

Universal Health Care Commission's Finance Technical Advisory Committee meeting

July 17, 2025

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Tab 1

Universal Health Care Commission's
**Finance Technical Advisory
Committee (FTAC)**

Agenda

Thursday, July 17, 2025

2:00–4:30 PM

Zoom meeting

FTAC members:		
<input type="checkbox"/> Christine Eibner	<input type="checkbox"/> Ian Doyle	<input type="checkbox"/> Robert Murray
<input type="checkbox"/> Eddy Rauser	<input type="checkbox"/> Kai Yeung	<input type="checkbox"/> Roger Gantz
<input type="checkbox"/> Esther Lucero	<input type="checkbox"/> Pam MacEwan	

Time	Agenda Items	Tab	Lead
2:00–2:05 (5 min)	Welcome and call to order	1	Ross Valore, Health Care Authority (HCA)
2:05–2:08 (3 min)	Roll call		Ross Valore, HCA
2:08–2:10 (2 min)	Approval of May meeting minutes	2	Ross Valore, HCA
2:10–2:25 (15 min)	Public comment	3	Harrison Fontaine, HCA
2:25–2:30 (5 min)	Workplan update	4	Ally Power, HCA
2:30 – 2:40 (10 min)	Universal Health Care Commission report out	5	Ross Valore, HCA
2:40–3:20 (40 min)	UHCC/FTAC Workgroup report out - Potential vote on two straw proposals	6	Jane Beyer, OIC Ross Valore, HCA
3:20–3:30 (10 min)	Break		
3:30–4:10 (40 min)	Provider reimbursement and participation – initial direction	7	Ross Valore, HCA
4:10–4:30 (20 min)	Transitional solutions	8	Ross Valore, HCA
4:30	Adjourn		Ross Valore, HCA

Tab 2

Universal Health Care Commission's Finance Technical Advisory Committee (FTAC) meeting minutes

May 15, 2025

Virtual meeting held on Zoom from 2–4:30 p.m.

Note: The meeting materials packet and a full recording of this meeting can be found on the [Commission's FTAC page](#).

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

Members present

Christine Eibner
David DiGiuseppe
Eddy Rauser
Ian Doyle
Kai Yeung
Pam MacEwan
Robert Murray
Roger Gantz

Members absent

Esther Lucero

Call to order

David DiGiuseppe, FTAC Lead, called the meeting to order at 2:02 p.m. Sufficient members were present to allow a quorum.

Agenda items

I. Welcoming remarks

DiGiuseppe welcomed members to the fifteenth meeting of FTAC. Mary Franzen, Coverage Strategies Manager at the Health Care Authority (HCA), noted that this will be Todd Bratton's (Senior Health Policy Analyst at HCA) last FTAC meeting. DiGiuseppe and Franzen thanked Bratton for his work.

II. Meeting minutes

FTAC members approved the March 2025 meeting minutes by unanimous vote.

III. Public comment

The following members of the public provided comments:

- **Rachael Snell**
- **Kathryn Lewandowsky**, Whole Washington

Public comment topics included:

- Senate Joint Memorial (SJM) 8004: “Concerning Universal Health Care”
- General support for FTAC’s work

Find full testimonies in the [meeting recording \(time stamp 5:20\)](#).

IV. Workplan update

Mary Franzen, HCA

Mary Franzen provided a brief update on the Commission’s 2025 workplan, which aims to address phase 1 design elements (excluding financing) in 2025. Franzen highlighted that FTAC will be covering benefits and services, cost containment, and provider reimbursement/participation during today’s meeting.

Find the full presentation and discussion in the [meeting recording \(time stamp 10:11\)](#).

V. Universal Health Care Commission (Commission) update

David DiGiuseppe, FTAC Lead

DiGiuseppe then provided a brief update from the Commission’s April 17 meeting. His update included an overview of the public comments received, governance, and the Milliman cost-modeling analysis. After a brief discussion, FTAC members agreed by consensus that they did not need governance accelerated in the Commission’s workplan to provide guidance regarding phase 1 design elements.

DiGiuseppe led a robust discussion on several of the phase 1 design elements (benefits and services, eligibility, and provider reimbursement). DiGiuseppe presented open questions that remained following the discussion and decisions made at the April Commission meeting.

DiGiuseppe also noted that HCA staff are working with him and Commission Chair Vicki Lowe to form a subgroup of Commission and FTAC members. The subgroup will resolve open questions about benefits, services, and the scope of potential analytical projects.

Find the full presentation and discussion in the [meeting recording \(time stamp 12:54\)](#).

VI. Cost containment discussion and potential recommendation

Todd Bratton and Ross Valore, HCA

Bratton presented an overview of FTAC’s cost containment work so far, including hospital global budgets, reference-based pricing, and relevant state agency reports. FTAC members discussed a new approach to incorporate cost containment mechanisms within universal design elements (e.g., benefits and services, provider reimbursement) as opposed to treating it as a stand-alone design element.

Bratton provided a brief update from the April 24 Health Care Cost Transparency Board (Cost Board) meeting including an overview of hospital cost growth in Washington state and strategies to address it. FTAC members discussed building off the work of the Cost Board and incorporating its strategies into universal design and

interim solutions. Bratton also noted that FTAC member Bob Murray will present Hospital Global Budgets at the June 3 Cost Board meeting.

Find the full presentation and discussion in the [meeting recording \(time stamp 1:49:55\)](#).

Adjournment

The meeting adjourned at 4:28 p.m.

Next meeting

Thursday, July 17, 2025, from 2–4:30 p.m.

The meeting will be held on Zoom.

Draft

Tab 3

Public Comment

Universal Health Care Commission's Finance Technical Advisory Committee Written Comments

- ▶ No written comments submitted via email
- ▶ Additional comments received during the May FTAC meeting:
<https://www.youtube.com/watch?v=IHAANfx66Bg>
- ▶ Public comments can be provided orally during the meeting's public comment period or in written form at any time to FTAC's inbox at HCAUniversalFTAC@hca.wa.gov.

Tab 4

Workplan and charter update

Finance Technical Advisory Committee

July 2025

Upcoming meetings

Health Care Cost Transparency Board

2-4 pm

Tuesday, July 22

To include discussion
of impacts of federal
budget

Advocates Roundtable

new date

3-5 pm

Tuesday, August 5

Universal Health Care Commission

new date

2-5 pm

Thursday, Sept 11

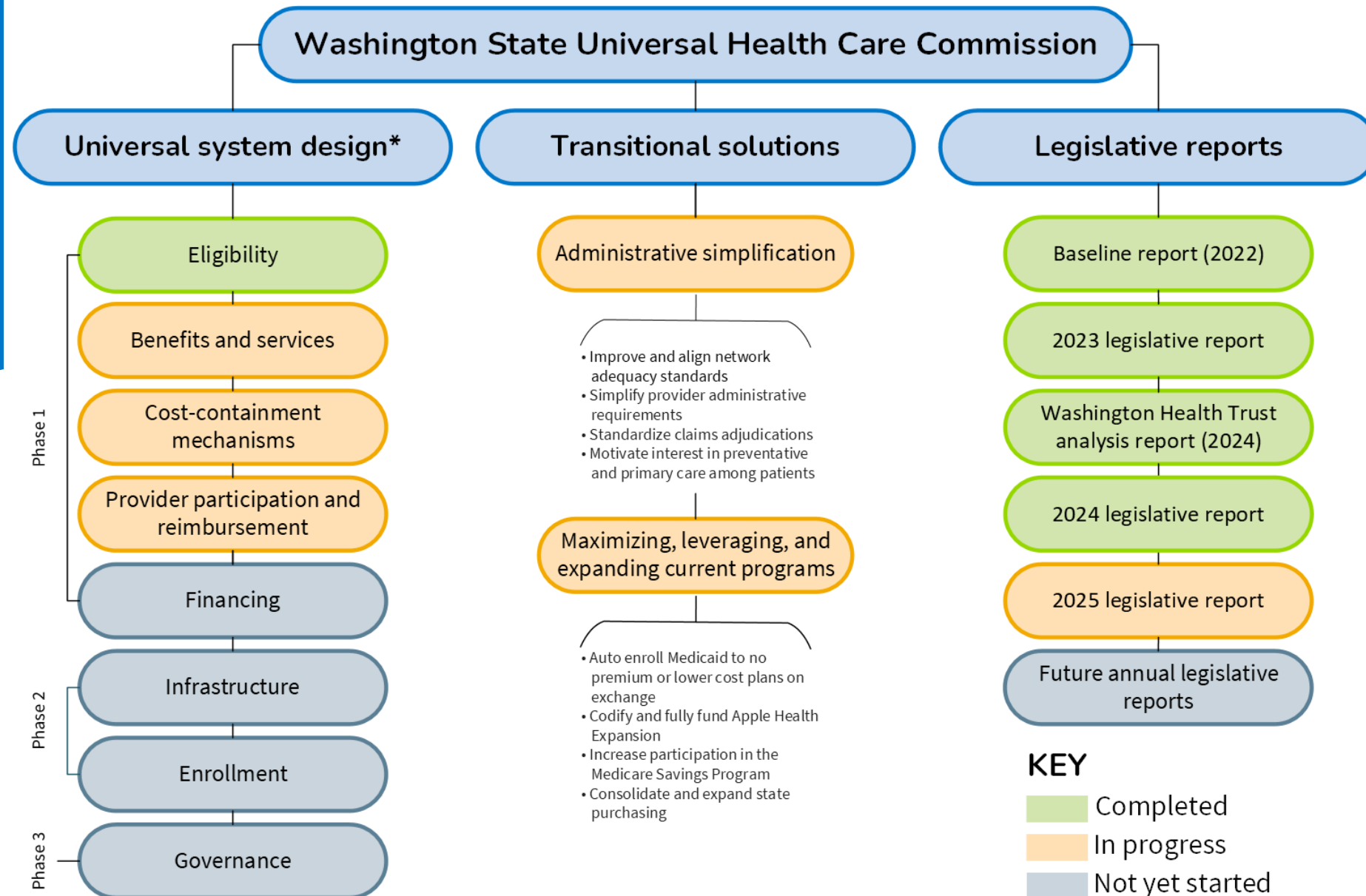
Budget update

- ▶ Commission staff reduction from three to two
- ▶ No consultant support as of July 1
- ▶ 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

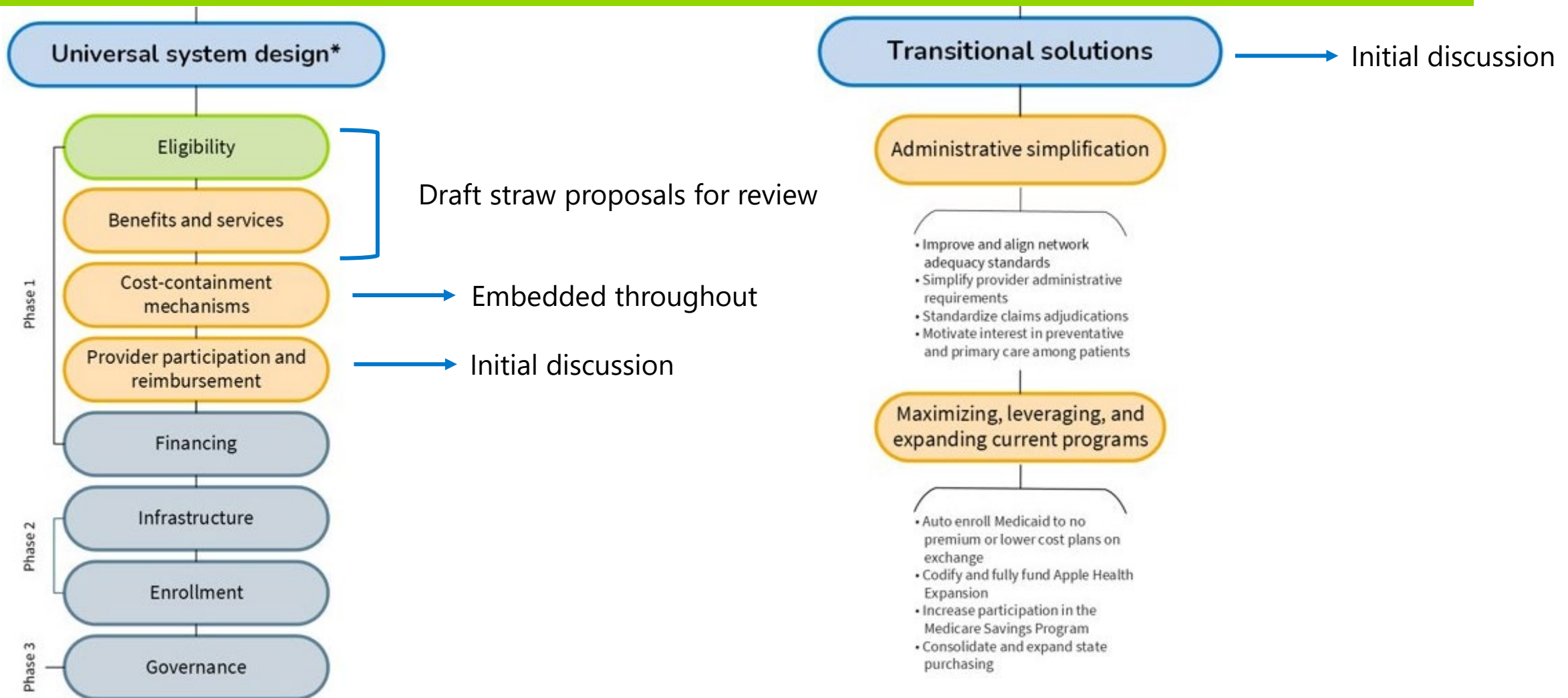
- ▶ "\$250,000 of the insurance commissioner's regulatory account— state appropriation is provided solely for the commissioner to enter into an interagency agreement with the health care authority to support **economic, actuarial, or other modeling related to design of a universal health care system**, 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



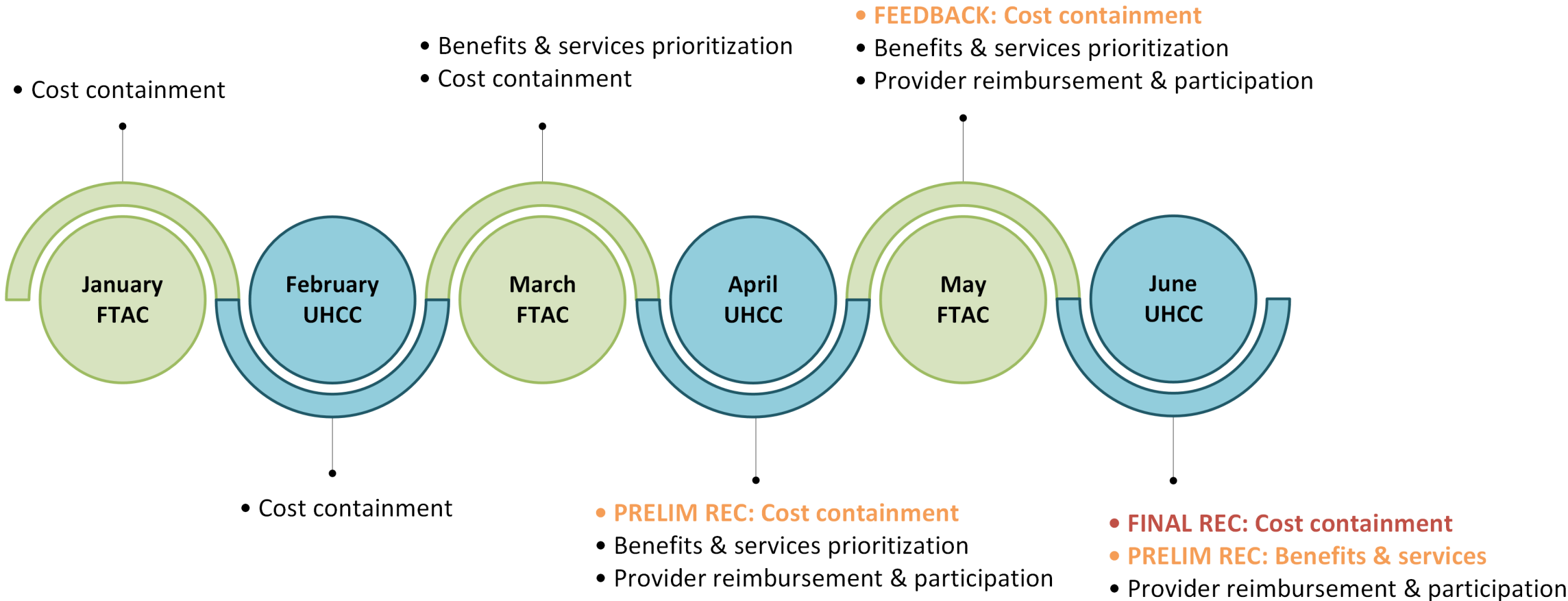
*Note: Health care quality, health equity, and health disparities will be discussed and considered during each of the core universal system design components.

Today's meeting



2025 Workplan | January–June

Last updated: July 2025



- KEY**
- Prelim Recommendation/Feedback
 - Final Recommendation

2025 Workplan | July–December

Last updated: July 2025

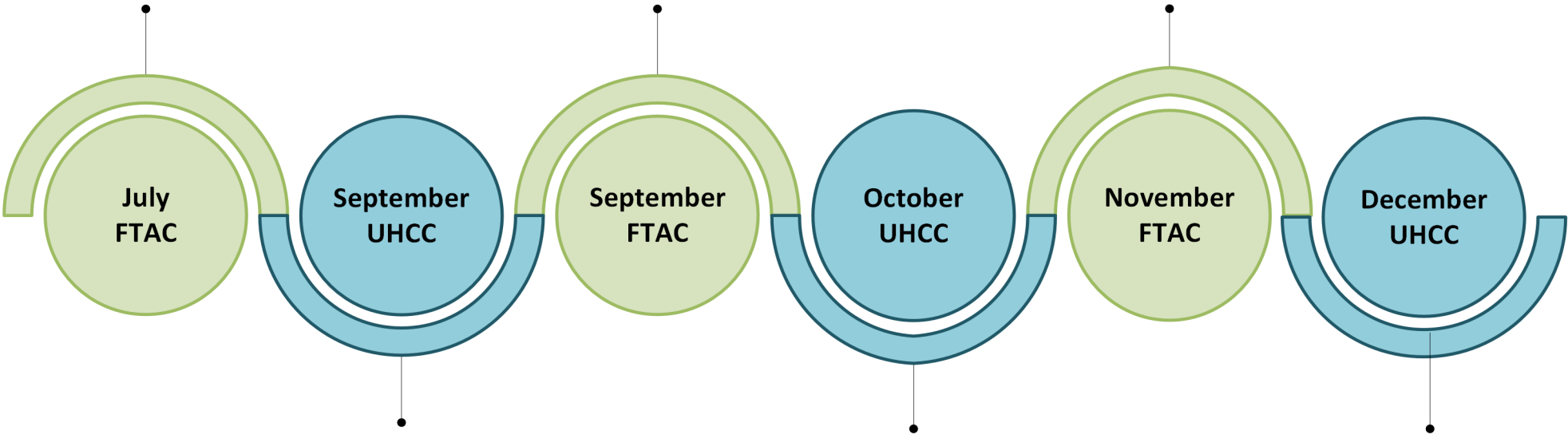
- **FEEDBACK: Benefits & services**

- Provider reimbursement & participation
- Transitional solution

- **FEEDBACK: Provider reimbursement & participation**

- **FEEDBACK: Transitional solution**

Future topics



- **FINAL REC: Benefits & services**
- **PRELIM REC: Provider reimbursement & participation**
- **PRELIM REC: Transitional solution**
- Review 2025 leg report

- **FINAL REC: Provider reimbursement & participation**
- **FINAL REC: Transitional solution**
- Approve 2025 leg report

Future topics

KEY

- Prelim Recommendation/Feedback
- Final Recommendation

Tab 5

Universal Health Care Commission update

June 11, 2025 UHCC meeting recording & materials

Overview: June 11 Commission meeting

- ▶ Public comment
- ▶ Interstate compacts
- ▶ Charter update
- ▶ Governance
- ▶ Benefit and services design

June 11 UHCC public comment

- ▶ Noting the number of resolutions and bills in the past session related to universal health care and advocates' continued interest in working with the Commission
- ▶ In support of universal health care system and noting health improvements as people gain coverage
- ▶ Positive feedback about upcoming advocates roundtable
- ▶ Recommendations for future actuarial analyses

Interstate compact

- ▶ Insurance Commissioner Patty Kuderer spoke about interstate health care compacts
 - ▶ Allowed under section 1333 of the Affordable Care Act
 - ▶ Allows two or more states to form a compact to offer qualified health plans
 - ▶ [Section 1333 Health Care Choice Compacts](#), by Peter Nelson
- ▶ Oregon Universal Health Plan Governance Board and Washington Universal Health Care Commission
 - ▶ Similar goals and challenges
 - ▶ Oregon and Washington share some insurers and health systems

Interstate compact

- ▶ Commissioner Kuderer suggested that Oregon and Washington consider an interstate compact “to pursue universal health care system that benefits both states”
- ▶ At the direction of the Commission, HCA staff is working with Oregon staff to explore the possibility of a 1333 compact
 - ▶ Update and speakers expected at September Commission meeting
- ▶ Commissioner Kuderer's [full remarks](#) to the Commission
- ▶ FTAC members' experience with 1333 compacts?

FTAC charter update: attendance policy

- ▶ The Commission updated the 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.

Governance

- ▶ The Commission continued its discussion about the timing of governance in its workplan
- ▶ Members appreciated the input of many public speakers and recognized the rationale for moving the topic
- ▶ After further discussion, members recommended maintaining the current order of topics in a phased approach
 - ▶ During future meetings, the Commission may consider moving governance from Phase 3 to Phase 2 to allow for governance to be considered at the same time as infrastructure.

Governance

- ▶ Emphasized and agreed that regardless of timing, the governance structure must be created with great care
- ▶ Commission members recognized the importance of transparency and creating a structure that maintains public trust

Benefits and services

- ▶ FTAC report out included recommendations about benefits and services design
 - ▶ Also noted some outstanding questions
- ▶ Open questions undertaken by a UHCC/FTAC workgroup
 - ▶ Joint group addresses more detailed questions and ensures FTAC and Commission remain aligned
- ▶ Workgroup recommendations will be presented later in this meeting as straw proposals
- ▶ Format for straw proposals is being refined

Questions?

Tab 6

UHCC-FTAC Work Group Report Out/Recommendations

Finance Technical Advisory Committee

July 2025

Overview

- ▶ UHCC/FTAC workgroup formed to address outstanding details of design topics
 - ▶ Eligibility
 - ▶ Benefits and services
- ▶ Two straw proposals for consideration and feedback

Straw proposals

- ▶ Document design recommendations and decisions
 - ▶ Will be incorporated into annual reports
- ▶ HCA staff is developing a standard format
- ▶ Timeline for today's straw proposals
 - ▶ Today: FTAC feedback and/or approval
 - ▶ July/August: HCA staff and UHCC/FTAC workgroup further revise proposals, if necessary
 - ▶ Sept. 11: Straw proposals presented to Commission for review and approval

Eligibility straw proposal

- ▶ The Universal Health Care Commission first examined eligibility in 2023
- ▶ Workgroup provided further clarification and documentation
 - ▶ Further questions arose during the Milliman analysis
 - ▶ Request from Commission member for documented work product

Universal Health Care Commission: **DRAFT** Design Proposal

Committee: Finance Technical Advisory Committee (FTAC)

Commission/Committee Lead(s): Benefits and Services Design Workgroup

FTAC Review: July 17, 2025

Commission Review: September 11, 2025

Proposal ID: 2025-01

Key Design Element/Milestone: Eligibility

Summary

This proposal outlines recommendations for addressing eligibility in a universal health care system in Washington state. The goal of a unified system is to include all Washington residents in the future universal health care system. However, current federal law poses significant barriers to including all people in the state. Until that federal law changes, is waived via federal action, or is further clarified, the Universal Health Care Commission (Commission) will focus on an initially identified eligible population as it seeks ways to expand the eligible population and studies transitional eligibility solutions.

The Commission is aware that other states designing a universal system may pursue a different timeline and path toward universal coverage.

Background

The Commission examined eligibility as its first design component,¹ beginning in 2023. Later, following actuarial analyses of selected benefit plans, the Finance Technical Advisory Committee (FTAC) and the *ad hoc* Benefits and Services Design Workgroup (made up of three Commission members and three FTAC members) further explored eligibility.

Recommendations

The Commission, FTAC, and the workgroup identified populations that could potentially be eligible in a state-based universal health coverage system now. Eligible populations are based on the individual's current health care coverage and include those covered by:

- Medicaid
- Children's Health Insurance Program (CHIP)
- Individual health plans
- Employer-sponsored group health plans
- PEBB/SEBB plans
- Local government plans

¹ For initial assessments of eligibility, see [UHCC 2023 Legislative Report](#) (pp. 15-29), [UHCC Washington Health Trust Analysis Report](#) (pp. 6-15), and [UHCC 2024 Legislative Report](#) (pp. 8-23).

- Uninsured/underinsured²

Many Washington residents have health coverage that cannot be incorporated into a state administered health care system without additional federal authority, effectively excluding them, for now, from a statewide universal system. Furthermore, it is unknown whether or when states will gain control of the financing for these federally regulated benefits and services. However, a unified system could provide coverage *in addition to* existing coverage. Those federally excluded populations include (but are not limited to) enrollees in:

- Medicare
- Federal Employee Health Benefits (FEHB) plans
- Tribal health programs
- Military Tricare coverage

Of the groups listed above, those enrolled in employer-sponsored health plans present a special case. The federal ERISA statute governs private group health plans, which can be fully insured or self-funded, at the employer's option. States cannot regulate "central matters of plan administration" for these ERISA-governed health plans. However, states *can* regulate the fully insured health plans that employers offer.³ The state cannot direct whether an employer offers coverage (although the Affordable Care Act requires employers of more than 50 people to offer minimum essential coverage or pay a tax penalty). In addition, the state cannot direct what type of coverage an employer must offer, other than indirectly through regulation of fully insured health plans.

The most likely path to covering individuals who now get their coverage through a private employer's health plan would be through some form of payment mechanism. A memo⁴ prepared for the Oregon Joint Task Force on Universal Health Care suggests mechanisms that could survive a legal challenge in the 9th Circuit, which includes Washington and Oregon.

While these mechanisms may survive legal challenges, not all employers would necessarily forgo offering employer-based plans. The Commission recommends exploring this option with expectations for a modest rate of uptake (e.g., 25 percent).

² The [Milliman analysis](#) performed in March 2025 included undocumented residents in the uninsured category.

³ Approximately one-third of employers offer fully insured, as opposed to self-funded, health plans.

⁴ [Memorandum to Oregon Joint Task Force on Universal Health Care, July 25, 2022](#)

Population	Likely eligible in a state universal health system now (Y/N)	Pathway to include	Notes
Medicaid	Yes	NA	
Medicare	No	Federal waiver	
Individual health plans	Yes	Sec. 1332 waiver	
Employer-sponsored health plans	Yes	Creation of a payment mechanism	Modest assumption based on creation of payment mechanism
PEBB/SEBB plans	Yes	NA	
FEHB plans	No	Federal waiver	
Tricare	No	Federal waiver	
Uninsured/underinsured	Yes	NA	Some programs (for example, IHS) are not health insurance plans, and enrollees may be considered underinsured

FTAC Feedback (July 17, 2025)

- **Approved:** FTAC agrees with the direction of this design proposal as written.
- **Returned for revision:** Please make the following revisions
 - [Enter revisions/notes]

UHCC Feedback (September 11, 2025)

- **Approved:** UHCC adopts this design proposal as written.
- **Returned for revision:** Please make the following revisions
 - [Enter revisions/notes]

Benefits and services straw proposal

- ▶ Commission determined that universal design should aim to mirror Scenario 2 of Milliman analysis (UMP Classic), with the addition of dental coverage, and aspire to Scenario 1 (Medicaid-like coverage)
- ▶ Workgroup provided further detail, including
 - ▶ Potential actuarial value
 - ▶ Cost-sharing
 - ▶ Relative weight of co-insurance v. co-payments

Universal Health Care Commission: **DRAFT** Design Proposal

Committee: Finance Technical Advisory Committee (FTAC)

Commission/Committee Lead(s): Benefits and Services Design Workgroup

FTAC Review: July 17, 2025

Commission Review: September 11, 2025

Proposal ID: 2025-02

Key Design Element/Milestone: Benefits and services design

Summary

This proposal includes recommendations for benefits and services design in a universal health care system in Washington state. The proposal provides the Universal Health Care Commission (Commission) with options for developing uniform benefits and services coverage for residents of Washington. Among the key components of benefit design are covered services and consumer cost-sharing. Additional components, such as prior authorization, are not included in this discussion.

Background

The Commission was established “... to prepare the state for the creation of a health care system that provides coverage and access for all Washington residents through a unified financing system” once federal authority is granted. Benefits and Services design is one of the key elements required to prepare the state.¹

From May 2024 – June 2025, the Commission and its Finance Technical Advisory Committee (FTAC) compared costs of benefit design scenarios. The Commission chose three existing health benefit plans to compare in the study:

- Cascade Select Silver (70% actuarial value)
- Uniform Medical Plan Classic (87-90% actuarial value)
- Medicaid (100% actuarial value)

An actuarial analysis, completed in March 2025, compared the costs of pooling an identified population of Washington residents into each of these benefit scenarios. The identified population aligns with the Commission’s previous recommendation regarding eligibility (Proposal ID 2025-01). The completed actuarial analysis can be found [here](#).

¹ RCW 41.05.831

Results

The Commission determined that UMP Classic, with the addition of dental coverage, should be the starting point for the benefit and services design, and that a Medicaid-like design with no patient cost sharing should be an aspirational goal. With this initial direction, FTAC recommended forming a workgroup of Commission and FTAC members to refine the recommendation. This Benefits and Services Design Workgroup held its first meeting in June 2025 and provided the following recommendations for FTAC review in July 2025.

Workgroup recommendations

- Retain UMP Classic (87-90% actuarial value) as the *starting point* for benefits and services design under a universal system and include the same covered services as those covered by UMP Classic.
- When further defining consumer cost-sharing, begin by setting boundaries for key indicators known to drive consumer preferences. Such indicators could include, but are not limited to:
 - Premiums
 - Services covered prior to deductible being met
 - Amount of any deductible
 - Use of fixed copayments rather than coinsurance
 - Out-of-pocket maximums
- Ensure that any cost-sharing design aligns with the cost-sharing principles developed by FTAC and approved by the Commission.
- Cost sharing should include subsidies for low-income enrollees with incomes between 100 percent and 250 percent of the federal poverty level (FPL).
 - Individuals with incomes below 100 percent of FPL would have no cost-sharing.
- Determine whether to retain UMP Classic's current mix of coinsurance (primarily for medical care) and co-payments (primarily for pharmacy)
 - If not, then determine the preferred balance and distribution of coinsurance and co-payments
- Determine priorities for possible future actuarial and forecasting studies for the Commission's consideration.

FTAC Feedback (July 17, 2025)

- **Approved:** FTAC agrees with the direction of this design proposal as written.
- **Returned for revision:** Please make the following revisions
 - [Enter revisions/notes]

UHCC Feedback (September 11, 2025)

- **Approved:** UHCC adopts this design proposal as written.
- **Returned for revision:** Please make the following revisions
 - [Enter revisions/notes]

DRAFT

Finance Technical Advisory Committee meeting

We are currently on
a short break

Tab 7

Key design element: Provider reimbursement & participation

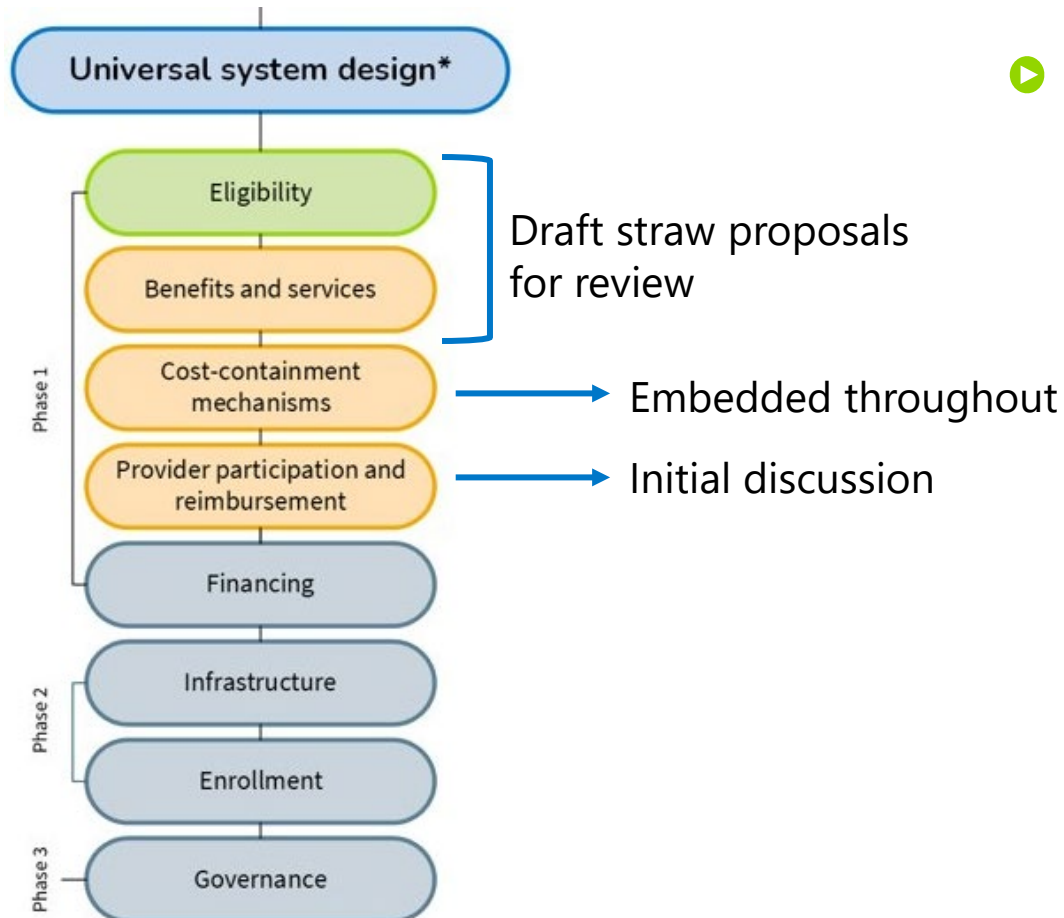
Finance Technical Advisory Committee

July 2025

Overview

- ▶ Background
- ▶ Previous topics presented to UHCC and FTAC
- ▶ Considerations for future recommendations
- ▶ Next steps

Background



► Topics discussed during June Commission meeting

- Importance of policies that support our rural hospitals
- Impact of vertical integration and horizontal consolidation on our health care system
- Value-based payment models for primary care
- Delivery system throughlines
- Looking at how Indian Health Services tackles provider reimbursement
- Washington Multi-Payer Collaborative

Previous presentations

- ▶ Low-intensity rate setting models, Bob Murray, November 2024 FTAC meeting
- ▶ PEBB/SEBB Access & Affordability, Evan Klein, December 2024 UHCC meeting
- ▶ Overview of an All-payer Global Budget Payment Model, Bob Murray, January 2025 FTAC meeting
- ▶ Medicare Benchmarked Reference Pricing in Oregon's State Employee Health Plans, Margaret Smith-Isa, February 2025 UHCC meeting

Future recommendations

Inpatient

Hospital

Outpatient

**Primary care
Behavioral health care
Specialty care
Freestanding ED/urgent care**

Long-term care

**Skilled nursing facility,
adult family homes, etc.**

Rural / urban

Recommendation discussion

Inpatient	Outpatient	Long-term care
Hospital	Primary care Behavioral health care Specialty care Freestanding ED/urgent care	Skilled nursing facility, adult family homes, etc.
Rural / urban		

- ▶ Should there be one set of recommendations for all outpatient care, or should the recommendations be broken down by type of care?
 - ▶ If specified by type of care, are the categories listed here appropriate?
- ▶ Should the recommendations focus on rebalancing payments (e.g., increasing primary care expenditure rate)?
- ▶ Should there be different recommendations for rural v. urban settings?
 - ▶ If so, what are the criteria for developing different recommendations?
- ▶ Should recommendations follow a plan design modeled off UMP Classic or Medicaid?
- ▶ Other considerations?

Next steps

- ▶ Future presentation topics
- ▶ Additional topics to consider

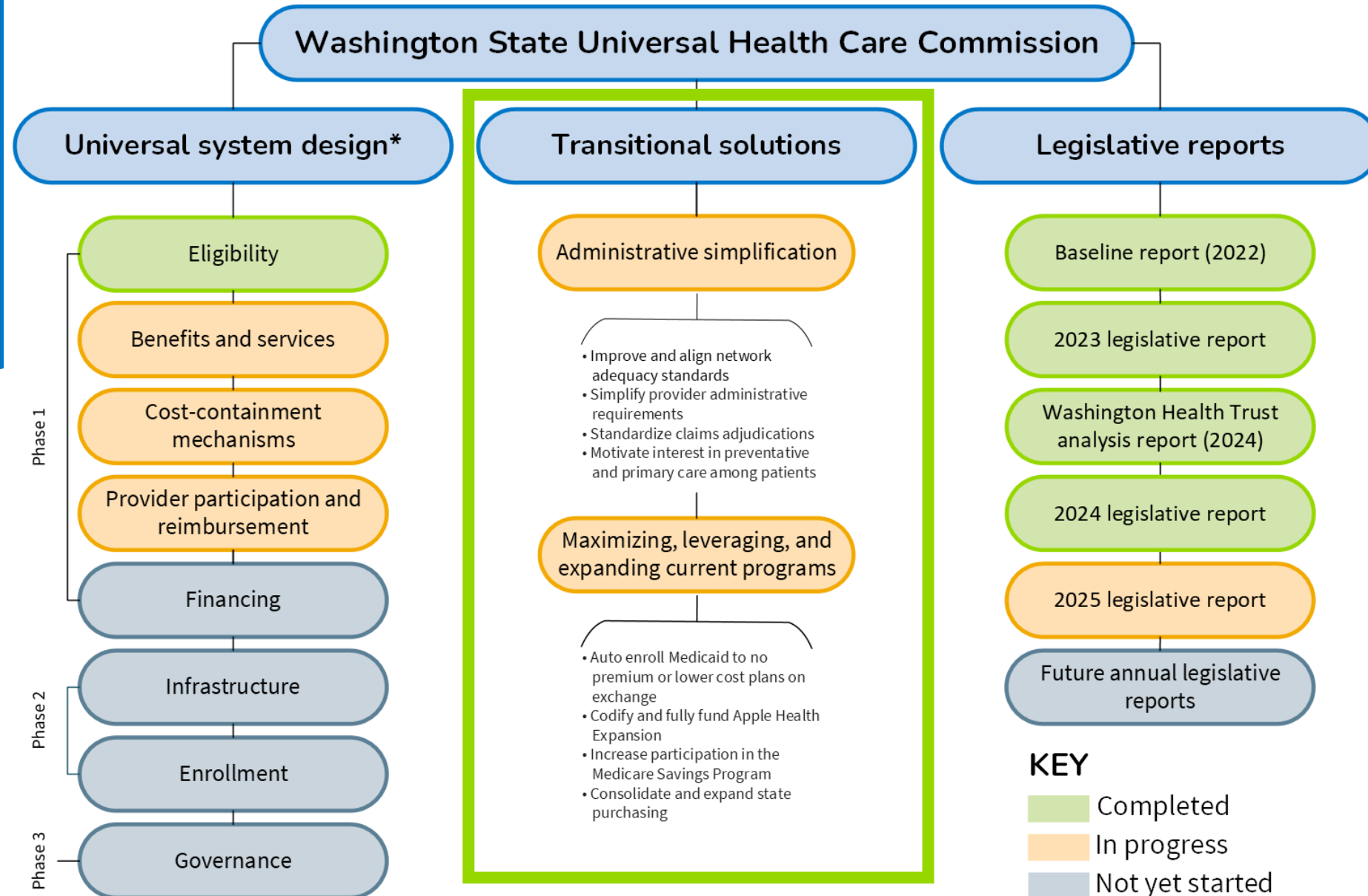
Tab 8

Transitional solutions discussion

Finance Technical Advisory Committee

July 2025

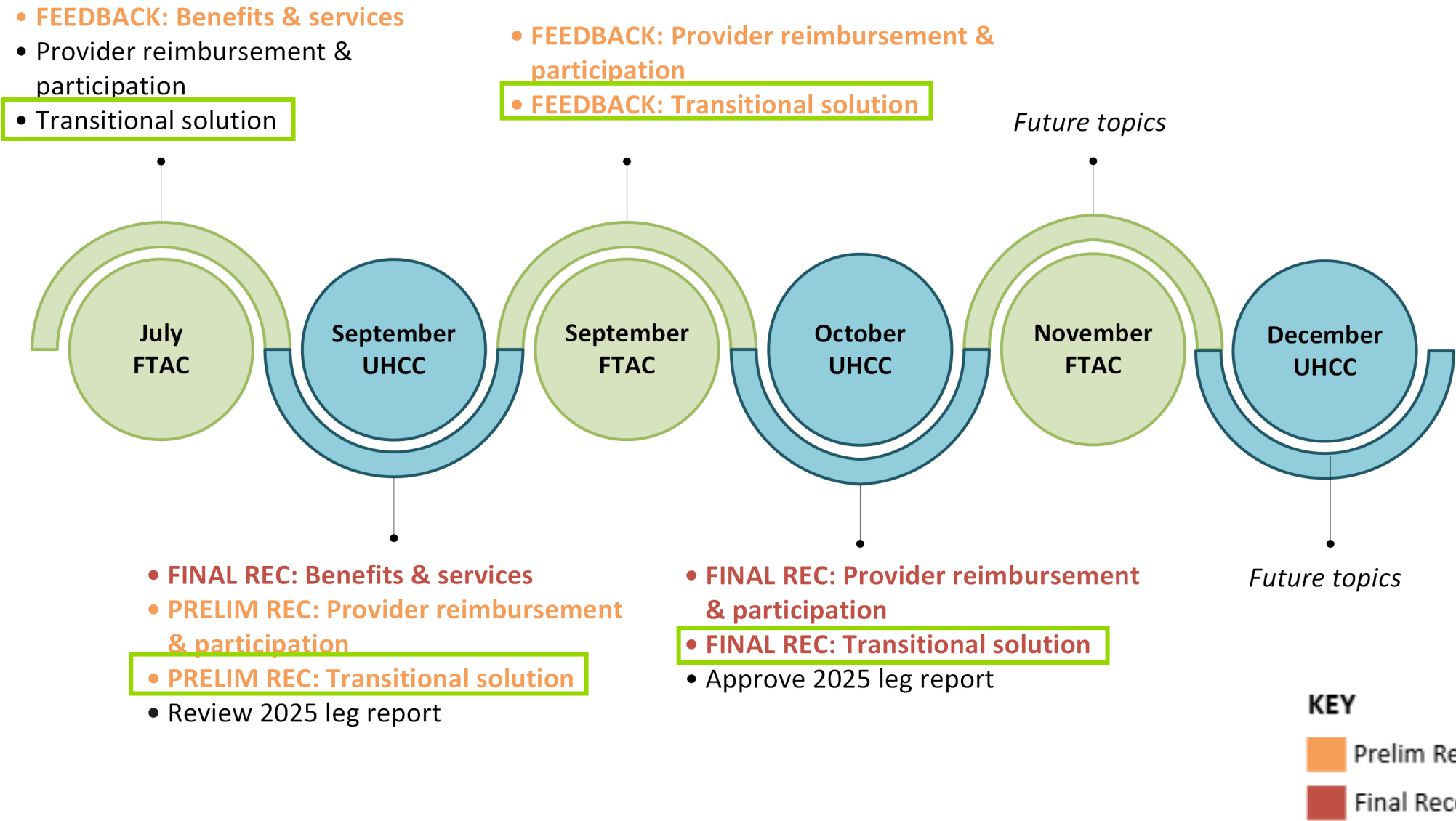
Milestone Tracker



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

2025 Workplan | July–December

Last updated: July 2025



Transitional solutions update

- ▶ During the 6/11 meeting Commission members discussed several potential transitional solutions to work on, including:
 - ▶ Mitigation strategies regarding federal changes like coverage losses
 - ▶ Building on work the Commission had done previously (e.g., administrative simplification/prior authorization)
 - ▶ Addressing health care workforce needs in rural areas
 - ▶ Supporting small business with providing health insurance to their employees (e.g., the Small Business Health Options Program (SHOP))

Transitional solutions discussion

- ▶ Which transitional solutions do FTAC members believe are most critical for advancing the state's readiness for a universal health care system?
- ▶ What transitional solution do FTAC members believe the Commission should prioritize?
 - ▶ To facilitate the Commission's potential recommendations to the legislature on this topic, what specific background information, datasets, or analyses are most crucial for informing their decision-making?

Thank you for attending the
Finance Technical Advisory
Committee meeting

Appendix

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.