC updates: Preliminary guidance on Medicaid

Pam MacEwan, FTAC Liaison

FTAC's November meeting was focused on information gathering on Washington's Medicaid program to address the Commission's questions regarding integration of Medicaid into the universal system. FTAC identified areas to examine at the next meeting and to inform their development of recommendations to the Commission.

Planning for 2024 and prioritizing transitional solutions

Liz Arjun, Health Management Associates (HMA)

A priority will be connecting, simplifying, and consolidating existing state programs. Advancing policy should be taken biennium by biennium (two-year periods). **The Commission will develop a biennial timeline for short-term policies to demonstrate and track progress.**

The Commission previously selected coverage/enrollment, providers, and purchasing to prioritize in 2024. The Commission identified natural groupings of policy levers within these categories and grouped them under new headings. **The groupings will be prioritized in 2024 as follows: 1) Administrative Simplification and Increase Provider Participation in Public Programs, 2) Maximizing, Leveraging, and Expanding Current Programs, and 3) Topics Being Addressed Elsewhere (will be reported on in Commission meetings),** including services not covered by the Balanced Billing Protection Act (BBPA) (uncovered ambulance services), and provider rate regulation. **"Auto enrollment of Medicaid to no or low-cost premium Exchange plans" and the "BBPA" will be revisited post 2024 legislative session.**

Benefits and services is the first system design topic for 2024. The Commission requested a comparison of benefits and services between Medicaid, the Exchange and Essential Health Benefits, Medicare, and Public

Employee Benefits (PEB)/School Employee Benefits (SEB). **The Commission voted for FTAC to continue their focus on system design and report back their recommendations, and to examine transitional solutions as needed/directed by the Commission.**

The Washington Health Trust (SB 5335): Eligibility

Andre Stackhouse, Whole Washington

Whole Washington returned to provide details on the Washington Health Trust (WHT)'s approach to eligibility. Enrollment would be managed by HCA and a new entity, the Washington Health Trust Board (WHTB). All Washington residents would be eligible, as would some nonresidents.

There are few obstacles to enrolling Medicaid-eligible individuals, as WHT would leverage Washington's current demonstration waiver to fully integrate Medicaid. The WHT would reimburse Medicaid providers at increased negotiated rates for all residents. The WHT would supplement Medicare in the interim with a publicly funded and managed Medicare Advantage (MA) plan offered on the Exchange. Eventually, WHT's MA plan would be the only plan to receive cost assistance on the Market. Over time, Medicare would be fully integrated via a federal demonstration waiver. State legislation and infrastructure must be established before a federal waiver can be approved. Employers would be required to provide health coverage for all employees via a 10.5 percent per-employee (based on employee compensation) required health expenditure. The WHT would define what kinds of spending qualify towards the expenditure.

All licensed providers would be eligible to receive reimbursement from the WHT and participation would be optional. Rates would be negotiated annually by the WHTB in coordination with HCA with providers' input and participation. The five-year transition plan was illustrated. **Commission members expressed interest in obtaining Whole Washington's economic analysis.**

Office of the Insurance Commissioner's Preliminary report on Health Care Affordability

Jane Beyer, Office of the Insurance Commissioner (OIC)

The 2023 Legislature directed the OIC to evaluate policy options that could improve health care affordability. [OIC's preliminary report](#) includes information about vertical and horizontal consolidation of health insurers, hospitals, and health care providers, and private equity investment trends. It is very common for hospitals to integrate both horizontally and vertically. There is vertical integration among insurers where insurers are actively purchasing physician groups and clinics. Private equity acquisitions are also a growing national trend. A recent review of 55 studies found that private equity ownership was most consistently associated with increased costs to patients/payers and mixed to harmful impacts on quality of care.

The OIC identified several affordability policy options, including cost growth benchmarks, reinsurance programs, reference-based pricing, medical loss ratio requirements, public option plans, and prescription drug pricing regulation. Next steps include discussing policy options with stakeholders and Legislators to identify which to investigate further, followed by an in-depth economic and actuarial analysis on selected policy options and key informant interviews. The OIC's final report is due August 1, 2024.

Adjournment

Meeting adjourned at 4:26 p.m.

Next meeting

February 2, 2024

Meeting to be held on Zoom and in-person at HCA
2-5 p.m.