Universal Health Care Commission's
Finance Technical Advisory Committee meeting

September 18, 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's
Finance Technical Advisory Committee (FTAC)

Agenda

Thursday, September 18, 2025
2–4:30 p.m.
Zoom meeting

Members		
☐ Christine Eibner	☐ Kai Yeung	☐ Robert Murray
☐ Eddy Rauser	☐ Matthew Morrissey	☐ Roger Gantz
☐ Esther Lucero	☐ Pam MacEwan	☐ OPEN SEAT

Time	Agenda items	Tab	Lead
2:00–2:05 (5 min)	Welcome, roll call, and new member introductions	1	Ross Valore, HCA
2:05–2:10 (5 min)	Review of previous meeting minutes	2	Ross Valore, HCA
2:10–2:25 (15 min)	Public comment	3	Mary Franzen, HCA
2:25–2:40 (15 min)	Workplan update	4	Mary Franzen, HCA
2:40–3:30 (50 min)	Universal Health Care Commission update	5	HCA staff
3:30–3:40 (10 min)	**Break**		
3:40–4:25 (45 min)	Provider reimbursement & participation: Initial discussion	6	Christine Eibner, FTAC member Mary Franzen, HCA
4:30	Adjournment		Ross Valore, HCA

Tab 2

Washington State Health Care Authority

Washington State Health Care Authority

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

July 17, 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
Eddy Rauser
Ian Doyle
Pam MacEwan
Robert Murray
Roger Gantz

Members absent

Esther Lucero
Kai Yeung

Call to order

Ross Valore, Cost Board and Commission Director at HCA, called the meeting to order at 2 p.m. There were enough members for a quorum, so the committee could hold votes.

Agenda items

Welcoming remarks

Valore welcomed members to FTAC's 16th meeting. He noted that FTAC Lead David DiGiuseppe recently resigned from his FTAC position to pursue a new career opportunity. FTAC members were encouraged to reach out if they were interested in serving as FTAC Lead.

Meeting minutes

Committee members approved the May meeting minutes by unanimous vote.

Washington State Health Care Authority

Public comment

The following members of the public provided comments:

- **Marcia Stedman**, Health Care for All – Washington
- **Rachael Snell**
- **Kathryn Lewandowsky,** Whole Washington
- **Maureen Brinck-Lund**, Health Care is a Human Right

Public comment topics included:

- A request to consider addressing governance earlier in the workplan
- A request to seek funding for implementation of universal health care in Washington state immediately
- Recommendations for future actuarial analyses
- Support for the Universal Health Care Commission's upcoming Advocates Roundtable and request that FTAC members attend

Find full testimonies in the **meeting recording (time stamp 6:13)**.

Workplan update

Ally Power, HCA

Ally Power, Health Policy Analyst at HCA, highlighted upcoming meetings of interest for FTAC members, including the Health Care Cost Transparency Board's July meeting and the Universal Health Care Commission's Advocates Roundtable. She reviewed the Commission's milestone tracker and noted for today's meeting, FTAC will be reviewing draft straw proposals for eligibility and benefits and services. The new straw proposal format is being piloted in response to Commission members' requests to further document decisions.

Power also discussed budget impacts to the Commission, including a reduction in staff and the termination of consultant support. Power highlighted that the 2025–2027 budget contains new proviso funding from the Office of the Insurance Commissioner (OIC) to support economic, actuarial, or other modeling related to design of a universal health care system.

Find the full presentation and discussion in the **meeting recording (time stamp 16:00)**.

Universal Health Care Commission update

Ross Valore, HCA

Valore provided an update from the June Commission meeting which included:

- An overview of the public comments received
- A request from the Insurance Commissioner to invite the Oregon Universal Health Plan Governance Board to the September Commission meeting to learn more about interstate health care compacts
- Timing of governance in the workplan
- Updated attendance policy for FTAC members
- Introduction of a potential Commission-FTAC workgroup
- Initial discussion on provider reimbursement and participation and transitional solutions

Valore noted that Commission members agreed that transparency and accountability are key in this work and that governance is an important design element, but that changing the timing of governance in the Commission's workplan wasn't needed at this time. During future meetings, the Commission may consider moving governance from Phase 3 to Phase 2 to allow for considering governance at the same time as infrastructure.

Find the full presentation and discussion in the **meeting recording (time stamp 22:12)**.

Washington State Health Care Authority

UHCC/FTAC Workgroup update

Jane Beyer, OIC and Ross Valore, HCA

The UHCC/FTAC Work Group met several times after the June Commission meeting to develop straw proposals for eligibility and benefits and services. These straw proposals aim to answer open questions and better document Commission decisions. Work group member Jane Beyer, who is a member of the Commission, provided an overview of both draft proposals as developed by the work group. FTAC members then provided revisions. Revised drafts will be shared with work group members, then all FTAC members, before heading to the Commission during their September meeting.

Find the full presentation and discussion in the **meeting recording (time stamp 31:53)**.

Transitional solutions

Ross Valore, HCA

Ross Valore provided a brief overview of the Commission's previous transitional solutions work and led FTAC in a discussion on which transitional solution topics FTAC members believed were the most critical for advancing the state's readiness for a universal health system. FTAC members suggested a number of transitional solutions UHCC could consider focusing on, including:

- Stabilization of our current system, e.g., maintaining people's access to coverage, supporting rural hospitals
- Looking at the financial underpinnings of our current system to address affordability
- Developing a list of the transitional solutions the commission has already identified to see what has already been done
- Expanding and consolidating state purchasing

Find the full presentation and discussion in the **meeting recording (time stamp 1:58:21)**.

Closing comments and adjournment

The meeting adjourned at 4:30 p.m.

Next meeting

Thursday, September 18, 2025 from 2–4:30 p.m.

The meeting will be held on Zoom

Tab 3

Washington State Health Care Authority

Public Comment

Washington State Health Care Authority

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

- Written comments submitted via e-mail (received since July 3, 2025):
  1. R. Shure, Health Care for All – Washington
  2. Fred Yancey
  3. K. Lewandowsky
  4. R. Shure, Health Care for All – Washington
- Oral comments received during the July FTAC meeting: https://youtu.be/GtXgxX-MFUs?si=moWnuk-jVyfYMsTZ
- 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**.

From: Sydnie Jones
To: HCA Universal FTAC
Cc: Lonnie Johns-Brown; Roger Gantz; Ronnie Shure (he/him); Dennis Dellwo
Subject: Recommendations for Transitional Solutions for 2025
Date: Wednesday, July 16, 2025 4:43:39 PM
Attachments: hcfawanamelogo.png
HCFA-WA FTAC letter071625.pdf

External Email

TO: Members of The Finance Technical Advisory Committee (FTAC)
FROM: Health Care For All Washington (HCFA-WA)
RE: Recommendations for Transitional Solutions for 2025

On behalf of HCFA-WA, I am writing today to share our recommendations for the Transitional Solutions to be included in the 2025 Universal Health Care Commission Report to the Legislature.

Given the recent actions in Washington DC, that have critical impacts on both Medicaid and other ACA elements adopted by our state, we know the top priority will be to find ways to protect our current health care delivery system.

Therefore, our top recommendation reflects that reality. However, we also believe it is important to continue to find ways to consolidate and streamline our delivery system, in ways that will lead to improved services for enrollees, but also save state dollars.

We ask that FTAC given serious consideration to and support for the following:

1. Protection of current level funding for Medicaid and programs at the Health Benefit Exchange, including those serving those who currently do not qualify for federal programs
2. Administrative Simplification (listed as recommendations in the 2025 Report) :
   - Improve and align network adequacy standards
   - Continue to simplify provider administrative requirements
   - Standardize Claims adjudication

   ** Note that HB 1813, HB 1706 and SB 5331, which passed during the 2025 Legislative session, each address, in part, these three items, but more can more done in each of the bulleted items**
3. Consolidate and expand state purchasing :
   - Support passage of SB 5086, by Senator Robinson/ HB 1330 by Representative Lekanoff, which would consolidate purchasing of SEBB/PEBB (this bill also, as currently written consolidates the PEBB and SEBB Boards)
   - Expand efforts to enroll local governmental entities in PEBB
4. Streamline purchasing of HBE plans:
   - Support legislation to direct the HBE qualified benefits to have “standardized cost-sharing across each of the three metal plans
5. Address the impacts of corporate practice of medicine
   - Support SB 5087, by Senator Robinson, that would prohibit the corporate practice of health care except through a professional service corporation or limited liability company. The bill would also prohibit non-licensed individuals from interfering with the clinical decision making of health care providers providing care at licensed facilities.

Thank you for your consideration of these recommendations and for your continued work to find ways to move our state to a single payor, universal health care system.

Sincerely,
Ronnie Shure, President
Health Care For All Washington

Rushure64@gmail.com

This memo is also attached as a PDF.

EVERYBODY IN, NOBODY OUT.

PO Box 30506, Seattle, WA 98113-0506 • www.hcfawa.org

TO: Members of The Finance Technical Advisory Committee (FTAC)
FROM: Health Care For All Washington (HCFA-WA)
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Sincerely,
Ronnie Shure, President
Health Care For All Washington
Rushure64@gmail.com

From: Fred Yancey
To: HCA Universal FTAC
Subject: Public comment submission to FTAC
Date: Sunday, July 20, 2025 9:57:36 AM

External Email

Your work is incredibly complex and overwhelming to a lay person such as I. However, it clear that in seeking universal health care coverage for all Washingtonians, that some populations are excluded. I am concerned that Medicare covered individuals are excluded because of existing federal restrictions.
I would hope that part of the commitee's work plan would include working with both state and federal legislators to change current practices to allow inclusion of the Medicare population.
Please work to do so.
My best, Fred Yancey

From: Kathryn Lewandowsky
To: HCA Universal FTAC
Subject: Public comment submission to FTAC
Date: Sunday, July 27, 2025 2:38:05 PM

External Email

Here are my complete public comments from July's FTAC meeting. Thank you!

Hello FTAC members,

Kathryn Lewandowsky, Retired RN and Board Vice-Chair of Whole Washington.

I want to say that it's times like these when we realize the error of designing a healthcare financing system based on subsidizing unnecessary players rather than creating a system where Americans can afford to live in the economy. At any moment we are at risk of having our supposed access to healthcare ripped out from under us by the greed of men.

But, today I want to say that I am thankful for the generous budget proviso of $250,000 from the Office of the Insurance Commissioner to fund some sort of study on how we could create and finance a system in Washington that is Universal, Simple and Affordable. Whole Washington would like to recommend that these funds be offered to Western Washington University's Center for Economic and Business Research (https://cbe.wwu.edu/cebr). We need to have this study reflect how potential changes to our healthcare financing affects both our businesses and the economics of our families and they were highly recommended by members of the Skagit/Whatcom County community. I also recommend them because we have already had some preliminary discussions with them and so they are already familiar with the current funding structure of the Washington Health Trust.

I noticed that you are beginning to discuss provider reimbursement, but are not addressing funding of the system yet. And those two legs are very interdependent on each other. So while I very much encourage provider participation in frank discussions on what is adequate and fair, we must also be looking at how we can best finance those reimbursements in order to maintain and attract providers to the trust.

Lastly,

I want to remind you all that our Washington Health Trust was never designed to be implemented emergently. It was always designed to transition us to as close to a single payer model as possible while working within our current federal restraints. Could it be

implemented emergently? Maybe. But it can't ever happen without action, whether that be from our legislative branch, our executive branch or whether it be by the people; someone has to step up and be the people who actually make the change.

Thank you for all you do to advance this important legislation! Our children are depending on us!

Kathryn Lewandowsky, BSN, RN
Whole Washington- Board Vice-Chair
One Payer States- Treasurer

SB 5233/HB1445 establishes the Washington Health Trust. Read more about SB5233/HB1445 here!

Comprehensive, no copays or deductibles! Healthcare from Cradle to Grave! We can do this! By Bill or by Ballot! Go to WholeWashington.org and donate today! Donate via Act Blue Donate via Anedot

"Never believe that a few caring people can't change the world, For indeed that's all who ever have" Margaret Mead

EVERYBODY IN, NOBODY OUT.

PO Box 30506, Seattle, WA 98113-0506 • www.hcfawa.org

TO: Members of The Universal Health Care Commission
FROM: Health Care for All - Washington (HCFA-WA)
DATE; August 13, 2025
RE: Recommendations for Transitional Solutions for 2025

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Thank you for your consideration of these recommendations and for your continued work to find ways to move our state to a single payor, universal health care system.

Sincerely,
Ronnie Shure, President
Health Care for All - Washington
Rushure64@gmail.com

Tab 4

Washington State Health Care Authority

Workplan update

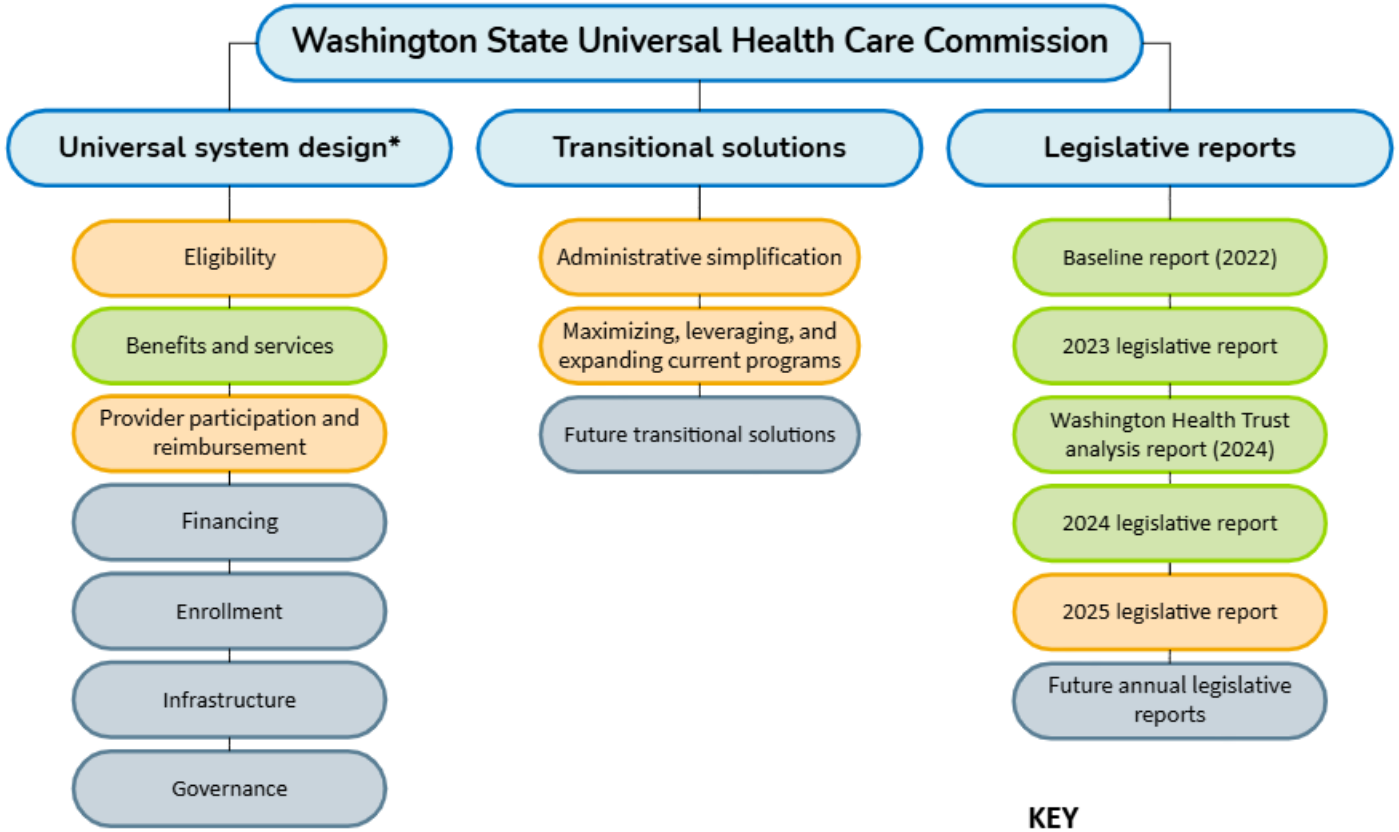
Finance Technical Advisory Committee

Overview

- Workplan tracker and today's agenda
- 2026 meeting dates
- FTAC charter update

Workplan status

Last updated September 2025



*Cost-containment mechanisms, health care quality, health equity, and health disparities will be discussed and considered during each of the core universal system design components.

On today's agenda:

- Commission response to eligibility and benefits & services straw proposals
- Provider participation and reimbursement

2026 meeting dates

Universal Health Care Commission (2-5pm PT)

- Thursday, February 12, 2026
- Thursday, April 30, 2026
- Thursday, June 18, 2026
- Thursday, September 3, 2026
- Thursday, October 15, 2026
- Thursday, December 10, 2026

Finance Technical Advisory Committee (2-4:30pm PT)

- Thursday, January 16, 2026
- Thursday, March 19, 2026
- Thursday, May 14, 2026
- Thursday, July 16, 2026
- Thursday, September 24, 2026
- Thursday, November 12, 2026

FTAC appointment process: update

C. Vacancies Among FTAC Members

Vacancies among FTAC members will be filled by the Commission. Vacancies among FTAC members will be filled by the Commission. When a seat becomes available, the Commission will announce the vacancy and direct HCA staff to circulate a vacancy announcement through Commission and FTAC GovDelivery channels. The announcement shall note that members and GovDelivery recipients are welcome to share the information with their networks to achieve the broadest reach. Interested individuals must have subject matter expertise in health care financing, which may include actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding of payer/provider contracting. HCA staff will collect and circulate all FTAC applications to the Commission for review. The selection process will occur during an open public meeting of the Commission, in which the Commission will appoint a new member by a majority vote.

Note there are three dedicated FTAC positions: one from the Washington State Office of Financial Management (OFM), one from the Washington State Department of Revenue (DOR), and one consumer representative. The consumer representative represents the consumer perspective on issues and actions before FTAC and facilitates dialogue on issues that affect consumers. The consumer representative may bring expertise with specific communities or groups, including but not limited to race/ethnicity, language, individuals who are differently abled, age, gender identity, sexual orientation, social class, insurance status, and intersections among these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators, are not considered consumer representatives for the purposes of FTAC. FTAC members, including the consumer representative, may be retired health care professionals who are no longer actively practicing.

Questions?

Washington State Health Care Authority

Tab 5

Washington State Health Care Authority

Universal Health Care Commission update

September UHCC meeting recording & materials

Washington State Health Care Authority

Overview

- Public comment
- 1333 interstate compacts
- Straw proposals
  - Eligibility
  - Benefits & services
- Transitional solutions

Public comment

- Representatives from
  - Washington Community Action Network (CAN)
  - Whole Washington
  - Health Care for all - Washington

Public comment

- Appreciation for the Advocates Roundtable on August 5
  - Written responses from advocacy groups included as appendix to this packet
- Timing of governance decisions
- Administrative simplification
  - Streamline prior authorizations
  - Make billing more transparent
- Support for hospital global budgeting

Public comment

- Suggested changes to PEBB/SEBB
  - Consolidate purchasing
  - Expand enrollment opportunities for local government
- Limit Health Benefit Exchange offerings to standard plan
- Explore offering supplemental coverage for services not covered by Medicare
- Treatment decisions
  - Opposition to AI-generated decisions related to care
  - Opposition to decisions made by those without a medical license
- Request for input on the Washington Health Trust bill

1333 interstate compacts

- Request from Insurance Commissioner Patty Kuderer to learn about 1333 interstate compacts
  - Introduction by Insurance Commissioner Patty Kuderer
  - Presentations by subject matter experts Jason Levitis and Randy Pate
  - Q&A and discussion

1333 interstate compacts

- Provision of the Affordable Care Act
  - Two or more states can create a regulatory framework to sell qualified health plans across state lines
  - Requires approval of state legislatures and the federal government
- UHCC discussion represents "very beginning steps" of learning about 1333 interstate compacts

Overview: 1333 interstate compacts

- Among the several flexibilities provided to states by the ACA is "**heath care choice compacts**" under sec. 1333.
- Sec. 1333 allows states to enter into agreements to **permit the sale of health insurance across state lines**, subject to certain restrictions.
- **CMS has never promulgated regulations** implementing sec. 1333, and no state has attempted to use it.
- Current CCIIO leadership has expressed strong interest and **appears to be moving towards implementation.**

IN BRIEF:

- A sec. 1333 compact could potentially be part of a package of reforms to move towards universal coverage

- But there is great uncertainty about how sec. 1333 will be implemented, which attaches risk to pursuing the program. And under a straightforward interpretation, sec. 1333 has substantial shortcomings as a tool for pursuing universal coverage.

From presentation by Jason Levitis, Universal Health Care Commission meeting, Sept. 11, 2025

1333 compacts: discussion

- Under 1333, multiple states could potentially offer a joint Basic Health Plan (BHP)
  - This could create a larger, more diverse group of enrollees for potential market stability
  - Noted the effort to do this would be significant and some states (e.g., Minnesota and Oregon) have been able to offer BHPs and maintain market stability
- Under 1333, states could potentially develop multi-state agreements around Qualified Health Plan certification criteria
  - Potential opportunity to pilot approaches to administrative simplification

1333 compacts: discussion

- Rules and plan design expected to follow existing rules and plan design of issuing state
  - Additional state(s) would abide by rules and plan of issuing state
- Could be sold on a separate two-state exchange
  - Would not replace existing state exchanges
- Intersection of 1332 waivers and 1333 compacts
  - Would the additional guardrails imposed by a 1333 compact diminish the number of levers available to state?

1333 compacts: next steps

- From the Sept 11 Commission meeting
  - Explore intersection of 1332 waiver and 1333 compacts
  - Reach out to counterparts in Oregon
  - Ensure that any change would increase coverage and lower cost

- FTAC questions/comments?

Straw proposals

- In-depth work by UHCC/FTAC work group
- Standardized format for documenting recommendations and decisions
  - Created at the request of the Commission
  - Modeled after Oregon
  - Iterative documents that help establish baseline and inform future design decisions
  - To be included in 2025 annual report to the Legislature
- FTAC feedback about format/work process

Straw proposals

- Two straw proposals presented during Sept 11 meeting
  - Eligibility: returned for further revision
    - HCA staff will work with work group and Commission members
    - Eligibility straw proposal will not go back to full FTAC
  - Benefits & services: adopted

Transitional solutions

- Stabilize our current system and identify mitigation strategies regarding federal changes like coverage losses
- Address health care workforce needs in rural areas
- Look at the financial underpinnings of our current system to address sustainability and resilience
- Explore creation of a state-option Medicare Advantage plan
- Consider creating Small Business Health Options Program (SHOP) coverage options

Questions?

Washington State Health Care Authority

Finance Technical Advisory Committee meeting

We are currently on a short break

Washington State Health Care Authority

Tab 6

Washington State Health Care Authority

Key design element level set: Provider reimbursement & participation

Finance Technical Advisory Committee

For reference:

- The Commission was established by the Washington State Legislature underRCW 41.05.840
  - Section 7 includes brief reference to topics the Commission must undertake and includes provider participation and reimbursement
- In 2022, the Universal Health Care Commission submitted its baseline report to the Legislature as required in RCW 41.05.840
  - This report noted preliminary considerations for provider reimbursement and participation (pp. 49-52)
- Additionally, in 2021, the Universal Health Care Work Group (the precursor to the Commission) submitted its Final Report to the Legislature
  - The full report is available under Appendix C of the Commission's baseline report (pp. 111-223)
  - This report included potential considerations for provider reimbursement and participation under Models A and B

Today’s objectives

- Discuss the potential strengths and limitations of a preliminary proposal for provider reimbursement in the universal health system
- Identify key components to include in the Commission's straw proposal for provider reimbursement and participation in a universal health system

Background: E2SSB 5083 – PEBB/SEBB affordability

- Beginning January 1, 2027, caps PEBB/SEBB reimbursement for licensed hospitals in Washington.
  - In-network acute care hospitals: 200% of Medicare payments amounts
  - In-network children's hospitals: at 150-190% of Medicaid ratio of cost-to-charges (RCC)
  - Out-of-network rates for acute care and children's hospitals capped at lower levels
- Establishes reimbursement floors at 150% of Medicare for Primary Care and Behavioral Health Services
- The fiscal note for this bill estimated it will save more than $290 million between fiscal years 2025–2030 for PEBB and SEBB.

Preliminary proposal for discussion

- **Potential key design element goal:** Constrain prices and spending growth for long-term sustainability of the universal health care plan through provider reimbursement mechanisms

- **Potential approach:**
  - Expand the PEBB/SEBB affordability model
    - e.g., local government health plans, out-of-network (OON) rates, among others
  - Over time, thoughtfully and gradually transition hospitals to global hospital budgets for predictable financing (with carve-outs as needed)
  - Monitor for potential changes in care delivery and provider behavior and adopt global budgets for other entities as needed

Discussion

- What are some potential strengths and limitations of this approach for provider reimbursement in the universal health system?

- What components would you like to see included or excluded in the straw proposal for provider reimbursement and participation? For example:
  - Recommendations about fees and rate setting, including mechanisms for enforcement
  - Recommendations on who the rate system applies to (e.g., hospitals, types of providers)
  - Requirements and incentives for provider participation, including incentives for providers to improve quality of care
  - Recommendations that aim to improve the equity of prices in the system over time
  - Recommendations that aim to stabilize the financial performance of struggling providers
  - Recommendations about the governance structure to oversee and operate a rate-setting model
  - Others?

Thank you for attending the Finance Technical Advisory Committee meeting

Washington State Health Care Authority

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. When a seat becomes available, the Commission will announce the vacancy and direct HCA staff to circulate a vacancy announcement through Commission and FTAC GovDelivery channels. The announcement shall note that members and GovDelivery recipients are welcome to share the information with their networks to achieve the broadest reach. Interested individuals must have subject matter expertise in health care financing, which may include actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding of payer/provider contracting. HCA staff will collect and circulate all FTAC applications to the Commission for review. The selection process will occur during an open public meeting of the Commission, in which the Commission will appoint a new member by a majority vote.

Note there are three dedicated FTAC positions: one from the Washington State Office of Financial Management (OFM), one from the Washington State Department of Revenue (DOR), and one consumer representative. The consumer representative represents the consumer perspective on issues and actions before FTAC and facilitates dialogue on issues that affect consumers. The consumer representative may bring expertise with specific communities or groups, including but not limited to race/ethnicity, language, individuals who are differently abled, age, gender identity, sexual orientation, social class, insurance status, and intersections among these communities or identities. Health care

industry professionals, including but not limited to clinicians and administrators, are not considered consumer representatives for the purposes of FTAC. FTAC members, including the consumer representative, may be retired health care professionals who are no longer actively practicing.

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.

Universal Health Care Commission Advocates Roundtable: Responses to Washington State Health Care Authority 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.

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.