

# Universal Health Care Commission meeting minutes

February 13, 2025

Hybrid meeting held on Zoom and in person at the Health Care Authority (HCA)  
2-5pm

**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  
Joan Altman  
Representative Joe Schmick  
Mohamed Shidane  
Omar Santana-Gomez

## Members absent

Nicole Gomez  
Stella Vasquez

## Call to order

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

## Agenda items

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### I. Welcoming remarks

Chair Lowe began with a land acknowledgement and welcomed members to the twenty-second meeting of the UHCC. She then introduced Insurance Commissioner Patty Kuderer who shared that the Office of the Insurance Commissioner (OIC) is ready to support the UHCC in their work, and highlighted that universal coverage is paramount and inevitable. Commissioner Kuderer noted that she intends to join future meetings as her schedule allows. Chair Lowe then introduced Ross Valore, Cost Board and Commission Director at HCA. Valore provided a brief background and noted that he is looking forward to building on the work that has been done so far.

### II. Meeting minutes

The December 2024 meeting minutes were approved by unanimous vote.

### III. Public comment

The following members of the public provided comments:

- **David Loud**, Puget Sound Advocates for Retirement Action and Health Care Is a Human Right
- **Consuelo Echeverria**, Health Care for All – Washington (HCFA – WA)
- **Peter Markus**, Whole Washington
- **Kathryn Lewandowsky**, Whole Washington
- **Brynn Friel**, Washington Community Action Network (CAN)

Topics brought forth during public comments included clarification on the completed phase 1 eligibility milestone, requests for veterans to be eligible for the universal system, requests for the UHCC to leverage existing reports and bills in their work, request to add completion dates to each milestone on the Milestone Tracker, and a request to address governance far sooner than it is currently laid out in the work plan.

Their full testimonies can be found in the meeting recording [here](#) (time stamp: 11:14).

### IV. Workplan update

**Mary Franzen, HCA**

Mary Franzen reviewed the Milestone Tracker and provided a recap on “Phase 1 – Eligibility.” Chair Lowe spoke directly to the public comment from David Loud, noting that Veterans would likely fall under the uninsured group if they have no other form of coverage outside of the Veterans Administration (VA). She noted that, like Indian Health Services (IHS), the VA is a system of care not coverage.

Franzen then reviewed the goals for 2025 as determined at the last UHCC meeting where members agreed to focus on universal system design in the first half of 2025, returning to transitional solutions in the latter part of the year. UHCC member Jane Beyer noted that if any of the UHCC’s transitional solutions would require legislative change or funding, we would likely need to prioritize these sooner as the upcoming legislative session in 2026 will be a short session.

## V. Finance Technical Advisory Committee (FTAC) update

*David DiGiuseppe, FTAC Liaison*

Chair Lowe shared that Pam MacEwan has stepped down from her role as FTAC Liaison to the UHCC and that FTAC member David DiGiuseppe is her replacement. Chair Lowe noted that MacEwan will remain a member of FTAC and thanked her for her work over the last several years. DiGiuseppe then provided an overview of FTAC's January meeting, sharing a recap of the public comments received at the meeting, an update on the Milliman analysis project, and key takeaways from the various cost containment presentations and discussions. His full presentation can be found [here](#) (time stamp: 33:08).

Following DiGiuseppe's presentation, UHCC member Jane Beyer asked whether the FTAC cost containment memo will include specific policies outside of reference-based pricing and hospital global budgets. DiGiuseppe confirmed the memo will contain many different cost containment levers beyond these two strategies. Chair Lowe noted that Robert Murray's presentation on Hospital Global Budgets was helpful and again encouraged all UHCC members to review the recording. UHCC member Mohammad Shidane asked for clarification about what a formal endorsement from the UHCC for SB 5083/HB 1123 would look like. After a brief discussion, [the members present voted by majority \(eight for and one \(Representative Schmick\) abstained\) to have Chair Lowe provide written testimony to the legislature in support of SB 5083/HB 1123 on behalf of the UHCC.](#)

## VI. State agency updates

Chair Lowe invited state agency representatives to provide updates from their agencies on work that aligns with the UHCC. 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)
- **Joan Altman**, Washington Health Benefit Exchange (WAHBE)
- **Omar Santana-Gomez**, Office of Equity (OE)

Topics brought forth included bills relevant to the UHCC this legislative session, the transitional period many agencies are in with interim directors and budget reduction exercises, record-breaking enrollment on the individual market, enhanced premium federal tax credits expiring in 2025, and an analysis on Medicaid churn (2024 WAHBE legislative report available [here](#)).

Their full updates can be found in the meeting recording [here](#) (time stamp: 51:29).

## VII. Reference-based pricing in Oregon, presentation and Q&A

*Margaret Smith-Isa, Oregon Health Authority*

Margaret Smith-Isa provided an overview of Oregon's use of reference-based pricing for state employee health plans. Oregon uses Medicare rates as the benchmark for measuring cost growth in state employee health plans. Oregon sought to limit state employee insurance premium and out-of-pocket cost growth to the amount insurers and third-party administrators that contract with the state pay for inpatient and

outpatient hospital services. Smith-Isa reported savings during the first two years are estimated at over \$160 million

The full presentation and discussion can be found in the meeting recording [here](#) (time stamp: 1:08:39).

## VIII. Rural health roundtable

**Panelists:** *Brad Becker, Mason Health and The Rural Collaborative; Shane McGuire, Columbia County Health System; Ashlen Strong, Washington State Hospital Association*

**Moderator:** *Liz Arjun, Health Management Associates (HMA)*

Liz Arjun provided a brief overview of Washington's rural health system and invited panelists to share their perspectives. Panelists noted that the majority of hospitals in Washington's rural health system are tax-supported public hospital districts, that there is an interdependence among hospitals across county lines, and that the hospitals are often the largest employers in rural areas. Panelists then discussed the significant factors contributing to higher costs and how cost containment policies can be designed to avoid negative impacts on rural health access and quality.

The full presentation and discussion can be found in the meeting recording [here](#) (time stamp: 2:02:01).

## Adjournment

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Meeting adjourned at 4:59pm.

## Next meeting

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**Thursday, April 17, 2025 from 2-5pm**

Meeting to be held on Zoom and in person at HCA