

Universal Health Care Commission Special Meeting: Advocates Roundtable

August 5, 2025

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Tab 1

Agenda

Time	Agenda Items	Tab	Lead
3:00 – 3:05 (5 min)	Welcoming remarks		Vicki Lowe, Chair
3:05 – 3:10 (5 min)	Meeting overview	1	Mary Franzen, HCA
3:10 – 4:15 (65 min)	Advocates roundtable	2	Ross Valore, HCA
4:15 – 4:25 (10 min)	Break		
4:25 – 4:55 (30 min)	Commission member reflections & feedback to advocates questions	3	Commission members
4:55 – 5:00 (5 min)	Closing remarks and adjournment		Vicki Lowe, Chair

Meeting Expectations

- ▶ Respect each other in action and in speech.
- ▶ Listen with an open mind.
- ▶ Consider your thoughts before speaking.
- ▶ Honesty in all communications.
- ▶ Contribute from your lived experience.
- ▶ Clarify to avoid assumptions.
- ▶ Plain speak as much as possible.
- ▶ Use specific (brief) examples for clarity.

Note: If a participant violates the Meeting Expectations, they will be reminded of expectations for today's meeting. If the participant violates the Meeting Expectations again, they will be removed from the meeting. All decisions on violation of Meeting Expectations are at the sole discretion of Commission members and HCA staff. See [RCW 42.30.050](#).

Tab 2

Advocates roundtable

Ronnie Shure & Marcia Stedman, Health Care for All – Washington (HCFA – WA)

Nathan Rodke & John Godfrey, Washington Community Action Network (CAN)

Andre Stackhouse & Annie Fitzgerald, Whole Washington

Emily Brice, Northwest Health Law Advocates (NoHLA), Health Care is a Human
Right (HCHR) Coalition

Introductions

▶ Panelists:

Ronnie Shure & Marcia Stedman, Health Care for All – WA (HCFA – WA)

Nathan Rodke & John Godfrey, Washington Community Action Network (CAN)

Andre Stackhouse & Annie Fitzgerald, Whole Washington

Emily Brice, Northwest Health Law Advocates (NoHLA), Health Care is a Human Right (HCHR) Coalition

- ▶ What is your vision for universal health care in Washington?
- ▶ What is your organization's efforts in working toward that vision?
- ▶ How do you complement other organizations' efforts?

Funding universal health care

- ▶ The Commission plans to take up financing in early 2026.
- ▶ There are many ways to fund a universal system.
- ▶ What funding mechanisms is your organization aware of, and what recommendations do you have in terms of funding universal health care?

Public input

- ▶ Our current health care system is extremely complex and often confusing.
- ▶ Many people want it to change, but they may not know where to start.
- ▶ What are some of the best ways you have found to communicate with people about universal health care?
- ▶ What are the biggest hurdles?
- ▶ How do you think the Commission can best gather input?

Sustainable models

- ▶ Implementing a universal system would represent a profound change in Washington's health care system.
- ▶ Do you have any suggestions for the Commission as to how to approach this long-term change management effort to ensure that Washington's universal health care system is sustainable in the long term?

Interim solutions

- ▶ As you know, the Universal Health Care Commission has a two-part charge: design a universal system and look for interim solutions.
- ▶ Does your organization have priorities for interim solutions to improve our current system?

Universal Health Care Commission Advocates Roundtable

We are currently on
a short break

Tab 3

Commission member reflections & feedback to advocates questions

Thank you for attending the
Universal Health Care
Commission's
Advocates Roundtable

Appendix

UHCC Advocates Roundtable: Responses to HCA Questions

Date: August 5, 2025

Roundtable Objective: To collectively answer five key questions from HCA about universal health care in Washington, drawing on the expertise and unique perspectives of each organization.

Question 1: Introductions and Vision

Please take five minutes to introduce your organization. Tell us about your vision for universal health care in Washington, your organization's efforts toward that vision, and how you complement other organizations' efforts.

Health Care is a Human Right - Nathan Rodke, Co-Chair of HCHR Steering Committee - We're a community and labor coalition of over 40 sponsoring members, including all our presenters today, and many more allied members. Our goal is to achieve universal health care on both the state and federal levels. We have an Organizing Committee, Policy Committee, Communications Committee, and a committee, known as HUX, which regularly engages with the Commission to help it achieve its legislative mandate.

Whole Washington (WW):

- Intro: Whole Washington is a grassroots universal healthcare action organization.
- Vision: Our vision is a comprehensive, statewide universal healthcare system known as the Washington Health Trust (WHT).
- Efforts: We have advocated for this policy since 2018 through both initiative and legislative forms. The WHT is currently active legislation (House Bill 1445 and Senate Bill 5233). We represent hundreds of thousands of Washingtonians who have signed official ballot petitions.
- Complementary Role: We complement other organizations by pushing for a specific, comprehensive policy framework.

Washington CAN:

- Intro: We are part of the Healthcare is a Human Right coalition, with staff co-chairing the Organizing and Steering Committees.
- Vision: Our vision is a not-for-profit health plan for everyone in Washington, with a structure built around health benefits for people in all corners of the state, including immigrants and the incarcerated. Our ultimate goal is a national single-payer plan like an improved and expanded Medicare for All, believing that state-based universal public health plans are the most effective pathway to achieving that national vision.
- Efforts: We have a full-time field and phone canvass team and an organizing department that actively fosters community feedback and engagement. We hear about the impacts of inaccessible and unaffordable healthcare every day and work to counter hospital mergers and other corporate consolidation efforts.
- Complementary Role: We serve as a dedicated grassroots voice that mobilizes and educates the public. Our work is particularly focused on building a broad coalition that

includes a powerful labor contingent. The overwhelming support for a single-payer resolution adopted at the WSLC convention on July 24, which calls on state legislators to introduce policies consistent with single-payer, is a testament to the critical need for active involvement from Labor. We are working closely with our labor partners to ensure these principles are at the forefront of the conversation.

Northwest Health Law Advocates (NoHLA):

- **Intro:** Northwest Health Law Advocates is a public interest law nonprofit that has worked to expand access to healthcare for all Washingtonians since 1999. We serve on the Steering Committee of the Health Care Is a Human Right Coalition.
- **Vision:** Our long-term vision is a universal healthcare system where essential care is a basic human right, treated like a public utility with public delivery infrastructure and publicly-accountable spending.
- **Efforts:** We approach this work with a legal lens rooted in our partnership with legal services organizations. We push for universal healthcare that is guaranteed as a legal right for all while serving as a watchdog to ensure those rights are honored. We tend toward more incremental change, with the understanding that government systems take time to perfect.
- **Complementary Role:** Our role in the advocacy landscape is to provide a legal perspective, identifying opportunities and challenges in government-administered systems and ensuring vulnerable people don't fall through the cracks. We can see through decades of experience that the private healthcare industry has failed to deliver care, and we believe the only path forward is a different system, though we understand this will take time to build.

Healthcare for All Washington (HCFA-WA):

- **Intro:** HCFA-WA is WA's oldest grassroots volunteer organization dedicated to universal healthcare. We have experience in mounting an initiative campaign as well as working with key legislative allies to sponsor our Washington Health Security Trust legislation from 2003 – 2018. The Board of Directors includes healthcare professionals, individuals with experience working on the 1993 and 1994 health reform efforts in Washington state, and long-time advocates focused on equitable and accessible healthcare for all Washington residents.
 - **Vision:** Our vision is a comprehensive, integrated single-payer system for all Washington residents, publicly financed, and publicly and privately delivered.
 - **Efforts:** Our statewide volunteer organization focuses on single-payer health care policy and transitional solutions necessary to develop infrastructure for the future universal single-payer health system. We are actively involved with the Universal Health Care Commission (UHCC) and its subcommittees, providing public comments, advocating for specific policy recommendations, and securing funding to carry out studies that support those recommendations. We actively lobbied for both the UHCC and its predecessor, the UHC Work Group.
 - **Complementary Role:** We serve on the HCHR Steering and Policy Committees and its HUX Committee that holds the Commission accountable to its legislative mandate. We work with allied organizations to share information and build a unified front, publishing monthly recaps of each UHCC and FTAC meeting in our member e-bulletins. HCFA-WA members serve on the Board of the Puget Sound Advocates for Retirement Action (PSARA), the Health Care Cost Board, and the Prescription Drug Affordability Board.
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Question 2: Financing - Lead org in answering at roundtable: Whole WA

The Commission plans to take up financing in early 2026. What funding mechanisms is your organization aware of, and what recommendations do you have in terms of funding universal health care?

Whole Washington (WW):

- Summary: Academic research shows that a unified financing system would be more cost-efficient than the status quo.
- Recommendations: The Washington Health Trust would be publicly financed, removing all premiums, deductibles, and co-pays. The majority of funding would come from a graduated employer payroll assessment (4.5% to 10.5%), with up to 2% deductible from the employee's wage. We believe Washington's high GDP per capita means the state can afford a world-class system that also provides significant cost relief.

Washington CAN:

- Summary: We need a sustainable and equitable system that addresses the state's regressive tax structure. Washington has the 49th most regressive tax structure in the country, and in 2024, voters showed they agree that corporations and the wealthy should pay their fair share.
- Recommendations: Funding could come from a progressive income tax, an increased capital gains tax, and a tax on employers. We also need to broadly examine how we can tax the ultra-wealthy in our state. Additionally, we believe we should look ahead to federal support. After 2028, we can hope to pass supportive legislation like the federal State-Based Universal Health Care Act (SBUHCA) bills, which are designed to help states finance their own universal health care systems and provide for multi-state plans. Our Legislature, in passing SJM 8004 in 2025, has requested this support from the federal government.

Northwest Health Law Advocates (NoHLA):

- Summary: We have already made more progress on the financing question than we realize. The state already spends more of its GDP on healthcare than many other countries, so the conversation should be about spending that money better.
- Recommendations: We are overdue for a conversation about the social compact between those who need care and the businesses and individuals who benefit financially from a healthy populace. We should explore a system where employers pay a fee for the privilege of leveraging our public systems, similar to a toll, which could be more affordable than what many small businesses are paying today. This approach would open a dialogue about how to make sure those who benefit from public health also contribute to it.

Healthcare for All Washington (HCFA-WA):

- Summary: The funding mechanism should be a combination of mandatory assessments and cost-containment strategies.
- Recommendations: The system should be funded through a mandatory employer payroll assessment and individual assessments as needed. Cost-containment strategies should include global budgeting, price caps, bulk purchasing, and streamlined administration. The system should ultimately integrate existing state plans like PEBB, SEBB, and Medicaid, and

seek federal waivers to include Medicare. We advocate for a goal of zero cost-sharing at the point of service.

Question 3: Communication & Hurdles - Lead org in answering at roundtable: WA CAN

What are some of the best ways you have found to communicate with people about universal health care? What are the biggest hurdles? And how do you think the Commission can best gather input?

Whole Washington (WW):

- **Communication:** Effective communication starts with meeting people where they are. Polling shows that over 85% of Washingtonians want change. We should discuss solutions that directly address their primary frustrations with the current system.
- **Hurdles:** We need to assure people that a new system would decouple coverage from employment, provide comprehensive coverage, eliminate provider networks, and control costs with transparent pricing.
- **Commission Input:** The Commission should gather input by focusing on people's primary frustrations and ensuring that proposed solutions address these concerns.

Washington CAN:

- **Communication:** We have found that people know where to start when it comes to the problems with our current system: reform that makes healthcare a public good relies on reducing administrative costs and barriers to care access that have been put in place by health insurance companies. Access to affordable care also pits patients against the interests of hospitals and pharmaceutical companies. The best way to communicate is to connect the issue directly to people's lived experiences of rising costs and denied care. We need to frame the solution as our elected representatives and government taking on the profiteers and financiers to control and lower costs and to ensure everyone has a health plan that works for them.
- **Hurdles:** A major obstacle is widespread apathy and a pervasive lack of confidence in established institutions. Regular people see escalating costs alongside a decline in access and quality of care, yet proposals with broad popular support consistently fail to advance. This highlights the disproportionate influence of industry stakeholders and a lack of revenue to meet public needs. Another hurdle is the inevitable disagreements on funding and among stakeholders, which can be a distraction from the shared goal of improving care for everyone.
- **Commission Input:** The Commission should continue to engage with community members as trusted messengers to rebuild trust and gather input.

Northwest Health Law Advocates (NoHLA):

- **Communication:** We should gather input directly through surveys of Washingtonians and Washington-based employers. People are very knowledgeable about the challenges they face in the current system, and the vast majority want significant changes. We can ask

people around the state what their ideal healthcare system would look like and who would pay for it.

- Hurdles: People may not understand all the nuances of specific laws, but they can certainly understand the trade-offs in our healthcare system today.
- Commission Input: Surveys and roundtables don't have to be expensive to offer insight. It would be particularly important to include small and large businesses and other healthcare purchasers in those conversations to gather a full range of perspectives.

Healthcare for All Washington (HCFA-WA):

- Communication: We should ask the public to list their vision, values, and principles for healthcare, and then compare it to the UHCC's list. Once a draft plan is established, it should be presented to as many community and professional groups as possible.
- Hurdles: The biggest hurdles are public distrust of the government, fear of change, and the fact that some people are happy with their current system.
- Commission Input: The Commission should hold open public meetings across the state to share the plan, answer questions, and gather public experiences and contact information for future meetings, especially after the plan is designed.

Question 4: Long-Term Sustainability - Lead org in answering at roundtable: Whole WA

Do you have any suggestions for the UHCC as to how to approach this long-term change management effort to ensure that Washington's universal health care system is sustainable in the long term?

Whole Washington (WW):

- Suggestions: The state needs to commit to a long-term vision of universal healthcare and announce a clear plan and timeline, similar to the development of the LINK light rail system.
- Sustainability: The system can only prove itself once people are able to enroll and experience its benefits. There is little evidence that a longer transition improves outcomes. Taiwan, for example, increased coverage from 60% to over 92% in its first year.

Washington CAN:

- Suggestions: For long-term sustainability, we must have sustainable funding mechanisms and strong laws that control costs of care in place. We must also protect traditional Medicare and push back against consolidation and private equity in the healthcare sector.
- Sustainability: Key elements for sustainability include negotiating bulk purchasing for all prescription drugs, using global budgets for hospital systems, and providing incentives for primary care and low or no fees at the point of service.
- Transitional Approach: We need incentives to retain Washington medical school graduates within the state to address substantial provider shortages. A critical part of our long-term strategy is also to work toward multi-state compacts as interim steps along the way. These compacts, which would be facilitated by legislation like the SBUHCA bills, would allow states to share resources and build a stronger, more resilient system together.

Northwest Health Law Advocates (NoHLA):

- Suggestions: There are three additional suggestions to enhance the durability of any reforms. First, work toward bipartisan solutions on a state level, as the bipartisan UHCC Board is a good start. Second, involve healthcare providers in the solutions from the start to discuss trade-offs, such as accepting lower reimbursement in exchange for less administrative burden.
- Sustainability: We can learn from other countries that have recently transitioned to universal healthcare. They succeeded by picking a model that responds to their unique starting conditions and cultural features, rather than scrapping everything. We should build on familiar concepts like Medicare, Medicaid, and PEBB/SEBB.
- Transitional Approach: A successful system requires a willingness to change and adapt over time as the population and its needs change.

Healthcare for All Washington (HCFA-WA):

- Suggestions: A trust with dedicated funding should be established within an independent state institution. A well-built governing board needs to be put in place to make decisions on the myriad of details.
- Transitional Approach: The state should seek federal waivers as soon as possible through the Affordable Care Act, Medicaid, and Medicare. We should fund the system through a payroll tax (to be out of reach of ERISA) and restrict providers from billing anyone but the unified state plan.
- Support Federal legislation, e.g., the State Based Universal Health Care Act ([HR 4406](#), [S 2286](#)) that would provide access to the Federal waivers states need to enable their state plans.

Question 5: Interim Solutions - **Lead org in answering at roundtable: HCFA WA**

As you know, the Universal Health Care Commission has a two-part charge: design a universal system and look for interim solutions. Does your organization have priorities for interim solutions to improve our current system?

Whole Washington (WW):

- Priorities: The expansion of public coverage to a widening population should be the top priority, with a goal of universal eligibility as soon as possible.
- Examples: The Canadian system began by covering hospital services. All minors could be fully covered by Medicaid or another state health plan. Public coverage could begin with primary care, prescription drugs, and other preventative services. State plans could be consolidated and de-privatized.

Washington CAN:

- Priorities: Our priorities for interim solutions are focused on addressing the immediate financial and systemic barriers people face. People know where the problems are: with the insurance companies, hospital conglomerates, and pharmaceutical companies that profit

from the system. In order to mitigate potential Medicaid cuts, ACA cuts, and threats to Medicare, we'll need to pass more laws that control costs of services and provide oversight to hospital mergers.

- Examples: Our organization wants to see all hospital systems move away from negotiating with insurance companies and, instead, negotiate with the government on global budgets. This is a critical step toward controlling costs and ensuring that care decisions are based on patient need, not profit. It also aligns with the overwhelming support from Labor, as reflected in the recent WSLC convention resolution, for policies consistent with single-payer principles.

Northwest Health Law Advocates (NoHLA):

- Priorities: We must not backslide on the commitment to basic coverage and care for all Washingtonians, despite federal challenges. Now is a time to reorganize the money we are already spending to protect care for the most people.
- Examples: Interim solutions could involve revisiting how we organize our safety net for uninsured people and which entities pay into it. We should also review how we can best leverage federal funding streams from the ground up, rather than trying to adapt old systems. We need to tighten the regulatory environment on corporations ready to profit from a chaotic environment. As an example, if a hospital is at risk of closure due to federal cuts, we should have a public dialogue about what the community actually needs and how to fill those gaps with investment that is set up for long-term public accountability.

Healthcare for All Washington (HCFA-WA):

- Priorities: Our priority is to design a single-payer system, but in the interim, we should consolidate purchasing and expand public plan options.
- Examples: Consolidate purchasing for PEBB, SEBB, Medicaid, and the Health Benefit Exchange. Expand pathways for local public entities to join PEBB. Enable the Health Benefit Exchange to only offer standardized, public option plans. Expand cost-saving efforts of state boards.