Universal Health Care Commission meeting

June 11, 2025

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Washington State Health Care Authority

Tab 1

Washington State Health Care Authority

Washington State Health Care Authority

Universal Health Care Commission

Agenda

Wednesday, June 11, 2025
2:00–5:00 p.m.
Hybrid Zoom and in-person meeting

Commission members:		
☐ Vicki Lowe, Chair	☐ Jane Beyer	☐ Nicole Gomez
☐ Bidisha Mandal	☐ Joan Altman	☐ Omar Santana-Gomez
☐ Charles Chima	☐ Representative Joe Schmick	☐ Stella Vasquez
☐ Dave Iseminger	☐ Mohamed Shidane	

Time	Agenda Items	Tab	Lead
2:00–2:05 (5 min)	Welcome and call to order	1	Vicki Lowe, Chair
2:05–2:08 (3 min)	Roll call		Mary Franzen, HCA
2:08–2:10 (2 min)	Review of April meeting minutes	2	Vicki Lowe, Chair
2:10–2:25 (15 min)	Public comment	3	Vicki Lowe, Chair
2:25–2:35 (10 min)	Interstate health care compacts		Insurance Commissioner Patty Kuderer
2:35 – 2:45 (10 min)	State agency updates	4	Commission members
2:45–3:20 (35 min)	Budget, workplan, and charter update → Vote on FTAC charter update → Cost containment	5	Mary Franzen, HCA Todd Bratton, HCA
3:20–3:25 (5 min)	Break		
3:25–4:00 (35 min)	FTAC update and discussion → Benefit design → Next steps for FTAC	6	David DiGiuseppe, FTAC Liaison
4:00–4:25 (25 min)	Governance examples and discussion → Vote on timing of governance in workplan	7	Mary Franzen, HCA Liz Arjun, HMA
4:25–4:30 (5 min)	Break		
4:30–5:00 (30 min)	Next steps discussion	8	Liz Arjun, HMA
5:00	Adjournment		Vicki Lowe, Chair

Tab 2

Washington State Health Care Authority

Universal Health Care Commission meeting minutes

April 17, 2025

Hybrid meeting held on Zoom and in person at the Health Care Authority (HCA) from 2–5 p.m.

Note: The meeting materials packet and a full recording of this meeting can be found on the **Commission's meetings and materials page**.

All votes made during this meeting are highlighted throughout in blue.

Members present

Vicki Lowe, Chair
Bidisha Mandal
Charles Chima
Dave Iseminger
Jane Beyer
Laura Kate Zaichkin (representing the Washington Health Benefit Exchange)
Mohamed Shidane
Nicole Gomez

Members absent

Representative Joe Schmick
Omar Santana-Gomez
Stella Vasquez

Call to order

Vicki Lowe, Chair of the Universal Health Care Commission (Commission), called the meeting to order at 2:01 p.m. Sufficient members were present to allow a quorum.

Agenda items

I. Welcoming remarks

Chair Lowe began with a land acknowledgement and welcomed members to the Commission's 23rd meeting.

II. Meeting minutes

Commission members approved the February 2025 meeting minutes by unanimous vote.

III. Public comment

The following members of the public provided comments:

- **Jordan Despain**, Confluence Health
- **Scott Sutherland**, Washington Community Action Network (CAN)
- **Dave Chase**, Health Rosetta
- **Raleigh Watts**, Whole Washington
- **John Godfrey**, Washington CAN
- **Andre Stackhouse**, Whole Washington
- **Faheem Hashmey**, University of Washington (UW)
- **Marcia Stedman**, Health Care for All – Washington (HCFA – WA)
- **Maureen Brinck-Lund**, League of Women Voters

Public comment topics included:

- Support for universal health care and the Washington Health Trust bill
- Requests to address governance before cost and eligibility
- Request for analysis of SB 5233
- Questions about the relationship between private enterprise and the government for universal health care
- Support for an actuarial analysis that incorporates administrative costs

Find full testimonies in the **meeting recording (time stamp 12:00)**.

IV. Workplan update and governance discussion

Mary Franzen, HCA, and Liz Arjun, Health Management Associates (HMA)

Mary Franzen reviewed the milestone tracker and 2025 workplan, as well as the milestones to address at today's meeting:

- Benefits and services
- Cost containment mechanisms
- Provider participation and reimbursement

Franzen then provided an overview of governance, and Liz Arjun led Commission members in a discussion on whether they should consider governance within Phase 1. Members requested more information on what moving to governance would look like before making any decisions.

Find the full presentation and discussion in the **meeting recording (time stamp: 30:54)**.

V. Finance Technical Advisory Committee (FTAC) update and benefit cost analysis report

David DiGiuseppe, FTAC Liaison to the Commission

David DiGiuseppe then provided an overview of FTAC's March meeting, including public comments and **the benefit cost analysis conducted by Milliman**. DiGiuseppe shared select findings from Milliman's three modeled scenarios and answered questions from Commission members.

Following this overview, DiGiuseppe shared a framework developed by FTAC members to identify how to move forward with the results from the Milliman analysis. The framework included open questions that would require Commission decision making. DiGiuseppe noted that after his overview of the framework, HMA would facilitate a discussion on these open questions and FTAC recommendations for next steps.

Find his presentation in the **meeting recording (time stamp: 1:00:53)**.

Washington State Health Care Authority

VI. Future directions and possible modeling

Liz Arjun, HMA

Liz Arjun facilitated a discussion on future directions given the findings from the benefit cost analysis and the framework and recommendations proposed by FTAC. Commission members discussed the three scenarios, their total expenses, and plan design assumptions at length. They also discussed potential future analyses. HCA staff noted that funding for future studies will be dependent on the final budget from the Legislature, which hadn't yet been finalized at the time of the meeting.

Find the full discussion in the **meeting recording (time stamp: 1:52:34)**.

VII. State agency updates

Chair Lowe invited state agency representatives to provide updates from their agencies on work that aligns with the Commission. The following members provided updates:

- **Dr. Charles Chima**, Department of Health (DOH)
- **Dave Iseminger**, Health Care Authority (HCA)
- **Jane Beyer**, Office of the Insurance Commissioner (OIC)
- **Laura Kate Zaichkin**, Washington Health Benefit Exchange (WAHBE)

Topics included bills relevant to the Commission this legislative session, potential budget implications, and federal policies relevant to the Commission.

Find their full updates in the **meeting recording here (time stamp: 2:29:27)**.

Adjournment

The meeting adjourned at 4:54 p.m.

Next meeting

Wednesday, June 11, 2025, from 2–5 p.m.

The meeting will be held on Zoom and in person at HCA.

Tab 3

Washington State Health Care Authority

Public comment

Washington State Health Care Authority

Washington State Health Care Authority

Universal Health Care Commission

Written Comments

Received since 4/3/2025

Written comments submitted via e-mail:

1. D. Chase
2. Health Care for All – Washington
3. R. Watts
4. C. Day

Additional comments received at the April Commission meeting

- The Zoom video recording is available for viewing here: April 17th, 2025, Universal Health Care Commission

Public Comment Letter to Washington Universal Health Care Commission

April 7, 2025

Washington Universal Health Care Commission

Dear Commissioners:

I want to express my sincere gratitude for your dedicated work and the diligence of your staff. Over the last month, I have watched and read most of your work from the past year and am impressed by your thoughtful and thorough approach to this complex challenge.

As a Washington citizen living in Whatcom County who has studied healthcare systems worldwide while leading a global healthcare business and authoring three books on healthcare transformation, I'm writing to offer constructive feedback on the three topics for your April meeting. While my work is national in scope, I'd be delighted to have Washington be the first state to achieve universal healthcare and believe lessons learned from around the country and world can aid your efforts.

Governance in the Design Process

I strongly support considering governance earlier in your design process. Examining successful healthcare transformations globally reveals that governance at the right scale is fundamental to success, not an afterthought.

History shows that transformative systems often begin locally. Public education, fire protection, water systems, and mail delivery all originated as community-driven initiatives, with local groups designing solutions tailored to their needs. This pattern of grassroots innovation paving the way for systemic change serves as a powerful blueprint for transforming healthcare. The most accountable organizations are those rooted in their communities, where proximity fosters both responsibility and responsiveness. Small is beautiful—and effective. For example, social cooperatives in Italy, which provide home care, elder care, childcare, and healthcare services, intentionally cap their membership at 100 to ensure close-knit collaboration and accountability.

As systems change leader Chris Brookfield notes: "By decreasing scale, solutions can appear to problems that seem too complicated to solve at the global scale... By dialing into local, new features and relationships emerge."

This insight applies perfectly to healthcare, where governance at the 25,000-500,000 population scale has proven remarkably effective. Other nations with universal systems operate with national frameworks but govern much more locally, as in Sweden where it's managed at the county level. In Canada, when Saskatchewan first implemented universal healthcare, it covered well under 1 million people. Whatcom plus Skagit county has the same population as Iceland—a country renowned for its excellence in cancer care. Imagine that kind of local innovation propagating throughout Washington.

Whether you live in Bellingham or Moses Lake, this model adapts to different community needs while maintaining effectiveness. I encourage the Commission to explore the social cooperative model that has proven particularly beneficial internationally as a complement to national healthcare systems in Quebec, Italy, and South Korea. We're working with the Rocky Mountain Employee Ownership Center on bringing this model to the U.S. with a local effort beginning in Whatcom County. [See more on social cooperatives: https://bit.ly/socialcooperative]

Benefit Cost Analysis Results

While conducting benefit cost analyses, I urge the Commission to consider these provocative, true and aspirational statements that have proven out time and again:

1. **Healthcare is fixed** – This is meant to convey that we've found proven models from all over the country. Our movement has demonstrated successful approaches in diverse settings, and it's now a matter of replicating what's already been proven. We've begun open-sourcing $millions in legal expertise and data technology to make these solutions available to all Americans.

2. **Healthcare isn't expensive** – What's expensive is profiteering, price gouging, administrative bloat, fraud, and inappropriate care. Clinicians receive only 23¢ of every dollar ostensibly spent on healthcare [Source: https://bit.ly/clinicianpay]. I encourage you to focus on paying for health care not health coverage, as the latter has primarily enriched middlemen. Our blueprint has demonstrated how addressing these issues allows the best health plans in America to cost 20-50% less per capita while providing superior benefits.

3. **We're already investing enough** – We're allocating sufficient funds to support both world-class healthcare and restore funding to what drives 80% of health outcomes but

must address the structural flaws mentioned below and in this paper [Read more on how to address the two structural flaws of the American healthcare system: https://bit.ly/TwoHCFlaws].

Our experience suggests the road to universal care can be smoother with two intermediate stops:

1. **Universal primary care** – The only area of medicine with unequivocal evidence that it pays for itself many times over. It's reasonably affordable and any shortages can be addressed with creativity [See more on how primary care has transformed healthcare in extremely challenging settings: https://bit.ly/primarycareshortage].

2. **Removing extreme waste** – Organizations from the National Academy of Medicine to PwC state that 30-50% of healthcare spending is waste. We've created the first objective scoring of commercial health plans that PEBB and SEBB could use to find opportunities to improve benefits while freeing up resources. It's rare when we haven't found at least 10-20% savings -- frequently more as Marilyn Bartlett's work with the Montana state employee health plan demonstrated.

Guidance for Future Modeling

As you model universal systems, it's important to consider the real-world lessons we can learn from American healthcare experiences. We have a proven blueprint from which to learn that can extend across the system. As co-founder of Health Rosetta (a Public Benefit Corporation) and Nautilus Health Institute (a 501c3 with renowned & proven leaders such as Marilyn Bartlett, Chris Deacon, Leah Binder, Cora Opsahl and others), I've documented a wealth of successful implementations—from employers with 10 employees to unions with over 200,000 members. My TEDx talk highlighted an employer who has cumulatively saved over $540 million with the best health plan in America while serving a high disease burden population (e.g., 56% of their pregnancies are high risk). Our approaches were so compelling that a mini-documentary created by Patient Rights Advocate was screened in the White House in 2022. [Link to mini-documentary: https://bit.ly/MiniDocWhiteHouse]

America's healthcare system suffers from two fundamental structural flaws: the separation of healthcare and social care funding, and governance at inappropriate scales. Our paper examines four transformative models from Alaska, Ohio, Florida, and Sweden that successfully address these flaws through integrating funding streams and implementing regional governance. These diverse examples demonstrate dramatically better health outcomes at substantially lower costs by going upstream rather than waiting for health to get to a crisis stage.

[https://bit.ly/TwoHCFlaws] This is similar to Accountable Communities of Health but broadening it across an entire population at a county level.

What we've learned is that extreme waste isn't accidental—it's well-documented in health plan legal documents that are rarely scrutinized. Health Rosetta has rewritten these documents, proven them in real-world applications over a thousand times, and are now making them freely available through Nautilus Health Institute. For example, a Tufts University study found that the single biggest factor driving high performance is complete access to (de-identified) claims data. [See examples of egregious & pervasive contractual terms at https://bit.ly/NautilusHealthInstitute] Valuable resources are already available, with much more being released throughout this year. With over 2.4 million Washingtonians in debt to the healthcare system and costs keeping roughly half of Americans from seeking care, we face a genuine public health crisis that is a direct result of devastating contractual terms that worsen health outcomes and lead to avoidable waste.

As Kate Raworth (Doughnut Economics) suggests, we must create bridges from our present to our future. These bridges can build momentum and prove their efficacy. Health Rosetta represents a vital "staging post" in what she calls the "adjacent possible"—transforming employer-provided healthcare from an obstacle into a catalyst for change. This approach offers not just incremental improvement but a transformative vehicle allowing stakeholders to experience better healthcare delivery firsthand, enabling them to envision and build toward a truly universal system.

An army of the nation’s most proven health plan designers and operators is uniquely positioned to help, as we're the only one with thousands of successes navigating one of the Commission's main barriers—ERISA. Further, these lessons directly apply to public sector employee plans that can serve as a foundation for UHCC’s goals. We believe we have a plausible pathway from ERISA to achieve the UHCC's goals.

I would welcome the opportunity to discuss these ideas further and contribute our experience to your important work.

Sincerely,

Dave Chase, Washington Citizen

References: My books/writing on healthcare transformation:

- Book: CEO's Guide to Restoring the American Dream: How to Deliver World Class Health Care to Your Employees at Half the Cost. https://healthrosetta.org/ceoguide/

- Book: The Opioid Crisis Wake-Up Call: Health Care is Stealing the American Dream. Here's How We Take it Back. https://healthrosetta.org/wakeup-call/
- Book: Relocalizing Health: The Future of Health Care is Local, Open and Independent. https://healthrosetta.org/relocalizing/
- Article: Rural Electric Co-ops: Lighting the Way for Healthcare Solutions https://bit.ly/ruralcooperative

Reclaiming the Rivers of Health

Every community has a mighty river of healthcare dollars flowing through their towns/companies – money that flows from the wallets and paychecks of its own people. In a healthy system, this river would work like nature's water cycle: rising from the community, returning as life-giving rain, nourishing the soil of local wellbeing. Instead, powerful corporate pipelines divert this river away from its source, siphoning billions to distant corporate reservoirs while leaving communities in drought.

But some communities are breaking these pipelines and reclaiming their waters. In places like Ashtabula and Tangelo Park, they've proven that when health care dollars flow freely through local channels – from neighborhood clinics to community pharmacies – they create an ecosystem of health and prosperity. Their rivers now irrigate better schools, nurture local businesses, grow household incomes and water the seeds of generational change.

The restoration of health sovereignty flows from reclaiming our rivers of care. Communities that free their health care from corporate channels create thriving local ecosystems fostering generational wellbeing. Like water itself, healthcare dollars hold the power to give life, but only when they flow freely through the hands of those who need them most.

EVERYBODY IN, NOBODY OUT.

Health Care for All – Washington

PO Box 30506, Seattle, WA 98113-0506 • (206) 289-0685 • www.hcfawa.org

TO: Vicki Lowe, Chair of the Universal Health Care Commission and Commission members

FROM: Health Care for All - Washington

DATE: April 14, 2025

SUBJECT: Item on the April 17th Universal Health Care Commission on the workplan update and the timing of the work on a governance structure

I am writing today on behalf of Health Care for All - Washington (HCFA-WA) to urge the Universal Health Care Commission (UHCC) members, at the April 17, 2025 meeting to focus on designing a governance structure earlier in the timeline of the UHCC workplan.

HCFA-WA is urging that the UHCC focus on designing governance models earlier in the workplan for two key reasons:

1. The governance structure will have an impact on the overall universal health care design. Will it be an independent trust fund? Will it be a separate board of trustees, similar to the Health Benefit Exchange that is reliant on state dollars but able to make key policy decisions without going to the Governor? What ability will the governance structure have to contract with entities to actually deliver health care services, oversee benefit design, access to healthcare, and workforce needs?

2. The governance structure will also be key in gaining legislative and public support. Legislators will want to understand their options and what control they have over policy and budgets. The public will want to know how responsive the governance structure will be to consumer concerns and what their role would be in the governance structure.

HCFA-WA understands that each element of the work plan is important to the overall recommendations. HCFA-WA firmly believes that having clear options, earlier in the process, will help with clarifying other design elements and will help the legislature and public in seeing the vision and, ultimately supporting it.

Thank you for your consideration of this request and please contact me if you have any additional questions regarding it.

Sincerely,
Ronnie Shure
President

To the Universal Health Care Commission,

Thank you for the invitation to clarify the public comment I made at the Commission's April 17, 2025 meeting. My public comment stated that during the FTAC's March 13, 2025 meeting several FTAC members shared compelling rationale for moving decisions about governance and system design further up on the Commission's work plan. While these comments were not an explicit recommendation from the FTAC, I felt it was important for the Commission to be aware of these individual comments as "governance first" was on the Commission's April 17 agenda.

I was referring to comments made by Pam MacEwen and Roger Gantz. In a previous health reform process Pam was involved with, governance was determined at the start of the process, which "brought a lot of clarity to the work." She shared that clarifying the governance up front may help the UHCC and FTAC know how to proceed at "forks in the road." Later in the meeting, Pam and Roger stated that it is hard to make decisions about specific cost containment strategies without knowing the overall design of the system or the "general structure in which to place them." Roger used the example that some cost containment strategies would only be applicable if the government administers the new system through health plans, but this has not been decided by the Commission.

You'll find these comments at 0:31:00 and 2:22:00 in the recording of the FTAC meeting, linked here: https://www.youtube.com/watch?v=kIi1d9YN08Q

Thank you for this opportunity to elaborate on the rationale for moving decisions about governance and system design forward on the Commission's work plan.

Respectfully,

Raleigh Watts
Whole Washington and Co-Chair, HCHR-UHCC Subcommittee, "HUX"

From: Craig Day
To: HCA Universal HCC
Subject: Universal Healthcare
Date: Thursday, May 29, 2025 3:06:57 PM

External Email

I have a son and his family who struggle to get by with AppleCare. I myself, and my wife have lost Medicaid due to Social Security increases. Why can't we all just have one universal program which will save money and provide appropriate and sustainable care to all of us?

All studies show Universal Healthcare is a winner for patients and providers alike. Please break with the insurance industry complex and care for the people over profits.

Thank you.

Craig and Jurhee Day

Tab 4

Washington State Health Care Authority

State agency report outs

Washington State Health Care Authority

Tab 5

Washington State Health Care Authority

Budget, workplan, and charter update

Universal Health Care Commission

June 2025

Upcoming meetings

- Advocates Roundtable
  - 2–4 p.m., Monday, July 14
  - In-person and via Zoom
    - 626 8th Avenue SE, Olympia (HCA offices)
  - Open public meeting

- Date change: 2–5 p.m., Sept. 11, 2025
  - Universal Health Care Commission meeting has been moved from Thursday, Aug. 14 to Thursday, Sept. 11
  - In-person and via Zoom
    - 626 8th Avenue SE, Olympia (HCA offices)

2025 annual report schedule

- August
  - Initial draft circulated to Commission members
- Sept. 11 meeting
  - Commission feedback on initial draft
- Oct. 9 meeting
  - Commission approval of revised draft
- Nov. 1
  - Submit to Legislature

Budget update

- Commission staff reduction from three to two
- No consultant support after June 30
- Baseline funding is the same as 2023-2025 budget
- Reductions are due to change in proviso funding
  - 2023–2025 budget contained proviso funding for additional staff and consulting services. That funding was not renewed.
- 2025–2027 budget contains a new proviso funding from the Office of the Insurance Commissioner (OIC).

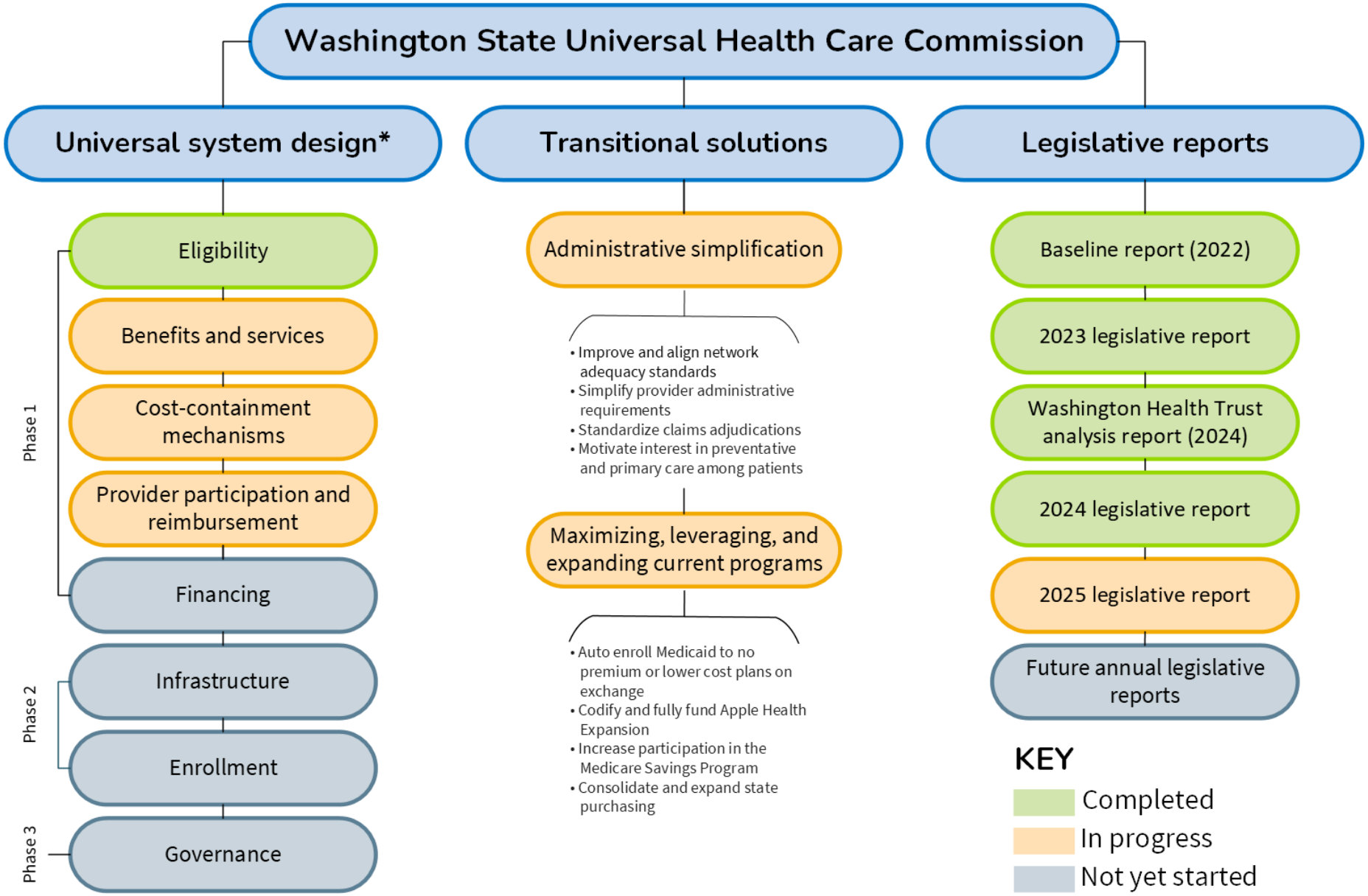
2025–2027 OIC proviso

- "$250,000 of the insurance commissioner's regulatory account— state appropriation is provided solely for the commissioner to enter into an interagency agreement with the health care authority to support **economic, actuarial, or other modeling related to design of a universal health care system**, as directed in RCW 41.05.840." (emphasis added)

- Commission staff and OIC are working together to identify possible analysis to be carried out with this funding

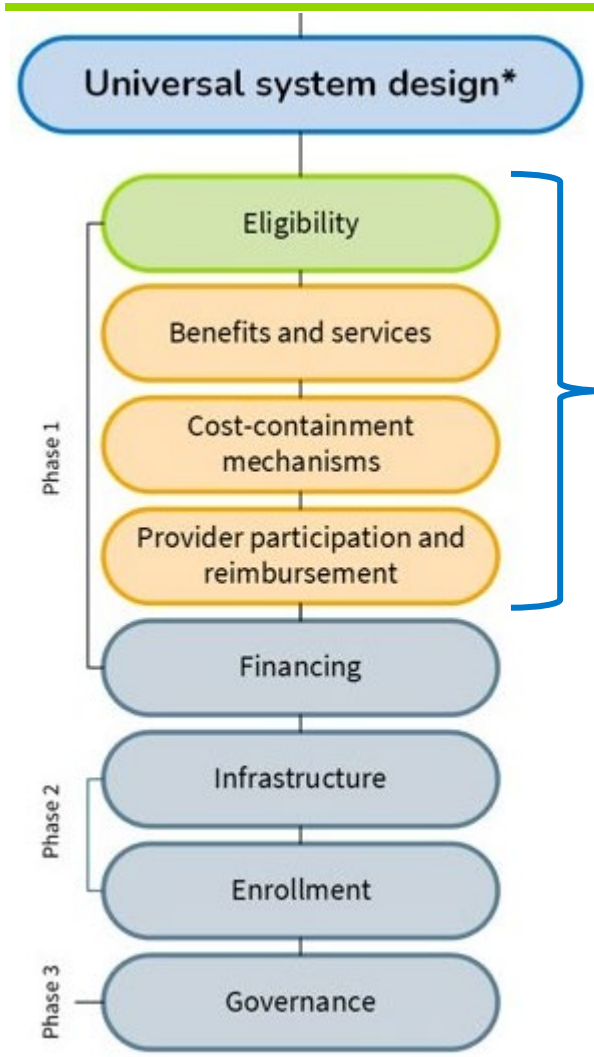
Milestone Tracker

Last updated: April 28, 2025



*Note: Health care quality, health equity, and health disparities will be discussed and considered during each of the core universal system design components.

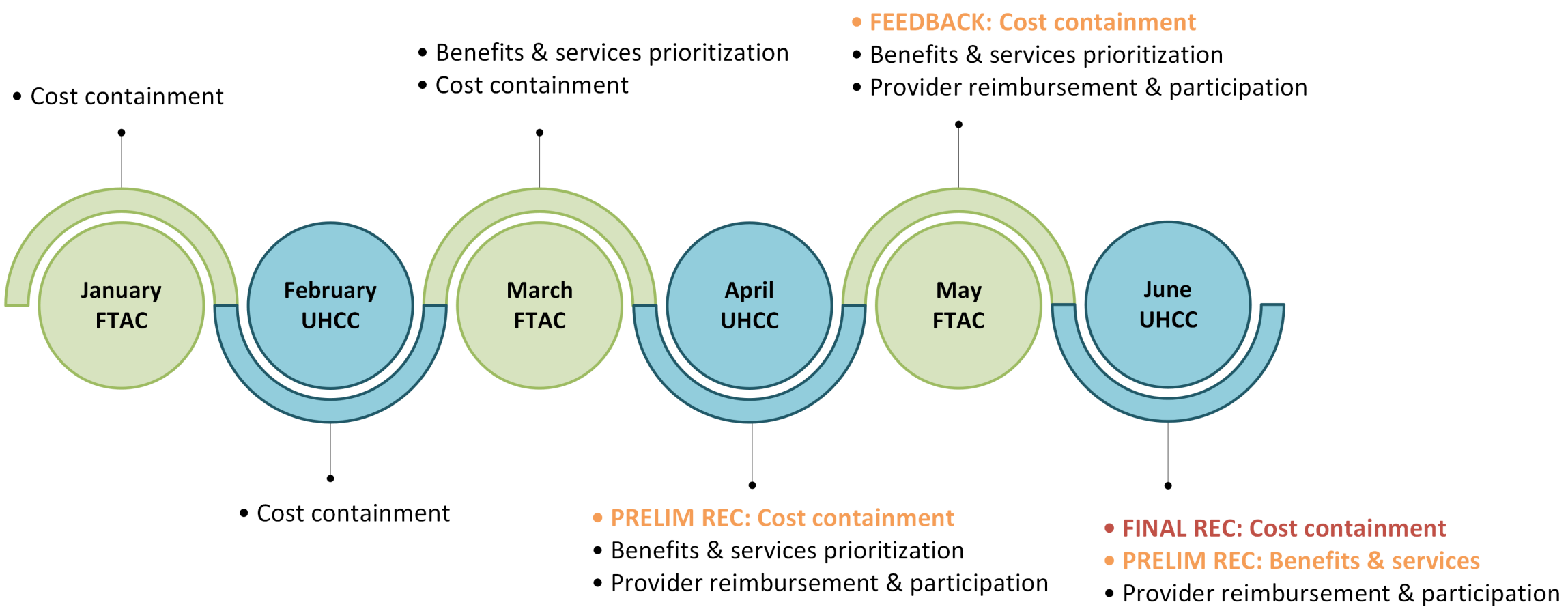
Today's meeting



Feedback from FTAC and Commission decisions about next steps

2025 Workplan | January–June

Last updated: May 2025



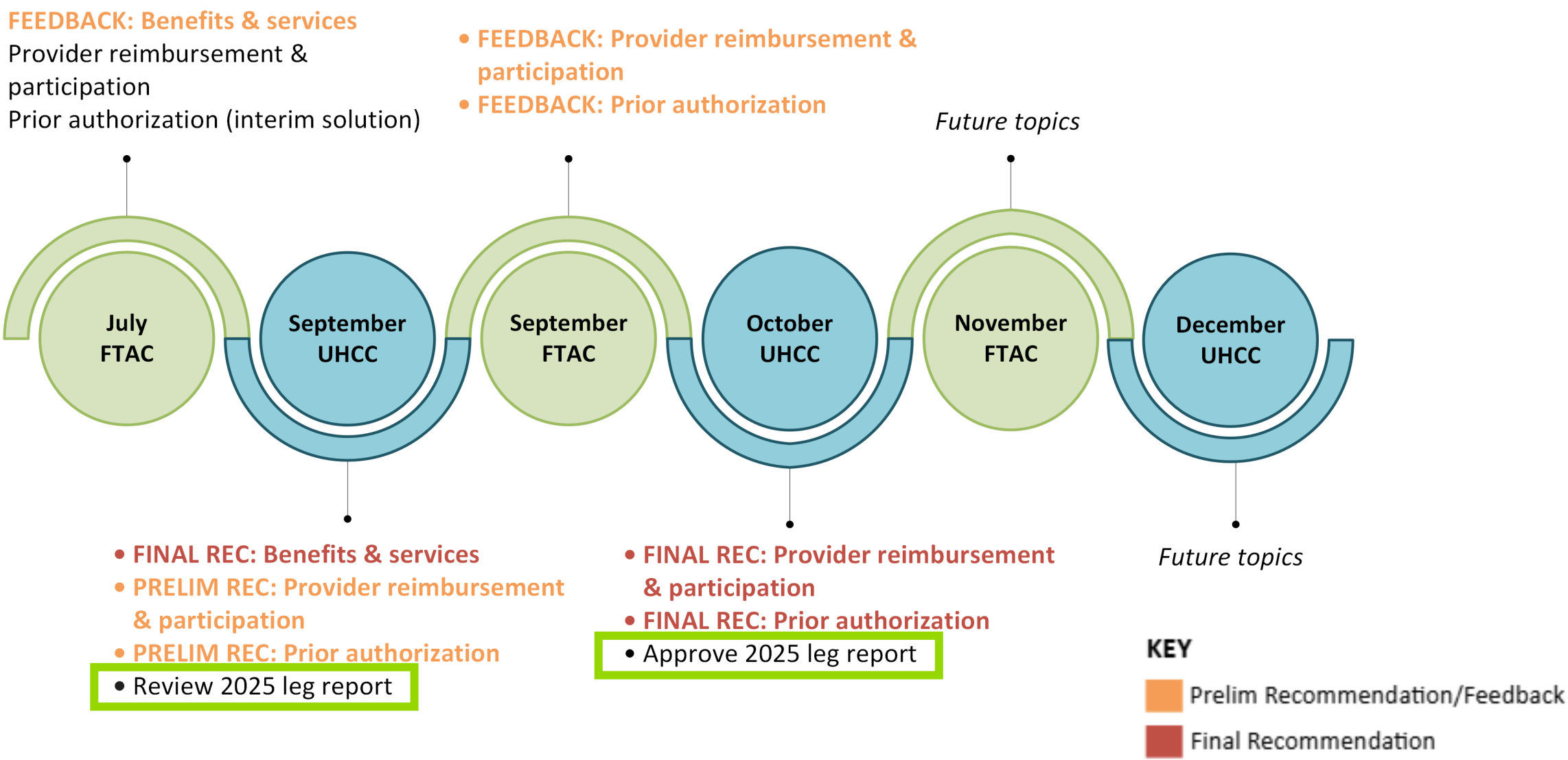
KEY

Prelim Recommendation/Feedback

Final Recommendation

2025 Workplan | July–December

Last updated: May 2025



Potential Vote

FTAC charter update: attendance policy

- Consider updating attendance policy to state:

  Regular attendance of FTAC members is essential for the work of FTAC to proceed according to the Commission-approved workplan and to provide timely feedback to the Commission.

  If an FTAC member misses three meetings in a calendar year, or three consecutive meetings in a twelve-month period, the FTAC member will be notified by HCA staff supporting the work of the Commission that they may be removed due to attendance.

  Determination of whether an FTAC member will be removed is at sole discretion of the Commission.

Universal Health Care Commission's

Finance Technical Advisory Committee

Charter and Operating Procedures

The purpose of this charter is to clarify the charge and responsibilities of, and expectations for the finance technical advisory committee (FTAC) as established by the Universal Health Care Commission (Commission).

I. Vision and Mission

A. Vision

To provide guidance for consideration of the Commission in development of a financially feasible model to implement universal health care coverage in Washington.

B. Mission

FTAC serves at the direction of the Commission. The goal of FTAC is to provide guidance to the Commission on financially feasible model options to implement universal health care coverage in Washington. FTAC members will investigate strategies to develop unified health care financing options for the Commission and as directed by the Commission, including but not limited to a single-payer system. In their work, FTAC is directed by the Commission to carefully consider the interdependencies between necessary components of a unified financing system and other considerations before the Commission. FTAC may be asked to provide the Commission pros and cons of each option while keeping in mind the impact of those options on patients. Finally, FTAC will provide guidance and options related to entities responsible for implementation and administration of a proposed unified health care financing system.

II. FTAC Charge

Per the Commission's authorizing legislation, and in its 2022 report to the Legislature, the Commission established a finance technical advisory committee. The Commission directs FTAC to provide option-based guidance for the development of a financially feasible model to implement universal health care coverage using state and federal funds.

In their annual report to the Legislature and Governor, the Commission will detail their work, including FTAC's directives, discussions, and provided options with continued strategy development regarding a unified health care financing system,

and implementation, if possible. The report due annually on **November 1**, will detail the opportunities identified by the Commission and FTAC to advance the Commission's goals, including those identified in the legislation and annual reporting requirements.

III. FTAC Duties and Responsibilities

A. Membership and Term

The Commission will appoint nine FTAC members, which includes one consumer representative, and if possible, reserving at least two spots for two state agencies which include the Department of Revenue and the Office of Financial Management.

For the near future, and unless changed by the Commission, FTAC will meet between Commission meetings on a bimonthly basis. This schedule will continue until the Commission deems it appropriate to revise FTAC's meeting schedule, or FTAC completes its goals. FTAC members should review materials before meetings and attend meetings.

FTAC will convene beginning in 2023.

B. FTAC Member Responsibilities

Members of FTAC agree to fulfill their responsibilities by serving at the direction of the Commission, attending and participating in FTAC meetings, and studying the available information. Also as directed by the Commission, FTAC members agree to participate in the development of the Commission's required reports, including the November 1, 2023 report to the Legislature and Governor and annual reports thereafter until FTAC's sunset.

FTAC members provide option-based guidance to the Commission. The Commission will consider FTAC guidance in its decision making for transitioning Washington to a universal health care system supported by a unified financing system, and/or transitional solutions to make immediate and impactful changes to improve the current health care delivery and/or financing system. Outside subject matter experts may be invited to present to FTAC at their meetings on a singular or recurring basis. However, outside subject matter experts will not be official members of FTAC.

Members of FTAC agree to participate in good faith and to act in the best interests of the Commission and its charge. To this end, FTAC members agree to place the interests of the Commission and the state above any political or

organizational affiliations or other interests. FTAC members accept the responsibility to collaborate in developing option-based guidance and pros and cons of those options to the Commission that are fair and constructive for the Commission. FTAC members are expected to consider a range of issues and options to address them, discuss the pros and cons of the issues or options, and present them to the Commission, while keeping in mind the impact of those options on patients. FTAC will include the rationale behind each option provided to the Commission.

Specific FTAC member responsibilities include:

1. Attending FTAC meetings and reviewing materials provided in advance of the meeting.
2. Reviewing background materials, including:
    - the Commission's November 1, 2022 report to the Legislature and Governor to understand issues under consideration by the Commission and the Commission's recommendations to the Legislature.
    - the Universal Health Care Work Group's final report to the Legislature (January 2021), particularly the revenue and financing modeling for Models A and B as proposed by the Work Group.
3. Working collaboratively with one another to explore issues as directed by the Commission.
4. Hearing from invited outside subject matter experts, as needed.
5. Developing option-based guidance to the Commission with pros and cons of each option, while keeping in mind the impact of those options on patients.
6. Some of the following areas could be assigned by the Commission for guidance, including but not limited to:
    - Revenue goals and projections
    - Scope of coverage, benefits, and cost-sharing, including dental and vision
    - Development of fee schedule
    - Securing federal funds
    - Employee Retirement Income Security Act (ERISA)
    - Tax structure, including the impact of the tax structure on equity
    - Assessing how to include Medicare beneficiaries
    - Administrative cost reduction
    - Risk management

- Model development process
- Health equity in financing
- Level of reserves and methods of funding
- Cost sharing
- Health care and administrative workforce
- Provider reimbursement
- Impact of payment model on care quality and equity
- Economic impacts of new taxes
- Care investments, including primary care, behavioral health, community health, and health-related social needs
- Funding for culturally appropriate health care models
- Assessing how federally funded health systems, VHA, and IHS will be included or intersect with the universal health care system
- Financial forecast of changes in demand/utilization, etc.
- Authority and analytic capacity within a new or existing administering agency

C. Vacancies Among FTAC Members

Vacancies among FTAC members will be filled by the Commission.

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

HCA assists the Commission and shall assist FTAC by facilitating meetings, conducting research, distributing information, drafting reports, and advising FTAC members.

E. FTAC Lead's Role

The FTAC lead will be designated by the Commission. The FTAC lead will encourage full and safe participation by FTAC members in all aspects of the process, assist in the process of building options-based guidance for the Commission, and ensure all participants abide by the expectations for discussion processes and behavior defined herein.

The FTAC lead will develop meeting agendas, share with the Commission FTAC's proposed options for outside expertise, organize invitations from outside expertise, and otherwise ensure an efficient decision-making process. The FTAC lead will also serve as the liaison between FTAC and the Commission, including presenting to the Commission FTAC's option-based guidance with pros and cons.

F. FTAC Principles

The principles listed below are to guide FTAC's process to provide guidance to the Commission. The principles have been established by the Commission and can be revised if proposed by the FTAC lead or by majority of Commission members. FTAC's guidance will:

1. Support the development of the report due annually by November 1, and all subsequent reports until FTAC's sunset, to the Legislature and Governor.
2. Provide options to the Commission that increase access to health care services and universal health coverage, reduce health care costs, reduce health disparities, and improve quality.
3. Be inclusive of all populations and all categories of spending.
4. Be sensitive to the impact that high health care spending growth has on Washingtonians.
5. Align guidance to the Commission with other state health reform initiatives to lower the rate of growth of health care costs.
6. Be mindful of state financial and staff resources required to implement options.

IV. Operating Procedures

A. Protocols

All participants agree to act in good faith in all aspects of FTAC's discussions. 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:

1. Members should 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.
2. Members agree to be respectful at all times of other FTAC members, Commission members, staff, and audience members. They will listen to each other and seek to understand the other's perspectives, even if they disagree.
3. Members agree to make every effort to bring all aspects of their concerns about these issues into this process.
4. Members agree to refrain from personal attacks, undermining the process of FTAC or the Commission, and publicly criticizing or misstating the positions taken by any other participants during the process.

5. 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.
6. Members are advised that email, blogs, and other social networking media related to the business of FTAC or the Commission are considered public documents. Emails and social networking messages meant for the entire group must be distributed via HCA staff.
7. 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 FTAC's discussions and the Commission's deliberations. In that regard, members are requested to include both the FTAC lead and HCA staff in written communications commenting on FTAC's discussions or 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 FTAC and the full Commission as appropriate.

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

2. Media

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

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

C. Conduct of FTAC Meetings

1. Conduct of FTAC Meetings

For the near future, FTAC will meet by videoconference bi-monthly unless changed by the Commission. An FTAC 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 Commission and FTAC lead to foster collaborative discussion. Robert's Rules of Order will be applied when deemed appropriate.

2. Conflict of Interest

In the event that an FTAC member has a conflict of interest, an FTAC member must disclose the interest to HCA staff and will be ineligible to vote on guidance to the Commission.

3. Documentation

All FTAC meetings shall be recorded, and written summaries prepared. The meeting recordings 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 FTAC meetings and access FTAC materials on the website, or via GovDelivery.

D. Public Status of FTAC Meetings and Records

The Universal Health Care Commission meetings are conducted under the provisions of Washington's Open Public Meetings Act (Chapter 42.30). Though FTAC meetings are open to the public, meetings are not conducted under the provisions of Washington's Open Public Meetings Act (Chapter 42.30). Members of the public and legislators may testify before FTAC at the time designated for public testimony. In the absence of a quorum, FTAC 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's webpage. Written summaries will be prepared noting attendance and any subject matter discussed.

FTAC records, including formal documents, discussion drafts, meeting summaries and exhibits, are public records. Communications of FTAC members

are not confidential because the meetings and records of FTAC 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 FTAC members will be public to the extent they relate to the business of the Commission and/or FTAC.

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.

F. Attendance

Regular attendance of FTAC members is essential for the work of FTAC to proceed according to the Commission-approved workplan and to provide timely feedback to the Commission.

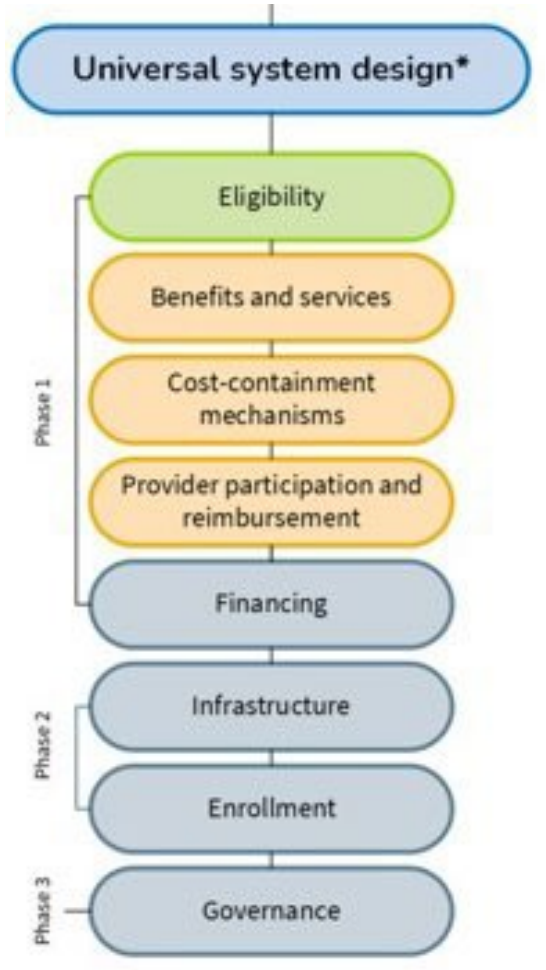
If an FTAC member misses three meetings in a calendar year, or three consecutive meetings in a twelve-month period, the FTAC member will be notified by HCA staff supporting the work of the Commission that they may be removed due to attendance.

Determination of whether an FTAC member will be removed is at sole discretion of the Commission.

Cost containment | How is it applied?

- Transitional solutions
  - Cost Board/Agency Reports/Others
- Key design elements:
  - Benefits and services
    - → cost sharing
  - Provider reimbursement
    - → reference pricing?
  - Infrastructure
    - → administrative costs?

*cost containment to remain (in progress)



Break

Tab 6

Washington State Health Care Authority

FTAC update

David DiGiuseppe, FTAC Liaison to the Universal Health Care Commission

*Watch the 5/15/25 meeting **here***
*Review the meeting materials **here***

Overview

- 5/15/2025 FTAC meeting topics
  - Public comment
  - Governance: Open questions after 4/17/25 Commission meeting
  - Benefit cost analysis: Open questions after 4/17/25 Commission meeting
  - Cost containment memo: Tie-in with Health Care Cost Transparency Board work
- FTAC support of the Commission moving forward
  - Commission-FTAC workgroup

5/15/2025 FTAC | public comment

- Minimal comments
- Advocacy for universal system

Governance

- Commission: Would FTAC's work benefit from accelerating governance?
  - FTAC consensus: **No**
  - FTAC members appreciate rationale for acceleration, but feel "Bottom up" phasing makes sense

Commission-FTAC workgroup

- Next slides will highlight topics to be discussed by workgroup
- Workgroup may discuss additional topics
- 3 Commission members (or designees), 3+ FTAC members
- Objective
  - Ensure Commission as a whole understands nuances of decisions

Benefits & services

UHCC decision(s)	• **No new benefit designs to model** • **Aim for Scenario 2 (PEBB/SEBB); Aspire to Scenario 1** • **Retain Scenario 3 as cost neutral point of reference** • **Consider: vision, higher cost sharing for more expensive procedures**

FTAC identified open question(s)	• Under Scenario 2, should Medicaid beneficiaries continue to have:
	  • Medicaid-covered services?
	  • $0 cost sharing?

FTAC consensus	• No, all covered individuals should have the same covered services
	• Yes, individuals < 138% FPL should continue to experience $0 cost sharing
	• Yes, vision is covered under PEBB/SEBB
	• Concern re higher cost sharing for higher cost services
	  • Coinsurance automatically assesses higher cost sharing to high-cost services, but …
	  • … higher cost sharing for higher cost services may stem access
	  • … concentrates burden of cost on smaller # of people
	  • … may not follow FTAC/UHCC cost sharing principles

Benefits & services

UHCC/FTAC Workgroup Topics	• Services: outline differences between scenarios • Cost sharing: confirm UHCC wants to follow PEBB/SEBB cost sharing

Eligibility

UHCC decision(s)	• **Include ERISA fully insured** • **Model supplemental coverage in future round**
FTAC identified open question(s)	• Does the state have authority to include ERISA fully insured individuals?
FTAC consensus	• N/A
UHCC/FTAC workgroup	• Clarify whether the state has authority to include ERISA fully insured individuals • Clarify whether non-residents included in Milliman/HCA study and UHCC intent to cover

Provider reimbursement

UHCC decision(s)	• **No new options to model** • **Incorporate SB5083 (200% cap on PEBB/SEBB)** • **Incorporate differentially higher payments for primary care** • **Address excluded populations crowding out appointment slots (higher payment)**
UHCC open question(s)	• Primary care payment design? • Will excluded populations crowd out appointment slots? (higher payment)

FTAC consensus	• Incorporation of SB5083 is intended to cap hospital payments, not raise normalized payment rate across markets from 125% to 200%
	• HB1392 may be precluded by changes at the federal level
	• Equivocal re crowding out
	  • Unified system may exert downward pressure on excluded markets
	  • Medicare is also excluded and below unified system normalized payment level
	• Yes, continue to allow for differential payments for Primary Care, BH, RHCs, FQHCs, etc.
	• Defer to HCA's Multi-Payer Collaborative for primary care payment designs

Provider reimbursement

UHCC/FTAC Workgroup Topics	• Review baseline % of Medicare by payer/market • Identify options for further study

Cost containment | Cost Board

By December 1st of each year, the board shall submit annual reports to the governor and each chamber of the legislature. The annual reports may include policy recommendations applicable to the board's activities and analysis of its work, including any recommendations related to lowering health care costs, focusing on private sector purchasers, and the establishment of a rating system of health care providers and payers.

RCW **70.390.070**

Cost containment: FTAC's role

- Support cost containment as critical step to implementing unified system by increasing affordability of such a system
- Defer to Cost Board for appropriate strategies to be implemented
- Willing to voice support for strategies selected by Cost Board, similar to FTAC support for SB5083's reference-based pricing

Questions/comments?

Tab 7

Washington State Health Care Authority

Governance

Universal Health Care Commission

June 2025

Background

- Over the past several months, community members have asked both the Universal Health Care Commission and FTAC to consider addressing governance earlier in the workplan
- Commission members asked for information about other governance structures
- During their May meeting, FTAC members indicated their work would not benefit from accelerating governance

Oregon UHCGB

- SB1089 of 2023 created the Universal Health Care Governance Board (UHCGB)
  - "The Universal Health Plan Governance Board … shall **create a comprehensive plan to finance and administer a Universal Health Plan** that is responsive to the needs and expectations of the residents…" (emphasis added)

Oregon UHCGB

- In March 2025, UHCGB approved a proposal from the operations committee regarding governance
  - "The [operations] committee is proposing the creation of a **public corporation for the administrative structure**. Public corporations are **public bodies that operate with a specific mission and with transparency to the public**." (emphasis added)
  - Aligns with final recommendations from Oregon's Joint Task Force on Universal Health Care (Sept 2022)

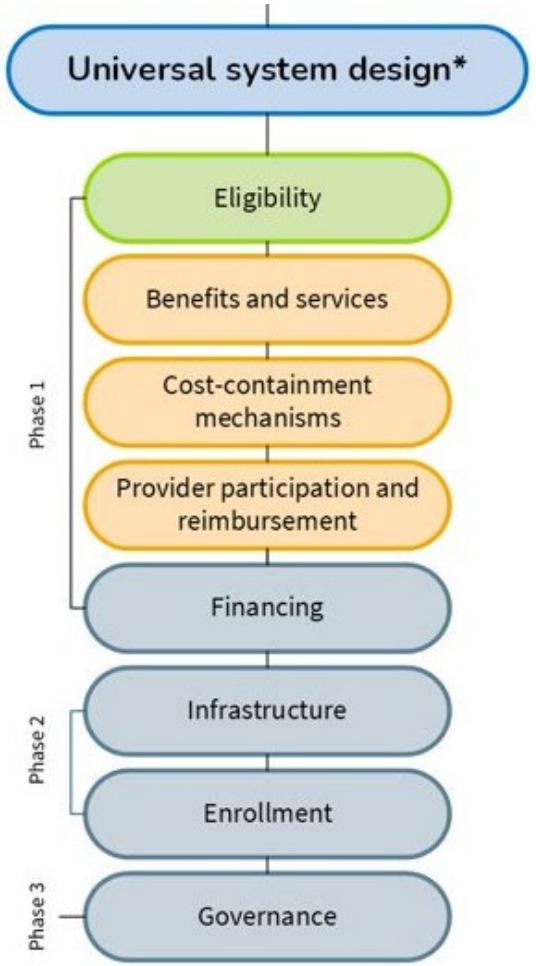
Universal Health Care Commission

- RCW 41.05.840 lists "Governance and administration structure, including integration of federal funding sources" among "key design elements of a universal health care system"
- Silent on timing or structure of governing body

Washington Health Benefit Exchange

- Created by SB 5445 in 2011 as "a public-private partnership separate and distinct from the state"
- Governed by a bipartisan board that oversees "the [Health Benefit Exchange's] functions and operations delineated in Chapter 43.71 RCW and the Affordable Care Act, including but not limited to, the design, implementation, and administrative functions necessary to operate the HBE, beginning on October 1, 2013."

Discussion questions



- Scope of governance decision
  - Commission consensus on Model A vs. Model B. Is this an infrastructure or governance topic?
- Does the Commission want to address governance earlier?
  - If so, why?
  - What are the pros and cons of addressing governance sooner?
  - How would moving governance affect the timing and execution of other items on the workplan?

Break

Tab 8

Washington State Health Care Authority

Commission discussion

Next steps

Washington State Health Care Authority

Next steps: provider reimbursement

- What options can the Commission develop now regarding provider reimbursement and participation in a unified system?
- What information can help inform those determinations over the next two meetings?
  - How can FTAC assist?

Next steps: transitional solutions

- Top priorities for the Commission?

Washington State Health Care Authority

Thank you for attending the Universal Health Care Commission meeting!