

Universal Health Care Commission Meeting Summary

August 16, 2022
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
Estell Williams
Jane Beyer
Joan Altman
Representative Joe Schmick
Karen Johnson
Kristin Peterson
Representative Marcus Riccelli
Mohamed Shindane
Senator Emily Randall

Members absent

Senator Ann Rivers
Nicole Gomez
Stella Vasquez

Call to order

Vicki Lowe, Commission Chair, called the meeting to order at 2:03 p.m.

Agenda items

Welcoming remarks

Vicki Lowe, Chair, began with a land acknowledgement and welcomed members of the Commission to the seventh meeting. Chair Lowe provided an overview of the agenda and shared the goals of the meeting.

Meeting Summary review from the previous meeting

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

Public comment



Chair Lowe called for verbal comments from the public.

Gary Renville, Project Access Northwest, noted that low Medicaid reimbursement rates create significant barriers to care, particularly for vulnerable populations.

Deana Knutsen, Washington Community Action Network, noted the importance of the community receiving a clearly articulated plan and vision for the universal health care system as proposed by the Commission.

Andrea Caupain Sanderson, Byrd Barr Place, advocated for increased Medicaid reimbursement rates to improve health care access, particularly for Black Washingtonians and low-income communities.

Aaron Katz, University of Washington School of Public Health, urged the Commission to direct the finance technical advisory committee to evaluate the effectiveness of value-based payment under a universal health care system.

Maureen Brinck-Lund, Health Care as a Human Right, stressed that the finance technical advisory committee is required by legislation to examine key design elements of a unified financing system, including a single-payer financing system.

Kristen Wells, Valley Cities, supported Medicaid rate increases for behavioral health and primary care, and stressed the importance of increasing Medicaid rates across all services.


Roi-Martin Brown, Washington Community Action Network, supported increasing Medicaid rates and noted the importance of creating a single-payer system with consistent, transparent provider fee schedules.

Elizabeth Hovde, Washington Policy Center, urged the Commission to examine failures of universal and single-payer health care systems and voiced support for strengthening existing government safety nets.

Presentation: Liz Arjun, Gary Cohen, and Jon Kromm, Health Management and Associates (HMA), shared section 5 and section 7 of the draft report. Section 5 covered pathways to implementing Medicaid rates at 80% of Medicare rates. Section 7 covered recommendations for the creation of a finance technical advisory committee (FTAC).

Medicaid has the lowest payment rates of any payer. In Washington, Medicaid rates have not kept pace with the increasing cost of services over the last 10 years. Physicians are less likely to accept new patients with Medicaid than new patients with Medicare or private insurance, and according to several studies, low Medicaid rates are cited as being the most important factor affecting providers' participation in Medicaid. HMA shared that increasing all Medicaid rates to 80% of Medicare would cost the state \$271 million. However, targeting primary care and behavioral health for Medicaid rate increases may make immediate and impactful changes in the current health care system.

Currently, adult primary care rates average about 67% of Medicare, and pediatric primary care rates average about 80% of Medicare. HMA posed that increasing rates for adult primary care to match rates for pediatric primary care would streamline administrative processes, reduce costs, and may improve access to care. For behavioral health services, the Legislature recently increased rates for managed care, though FFS behavioral health services were not included in those enhancements. Increasing FFS behavioral health rates at parity with managed care would close gaps in payment and may help reduce disparities in access to care.



HMA reviewed the Commission’s three-phase strategy to continue on the pathway to a universal health care system: 1) research and offer direction focused on foundational components underpinning the system’s design, including eligibility, benefits and services, provider reimbursement and participation, cost containment, and financing; 2) evaluate core components to operationalize and implement the system including an enrollment system; and 3) offer direction to the Legislature regarding governance and oversight of the system.

With regards to governance and oversight, Jane Beyer, Commission Member, stated that governance and oversight will inform fundamental implementation decisions and suggested discussing these elements in phase one. Bidisha Mandal, Commission Member, suggested that governance and oversight be broken out separately with governance categorized under implementation in phase two, and oversight discussions in phase three. Dave Iseminger, Commission Member, stressed the importance of balancing operations and policy in these decisions.

Rep. Joe Schmick, Commission Member, asked for clarification on who will be eligible for coverage under universal health. HMA responded that eligibility is one of the foundational components of the new system which should be discussed and answered in phase one of the Commission’s strategy.

Karen Johnson, Commission Member, clarified that phase two determines how the system will be operationalized and implemented. Mohamed Shidane, Commission Member, stressed the importance of building in quality of care and patient-centered care in constructing the universal health care system.

With regards to the establishment FTAC, Members supported increasing the number of FTAC members from seven to nine in order to accommodate the level of discussion and expertise needed. Members also supported FTAC providing option-based guidance with pros and cons of those options, while keeping in mind the impact of those options on patients. The Commission voted to establish FTAC to support their work, noting that the work of FTAC will be directed strictly by the Commission.

With regards to transitional solutions for Washington’s move to universal health care, Dave Iseminger, Commission Member, suggested aligning and enhancing public sector coverage by consolidating all public sector employer-sponsored coverage (public employees, school employees, and other public sector employees). Commission Members discussed exploring opportunities to leverage existing mechanisms in the state that can align benefits, quality standards, networks, and payment structures that do not necessitate changes to legislation.

Regarding the Commission’s recommendations for increased Medicaid rates for primary care and behavioral health, Karen Johnson, Commission Member, stressed the importance of adding language describing how this step could reduce health disparities, particularly among historically marginalized groups, and help advance health equity. Commission Members supported adding recommendations to continue funding increased rates for dental services (as recently enhanced by the Legislature) for children and adults to maintain and increase access to dental services.

Adjournment

Meeting adjourned at 4:01 p.m.

Next meeting

October 13, 2022

Meeting to be held on Zoom

2:00 p.m. – 4:00 p.m.

Universal Health Care Commission meeting summary
08/16/2022