Washington State Health Care Authority

Universal Health Care Commission

December 15, 2022

Washington State Health Care Authority

Agenda

Tab 1

Washington State Health Care Authority

Universal Health Care Commission
AGENDA

December 15, 2022
3:00 p.m. – 5:00 p.m.
Zoom Meeting

Commission Members:					
☐	Vicki Lowe, Chair	☐	Estell Williams	☐	Kristin Peterson
☐	Senator Ann Rivers	☐	Jane Beyer	☐	Representative Marcus Riccelli
☐	Bidisha Mandal	☐	Joan Altman	☐	Mohamed Shidane
☐	Dave Iseminger	☐	Representative Joe Schmick	☐	Nicole Gomez
☐	Senator Emily Randall	☐	Karen Johnson	☐	Stella Vasquez

Time	Agenda Items	Tab	Lead
3:00-3:05 (5 min)	Welcome and call to order	1	Vicki Lowe, Chair, Executive Director American Indian Health Commission for Washington State
3:05-3:15 (10 min)	Roll call	1	Mandy Weeks-Green, Manager Health Care Authority
3:15-3:20 (5 min)	Approval of Meeting Summary from 10/13/2022	2	Vicki Lowe, Chair, Executive Director American Indian Health Commission for Washington State
3:20-3:35 (15 min)	Public comment	3	Vicki Lowe, Chair, Executive Director American Indian Health Commission for Washington State
3:35-4:35 (60 min)	Oregon's Joint Task Force on Universal Health Care • Task Force overview, including recommendations and health equity impact • Staffing and public engagement process • Major decision points • Commission Q&A	4	Bruce Goldberg, MD, Chair, Joint Task Force on Universal Health Care John Santa, MD, MPH, Member, Joint Task Force on Universal Health Care Daniel Dietz, JD, Policy Analyst, Oregon Legislature
4:35-4:45 (10 min)	Proposed 2023 workplan and process	5	Liz Arjun, Senior Consultant and Jon Kromm, Principal Health Management Associates
4:45-4:50 (5 min)	Adoption of FTAC charter	6	Vicki Lowe, Chair, Executive Director American Indian Health Commission for Washington State
4:50-5:00 (10 min)	Review FTAC applicants	5, 7	Liz Arjun, Senior Consultant and Jon Kromm, Principal Health Management Associates
5:00	Adjournment	8	Vicki Lowe, Chair, Executive Director American Indian Health Commission for Washington State

Subject to Section 5 of the Laws of 2022, Chapter 115, also known as HB 1329, the Commission has agreed this meeting will be held via Zoom without a physical location.

Washington State Health Care Authority

October meeting summary

Tab 2

Universal Health Care Commission Meeting Summary

October 13, 2022
Health Care Authority
Meeting held electronically (Zoom) and telephonically
2:00 p.m. – 4:00 p.m.

Note: this meeting was video recorded in its entirety. The recording and all materials provided to and considered by the commission is available on the Universal Health Care Commission webpage.

Members present

Vicki Lowe, Chair
Bidisha Mandal
Dave Iseminger
Senator Emily Randall
Estell Williams
Jane Beyer
Joan Altman
Representative Joe Schmick
Representative Marcus Riccelli
Nicole Gomez
Stella Vasquez

Members absent

Senator Ann Rivers
Karen Johnson
Kristin Peterson
Mohamed Shindane

Call to order

Vicki Lowe, Commission Chair, called the meeting to order at 2:03 p.m.

Agenda items

Welcoming remarks

Chair Lowe began with a land acknowledgement and welcomed members of the Commission to the eighth meeting. Chair Lowe provided an overview of the agenda and shared the goals of the meeting.

Meeting Summary review from the previous meeting

The Commission Members present voted by consensus to adopt the Meeting Summary from the Commission's August 2022 meeting.

Public comment

Chair Lowe called for verbal comments from the public.

Kathryn Lewandowsky, Whole Washington, urged that the universal health care system should cover all Washington residents regardless of immigration status.

Marcia Stedman, Health Care for All Washington, encouraged adding more Commission meetings, creating FTAC subcommittees, and securing more staff and funding to support the Commission's work.

Maureen Brinck-Lund, Coalition for Health Care as a Human Right, stressed the importance of including patient input in every phase of creating a universal health care system.

Kelly Powers, Health Care for All Washington, recommended that FTAC be broken into focused groups to meet more frequently with adequate staffing to deliver impactful and timely results.

Consuelo Echeverria noted that "governance" should be one of the first design components of the universal system as reflected by remarks from the Commission and the public.

Marguerite Dekker, North Seattle Progressives, suggested that the Commission be bold in getting more funding and staffing to support this urgent work.

Sarah Weinberg, retired pediatrician, supported implementing Model A (UHC Work Group) and the government must be responsible for providing adequate funds to take care of the needs of patients and health professionals.

Aaron Katz, retired faculty, UW School of Public Health, suggested that the Commission develop a shared vision for their work in the upcoming year to bind Commission members together in a common direction.

Presentation: Liz Arjun and Gary Cohen, Health Management and Associates (HMA) facilitated the adoption of the report to the Legislature, proposed a potential 2023 workplan, and reviewed the draft finance technical advisory committee (FTAC) charter and FTAC application process.

The Commission's work over the past year focused on the development of the legislative report. Chair Lowe asked for comments and discussion before adopting the final report for submission to the Legislature. Rep. Joe Schmick identified unanswered questions in the report, including eligibility, and remarked that there are pathways other than universal health care that may provide equitable access to coverage. Nicole Gomez referred to the statute which directs that all Washingtonians would be eligible for coverage under the universal system. It was clarified that the Commission will develop a 2023 workplan that will delve into detail on each of these components. The Commission members present voted by majority (10 for, and one opposed) to adopt the final report.

For the Commission's preliminary 2023 workplan discussion, HMA highlighted the two tasks from the Legislature: 1) Propose short-term solutions that move towards a universal health care system. 2) Design the universal system. HMA asked for the Commission's feedback on 2023 meetings having a two-track focus where each meeting would focus partly on short-term solutions, and partly on designing the new system. Jane Beyer suggested that meetings be framed as iterative so that short-term solutions are consistent with the vision for the new system. Nicole Gomez agreed that since the Commission is permanent, the iterative approach will be helpful for making recommendations over time. Jane Beyer suggested that at each meeting, the Commission choose a design component, agree on a vision for that component, and discuss long-term goals which would prompt discussions on

short-term and iterative steps to get there. The Commission will need to decide if they want to reach consensus on the vision. The Commission was asked if eligibility should remain the first design element for consideration in 2023 (as decided in previous meetings), and to determine the next topic after eligibility. Dave Iseminger agreed that eligibility is foundational and should be first, followed by benefits design and Joan Altman agreed.

The following were proposed by HMA as topics for upcoming meetings and 2023: information on other states and current programs in Washington, information on equity principles for designing the new system, and exploring opportunities within current authorities. Jane Beyer suggested that these topics should be elements of the discussion for each design component. Joan Altman agreed that information from other states would be helpful in discussions around governance. Nicole Gomez suggested beginning with information from Oregon and California's recent legislative reports. Chair Lowe recalled a past public comment encouraging the Commission to review lessons learned from failed attempts at state-level universal health care and suggested reviewing Vermont's efforts.

The Commission previously decided to establish FTAC to support the Commission. HMA asked the Commission how they envision FTAC assisting with key design elements and whether FTAC's draft charter addressed FTAC's role and relationship to the Commission. The workplan presented to the Commission at their next meeting could include more specific tasks for FTAC.

The Commission was asked if the FTAC membership process should be initiated. Applications would be available for a minimum of 30 days, which could be extended to 60 days. FTAC application questions were based partly on Washington's existing applications for boards and commissions and partly on Oregon's Universal Health Care Task Force advisory groups. Rep. Schmick and Dave Iseminger agreed that FTAC applicants should disclose conflicts of interest since there is a wide range of expertise in the health care industry that could be impacted by such a large transition. Joan Altman agreed and appreciated including health equity questions in the application and deferred to others on whether the application's length was a barrier. Bidisha Mandal raised concerns regarding FTAC's potential data driven work. The Commission can direct FTAC to disclose and make public whatever data and information they rely on. FTAC will have support from HCA staff and HMA which will help with access to state data. Commission members are welcome to apply for FTAC membership. Interested Commission members can email Mandy their interest in FTAC. The time commitment for FTAC will be similar to the Commission's. Joan Altman asked what level of state agency engagement to support FTAC's work is typical in other states. Oregon's Task Force legislation required finance agencies to participate in the advisory groups, though this is not a requirement for the Commission. The Commission has held FTAC positions for the Washington Office of Financial Management and the Department of Revenue. Nicole Gomez wondered if it could be possible for FTAC's work to be divided into subcommittees as is done in Oregon and it was clarified that the Commission could direct FTAC to divide work within FTAC by sub-topic. The Commission voted unanimously in favor of initiating the FTAC application process pending review of the application by the Office of Equity. Next steps include planning for topics in upcoming meetings based on feedback from today's meeting.

Adjournment

Meeting adjourned at 3:40 p.m.

Next meeting

December 15, 2022
Meeting to be held on Zoom
3:00 p.m. – 5:00 p.m.

Washington State Health Care Authority

Public comments

Tab 3

Washington State Health Care Authority

Universal Health Care Commission
Written Comments
Received From September 30th

Written Comments Submitted by Email

M. Benefiel 1
N. Rodke 3
K. Lewandowsky 3
C. Currie 7
R. Hall 7
K. Kleeman 8
C. Currie 10
M. Benefiel 14
R. Thayer 17
Health Care is a Human Right 29

Additional Comments Received at the October Commission Meeting

- The Zoom video recording is available for viewing here: https://www.youtube.com/watch?v=thZeYlFTbAM&feature=youtu.be

Public comments received since September 30th through the deadline for comments for the December meeting (December 1st)

Submitted by Mike Benefiel

10/02/2022

UHC Commission,

Comments on the UHC Commission's Preliminary First Report to the Legislature

Link to report:

https://content.govdelivery.com/attachments/WAHCA/2022/09/08/file_attachments/2265746/uh cc-legislative-report-semi-final.pdf

The report is mind boggling and I don't see that any of the following problems are appropriately acknowledged or addressed.

The problems we are facing with our horrible health care system are:

(1) Private insurers are allowed to come between patients and doctors. This leads directly to unnecessary suffering, premature deaths and the loss of family financial equity.

(2) Private insurers have no oversight as to whether their denial of claims are fair and proper. Denial of claims increases their profits, while delaying needed care to patients leads to worse outcomes.

(3) Elected officials are allowed to take money (millions) from the HC lobby from our healthcare premiums. This is a conflict of interest and is intended to influence what healthcare system is chosen and is not an appropriate use of our healthcare premiums.

(4) The costs of health care are out of control because:

a. There are inadequate controls on the amount of profits the insurers can take from the system.

b. Increases in premiums and denials of claims increase the profits of the insurers.

c. The large number of insurers and their different plans brings enormous confusion, inefficiencies and waste for patients, providers and their staff.

The results of the above problems are that we see many thousands of people needlessly suffering and prematurely dying from lack of proper healthcare because of the costs. Many of these people have insurance coverage and most, if not all, technically “have access” to coverage but the costs for access are too high. In fact, the costs of HC are too high for ALL WA residents. The insurers' profits are directly related to their income from premiums and the cost of the benefits they pay out, therefore to maximize their profits, they raise the costs of premiums, copays and deductibles and continue to limit and deny care.. Even during periods of record profits they continue to ask for rate increases. Allowing them to take

up to 3 years to return excess profits to their customers allows them time to shift those profits, give themselves 18% raises and find ways to hide those profits to the detriment of their customers. This is why the majority of people do not like or trust their insurance companies.

My concerns related to the UHC Commission are:

(1) It appears that the UHCC is ignoring the legislation that has been submitted by Sen Hasegowa. This legislation does address the problems the UHCC is working on.

(2) It appears the UHCC are ignoring the many examples of HC systems that are already in use in other countries and trying to invent a system from scratch when most of the work has already been done for them by committed healthcare justice advocates here in Washington.

(3) The HC Work Group study and over twenty previous national studies of these problems all concluded that a single-payer system is what is needed and what works best. In the HC Work Group study this is known as Model A. Although Model A is mentioned in the UHCC report the UHCC has not ruled out Model B which includes using private, for-profit corporations.

(4) Although many WA residents are suffering, going bankrupt, and some prematurely dying every day, the UHCC and legislature aren't putting the appropriate emphasis on providing a single-payer, UHC system for WA residents as quickly as possible.

Recommendations for the UHCC:

(1) Introduce legislation to the legislature in January 2023, that encompasses that written in Initiative 1471.

(2) Acknowledge that a single-payer system like Model A is the goal and drop all consideration of Model B or other models that put for-profit corporations in charge of our health. Washingtonians simply can no longer afford the horrendous costs that our for profit healthcare companies have placed upon us.

(3) Do what's necessary to increase the speed of development of a plan as defined by Option A and as further refined in I-1471.. People's lives and personal savings are at stake here. We know that at the beginning of the COVID pandemic, our people who lost their insurance coverage were quickly moved onto Medicaid. While I do not recommend a Medicaid reimbursement system for providers, it proves that we can accomplish this expediently which benefits all Washington citizens.

Please think of the well-being of our families,

mike benefiel

Submitted by Nathan Rodke

10/13/2022

In lieu of spoken testimony, as I'm home sick with my kids today, I'm submitting my would-be comments here. Thank you for your help and for your work.

Hello, my name is Nathan Rodke, I'm the Healthcare Campaign Director at Washington CAN, and the Co-Chair of the Healthcare is a Human Right Steering Committee. But beneath those layers, I'm a lifelong activist and I'm here today to stand in solidarity with all of the other concerned Healthcare activists who have been in this fight much longer than I have.

We thank you for all your work on the November Report. Several Commission members have spoken several times in support of making sure that patient-centered care and equity are hallmarks of the Commission's recommendations. This is really important to us as advocates, as patients ourselves, and the patients we represent.

We're wondering why there is no mention of patient-centered care or anything that suggests how the Commission will meaningfully address healthcare equity? What is the disconnect? We've looked at the report by the Oregon Commission and one of the best takeaways is how they have a check-in on how equity is being addressed at every single meeting. The reality I'm seeing is that for-profit Healthcare entities are not structurally capable of achieving patient centered care, specifically with an equity lens. So it's paramount that those of us who have the power to push and drive the system forward in that direction need to consistently use that equity lens as we focus on building a universal healthcare system.

We ask the Commission to prioritize establishing a Patient Consumer Advisory Committee to review the Commission's work looking for opportunities to maximize equity, affordability, access, ease of use and patient-centered, quality care.

For your reference here is what we know about the OR UHC TF approach:

Consumer Advisory Committee (CAC) 2020-2021

The Task Force established a CAC to provide input from a consumer perspective. Based on the representation requirements called out in SB 770 and the Task Force's desire to prioritize diversity in geography, race, ethnicity, gender, sexual identity, sexual orientation and disability status, a Task Force subcommittee reviewed over 100 applications and recommended the participation of a diverse group of 13 individuals, with the approval of the full Task Force.21

The CAC began meeting in October 2020 and provided input into the Task Force and TAGs. At each meeting, Task Force and TAG members identified questions for input from the CAC. Input was used to inform proposals developed by the TAGs. Feedback from the CAC is highlighted in a memo received by the Task Force in May during a joint meeting of the CAC and the Task Force.22

Nathan Rodke (he/him)
Washington Community Action Network
Healthcare Campaign Director
Co-Chair, Healthcare is a Human Right Steering Committee

Submitted by Kathryn Lewandowsky

10/13/2022

Hello members of the UHCC,

Again, I want to thank you all for your dedicated service to this commission. I know that you have already heard from many of us from several organizations about why we are in support of quickly establishing a Universal Healthcare plan that covers all residents of Washington. Regular people must by necessity purchase products and services that afford the most value for their money. That product is obviously a plan that resembles Option A and we continue to encourage you to go forward with implementing a plan such as Option A. But, I want to touch on something that was mentioned over the summer I believe by Representative Schmidt. I believe that it is an important consideration and I don't want it to be ignored

Rep. Schmick expressed that there would not be support from many in his caucus if we were looking at a system that might attempt to cover undocumented residents of Washington. I know that in Whole Washington's current I-1471, as in our previous I-1362 and I-1600 initiatives, all residents of Washington are covered regardless of citizenship. Here are the reasons why myself and others in Whole Washington feel this is a necessary component of our Universal Healthcare system.

- Covering all residents helps to improve the overall health of our communities.
- Covering all residents improves the individual health of people in our community.
- Covering all residents reduces overall costs to our system and so is fiscally conservative.

Although these are all very good reasons in and of themselves, I personally believe that the strongest reason that we should cover all residents in Washington is because it is the morally right thing to do. It is how I was raised as a Catholic as a child, as a Christian in my later years and now in my current spiritual beliefs as a Gnostic. Let us review a few of the beliefs taught to me as a child that reinforces my strong beliefs that all persons deserve healthcare.

'I am a stranger and an alien residing among you; give me property among you for a burying place, so that I may bury my dead out of my sight.'
Genesis 23:4

You shall also love the stranger, for you were strangers in the land of Egypt.
Deuteronomy
10:19

The alien who resides with you shall be to you as the citizen among you; you shall love the alien as yourself, for you were aliens in the land of Egypt: I am the Lord your God.
Leviticus 19:34

'Cursed is anyone who withholds justice from the foreigner, the fatherless or the widow.' Then all the people shall say, 'Amen!'
Leviticus 27:19

When they were few in number, of little account, and strangers in the land, wandering from nation to nation, from one kingdom to another people, he allowed no one to oppress them; he rebuked kings on their account, saying, 'Do not touch my anointed ones; do my prophets no harm.'

1 Chronicles 16:19

I was eyes to the blind, and feet to the lame. I was a father
to the needy, and I championed the cause of the stranger. I broke the fangs of the unrighteous, and made them drop their prey from their teeth.
Job 29:15

The Lord watches over the strangers; he upholds the orphan and the widow, but the way
of the wicked he brings to ruin.
Psalm 146:9

For if you truly
amend your ways and your doings, if you truly act justly one with another, if you do not oppress the alien, the orphan, and the widow, or shed innocent blood in this place,
and if you do not go after other gods to your own hurt, then I will dwell with you in this place, in the land that I gave of old to your ancestors forever and ever.
Jeremiah 7:5-7

You shall allot it as an inheritance for yourselves and for the aliens who reside among you and have begotten children among you. They shall be to you as citizens of Israel; with you they shall be allotted an inheritance among the tribes of Israel.
Ezekiel 47:22

Thus says the Lord of hosts: Render true judgments, show kindness and mercy to one another; do not oppress the widow, the orphan, the alien, or the poor; and do not devise evil in your hearts against one another.
Zechariah 7:9

You have heard that it was said, ‘you shall love your neighbor and hate your enemy’. But I say to you, love your enemy and pray for those who persecute you.
Matthew 5:43

I was hungry and you gave me food, I was thirsty and you gave me drink, I was a stranger and you welcomed me.
Matthew 25:35

Truly I say to you, as you did it to one of the least of my brethren you did it to me.
Matthew 25:40

You shall love
the Lord your God with all your heart, and all your soul, and with all your strength, and with all your mind; and your neighbor as yourself.
Luke 10:27

Then Peter began to speak to them: “I truly understand that God shows no partiality, but in every nation, anyone who fears him and does what is right is acceptable to him.
Acts 10:34

Contribute to the needs of the saints; extend hospitality to strangers.
Romans 12:13

Owe no one anything, except to love one another; for the one who loves another has fulfilled the law.
Romans 13:8

Love does no wrong to a neighbor, therefore love is the fulfilling of the law.
Romans 13:10

In that renewal there is no longer Greek and Jew, circumcised and uncircumcised, barbarian, Scythian, slave and,free; but Christ is all and in all.
Colossians 3:11

Let mutual love continue. Do not neglect to show hospitality to strangers, for by doing that some have entertained angels without knowing it. Remember those who are in prison, as though you were in prison with them; those who are being tortured, as though you yourselves were being tortured.
Hebrews 13:1-3

Beloved, you do faithfully whatever you do for the friends, even though they are strangers to you; they have testified to your love before the church. You do well to send them on in a manner worthy of God; for they began their journey for the sake of Christ, accepting no support from non-believers. Therefore we ought to support such people, so that they may become coworkers with the truth.
John 1:5

And lastly, but not necessarily the most important reason that I feel we should cover all residents, including the undocumented, is simply, that we can. With the money that is saved by implementing Option A, We Can Move Mountains!

Kathryn Lewandowsky, BSN, RN

Whole Washington- Board Vice-Chair

One Payer States- Treasurer

www.Kathryn4LD39.com

Together we can all have healthcare free at the point of service; that is comprehensive with no copays or deductibles and that puts billions of dollars of savings into the pockets of regular people just like you and me!. Healthcare that will take care of all of our people from Cradle to Grave! History is clear that our elected officials will never do this for us. We must do it for the

people that we love. Please go to WholeWashington.org and donate today! It will take all of us demanding these basic human rights from the global elite! Together we can do this!

https://secure.actblue.com/donate/whole-washington-1

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

Submitted by Cris Currie

10/13/2022

To the UHC Commission:

I live outside Spokane in a rural area and have been having numerous problems recently with my internet connections. I was unable to connect to today's meeting for 40 minutes so missed the comment period. Here is my comment:

An 18 page, single-payer, UHC bill was introduced in the Washington legislature every biennium between 2011 and 2019 by Health Care for All Washington. Eleven Senators and 12 Representatives sponsored it, and well attended hearings were held. Though it never received enough support to pass, its content was compelling and led directly to passage of the bills creating the UHC Work Group and the Commission. In proposing the Washington Health Security Trust (WHST), HB 1104 is the perfect template for this Commission to use, as members work to draft their own bill. Because it was developed with broad community input and written with Senate and House staff attorneys, and because it closely aligns with the Oregon UHC Task Force's September 2022 recommendations, I strongly encourage the Commission to request the latest revision from HCFA, study it, and respond. Thank you.

Cris M. Currie Mead, WA HCFA Member

Submitted by Ryan Hall

10/14/2022

Hello,

During your Oct. 13 meeting, you discussed the for 2023, you will be talking over who will be eligible for the Universal Healthcare you are working on. Can you please explain this? Isn't the plan going to be open for everyone in Washington State?

Warmly,

Ryan

Ryan Hall
ryan@olympiaconsulting.net
(360) 878-1670 cell

OLYMPIA CONSULTING LLC

Submitted by Karl Kleeman

10/14/2022

I live in Bellingham and have a PhD in infectious disease. I have work in public health and at a large hospital for my career. I am now 79 years old and have a long list of medical problems so I have also have a lot of experience as a patient. I hope that my experience can be shared with the commission members. Thank you for the opportunity to provide this input.

For someone who is a major user of healthcare I find there is a real shortage of providers in our state. I often have to wait a month or more to get an appointment. I think any plan must address this problem. What good is universal healthcare insurance if there are not enough providers. And if we do give everyone access to healthcare it will put even more stress on our provider network. I have come to think that providing universal health insurance is only half the answer. I think we need a provider network that meets the states needs. One important way is to develop a 3 year program to train primary care providers and recruit the best students from Colleges, Community colleges and Technical schools and provide full scholarships. These training programs can be set up through a few select local community colleges working with local hospitals. The state would provide funding for the programs and for local physicians who provide the clinical training. Then we need to set up a state primary care network. I would require that graduates from these 3 year primary care schools be required to serve in the state primary care network for 5 years at a good but not excessive salary to repay their scholarship. After 5 years we would increase their salaries to retain them in the state provider network. This state primary care network would collect insurance payments and feed funds after expenses back into the training program so that after a few years, it will require reduced amounts of state money to fund the training program. The current medical schools can then focus on training specialists. I also think our state could get significant initial federal funding as a demonstration project and when we show success this could become a national program. This is not a quick fix but a long term sustainable program.

Karl T. Kleeman, PhD
2305 38th St.
Bellingham, WA. 98229
360-927-3254

Submitted by Karl Kleeman

10/15/2022

Please distribute to commission members.

Thanks, Karl T. Kleeman PhD, Infectious disease, retired, Bellingham

I recently sent an email suggesting Washington State make an effort to train more primary care physicians as getting appointments is often so difficult. I also believe that a 3 year program to train primary care physicians funded by the state should be considered as I described in a previous communication. Physicians graduating from this program would be required to work for 5 years in a state run primary care program to repay the state for their training. They would get reasonable pay for the 5 years. After that time, as an incentive to get them to stay in the state program, they would get a pay increase. The state would set up practices where there is a shortage of primary care physicians and collect from patient insurance payers. The state could provide care for those without insurance at some kind of very reduced rate but so as to redued abuse, they would have to pay something. I have been concerned that we have a shortage of physician providers. Any attempt to increase coverage and care in our state must also address this provider shortage. l did some research and found this interesting data.

Here are figures I found for Physicians per 1000 population. I just picked countries comparable to the US. Why are we under served compared to these other countries?

Physicians (per 1,000 people)

World Health Organization's Global Health Workforce Statistics, OECD, supplemented by country data.

United Kingdom
2019
5.8

United States
2018
2.6

France
2018
6.5

Germany
2018
4.3

Greece
2018
6.2

Israel
2019
5.5

Euro area
2017
5.5

Submitted by Cris Currie

11/1/2022

UHC Commission:
Attached is my response to Oregon's largest healthcare insurers' letter criticizing Oregon's Joint Task Force on Universal Healthcare's final report. Links to both the report and the letter are in the footnotes of my response. Their letter is a good illustration as to why insurance industry representatives are of minimal value to our work on universal healthcare: they offer no evidence to support their opinions which are based solely on self-interest. I hope my comments are useful. Thanks for your work.
Cris

11203 E. Heglar Road
Mead, WA 99021
criscurrie22@gmail.com
November 2, 2022

To:
Ken Provencher, President and CEO
PacificSource Health Plans
Robert Gootee, President and CEO
Moda Health
Angela Dowling, President
Regence BlueCross BlueShield of Oregon

Greg Adams, Chair and CEO
Kaiser Foundation Health Plan, Inc.
Don Antonucci, CEO
Providence Health Plan

cc: Dr. Bruce Goldberg and the
Joint Task Force on Universal Health Care
Oregon State Legislature
AdministrationLeg@oregonlegislature.gov

cc: Vicki Lowe, Chair and the
Washington State Universal Health Care Commission
Washington Health Care Authority
hcauniversalhcc@hca.wa.gov

Dear CEOs:

I have read the unsigned response from the above five health insurers to the Oregon Universal Health Care Task Force's final report, and I feel that I must provide a rebuttal on behalf of the thousands of healthcare activists around the country who loudly applaud the work of this Task Force and know the truth.1,2 As expected, the industry response is a rehash of long worn out hollow arguments against the kind of healthcare financing that is undoubtedly in the American public's best interest. To summarily dismiss the hundreds of hours of tireless discussion of countless respectable research studies and personal experiences by an exceptionally diverse group of content experts and members of the public with such a curt and self-serving letter is quite frankly, completely disingenuous and totally lacking in credibility. Apparently, we are all just expected to naively accept the industry's "unique lens" and "decades of experience" as sufficient proof of its assertions.

The letter first criticizes the Task Force's approach "in interpreting its charge under Senate Bill 770," but no specifics are included. And while the insurer "lens" on the administration of health benefit plans might be "unique," it is far from the only lens that needs to be focused on the worst healthcare system in the developed world. It is in fact those who myopically peer through the insurance lens who are most

responsible for our current crisis. I would also point out that those of us who have either been involved in, or have followed the Task Force's work from other states, also have "decades of experience" as practitioners, patients, administrators, researchers, and evaluators in this highly dysfunctional, outrageously expensive, racist, wasteful, and unsustainable chaos commonly known as our healthcare system.

The time for "incremental steps" and making excuses for such minimal "gains" has long since passed. For example, no other developed country in the world was caught so unprepared for the "challenges" posed by COVID-19. The resulting "enormous pressure" referenced in the letter is uniquely of the industry's own making and now beyond control. At this point, the only way to "stabilize our system" is to completely overhaul it by eliminating the profit motive and the "markets" that foster all kinds of "disruption," and which are rife with negative "consequences." The Task Force's final report is perfectly consistent with these essential goals.

To suggest that the report does "too much, ignores significant legal and financial challenges, and has no precedent of success in the United States," is to further demonstrate the weakness of the industry lens. Medicare, Medicaid, CHIP, and the Veterans Health Administration are four highly successful, yet imperfect, single-payer precedents that conservatives of the mid twentieth century so preposterously predicted would be the death knell for American civilization. And we have all kinds of other important socialistic precedents for government funding of services that everyone needs and shares, including fire and police protection, justice services, sanitation, mass transit, libraries, and schools. Furthermore, individual states have long served as experimental laboratories for new and precedent setting programs, and it is that well-grounded historical process that is at work here.

The single-payer movement is not just occurring in Oregon, but thousands of people in Washington, California, Colorado, New York, Maine, Minnesota, Vermont, and other states are all reaching the same conclusions, despite their state's "inability to run a deficit" and their "unstable tax-base(s)." It is truly only a matter of time before the first state breaks the log jam created by the Medical Industrial Complex as led by the insurance, hospital and pharmaceutical industries. While the U.S. was the first country in the world to provide universal primary and secondary education, it is inexcusably the last to follow the developed world's precedent (and our agreement to the Universal Declaration of Human Rights, Article 25) to provide universal healthcare as a human right. And to call the Task Force proposal "financially irresponsible" when it's a rare health insurance executive manager who makes less than 7 figures, is downright comical. Nobody deserves or needs multi-million dollar compensation packages, especially at the expense of millions of people who require but can't afford the services that this industry ostensibly makes available. Such extreme unprecedented income inequality in this country is at the root of nearly all of our social problems, especially healthcare, and you, as leaders in this pursuit, should be duly ashamed.

Working "together" to "lower health care costs" is indeed important, but it means bringing together people who have previously been denied a seat at the table (especially those who suffer from numerous negative social determinants of health), which is what the Oregon Task Force has done. However, "reducing costs" is not the only objective. We must also dramatically create genuine universal access to health care (including in unprofitable areas), make it truly affordable for everyone (including the undocumented), and seriously increase the quality of services (particularly primary care). The

traditional “stakeholders” have failed miserably over the last 50 years at all of these goals. Because consumer “choice” and “control” are not the most important issues, a “one size fits all” strategy is in fact what is needed if the size chosen is large enough to be inclusive of the vast majority of need! Currently consumers have far too many very confusing and absolutely meaningless choices, none of which fully “fit” their needs.

Now, with regard to the idea of “doubling taxes,” arguably, every American’s financial goal is, quite simply, to get ahead. That means saving more and spending less on big ticket items and necessities. Today, health insurance is shamefully the third highest American living expense after rent and childcare, so it is imperative that if one is to get ahead, one must spend much less on these three items. By eliminating approximately one-third of the expense of health care (advertising, lobbying, useless administrative work, profit, shareholder dividends, luxury offices and travel, and exorbitant executive compensation), a single-payer plan will do exactly that by substituting a much lower tax rate for the healthcare “taxes” people currently pay in the form of premiums, deductibles, copays, coinsurance, out of pocket expenses, and the lack of access to healthcare that these barriers all represent.

If anyone is “ignoring financial challenges” it is the insurance industry with its inability to show how the above expenses contribute in any way to the health of our population. Most people simply do not care what a payment is called, as long as they can get ahead, as relatively low single-payer payments will better allow them to do. To harp on increasing taxes is a form of paltering (using truthful statements to foster misperceptions). It is deceptive and deplorable, and again, you should all be ashamed of the practice. Yes, Oregon’s tax rates will be quite high, but Oregonians will receive much better benefits in exchange than anyone else in the country. Because with all residents being part of the same risk pool, costs are minimized for everyone. This is just a basic premise of insurance that health insurers have ignored for decades. Very quickly, Oregonians will brag just like all the Canadians who can no longer imagine living without universal, single-payer healthcare. Europeans have also consistently claimed that they don’t mind high tax rates when they know they are being spent wisely on much needed social services where everyone benefits. This is the international precedent our country desperately needs to follow before frustration and desperation reach the boiling point.

With regard to the impact of a single-payer program on the overall economy, much research has been done and there is really no need for any state to do more of its own. Study after study has consistently shown that businesses become more productive and competitive, especially internationally, when health care is eliminated from their balance sheets. What business could not use an immediate 8% cut in their expenses? As Warren Buffett has noted: “Medical costs are the tapeworm of American economic competitiveness.” Employees are healthier and much freer to change jobs or to start their own businesses, while single-payer financing would also eliminate 60% of American bankruptcies.

The report does not “gloss over” the challenges of a changing workforce as the letter asserts. According to the report: “Professionals who currently work in claims processing and benefit administration for private insurers and provider offices will require training and support before and during the transition.” Again, numerous studies offer guidelines for a fair transition, including retraining into the many newly created positions that will support and facilitate the universal system. The report acknowledges that small businesses that do not currently offer costly health insurance for employees could be financially hurt by the new tax, so appropriate business size exemptions will probably need to be included. Yes, “the opportunity to start a small business often helps lift disadvantaged Oregonians out of poverty,” but

small businesses would be an even more effective lifter if the owners didn't have to budget for outlandish health insurance premiums! Major employment shifts due to changing technologies and economic conditions are certainly not new, yet somehow, we weather through them such that revenue streams recover, and the rich keep getting richer. The vast majority of the jobs in the insurance industry that will be lost, and where workers will most require retraining, are low level and involve responsibilities for which most employees derive no particular satisfaction, because they rarely contribute any real value to our society. Most workers will likely be relieved and excited to have the opportunity to pursue a more rewarding career. Rather than creating a "giant hole," the Task Force proposal will create a giant opportunity for personal growth, meaning, and advancement.

The Task Force originally proposed 4% for administration. Industry representatives commented that 6% would be more realistic, and their letter sanctimoniously declares that "this underestimation is a good example of the theoretical nature of the entire plan." However, the letter's mystery author also missed the fact that the administrative allocation was increased to 6% in the final report, demonstrating the very positive nature of the plan as seriously responsive to public comment and engagement.

The final report makes the very conservative estimate that the single-payer proposal will save Oregon $980 million (not $650 million as the letter states), largely by eliminating waste, and that this amount is expected to increase over time. This figure is not "highly speculative" and obviously "not based on precedent," but rather the result of consultations with professional actuaries, researchers, state agency personnel, and review of countless professional economic studies that have been done all around the country over the last 25 years, including the RAND study in Oregon. If every new idea had to be "based on precedent," nothing would ever change!

While one could claim that the health insurance environment is still competitive, over the last 15 years, it has been getting less and less so, as all members of the Medical Industrial Complex have learned to collude together for joint gains. Further, it is very interesting that in the letter you "disagree that a single-payer system would have more success achieving" lower costs than the profit driven status quo, without offering a shred of evidence to justify that disagreement. The letter further states that it is "hard to imagine that all of Oregon's providers are going to willingly accept a cut in pay to work in a state-run system." Where did this false assumption come from? The report clearly states that the goal is to increase "parity among primary care, physical health, behavioral health, vision, dental, naturopathic physicians, and traditional health workers, among others." Elsewhere the report estimates provider reimbursements at 124% of Medicare. A fair compromise. This means pay for primary care providers, especially those who treat Medicaid patients, will finally go up. While payments to generally overpaid specialist services will likely drop some, their take-home pay will probably not change much due to substantially reduced office administrative costs. Many will even be able to get out from under the yoke of consolidated hospital management structures. Such blatant misrepresentations of the report will get your industry nowhere.

To say that "it is ill advised to base a single-payer strategy on an untested legal theory," is likewise a misrepresentation of the facts. The report lays out four different strategies for incorporating Medicare into the new system. It even explains how the new system is not "based" or dependent on any one of them. Furthermore, seeking federal waivers is not an "untested legal theory," but an option that has long been available to any state willing to try something new. And just because industry representatives

can “see no viable legal path” to avoid ERISA preemption does not mean that one is not available. Again, the industry lens has a far too limited field of view to provide meaningful comment on this matter. I refer you to the Fuse Brown and McCuskey 2020 article published in the University of Pennsylvania Law Review, a summary of which is provided in Appendix A of the report. With the strategies delineated in the article, the state will have an excellent chance of prevailing in any lawsuits the industry chooses to bring forth. Whether these challenges do end up “costing millions of dollars and setting back the implementation timeline” is therefore entirely under the industry’s control.

Paltering again, the letter states that we “can’t go back in time and re-design” the system “from scratch.” This is obviously true, but fortunately we don’t need to. All we need to do is utilize the best parts of our existing Traditional Medicare system, our VA system, and numerous government-based systems working relatively well around the world to actually design a genuinely functional structure for the first time in this country that will truly result in the best healthcare financing in the world. You might think that with all your horribly wasteful, happy-face advertising campaigns that you have won the public to your side, but nothing could be further from the truth. People buy your products not because they love them, but because they tolerate them, having no real choice. When only 10% of the population is responsible for two-thirds of the spending, the vast majority of people have few complaints because they have never needed complex, expensive care.3 Yes, “after three years of discussion and analysis and several million dollars from the legislature,” it is definitely time to “move on” towards implementation of a single-payer system, not just for Oregonians, but for every American!

Sincerely,

Cris M. Currie, MA, RN (ret.)

1 Letter available at
https://olis.oregonlegislature.gov/liz/2021I1/Downloads/CommitteeMeetingDocument/256285

2Report available at
https://olis.oregonlegislature.gov/liz/2021I1/Downloads/CommitteeMeetingDocument/256285

3See https://www.latimes.com/business/story/2019-08-05/health-insurance-useless

Submitted by Mike Benefiel
11/30/2022

WHY DO WE NEED UNIVERSAL HEALTH CARE (UHC)?

Our families and friends and all Americans have a right to affordable and comprehensive healthcare.

The following are a few facts about the current healthcare system in this country.

- About 45,000 Americans die each year and many times that number needlessly suffer because of lack of healthcare coverage.
- About 530,000 American families go bankrupt each year due to medical bills compared to zero in other modern nations.
- In WA about 500,000 residents have zero health care coverage and at least that many with poor coverage.
- Those that do have healthcare coverage find that the insurers dictate what the premiums are, what is covered and what treatments are covered (often overriding doctors' decisions).
- Employer-based coverage is extremely expensive (abt $22,000/year) and the employees are at the mercy of the employer who can change or eliminate coverage at will. Also, if one loses their job they also lose their all important healthcare coverage.
- More infants die before they reach one year of age in this country that any other modern country and this country has the highest maternal death rate.

Universal Health Care would correct these unacceptable situations. But before we go farther we must be certain we all agree on the definition of UHC as the definition is often misused.

The World Health Organization defines UHC as:

"UHC means that all individuals and communities receive the health services they need without suffering financial hardship. It includes the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation, and palliative care across the life course."

UHC does NOT mean that all individuals have "access" to some type of coverage. Today most, if not all WA residents have "access" to some kind of coverage but in too many cases can't afford the coverage therefore, they are NOT "receiving the health services they need".

The problems with the current system that must be recognized and addressed are:

(1) There are too many with either zero coverage or very poor coverage. All WA residents must be covered by a new system. The current trend to pass dozens of bills aimed at fixing different problems of our system are merely expensive and inefficient band-aids and not moving toward true UHC.

(2) The current system is too expensive. Adding expensive subsidies that only provide help to a very small number is neither solving the problem nor "on the path" to solving the problem.

(3) The system with over 10 different insurers and 100 different policies in the Exchange alone is cumbersome and inefficient. Adding more policies (e.g., Cascade Care policies) only makes this situation worse.

(4) But maybe the most egregious problem with the current system is that the insurers, not doctors, are in control of our healthcare and they are driven by a profit motive. Insurers determine the costs and coverages, and they are free to deny claims, again all with a profit motive which is counter to our healthcare needs.

All of these problems will be fixed when we enact true UHC.

True UHC is provided by a single-payer system as confirmed by over 20 studies including that done by our own UHC Work Group. **Model A is the only true UHC**.

The UHCC is respectfully requested to provide answers to the following questions:

1. Will the UHCC state that they agree with the World Health Organization's definition of Universal Health Care and drop the word access?

2. Will the UHCC commit to reviewing the completed legislation that has been introduced for the last 4 years, that will implement a Model A type health care system for WA? This legislation provides the answers the UHCC is seeking.

3. With a project of this size a time-line with specific goals/dates is essential. Will the UHCC provide such a timeline and reveal the goal of introducing legislation?

4. If Model B is being considered as a transition phase to Model A, then will the UHCC ensure that the insurers involved be subject to strict regulations limiting their profits and not allowing them authority to deny procedures and/or claims?

5. The goal of the UHCC is to provide a path to UHC. Will the UHCC ask any members of the UHCC whose jobs might depend on the implementation of UHC to resign to prevent a conflict of interest?

6. Will the UHCC openly recognize the dire need for implementing UHC as soon as possible and commit to shortening the time-line as much as possible?

UHC Commission,

You have a great responsibility. Too many WA residents have no coverage, poor coverage and/or too expensive healthcare coverage. They all deserve affordable healthcare coverage. You have the power to bring this about but we need it sooner more than later. Every day that goes by sees more suffering and actual deaths of WA residents including our children.

The Democrats may not control the legislature forever and unless we get something done soon we may never get anything.

I am attaching a document that asks the Commission some serious questions that I believe the public has a right to know. Please address these questions.

I understand that there is a major effort by the healthcare lobby to stifle the quest for fair and affordable healthcare for all but you must prevail.

The people of WA are counting on you.

Mike Benefiel

Submitted by Roxanne Thayer

12/1/2022

Commissioners:

Thank you for taking comments, your transparency and attention to citizen input is a powerful statement, reflecting the needs and wishes of Washington State residents.

This past August I broke my arm and went to Tacoma General Hospital for care. Three days later I went in to Allenmore Hospital, in Tacoma, to have a plate inserted on the bone. Following that I had 8 physical therapy appointments. So far, my bill for these services is just over $65,000. Luckily, I have insurance. Many Washington State citizens do not. And, for the majority, the cost of the copay, or if a person had not met her/his deductible yet, this cost could cause complete financial failure.

In fact, every 15 seconds, in the U.S., someone applies for bankruptcy due to medical bills. More astounding is the fact that 80% had insurance when they first became ill.

Canadian example: My sister married a Canadian, her sister-in-law fell off her bicycle and broke her hip, on Galliano Island. An ambulance picked her up and drove her to the dock. An ambulance boat picked her up and took her to Vancouver, where an ambulance picked her up and took her to Vancouver General Hospital. When she was released, she was directed to go to the "Finance Office". There, she was given money to purchase her ticket back to Galliano Island.

I've lived in Italy, Germany, Canada, and Argentina. In all those places, the story is the same as Canada. A doctor visit in Italy, to my apartment, for bronchitis, along with antibiotics and an expectorant, cost me $42. U.S.

You must take the steps to put this state, and begin the U.S. movement there, to Improved Medicare for All, Single Payer.

Please read/view the reference materials below, they are categorized with intro statements to assist you. You may need information from them for your future talking points.

Thank you for your commitment to Improved Medicare for All,

Dr. Roxanne Thayer

Women's Advisory Board to the King County Council

The "Universal Health Care Work Group's Final Report to the Washington State Legislature" January 2021 (see page 2 on the link, below, for the savings offered by "Model A", Single Payer in Washington State, which is: $2.5 billion in the first year of implementation and 5.6 billion each following year to the state and the people. 80% of UHCWG members who voted, for which health care model they preferred, voted for this "Model A" (p. 44).

The three members of the UHCWG who did not choose "Model A", Single Payer health care, as their first choice, were: "Kaiser Permanente", "Association of Washington Health Care Plans", and the "National Federation of Independent Businesses" (p. 44).

https://www.hca.wa.gov/assets/program/final-universal-health-care-work-group-legislative-report.pdf

The following pdf. and 4 articles analyze the inequitable medical debt burden in the U.S. and disparities in health care.

https://files.consumerfinance.gov/f/documents/cfpb_medical-debt-burden-in-the-united-states_report_2022-03.pdf

https://tcf.org/content/commentary/worsening-u-s-maternal-health-crisis-three-graphs/?agreed=1



The Worsening U.S. Maternal Health Crisis in Three Graphs

A Call to Action. These statistics paint a grim picture of the risk faced by Black women and birthing people. Although these graphs can provide insight into the scope of this crisis, they cannot capture the true scale of this tragedy: each person represented in the CDC's statistics is a life lost too soon, leaving loved ones to grieve at a time when they should be celebrating new life.

tcf.org

https://www.aftershockdocumentary.com/



Aftershock | Documentary Film

About the Film. In October 2019, 30-year-old Shamony Gibson tragically died 13 days following the birth of her son. Two months later, we began filming Shamony's surviving mother, Shawnee Benton Gibson, and bereaved partner, Omari Maynard, as they

began to process what happened and figure out their new normal.

www.aftershockdocumentary.com

https://seattlemedium.com/ag-ferguson-files-lawsuit-against-swedish-other-providence-affiliated-hospitals/#:~:text=Washington%20State%20Attorney%20General%20Bob%20Ferguson%20recently%20announced%20a%20consumer,which%20they%20are%20legally%20entitled.

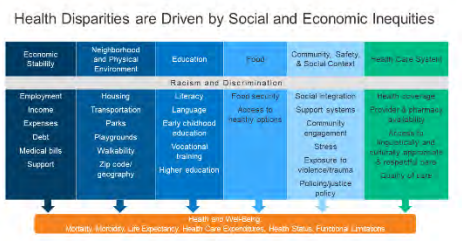


AG Ferguson Files Lawsuit Against Swedish, Other Providence-Affiliated Hospitals

Washington State Attorney General Bob Ferguson. Washington State Attorney General Bob Ferguson recently announced a consumer protection lawsuit against five Swedish hospitals and nine Providence-affiliated facilities alleging that they failed to ensure that eligible low-income Washingtonians receive the discounts to which they are legally entitled.

seattlemedium.com

https://www.kff.org/racial-equity-and-health-policy/issue-brief/disparities-in-health-and-health-care-5-key-question-and-answers/



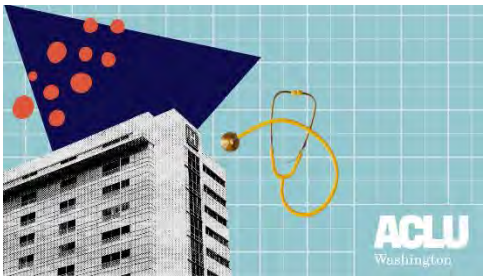
Disparities in Health and Health Care: 5 Key Questions and Answers - KFF

Beyond the direct health impacts of the virus, the pandemic has taken a disproportionate toll on the financial security and mental health and well-being of people of color, low-income people, LGBT ...

www.kff.org

The Keep Our Care Act (KOCA), SB 5688 and HB 1809, which would have given our State Attorney General regulatory powers over mergers and acquisitions in the health care market, failed to pass the legislature during the last session. Legislators who responded to questions regarding these failures, related that "*the hospital lobby in Olympia is in control and out of control*". Due directly to the failure of KOCA, the "faith-based" hospital beds in Washington State continue to increase nearing 50%, second only to Alaska's. The following 4 articles detail these and related issues:

https://www.aclu-wa.org/KOCA#:~:text=The%20Keep%20Our%20Care%20Act%20would%20ensure%20health%20entity%20mergers,access%20to%20affordable%20quality%20care.



Keep Our Care Act Resource Center | ACLU of Washington

Support the Keep Our Care Act and safeguard community access to quality affordable care. Mergers and acquisitions between health care entities like hospitals, hospital systems, and provider organizations are prolific across the country and in Washington State.

www.aclu-wa.org

https://www.yakimaherald.com/opinion/column-even-in-washington-state-the-catholic-church-has-too-much-influence-on-abortion-access/article_4dc77fd9-6067-515d-a359-855b8f7b05a7.html



Column: Even in Washington state, the Catholic Church has too much influence on abortion access | Opinion | yakimaherald.com - yakimaherald.com | Yakima, Washington

Abortion is already illegal or heavily restricted in 11 states, with another 12 poised to do the same. The Guttmacher Institute estimates that with Roe overturned, Washington will see a 385% ...

www.yakimaherald.com

https://www.npr.org/sections/health-shots/2022/09/04/1120817046/birth-control-catholic-health-care



Birth control access can be limited in places with Catholic health systems : Shots - Health News : NPR - npr.org

Religious rules guiding Catholic health care systems often mean their doctors can't prescribe contraceptives or perform tubal ligations. And sometimes that leaves patients with few other options.

www.npr.org

https://nurse.org/articles/nurse-safe-staffing-washington-state/ This bill also failed during the last session of our State legislature. Nurse staffing in faith-based hospitals may be reduced, resulting in the following issue. Most recently, at "St. Michael's Hospital" in Silverdale Washington, the ER head nurse called in the fire department to assist, due to lack of nurses working in the hospital:



Nurse Safe Staffing Bill Fails in Washington Senate

Safe staffing and nursing ratios has become a VERY hot topic recently, despite the ongoing problem for years. Petitions are being signed, rallies are being held, and national media has

finally picked up on this serious problem.

nurse.org

The following 4 articles address George W. Bush's beginnings of the privatization of Medicare through "Advantage" plans, which are focused on profits, not patients. And the Donald Trump plan to completely privatize Medicare, which Joe Biden has not yet stopped, due to take effect, in segments, beginning this January, 2023. Medicare patients whose primary care doctor is in the PolyClinic, will be switched from their Medicare plan to the privatized "ACO Reach" without their knowledge, beginning this January (PNHP).

https://www.nytimes.com/2022/04/28/health/medicare-advantage-plans-report.html?action=click&module=RelatedLinks&pgtype=Article



Medicare Advantage Plans Often Deny Needed Care, Federal Report Finds - The New York Times

Every year, tens of thousands of people enrolled in private Medicare Advantage plans are denied necessary care that should be covered under the program, federal investigators concluded in a report ...

www.nytimes.com

https://www.usnews.com/news/business/articles/2022-11-05/medicare-enrollees-warned-about-deceptive-marketing-schemes



Medicare Enrollees Warned About Deceptive Marketing Schemes

FILE - Chiquita Brooks-LaSure, the Administrator for the Centers of Medicare and Medicaid Services, poses for a photograph in her office, Wednesday, Feb. 9, 2022, in Washington.

www.usnews.com

https://www.hcinnovationgroup.com/policy-value-based-care/article/21260098/physicians-for-a-national-health-program-leaders-express-disappointment-in-aco-reach-model



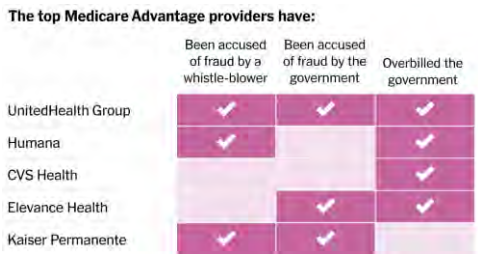
Physicians for a National Health Program Leaders Express Disappointment in ACO REACH Model | Healthcare Innovation - hcinnovationgroup.com

As Healthcare Innovation reported on Feb. 25, the Centers for Medicare & Medicaid Services (CMS) announced a redesigned Accountable Care Organization (ACO) model "that better reflects the agency's vision of creating a health system that achieves equitable outcomes through high quality, affordable, person-centered care.". The release stated, "The ACO Realizing Equity, Access, and ...

www.hcinnovationgroup.com

https://www.nytimes.com/2022/10/08/upshot/medicare-advantage-fraud-allegations.html?unlocked_article_code=k78h25xlMsnjbjmrEfVzF_xM3ykSi5eYj90kcDEk4isyH0ZY5kC5HY7awQSGssd_iKC5VcL7XxJ25BfNtZd_XsZDZd_hV8jZklUtPewzH

RMX52FHBbqedLrgSTK-soSWSOSjTCPFWhZ-yoMDma9eTa8txZxmPSWpw9FKWRFTs0A1ELu7_a8lvwHhta4ANigy-PYCzAyR7z2ajdkSGlc2e4AcJwzL2y6EfTpLDwdYFmpECI6-tK5k_Ai8aXBb0S7MUjadlJrf1MRuNpxPNGKdw1wh1l6w576qAWGTLW8bnriN0oD99qblv5n5Fnk8kA8i5X4_0pyBybjF5j4d2ntlBrLGGK0HHDNlnJbrDOM&smid=share-url



'The Cash Monster Was Insatiable': How Insurers Exploited Medicare for Billions

By next year, half of Medicare beneficiaries will have a private Medicare Advantage plan. Most large insurers in the program have been accused in court of fraud.

www.nytimes.com

The following full text of Initiative 1471 is a complete blueprint for the steps to single payer in Washington State. This language, without the I-1471 identifiers, could be used as a road map, or as a bill, to the legislature. Consequently, adopting the resolution will not only support I-1471 but will also support the further work towards single payer, Medicare for All in Washington State. The following 3 links also explain the Washington Health Trust in more detail.

https://wholewashington.org/initiative-1471-full-text-2/



Initiative 1471 (full text) - Whole Washington

The full text of Whole Washington's new Initiative 1471 to the Legislature of Washington State.

wholewashington.org

https://wholewashington.org/how-we-pay-for-it/



How We Pay For It - Whole Washington

Not authorized by any candidate or candidate committee. Whole Washington is a 501(c)(4) organization. Donations to Whole Washington are not deductible as charitable contributions for Federal income tax purposes.

wholewashington.org

https://wholewashington.org/friedman-financial-analysis-2021/ Detailed analysis of how to fund universal health care in Washington State.



Friedman Financial Analysis (2021) - Whole Washington

Friedman Financial Analysis (2021) of Whole Washington's Single Payer Healthcare initiative to provide healthcare to all Washingtonians.

wholewashington.org

Submitted by Health Care is a Human Right
12/6/2022



December 6, 2022

Re: Nominations to the WA Universal Health Care Commission Finance Technical Advisory Committee

Dear Universal Health Care Commissioners and Health Care Authority Staff,

Thank you for your leadership in establishing the Universal Health Care Commission. We write as representatives of Health Care is a Human Right Washington to seek your continued leadership in forming the Finance Technical Advisory Committee (FTAC) by nominating strong patient health champions to the Commission.

Health Care is a Human Right is the state's largest grassroots community-labor campaign to make healthcare a right to all people in our state and in our country, with over 60 member organizations. We are part of a growing movement for health care justice. We believe the fundamentals of our health system must be built around delivering health care to everyone in our country in an equitable way.

The Universal Health Care Commission will play a pivotal role in shaping near-term improvements to Washington's health system, as well as laying the foundation for a universal system with a unified financing system that can ultimately offer greater care at a cost savings.[1]

Through many years of work advocating for universal health care, we've come to know champions who are not only experts in health coverage, delivery, access, and financing policy, but also stand as leaders in centering health equity and in achieving health care justice in our state. Some of these nominees previously participated in the state's Universal Health Care Workgroup, currently serve on the Health Care Cost Transparency Board, or have served on the Joint Oregon Task Force for Universal Health Care, so they are familiar with both the opportunities and complexities of this endeavor. Others have demonstrated their commitment to equity in their work in Washington communities. We request your consideration of the following esteemed individuals in the nine nominations you will make to the Universal Healthcare Commission's FTAC. We understand that each individual submitted an application and resumé to serve on the FTAC.

[1] See the Health Care Authority's Universal Health Care Workgroup findings

c/o Washington State Labor Council 321 16th Avenue S., Seattle, WA 98144
hchrwashington@gmail.com | healthcareisarightwa.org

Dennis Barnes	Medical Information Technology Consultant for Insurers
Bruce Cutter, MD	Oncology
Nancy Connelly, MD, MPH	Pioneer Square Clinic, UW Primary Care & serves on the Health Care Transparency Board
Cris Currie, RN (Ret)	Community Health Care Advocate and retired RN who has provided in-home care to patients in rural WA.
Warren George	Business owner with an industrial engineering background. Served on the Joint Oregon Task Force for UHC. His experience as a manager overseeing employee health care benefits propels his interest in health care reform. He worked a stint in Richland, WA.
Aaron Katz, CPH	UW School of Public Health, Principal Lecturer Emeritus Health Systems and Population Health and WA Health Care Reform. Served on the WA UHC Work Group
David Keepnews, PhD, JD, RN, FAAN	Executive Director, Washington State Nurses Association
Stephen Kemble, MD	Appointed to the Hawaii Health Care Authority for All Hawaii charged with designing a UHC system for Hawaiians. Completed medical degree at Harvard Assistant professor of both Medicine and Psychiatry. Board Member, Physicians for a National Health Program.

We also hope that several UHC Commission members will be tapped to serve. Professor Bidisha Mandal's background in health economics would be especially germane. The FTAC could be where the design work happens at this stage and so we also recommend that **Dr. Karen Johnson** serve on the FTAC to keep equity in the forefront of the work.

We also urge that you keep the Patient Consumer position open. Several excellent candidates found the application form inadvertently off putting. We recommend that in addition to holding the position open to attract candidates who contend with a system such as a Medicaid, ACA, Tribal, VA or Medicare, that you consider **using a different application for people applying to the Patient Consumer positions on HCA boards/commissions/work groups/task forces**. If you do, let us know and we can recommend some excellent patient consumers.

In our search, we also talked to one expert who cannot commit to the FTAC but who enthusiastically agree to offer his expertise.

Chunhuei Chi, MPH, Sc.D. MPH, Sc.D. Director, Center for Global Health
Professor, Global Health and Health Management and Policy Programs, College of Public Health and Human Science, Oregon State University. Continues to consult on the Taiwanese UHC system he helped design.
chunhuei.chi@oregonstate.edu

Thank you for your consideration of these candidates for nomination. We will look forward to working with your office to support the Commission's work moving forward.

Sincerely,

Claude Burfect – NAACP-Seattle/King County & Coalition of Black Trade Unionists – Puget Sound
David Loud – PSARA
Nathan Rodke – WA Community Action Network
HCHR-WA Steering Committee Co-Chairs

CC: Nominees: Dennis Barnes, Bruce Cutter, MD, Nancy Connelly, MD, MPH, Aaron Katz, CPH, David Keepnews, PhD, JD, RN, FAAN &
Consultants: Chunhuei Chi, MPH, Sc.D. and Stephen Kemble, MD

Washington State Health Care Authority

Oregon's Joint Task Force on Universal Health Care

Tab 4

Oregon's Universal Health Plan Design

Presentation to the Universal Health Care Commission (WA)

December 15, 2022

Introductions

Bruce Goldberg MD
Chair, Joint Task Force on Universal Health Care

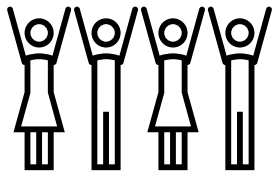
John Santa, MD, MPH
Member, Joint Task Force on Universal Health Care

Daniel Dietz, JD
Policy Analyst, Oregon Legislature

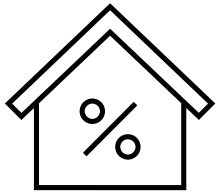
Our comments today are not intended to represent the views of the full Task Force.

Plan Elements

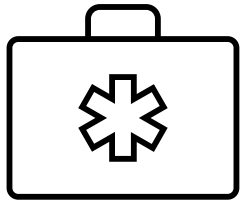
Bruce Goldberg



Eligibility and Enrollment. All people who live in Oregon will qualify no matter their job, income, or immigration status.



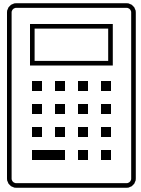
Affordability. No payment at the point of care. No co-pays or deductibles. No more medical debt.



Covered Benefits. Based on the benefits available now through Oregon's Public Benefits Employee Board (PEBB).



Health Care Providers. Includes any individual, group, or institutional provider (hospitals and health systems) that provides services covered by the Plan.

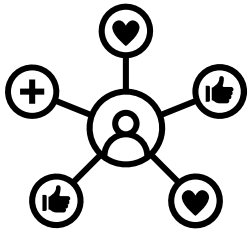


Provider Reimbursement. The Plan will pay providers directly. The Plan will eliminate the current system of different reimbursement rates by payer.

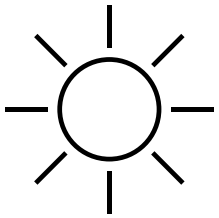
Private Insurance. Insurers may offer extra insurance to cover benefits or services not offered by the Plan. The Universal Health Plan will serve as the main administrator of health care benefits in Oregon.



Long-Term Supports and Services. Will remain separate, paid by Medicaid and private payment. Will be studied for future inclusion.



Social Determinants of Health (SDOH). Conditions in people's lives — housing, education, job opportunities, nutrition, and factors such as racism, discrimination, and violence — affect health outcomes. The Plan will seek, whenever possible, to address these conditions.



Nine Federally Recognized Tribes of Oregon. Tribal members will have the choice to enroll in the Plan as it will not change the services that Indian Health Services or tribal health systems currently provide.

Highlights

John Santa

Health Equity Concepts ($ 2026)

Strategy	Impact/Cost
All Oregon Residents Eligible	$1.09 Billion
No Payment at Time of Service	$ 851 Million
One Benefit Plan = Public Employee Plan	$1.16 Billion (62% Dental)
Normalization of Reimbursement	$8.7 Billion Transfer of Funds to Medicare and Medicaid populations. Current conversion factor for Medicaid=85, Medicare=100, Commercial 170. Blended status quo conversion factor=125
Uncouple Coverage from Employment	No direct $$ impact but multiple discriminatory processes end—linkage to family, employee transitions
Social Determinants of Health	First priority if savings in delivery system

Highlight: Normalization of Rates

- In the current system, there is much better reimbursement for providers who see more patients with commercial insurance versus Medicaid or Medicare.
- The Plan will eliminate this variation in payment, resulting in more equitable care and changing a variety of business decisions.
- Regional entities will advise the plan on rates to account for the needs of providers in rural and underserved communities.

Highlight: Administrative Savings

- Administrative savings is a key factor in developing expenditure estimates
- Administration of single payer entity is estimated to be 6% of total health expenditures
  - This is less than the current system (~9%)
  - Savings are achieved by removing insurer profits and marketing expenses
  - Some TF members: 6% is too high
- Experts assume additional savings within the delivery system of 8 - 12%
  - Task Force assumed delivery system savings of 4%, leaving more resources in the system but requiring more tax revenue

Highlight: Medicare

Medicare is all federal funded with significant patient contribution for a modest benefit plan---no dental, vision, hearing.

Medicare is a challenge for state single-payer but there are pathways:

- Change federal law
- State-based Medicare Advantage
- Waivers and demonstrations

Oregon's approach: People who qualify for Medicare will be covered by the Plan to the extent that the federal government will allow. Those who qualify for Medicare will have all the benefits currently available in Medicare plus new benefits offered in the Plan.

Highlight: Governance

- Task Force recommends to 2023 Legislative Assembly to create non-profit public corporation
- Would be governed by a Board with members focused on start up and engagement. Board members would be fulltime employees with staff and budget for consultation.
- Board would work with delivery system on strategies for workforce, payment, administrative savings, behavioral health
- Medicaid, Medicare and ACA waivers
- Additional economic and actuarial analysis
- Development of revenue policies
- Board would recommend implementation strategies to 2025 Legislative Assembly

Staffing & Public Engagement

Daniel Dietz

Task Force Structure & Membership

- Established by Oregon SB 770 (2019)
  - Provided framework, boundaries, inspiration
  - Oregon SB 428 (2021) extended timeline and funding

- **Members** were appointed and confirmed
  - 4 legislative members (2 House, 2 Senate)
  - Licensed health and behavioral health practitioners
  - Community members with diverse knowledge and experience

- **Meetings** each month + workgroup meetings
  - Over 250 hours per member
  - Fully remote until final meeting (Sept 29, 2022)

Staffing

Oregon Health Authority (OHA)

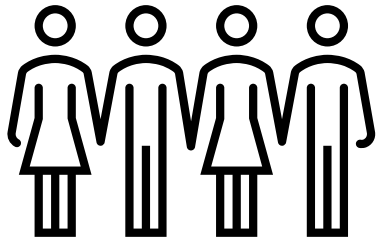
- One Operations and Policy Analyst position to coordinate the work and lead policy development
- One Research Analyst to conduct specific research needed to facilitate findings and commission recommendations
- One Operations and Policy Analyst position to develop and design reports

OHA Fiscal	SB 770 (2019) – Biennium	SB 421 (2021) Extension
Positions	3	2
FTE	2.37	1.0
Contract	$200,000	$100,000
Total	$704,534	$398,054

Source: FIS for SB 770 (2019), SB 428 (2021)

Oregon Legislative Policy & Research Office (LPRO)

- Estimated (no fiscal analysis):
  - One full-time policy analyst
  - 0.5 FTE Director of Research
  - 0.5 FTE Committee Assistant



Advisory Workgroups

- **Technical Advisory Groups** (Year One)
  - Eligibility, Benefits, and Affordability
  - Provider Reimbursement
  - Finance and Revenue
  - Governance
- **Intermediate Strategies Work Group** – (Year One)
- **Expenditure and Revenue Analysis Workgroup** – (Year Two)
- **Ad Hoc Workgroups**: Communications, Public Engagement (Year Two)

Public Engagement

Task Force

- Consumer Advisory Committee (Oct 20-May 21)
- Public comment at every meeting (and draft Final Report)

Phase One (Jan-Feb 2022):

- 7 community roundtables including Spanish-speaking individuals, African-Americans, American Indian/Alaskan Native, Pacific Islanders, Individuals with disability, individuals with behavioral health needs, rural Oregonians

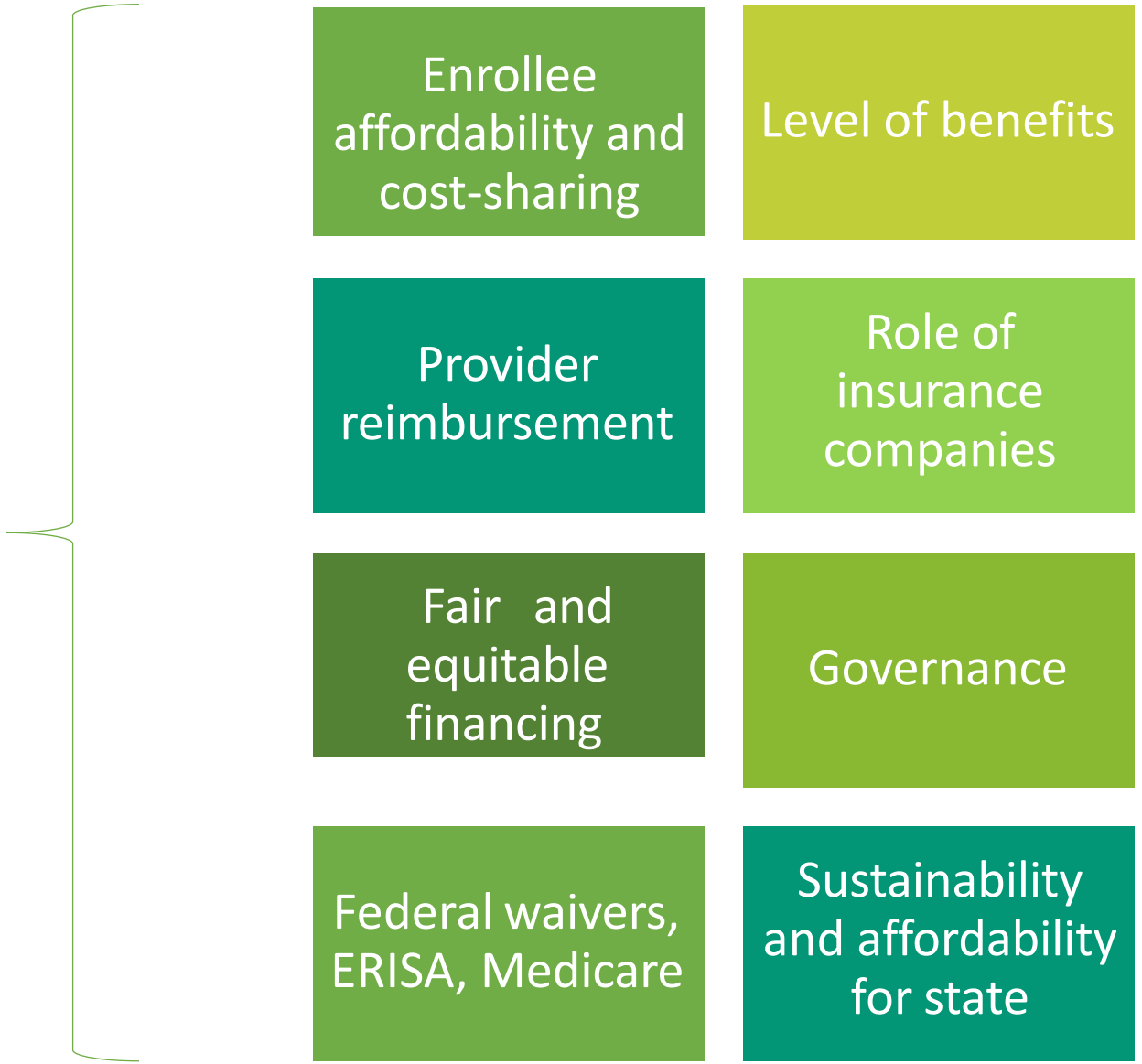
Phase Two (June-Aug 2022):

- 6 regional community listening sessions (incl. Spanish)
- 6 specialized forums for stakeholders, including unions, employers, providers, health systems, insurers

Process & Reflections

Bruce Goldberg

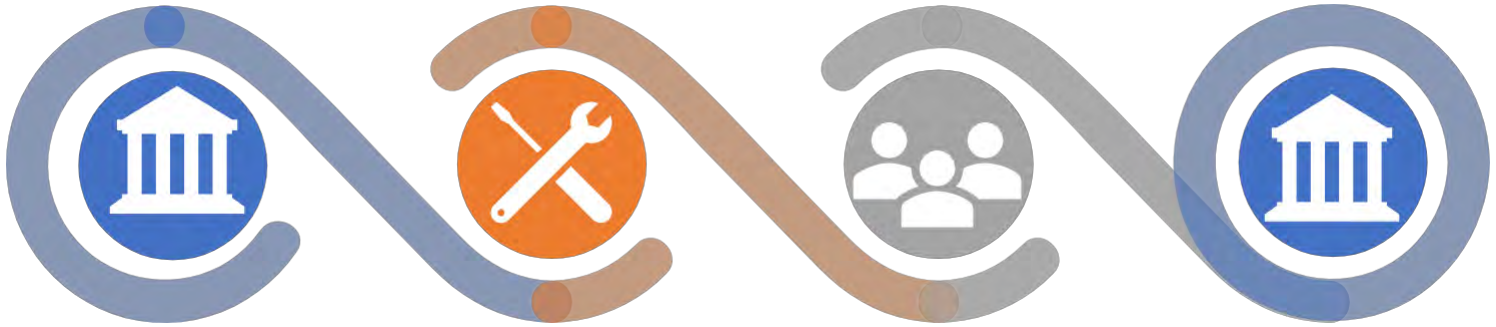
Managing interrelated design decisions



How the Task Force Worked

Consultants & Experts
Provide analysis and policy options

Public Engagement
Gather feedback on recommendations



Advisory Workgroups
Consult with experts and develop recommendations

Report & Recommendations
Review feedback and finalize recommendations

Consultants & Experts

Actuarial Model — CBIZ Optumas

- Estimated current health system costs (2019 $)
- Preliminary estimate (2026 $)
- Final estimate based on design choices

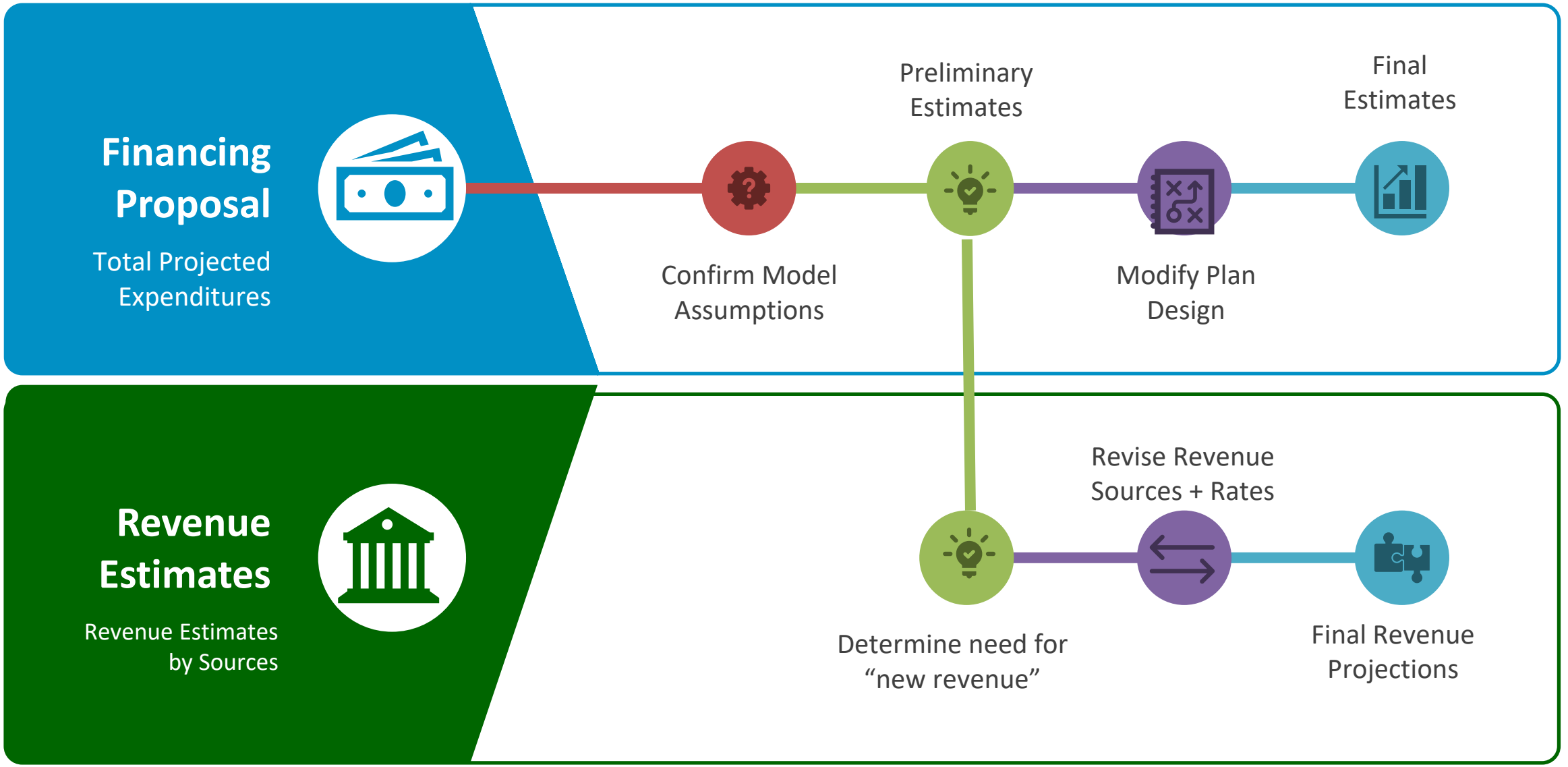
Revenue Estimates — Legislative Revenue Office

- State estimates of tax rates needed for “new revenue”
- No dynamic modelling, health care modelling, or final recommendation

ERISA & Financial Analysis

- Professors Fuse Brown & McCuskey, Dr. Hsiao, Dr. Liu

Expenditure & Revenue Analysis Workgroup



Task Force Operations

- Understanding what decisions needed to be made now and what decisions were more operationally focused and would be made by the Board and its Executive Director
- Roles of Chair, Vice Chair, Steering Meetings
- Workgroups
- Staffing
- Working with Consultants
- Consensus and Voting
- Having deadlines was helpful

Thank you!

Staying in touch:

- Bruce Goldberg: Brucegoldberg955@gmail.com
- John Santa: Santa1177@comcast.net
- OR Legislative Policy and Research Office: Daniel.Dietz@oregonlegislature.gov
- Task Force's final report, actuarial analysis, and public engagement resources are available at: https://www.oregon.gov/oha/HPA/HP/Pages/Task-Force-Universal-Health-Care.aspx

Washington State Health Care Authority

Proposed 2023 Work Plan and FTAC

Tab 5

Universal Health Care Commission

December 15, 2022

Liz Arjun & Jon Kromm, Health Management Associates

Today's Agenda

1) 2023 Workplan and Process
   - Additional background information for 2023 work
   - Current gaps in existing coverage and benefits and services and potential opportunities for alignment
   - Commission's direction/deliverables for upcoming FTAC meetings
2) Vote to adopt FTAC Charter
3) FTAC applications

Washington Universal Health Care Commission 2023 Workplan

Approach to 2023

- With each foundational design component for a universal health care system, also examine:
  - Equity
  - Potential short-term/transitional solutions
  - Information from other states
- At the direction of the Commission, utilize expertise from FTAC to gather information about these foundational components
- Develop second required report to the Legislature due in November 2023

Recommended approach for 2023 report

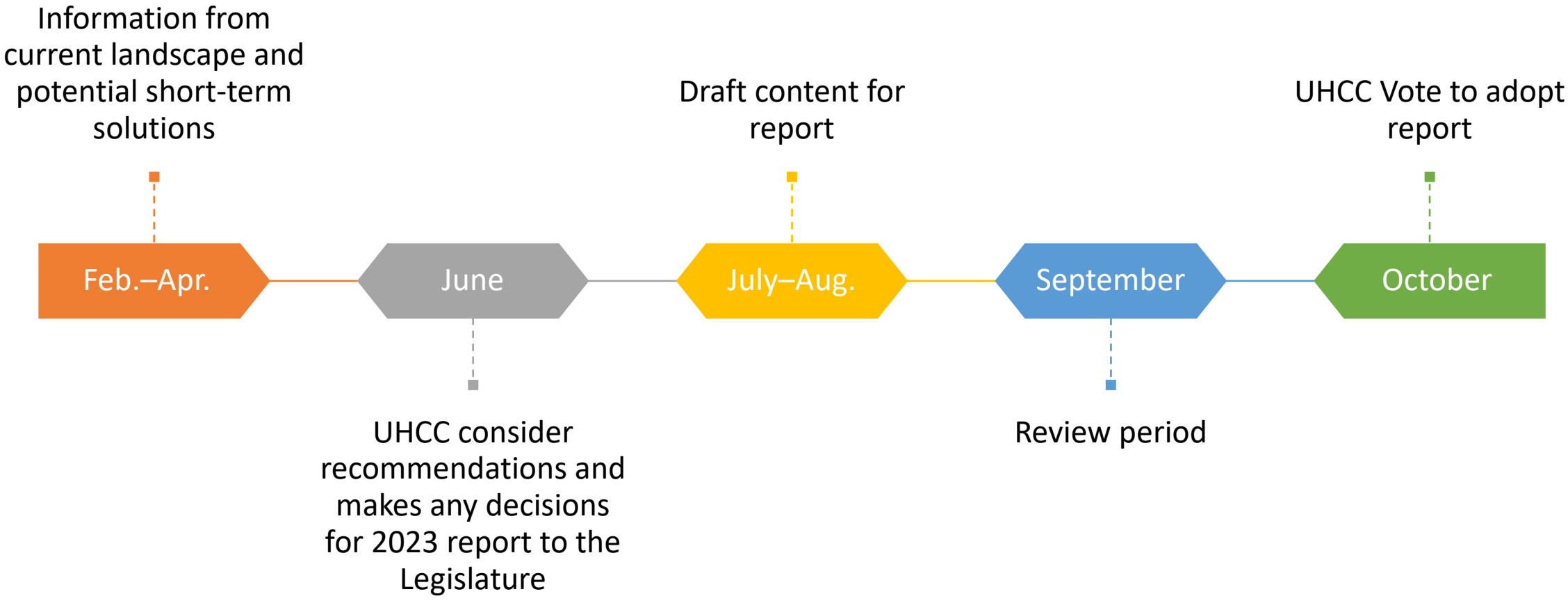
The **2023** report *should*:

- Provide an update with highlights of the Commission's work since the first report
- Provide recommendations about transitional solutions and design decisions

To maximize time for Commission discussions and recommendations, the **2023** report *should not*:

- Be a repeat of the first report structure
- Be broken into foundational seven sections
- Revisit or reopen the 2022 report unless the foundation of the first report changes

Proposed report development timeline

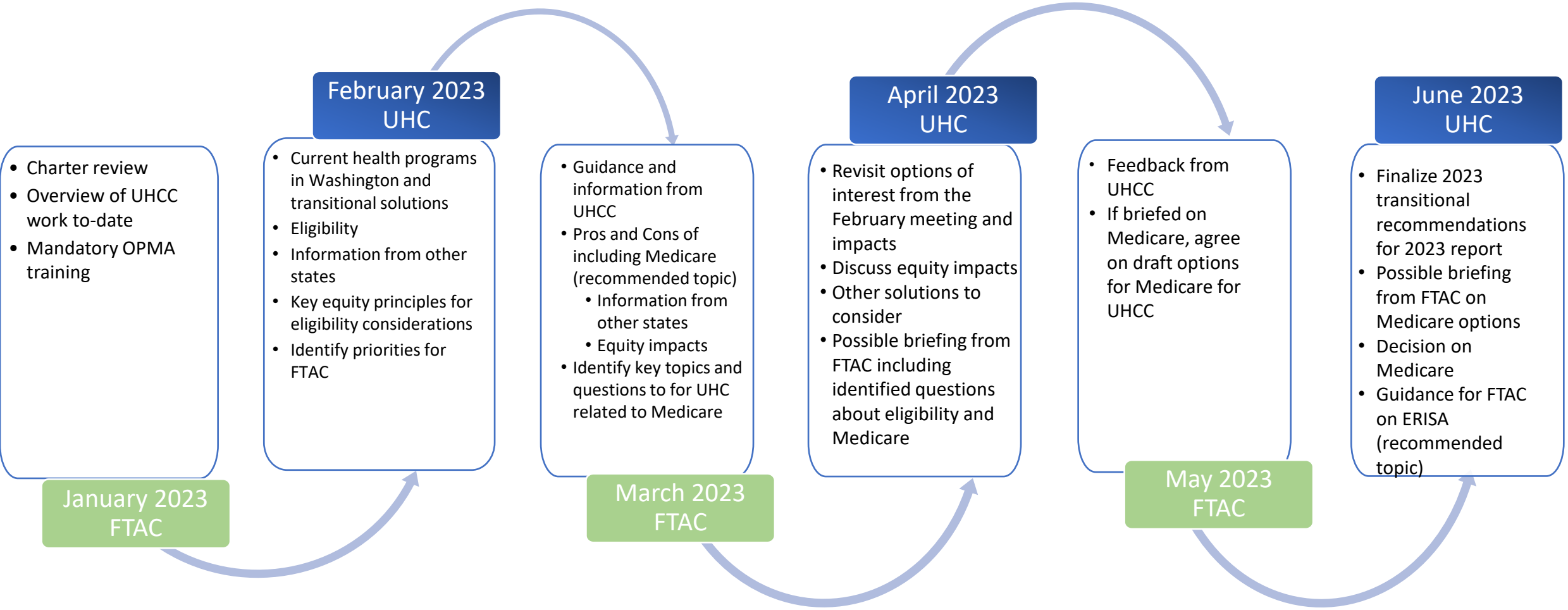


Report Development Approach

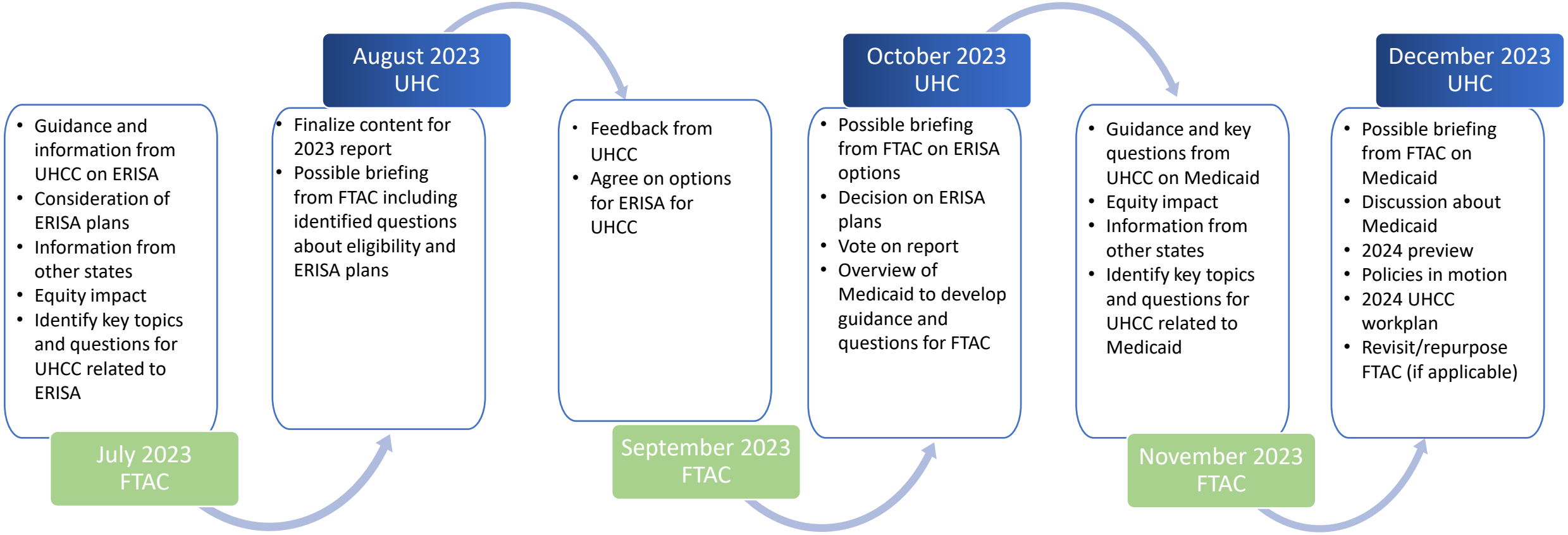
Commission Member Vote

Vicki Lowe, Chair

2023 Proposed Workplan



*Proposed workplan contingent upon FTAC's first meeting is initiated in January and subsequent months progress as planned



*Proposed workplan contingent upon FTAC's first meeting is initiated in January and subsequent months progress as planned

In preparation for the February meeting

February meeting agenda

- Overview of current health coverage in Washington
- Discuss transitional options for consideration based on interviews with Commission Members
- Establish equity principles for eligibility considerations
- Identify priority questions and topics for FTAC related to eligibility and Medicare

Proposal:

Project team interviews with Commission Members about program eligibility, possible transitional solutions, and equity principles for UHCC consideration in February

Proposed Workplan and Interviews with Commission Members

Commission Member Vote

Vicki Lowe, Chair

Adopt FTAC Charter

Commission Member Vote

Vicki Lowe, Chair

FTAC Applications
(TAB 7 in meeting materials)

Summary of FTAC applicants

54 applicants

- 6 health care academics or researchers with expertise in health care financing
- 15 consumer advocates
- 24 industry professionals (carriers, hospitals, FQHCs, behavioral health clinic)
- 5 state government professionals (2 retired)
- Many had expertise in multiple areas

Demographics:

- 4 individuals from out of state
- 7 individuals self-identified as non-white

FTAC: HMA and HCA staff consideration process

Goal

- recommend nine of the most qualified applicants
- with knowledge and subject matter expertise regarding health care financing, economics, and delivery (specific areas of subject matter expertise regarding various areas of health care financing on the following slide)
- including at least one consumer representative, one OFM representative, and one Dept. or Revenue representative

Per the Commission's request, an FTAC recommendation process was developed:

- reviewed each applicant to determine expertise in health care financing
- consulted with Oregon's Universal Health Care Task Force Staff regarding desired compositions of a financial technical advisory committee based on their experience

Consideration process: subject matter expertise categories

- Revenue goals and projections
- Scope of coverage, benefits, and cost-sharing, including dental and vision
- Development of fee schedule
- Securing federal funds
- 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
- Workforce
- Provider reimbursement
- Medical school, including behavioral health
- 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

FTAC HMA and HCA staff recommendations

Name	Organization	Finance expertise	Additional expertise
Eddy Rauser*	Washington OFM	State finance agency	Health care financing, federal financing for health care programs and systems
Ian Doyle*	Washington Dept. of Revenue	State finance/revenue agency	Revenue goals and projections, tax structures, including the impact of tax structures on equity, taxation and other public revenue models
Pam MacEwan*	NA	Consumer representative	Former CEO WA-HBE, coverage and benefits and/or cost sharing and premiums, development of measurement of health-related metrics
Christine Eibner	Senior Economist, RAND Corporation	Microsimulations, approaches to 1115 and 1332 waivers, recouping federal funding for Medicaid, Medicare, Marketplace	Health economics, health care financing reform, impact of tax structures on equity, taxation, and other public revenue models, health care financing in Tricare and the VA
David DiGiuseppe	VP, Healthcare Economics, Community Health Plan of Washington (CHPW)	BA in Economics, predictive modeling for case management outreach, financing health-related social needs	Coverage and benefits and/or cost sharing and premiums, value-based care arrangements, state and federal financing for health care programs
Esther Lucero	President and CEO, Seattle Indian Health Board	Federal waivers, pharmaceutical costs and spending, behavioral health financing, Medicaid and Medicare financing, dental benefits costs and financing	FQHC, financing health-related social needs, workforce, health care administration/delivery system, health equity and eliminating health disparities, revenue models
Kai Yeung	Senior Healthcare Research Scientist, Amazon, Affiliate Assoc. Prof., UW	PharmD, PhD in Pharmaceutical Economics & Outcomes Research, clinical pharmacist, pharmaceutical cost effectiveness and policy analysis, simulation modeling	Research in how policies can benefit/harm health equity, estimating impact of prescription drug rebates on patient out-of-pocket costs, public health financing
Robert Murray	President, Global Health Payment LLC	Former Exec. Dir. of Maryland Health Services Cost Review Commission (hospital rate setting and global budgets), reimbursement systems for health care providers	Health economics, Revenue goals and projections, ERISA, alternative payment methodologies, per case DRG-based payment, quality-based pay-for-performance methodologies
Roger Gantz	Senior Research Manager (retired), Research & Data Analysis Division, DSHS	BA in economics and finance, federal waivers, caseload and fiscal forecasting, Medicaid Policy Dir. and reimbursement manager	Design of Medicaid reimbursement for Tribal clinics and urban health clinics, health economics, experience with Tribal and indigenous communities, Basic Health Programs

FTAC facilitation and support

- Who would the Commission like HCA staff to reach out to request to serve as FTAC lead and liaison to the Commission?

In the alternative:

- Allow them to self-nominate at the upcoming FTAC meeting?

Washington State Health Care Authority

FTAC charter

Tab 6

Universal Health Care Commission's
Finance Technical Advisory Committee

Draft Charter and Operating Procedures
Draft 12.15.2022

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

Draft

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

Draft

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 directedto 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

Draft

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

FTAC meetings are open to the public and will be 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 materialsdeveloped 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.

Washington State Health Care Authority

FTAC Applicants

Tab 7

Washington State Health Care Authority

FTAC Applicant Recommendations

Per the Commission's request, HMA and HCA staff reviewed applications and make the following recommendations as the most qualified candidates for the FTAC positions based on subject matter expertise in health care economics, financing, and delivery. There are three dedicated FTAC positions: one from OFM, one from the Dept. of Revenue, and one consumer representative, each of which are noted in the list below with their current role and organization, their financing expertise, and additional areas of expertise. Summaries of the six other recommended applicants are also listed below**. TAB 7 of the December 15 meeting materials includes *all* applicants' applications and resumes.**

OFM representative:

Name	Role, organization	Financing expertise	Areas of expertise
Eddy Rauser	Senior Data Scientist, Medicaid Forecast, Washington Office of Financial Management (OFM), Health Care Research Center	State finance agency, revenue goals and projections, tax structures, including the impact of tax structures on equity, taxation, and other public revenue models	Leads the biannual Medicaid forecast team in developing the $11 billion biennial Medicaid expenditure forecast for the Governor and Legislature budget, health care financing, federal financing for health care programs and systems

Department of Revenue:

Name	Role, organization	Financing expertise	Areas of expertise
Ian Doyle	Assistant Legislative Liaison/Tax Policy Specialist, Washington State Dept. of Revenue	State finance/revenue agency	Revenue goals and projections, tax structures, including the impact of tax structures on equity, taxation, and other public revenue models, policy analysis

Consumer representative:

Name	Role, organization	Financing expertise	Areas of expertise
Pam MacEwan	Consumer representative	CEO (retired), Washington Health Benefit Exchange (HBE), Carriers, individual market, private insurance, serves on the Washington State Health Care Cost Transparency Board	Washington Health Services Commission and the Governor's Blue Ribbon Commission, Children's health financing, Health Care Cost Transparency Board, coverage and benefits and/or cost sharing and premiums, development or measurement of health-related metrics, employer health benefits/costs, federal

			financing for health care programs and systems, financing health-related social needs and social determinants of health, health care administration, health care delivery system, health care financing, health economics, health information technology and/or electronic medical records, health-care costs, value-based payments, alternative payment methodologies, Improving health equity and eliminating health disparities, provider reimbursement, state financing for health care programs and systems, taxation and other public revenue models

Name	Role, organization	Financing expertise	Areas of expertise
Christine Eibner	Senior Economist, RAND Corporation	Directs the Payment, Cost, and Coverage research program within RAND Health Care, microsimulation, detailed knowledge of federal value-based payment approaches and CMS 1115 and 1332 waiver programs, considerations for recouping federal funding for Medicaid, Medicare, and the Marketplaces, tax financing approaches and possible changes in the tax base due to tax avoidance, assessment of four options for expanding coverage in OR, senior advisor on analysis estimating effects of single payer plan in NY, studies on a federal Medicare buy-in, health care financing issues in Tricare and the VA	Health care financing reform, coverage and benefits and/or cost sharing and premiums, employer health benefits/costs, federal financing for health care programs and systems, Health care financing, health-care costs, value-based payments, alternative payment methodologies, provider reimbursement, state financing for health care programs and systems, tax structures, including the impact of tax structures on equity, taxation, and other public revenue models
David DiGiuseppe	VP, Healthcare Economics, Community Health Plan of Washington (CHPW)	BA in economics, MS in Health Services Research, predictive modeling for case management outreach, incorporating SDoH, value-based care arrangements	Coverage and benefits and/or cost sharing and premiums, development or measurement of health-related metrics, federal financing for health care programs and systems, financing health-related social needs and social determinants of health, health care financing, health economics, health-care costs, value-based payments, alternative payment methodologies,

Name	Role, organization	Financing expertise	Areas of expertise
			provider reimbursement, state financing for health care programs and systems
Esther Lucero	President and CEO, Seattle Indian Health Board	FQHC, workforce knowledge/expertise, Medicaid (FMAP) knowledge, healthcare finance subject matter expertise in federal waivers, pharmaceutical costs and spending, behavioral health financing, Medicaid and Medicare financing, dental benefits costs and financing, provider reimbursement, and alternative funding streams, lead initiative to enroll SIHB clients into Medicaid and the Exchange, identifying public healthcare funding streams, and improving patient revenue cycle to increase patient service revenue.	Coverage and benefits and/or cost sharing and premiums, employer health benefits/costs, experience with communities of color, and/or immigrant or refugee communities, experience with LGBTQ+ community, experience with Tribal and indigenous communities, federal financing for health care programs and systems, financing health-related social needs and social determinants of health, health care administration, health care delivery system, health care financing, health information technology and/or electronic medical records, health-care costs, value-based payments, alternative payment methodologies, improving health equity and eliminating health disparities, provider reimbursement, public health financing, recruiting, educating, and retaining the health care workforce, revenue goals and projections, state financing for health care programs and systems, tax structures, including the impact of tax structures on equity, taxation and other public revenue models
Kai Yeung	Senior Healthcare Research Scientist, Amazon, Affiliate Assoc. Prof., University of Washington	PharmD, Doctor of Philosophy in Pharmaceutical Economics & Outcomes Research, clinical pharmacist, developed simulation models to estimate the expected savings from applying three innovative pharmacy programs, research in how policies can benefit/harm health equity, lead project estimating impact of prescription drug rebates on patient out-of-pocket costs, lead evaluation of impacts of state policies that capped out-of-pocket spending for high priced specialty drugs, Agency for Health Care Research and Quality under DHHS, previously worked for Kaiser Permanente Washington Health	Research in value-based payment for prescription drugs and methods to evaluate the cost and equity of health care interventions, coverage and benefits and/or cost sharing and premiums, development or measurement of health-related metrics, employer health benefits/costs, health care administration, health care delivery system, health economics, health-care costs, value-based payments, alternative payment methodologies, public health financing

Name	Role, organization	Financing expertise	Areas of expertise
		Research Institute, guest lecturer for cost effectiveness analysis, including pharmaceutical policy analysis	
Robert Murray	President, Global Health Payment LLC	Health economics, payment system development specializing in the design and implementation of reimbursement systems for health care providers, including per case DRG-based payment, quality-based pay-for-performance methodologies and internal payment incentive systems for ACOs, Executive Director of Maryland's unique hospital rate setting agency, works with Johns Hopkins University providing technical assistance to states regarding health care pricing, developed payment models to control rising health care prices.	Member of Maryland's high risk insurance pool board, Executive Dir., Maryland Health Services Cost Review Commission (HSCRC) (1994-2011), financing health-related social needs and social determinants of health, health care administration, hospital global budgets, health care delivery system, health care financing, health economics, health- care costs, value-based payments, alternative payment methodologies, Improving health equity and eliminating health disparities, provider reimbursement, public health financing, revenue goals and projections, The Employee Retirement Income Security Act (ERISA)
Roger Gantz	Senior Research Manager (retired), Research & Data Analysis Division, DSHS	BA in economics and finance, Masters of Urban Planning (including economics coursework)and PhD in Urban & Regional Planning (including economics coursework), caseload and fiscal forecasting, Medicaid Policy Dir. and reimbursement manager, design and implementation of reimbursement systems, application and implementation of 1332 and 1115 demonstration waivers, supervised work to expand reimbursement for tribal clinics and maximum federal matching funding, assisted with design of a new Medicaid reimbursement system for FQHC and RHCs.	Medicaid Policy Dir., Caseload Forecast Council, the Governor's Health Policy Committee, and in prior state efforts to design and implement state- wide health coverage, expanding health care for low-income residents, including: sustaining Medically Indigent, Medical Care Services and Basic Health programs; Healthcare for Workers with Disabled and CHIP programs, children's health financing, coverage and benefits and/or cost sharing and premiums, development or measurement of health-related metrics, experience with Tribal and indigenous communities, federal financing for health care programs and systems, Health care administration, health care delivery system, health care financing, health economics, health- care costs, value-based payments, alternative payment methodologies, provider reimbursement, public health financing, state financing for health care programs and systems

Washington State Health Care Authority

Universal Health Care Commission

Finance Technical Advisory Committee (FTAC) application

The Washington State Universal Health Care Commission (commission) is seeking members for its new Finance Technical Advisory Committee.

Due: Wednesday, November 30, 2022
Submit to: HCAUniversalHCC@hca.wa.gov

To apply, please complete this application and submit to HCAUniversalHCC@hca.wa.gov **by end of day on Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

Contact information

Information requested	Your information
Name (first and last):	Aidan Carroll
Preferred pronouns (e.g., she/her, he/his, they/their):	he/him
Organization (if applicable):	
Title or position (if applicable):	
Work address (if applicable):	
County of organization/employer (if applicable):	
Email:	
Phone:	

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- ☐ Academic/research
- ☐ Community member or advocate
- ☐ Community-based organization
- ☐ Employer/business (private, nonprofit, etc.)
- ☐ Finance
- ☐ Health care association (please describe):
- ☐ Labor union
- ☐ Law
- ☐ Payer: private
- ☐ Payer: public
- ☐ Provider: federally qualified health center

- ☐ Provider: hospital and/or health system
- ☐ Provider: other
- ☐ Provider: Tribal health clinic or center
- ☐ Provider/clinic: behavioral health
- ☐ Provider/clinic: oral health
- ☐ Provider/clinic: physical health
- ☐ Public health department
- ☐ Social services
- ☐ State agency staff
- ☐ Tribal representative

Areas of experience/expertise

- ☐ Children's health financing
- ☒ Health care advocate[1]
- ☐ Coverage and benefits and/or cost sharing and premiums
- ☐ Development or measurement of health-related metrics
- ☐ Employer health benefits/costs
- ☒ Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- ☒ Experience with differently abled communities (either as a community member of working with community)
- ☒ Experience with LGBTQ+ community (either as a community member or working with community)
- ☒ Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- ☐ Federal financing for health care programs and systems
- ☐ Financing health-related social needs and social determinants of health
- ☐ Health care administration
- ☐ Health care delivery system
- ☐ Health care financing[2]
- ☐ Health economics
- ☐ Health information technology and/or electronic medical records
- ☐ Health-care costs, value-based payments, alternative payment methodologies
- ☐ Improving health equity and eliminating health disparities
- ☐ Provider reimbursement
- ☐ Public health financing
- ☐ Recruiting, educating, and retaining the health care workforce
- ☐ Revenue goals and projections
- ☐ State financing for health care programs and systems
- ☐ Tax structures, including the impact of tax structures on equity
- ☐ Taxation and other public revenue models
- ☐ The Employee Retirement Income Security Act (ERISA)

[1] The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate 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, 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.

[2] Health care financing expertise may include but is not limited to: 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 payer/provider contracting.

Washington State Health Care Authority

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

   I want to advance access to healthcare. I have particular passion for the subtopic of homelessness, partly because with my neurodiversity/mental disabilities (whatever you want to call ADHD/autistic/bipolar etc) I know how easily how if I were on the streets or a little traumatized, I would be just another crazy-perceived person deemed helpless and hopeless. We all rely on community to avoid decompensating in one way or another, you might say.

2. Please describe your relevant experience and how it would benefit FTAC.

   I worked in the Crisis Solutions Center (a mental health facility that also involves connecting to addiction treatment and other case management/social services) for over a year and have also volunteered substantially in homelessness encampments, which is a window into several public health crises.

3. Please describe any other experience serving on a committee, board, or workgroup.

   Not sure if I have experience with anything quite like this. Best examples are from school projects. Students United for Palestinian Equal Rights, UW, is another. I historically wasn't a very good communicator or listener, but I learned a lot from these and other experiences.

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

   Also my psychology interacts with the internet in ways that distraction can feel like an addiction, everyone does on the internet a little but I think my brain makes this a little more so, so it bothers me when people think addiction is a choice, and improving access to SUD (substance use disorder) treatments that are consensual and effective is important to me and I've worked to learn more about how to do this.

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

   ☐ Yes

   ☐ No

6. If yes, did you receive any compensation?

   ☐ Yes

   ☒ No

Washington State Health Care Authority

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

☐ Yes

☐ No

8. If yes, please explain.

9. Professional licenses held:

Agency Affiliated Counselor - not sure if this expired automatically upon my ceasing employment, however, with Downtown Emergency Service Center.

10. Memberships in professional, civic organizations, or government boards or commissions:

46th District Democrats.
Junior State of America, Ingraham HS Chapter Cofounder.

11. Community service/volunteer activities:

Urban Native Education Alliance, prior to working there.
Stop the Sweeps Seattle. Woodland Park Mutual Aid.
UW United Students Against Sweatshops.

12. Have you ever served in the U.S. Armed Forces?

☐ Yes

☒ No

Washington State Health Care Authority

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

    I know that health outcomes are disproportionately worse for marginalized groups including BIPOC, homeless, queer, trans, and disabled communities. The details could fill many books, but the cumulative impact is tremendous. You can see it in geography - people in West Bellevue live on average about a decade longer than in Auburn. And homeless people are dying in record numbers this year in Seattle. Much of that is deaths of despair, which includes overdoses, which are very much a

14. Please describe why health equity is important to you.

    No one should face different life and health outcomes based on luck, and that is what life circumstances, demographics, environment, and indeed even behavior more than most people may realize, are. The healthier we all are, the healthier and safer our communities become. And when they aren't, it tears our society apart and feeds stereotypes. Racial caricatures about crime that fail to understand not only distorted perception but the psychological and behavioral impact of trauma and

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

    The closer we can get to single payer, the better, and this state is fully capable of making that happen. We can specifically expand access to addiction treatment - get it funded more than 30 days, for heavens sake, since neurotransmitters don't fully and improve the mental healthcare system in ways that work, feel less like prison and are more effective, reduce waiting times, plan for the Apple Health and Homes

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

    Caucasian/white (ancestry from Britain, Ireland, Norway, Germany, distant Native American ancestry but no more than many other white people in this country)

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino/a/x/e
- ☐ Middle Eastern or Northern African
- ☐ Native Hawaiian or Pacific Islander
- ☒ White
- ☐ Other category/categories (please list)
- ☐ Don't want to answer/decline

Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- ☒ Attend regular, bi-monthly FTAC meetings.
- ☒ Review all materials prior to FTAC meetings.
- ☒ Participate to the best of my ability.
- ☒ Participate in good faith in the best interest of FTAC and its charge.
- ☒ Accept the responsibilities to collaborate in developing potential recommendations.
- ☒ Respectfully engage at all times with other FTAC members.

Applicant signature: Date:

Aidan Carroll

1630 N 55th St, Seattle, WA 98103
(206) 734-9996, danielcajam@yahoo.com

Experience

Administrative Assistant and interim Program Coordinator, Urban Native Education Alliance, Seattle, WA; Jan. 2016-March 2020 and August 2022-present

Clear Sky Native Youth Council, serving ages 7-19

- Organized event logistics, equipment, files, supplies, and facility reservations
- Managed and made phone, email, and social media outreach (up to 150 calls/week, ~600 email addresses), updated contact lists from sign-ins and paperwork
- Assisted in coordinating educational and recreational programming, including mentorship
- Created data tables, analysis, and visualization for grant applications and reports
- Trained, coordinated, and supervised volunteers in varied support tasks and ultimately all the above

Behavioral Health Case Manager, Night and Swing Shifts at DESC Crisis Solutions Center, Seattle, WA; July 2021-August 2022

- Performed intakes, took referrals, entered 24 hour reviews, updated and gave briefings, audited files
- Monitored cameras, conducted rounds, sanitized surfaces
- Welcomed clients, served food, made coffee, offered redirection in conflict and other escalated situations
- Made referrals, looked up resources, strategized with staff, quick and thoughtful crisis responding, input detailed records

Knowledge Curator, InfoHarvest, Seattle, WA; February-July 2021

- Researched environmental related orgs, data, and researchers/advocates/policymakers/advocates towards the ultimate goal of creating a KnowledgeGraph to advise regulators on how to make complex decisions

Administrative Specialist I - Ballot Processing, Renton, WA; October-November 2020

King County Elections, Signature Verification Workgroup

- Checked signatures for irregularities to flag for review, sorted dropbox contents, constructed materials for voting

Student Dining Assistant, Bay Laurel Catering, Seattle; December 2015-April 2018

- Performed a variety of food preparation tasks as well as cleaning
- Loaded industrial dishwasher & organized dirty and clean dishes & pans
- Trained new employees, assumed leadership role in dishroom after supervisor's departure, stayed extra if needed

Team Member, Eastside Rail Corridor Trail, Bellevue, WA; from Sep. 2018, then Report Writer, Dec.-June 2019

- Investigated urban trails and Trail-Oriented Development practices
- Carried out comprehensive SWOT analysis of major intersections for safety, recreation, green space, commercial value, accessibility, and new transportation options
- Crafted placement options (and associated visuals) of entrances, bike storage, playgrounds, commercial, and mixed-use spaces, and zoning changes needed
- At the December completion of this group effort, essentially a team unpaid internship, stepped up to write the final document for a stipend, working 1-on-1 with an editor and a graphic designer to make Bellevue a book

Education

B.A. Community, Environment, Planning; Minor in Diversity, Univ. of Washington, Seattle, WA, June 2019. GPA 3.40
Study Abroad: Sustainable Development: Urban and Rural Perspectives in the U.K. Summer 2018
International Baccalaureate Diploma, 2014; at Ingraham High School, Seattle, WA, 2015
Junior State of America: high school student-run civic engagement, Chapter Co-founder

Awards

National Merit Scholar Finalist, 2014
Best International Baccalaureate Extended Essay Award (Topic: Gerrymandering), 2014
Dean's List: Autumn 2015, Spring 2017, Autumn 2017

Skills

Listening non-judgmentally, empathizing, and guiding people in making plans to achieve their goals
Community engagement: phone/text/voicemail, email/MailChimp, social media, and in-person outreach.
Soft skills including facilitation of group communication and discussions, committee meetings, focus groups
Secretarial duties from filing to digital and in-person interaction with municipal and non-profit clients and stakeholders
Basic Java & Html programming, tables/charts & statistical formulae, Microsoft Office, ArcGIS/ArcMap

Washington State Health Care Authority

Universal Health Care Commission

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Please note that boxes outlined in red are required.

Contact information

Information requested	Your information
Name (first and last):	Andrew Hill
Preferred pronouns (e.g., she/her, he/his, they/their):	Drew/They/Their
Organization (if applicable):	Excelsior Wellness
Title or position (if applicable):	CEO
Work address (if applicable):	3754 W Indian Trail Rd, Spokane, WA, 99208
County of organization/employer (if applicable):	Spokane
Email:	andrew.hill@excelsiorwellness.org
Phone:	508-370-3101

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- ☐ Academic/research
- ☐ Community member or advocate
- ■ Community-based organization
- ■ Employer/business (private, nonprofit, etc.)
- ■ Finance
- ■ Health care association (please describe): CCBHC
- ☐ Labor union
- ☐ Law
- ☐ Payer: private
- ☐ Payer: public
- ☐ Provider: federally qualified health center

- [x] Provider: hospital and/or health system
- [ ] Provider: other
- [ ] Provider: Tribal health clinic or center
- [x] Provider/clinic: behavioral health
- [ ] Provider/clinic: oral health
- [x] Provider/clinic: physical health
- [ ] Public health department
- [x] Social services
- [ ] State agency staff
- [ ] Tribal representative

Areas of experience/expertise

- [x] Children's health financing
- [ ] Health care advocate[1]
- [x] Coverage and benefits and/or cost sharing and premiums
- [x] Development or measurement of health-related metrics
- [x] Employer health benefits/costs
- [x] Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- [x] Experience with differently abled communities (either as a community member of working with community)
- [x] Experience with LGBTQ+ community (either as a community member or working with community)
- [x] Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- [ ] Federal financing for health care programs and systems
- [x] Financing health-related social needs and social determinants of health
- [x] Health care administration
- [x] Health care delivery system
- [x] Health care financing[2]
- [ ] Health economics
- [x] Health information technology and/or electronic medical records
- [x] Health-care costs, value-based payments, alternative payment methodologies
- [x] Improving health equity and eliminating health disparities
- [x] Provider reimbursement
- [ ] Public health financing
- [x] Recruiting, educating, and retaining the health care workforce
- [x] Revenue goals and projections
- [x] State financing for health care programs and systems
- [ ] Tax structures, including the impact of tax structures on equity
- [ ] Taxation and other public revenue models
- [ ] The Employee Retirement Income Security Act (ERISA)

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[2] Health care financing expertise may include but is not limited to: 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 payer/provider contracting.

Washington State Health Care Authority

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

   As the CEO of Excelsior Wellness, I have a vision that ALL people live safer, stronger and more satisfying lives, and experience that our current system is too complicated, and failing people with complex needs or who are multi-system involved. Through my commitment to equity and inclusion, and experience building and sustaining an integrated delivery system, I am eager to support the work of the Universal Health Care Commission and share my knowledge and expertise around unified financing to provide guidance and options for the commission's development

2. Please describe your relevant experience and how it would benefit FTAC.

   I have designed and lead an integrated delivery system that specializes in system alignment, braided funding, and value-based innovations around payment systems. I also negotiated the first comprehensive contracting approach as a behavioral provider before integration, including enterprise EHR and national HIT collaborations to create the State's first tiered EMR architecture for a Region of Care. Additionally, I bring a Culturally and Linguistically Appropriate Services (CLAS) approach to

3. Please describe any other experience serving on a committee, board, or workgroup.

   Board, Excelsior Wellness
   Board, Coordinated Care of WA
   Council, Partnership for Juvenile Justice
   Racial and ethnic disparities subgroup
   Behavioral health and reentry subgroup
   Workgroup, Children's Behavioral Health
   Workgroup, Behavioral Health Integration

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

   I have recruited, grown, and support a diverse inter-professional team who successfully operates a multi-payer system of delivery across seven organizations, all aligned to each public system (hospital/healthcare, physical health, behavioral health, education, specialty care, and community social services).

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

   ☐ Yes

   ☒ No

6. If yes, did you receive any compensation?

   ☐ Yes

   ☒ No

Washington State Health Care Authority

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

☐ Yes

☒ No

8. If yes, please explain.

9. Professional licenses held:

LMHC, RRT

10. Memberships in professional, civic organizations, or government boards or commissions:

NCC

11. Community service/volunteer activities:

Red Cross, Pro-bono consultant

12. Have you ever served in the U.S. Armed Forces?

☐ Yes

☒ No

Washington State Health Care Authority

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

    I began working to develop workforce solutions for underserved populations in 2011. In 2016, as the CEO of Excelsior Wellness, received the Governor's award for non-profit employer of the year for work in equal employment opportunity. In 2018 Andrew prioritized creating the region's first Chief Diversity Officer to facilitate system-wide changes by integrating DEI into the quality improvement processes and Human Resources. That same year Excelsior formed the Diversity Equity and

14. Please describe why health equity is important to you.

    I have dedicated my career to improving the experience of underserved people and recruited racial and ethnic minorities who continue to openly share with me their stories of how inequity has impacted their lives. Those stories have galvanized my commitment to them and future generations.

    I believe we are all individually and collectively responsible for our current health

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

    I believe unified financing would improve equity, be less costly, and increase access to better-quality health care.

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

    White, Irish/Scottish American, raised on a pacific island.

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino/a/x/e
- ☐ Middle Eastern or Northern African
- ☐ Native Hawaiian or Pacific Islander
- ☒ White
- ☐ Other category/categories (please list)
- ☐ Don't want to answer/decline

Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- ☒ Attend regular, bi-monthly FTAC meetings.
- ☒ Review all materials prior to FTAC meetings.
- ☒ Participate to the best of my ability.
- ☒ Participate in good faith in the best interest of FTAC and its charge.
- ☒ Accept the responsibilities to collaborate in developing potential recommendations.
- ☒ Respectfully engage at all times with other FTAC members.

Applicant signature:



Date:

11/30/2023



Andrew Hill

SENIOR EXECUTIVE
PRESIDENT/CEO
CONSULTANT

CONTACT

RING:
(509) 994-8215

WRITE:
mxdrewhill@gmail.com

USPS:
P.O. Box 249 Colbert,
WA 99005

OBJECTIVES AND INTERESTS

System alignment, service integration and bridging gaps for the under-served. Strengthening families, child-welfare innovation and juvenile justice reform to achieve health & education equity.

PROFESSIONAL PROFILE

Demonstrated ability to work collaboratively across public and private sectors to improve our communities. Community-focused, family-centered, and performance driven, I aspire to provide ethical leadership to influence culturally appropriate change. I aim to build and sustain diverse talent, and establish high performance and inclusive environments marked by unity, collaboration, and respect.

Proven ability to lead organizations with the community's best interest in the foreground. Skilled resource development and relationship building in State government, child-welfare, criminal justice, health care, education, public health, social services, and human services. Valuable experience and notable achievements in public system alignment.

Respected community leader with the ability to cultivate, inspire and influence other leaders to align resources and efforts. Highly successful in building relationships with upper-level decision makers, navigating critical problem areas, and delivering on stakeholder commitments to improve outcomes for the community. Acclaimed for achievements in Diversity, Equity, and Inclusion.

AWARDS AND HONORS

- CEO of the Year Award, National Diversity and Leadership Council
- DEI Champion, 2021 National Diversity and Leadership Conference
- Governor Appointment (2018-2021; 2021-2024), Partnership Council on Juvenile Justice (WA-PCJJ)
    - Member dedicated to strengthening children and preserving families
- Paul and Janet Mann Community Service Award, Washington Department of Children Youth and Families (WA-DCYF)
- Governor's Award, Washington Employment Securities Department, Medium-sized Non-Profit Employer of the Year
- Rising Star, Journal of Business, Spokane, Washington
- Dedication and Service, Excelsior Youth Center, Spokane, Washington
- NHSC-LRP Awardee, Health Resources and Services Administration, National Health Service Corps
- Outstanding Service, Excelsior Holistic Schools, Spokane, Washington
- Acknowledgment Ceremony, Advocacy, Native American Student Association, EWU, Cheney, WA

ADMINISTRATIVE EXPERIENCE

PRESIDENT AND CHIEF EXECUTIVE OFFICER — **2015 - Present**
Excelsior Wellness // Spokane, Washington

ACHIEVEMENTS UNDER LEADERSHIP

- Partnered with diverse communities to establish an inclusive organizational culture.
- Instituted transparency in Excelsior operations to engender public trust.
- Implemented quality assurance, quality improvement, and research/evaluation programs to follow through on customer commitments e.g. improving access, lowering costs, and improving outcomes.
- Established a lean and efficient cross-system integrated administration. A group of inter-professionals who can expertly manage operations across all public systems while reducing the need for duplicative administrative resources.
- Financial performance:

	2014	2019	2020
Grants/Contributions	$98,136	$4,783,915	$4,901,187
Revenue	$5,040,487	$17,086,775	$17,089,337
Net Assets	$1,818,506	$11,206,860	$13,469,336
Investments	$198,498	$1,009,345	$1,244,442

- Designed Washington State's first Children's Integrated Care Center using a Trauma-informed Approach to children's inpatient services. The State's first youth stabilization resource outside of emergency health system resources.
- Designed and implemented the State's first integrated care collaborative and data-networked improvement community, to enable small and medium organization access to the technology required to participate in healthcare transformation.
- Designed and implemented the State's first co-occurring intensive outpatient program using a harm-reduction model to divert children and young adults from higher levels of care, stabilize families (placements), and promote recovery.
- Designed and implemented the LifePoint continuum of care for Youth and Young-Adults (YYA) to ensure equitable access to post-secondary success resources including, housing, food, transportation, medical, and behavioral health to promote independence alongside their community peers who have enhanced access in university settings.
    - Selected-Model Program Integrating Behavioral Health into Youth Homeless Programs, Office of Homeless Youth

PRINCIPAL — **2010 - Present**
Andrew Hill LLC
Spokane, Washington

MILITARY & FAMILY LIFE CONSULTANT & CHILD/YOUTH BEHAVIORAL SPECIALIST — **2010 - Present**
MHN Government Services
United States Department of Defense

ASSOCIATE DIRECTOR — **2011 - 2015**
Excelsior Youth Center
Spokane, Washington

PROGRAM DIRECTOR — **2004 - 2006**
Girl Scouts of America, Columbia River Council // Portland, Oregon
YMCA, Lake Wenatchee YMCA // Wenatchee, Washington

HEALTH SUPERVISOR — **2005 - 2006**
Girl Scouts of America, Columbia River Council
Portland, Oregon

CLINICAL EXPERIENCE

THERAPEUTIC RECREATION COORDINATOR — **2009 - 2015**
Excelsior
Spokane, Washington

MENTAL HEALTH COUNSELOR — **2008 - 2014**
Excelsior
Spokane, Washington

RESIDENTIAL ON-CALL TREATMENT COORDINATOR — **2010 - 2014**
Excelsior
Spokane, Washington

PSYCHOLOGICAL COUNSELOR — **2007 - 2012**
EWU, Counseling and Psychological Services
Cheney, Washington

BEHAVIOR SUPPORT SPECIALIST — **2004 - 2007**
Lutheran Community Services
Cheney, Washington

EDUCATION

MASTER OF SCIENCE, APPLIED PSYCHOLOGY: MENTAL HEALTH COUNSELING
CACREP Accredited
Eastern Washington University
Spokane, Washington

B.A. RECREATION/LEISURE SERVICE MANAGEMENT
MINORS: MUSIC COMPOSITION & COUNSELING PSYCHOLOGY
Eastern Washington University
Cheney, Washington

TEACHING EXPERIENCE

HEALTH & SAFETY INSTRUCTOR AND AUTHORIZED PROVIDER — **2004 - 2015**
American Red Cross
Spokane, Washington

EMERGENCY RESPONSE LECTURER — **2005 - 2007**
Eastern Washington University
Cheney, Washington

PROFESSIONAL COMMUNITY SERVICE

WASHINGTON STATE PARTNERSHIP COUNCIL ON JUVENILE JUSTICE (WA-PCJJ) — 2018 - 2024
Governor Appointment
Member focused on strengthening and preserving families

TREATMENT STRATEGIST — 2016 - 2017
Rising Strong Family Centered Treatment
Supporting Catholic Charities and Empire Health Foundation

MENTAL HEALTH ADVISORY BOARD — 2016 - 2017
Department of Psychology
Eastern Washington University

SPOKANE POLICE DEPARTMENT — 2015 - 2016
Behavioral Health Steering Committee
T.E.A.M. Conference Planning Committee

MENTAL HEALTH STEERING COMMITTEE — 2014 - 2017
City of Spokane
Spokane Police Department

DIRECTOR — 2010 - 2015
Spokane Region and Eastern Washington
Washington Mental Health Counselors Association

BEHAVIORAL HEALTH PROVIDER — 2011 - 2014
Health Resources and Services Administration
National Health Service Corps

TRAUMA RECOVERY EDUCATOR — 2008 - 2012
Trauma Recovery Education at Eastern
Eastern Washington University

PRESIDENT — 2007 - 2008
Chi Sigma Iota
Counseling Professional Honor Society International

VOLUNTEER AND VOLUNTEER RECRUITER — 2006 - 2008
AmeriCorps Students in Service Program
Eastern Washington University

PUBLIC RELATIONS REPRESENTATIVE — 2005 - 2006
Elected, Student Government
Associated Students Eastern Washington University (ASEWU)

PRESENTATIONS AND LECTURES

- Hill, A., et al (2016). Seeing Beyond the Broken Record-A Collaborative Response to Trauma. Plenary, T.E.A.M. Conference, Spokane Washington
- Hill, A., Kiely R. (2015). Youth, Trauma and First Responders-Child and Adolescent Crisis Intervention Training, Part-1 & 2. T.E.A.M. Conference, Spokane Washington
- Hill, A. (2014, 2013). Healthcare Integration and Managed Care in Washington. Lecture, Department of Psychology, Eastern Washington University
- Hill, A. (2011). Psychotherapeutic Recreation with Children and Adolescents. Washington Counselors Association (WCA) Annual Conference
- Basham, A., Crowley, A., & Hill, A. (2008). Organizational Teambuilding and Personality Assessment. Assessment, education and training for the Vice Provost, and all departmental leadership, Eastern Washington University
- Hill, A. (2008). K.N.O.W. HIV & AIDS, Education for Behavioral Health Clinicians. Lecture, Spokane, Washington
- Hill, A. (2008). Wilderness Counseling, Primer for Mental Health Therapists. Research Defense, Counseling, Education and Developmental Psychology, EWU
- Hill, A. (2008). Overcoming Test Anxiety. Workshop, Student Services, Eastern Washington University
- Hill, A. (2006). Leadership and Facilitation Strategies in Teambuilding. Lecture, Health, Education, and Recreation Department, Eastern Washington University

CERTIFICATION

- National Board for Certification of Counselors: National Certified Counselor (NCC)
- Washington State License: Licensed Mental Health Counselor (LMHC)
- Washington State Certified Child Mental Health Specialist (CMHS)
- Washington State License: Recreational Therapist (RT)
- American Red Cross: Authorized Instructor and Provider
- CPP, Inc: Certified Administrator Leve/-C (Myers-Briggs®, Strong, CPI™, etc.)
- Trauma Focused Cognitive Behavioral Therapy, CBT+, TFCBT: Certified/Rostered
- Managing Land Search Operations (MLSO); Swift Water Rescue

SPECIALIZED TRAINING

- Mental Health Needs of Military Veterans and Their Families
- Trauma Focused Cognitive Behavioral Therapy (CBT+, TF-CBT}
- Equine Assisted Psychotherapy (EAP)
- Attachment Disorders in Children and Adolescents
- Bipolar Disorders in Childhood and Pediatric Psychopharmacology
- Motivational Interviewing with Children and Adolescents (EBP)
- Integrating Buddhist Psychology and Gestalt Psychotherapy
- Art and Play Therapy Techniques
- Experiential Counseling and Family Therapy Techniques
- Association for Challenge Course Technology; Challenge Course Facilitator Level-1

REFERENCES

- Professional and personal references are available upon request

Washington State Health Care Authority

Universal Health Care Commission

Finance Technical Advisory Committee (FTAC) application

The Washington State Universal Health Care Commission (commission) is seeking members for its new Finance Technical Advisory Committee.

Due: Wednesday, November 30, 2022
Submit to: HCAUniversalHCC@hca.wa.gov

To apply, please complete this application and submit to HCAUniversalHCC@hca.wa.gov **by end of day on Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

Contact information

Information requested	Your information
Name (first and last):	Alan Jacobson
Preferred pronouns (e.g., she/her, he/his, they/their):	he/his
Organization (if applicable):	N/A
Title or position (if applicable):	
Work address (if applicable):	
County of organization/employer (if applicable):	
Email:	jacobson.alan@gmail.com
Phone:	

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- ☐ Academic/research
- ☒ Community member or advocate
- ☒ Community-based organization
- ☒ Employer/business (private, nonprofit, etc.)
- ☐ Finance
- ☐ Health care association (please describe):
- ☐ Labor union
- ☐ Law
- ☒ Payer: private
- ☒ Payer: public
- ☐ Provider: federally qualified health center

- ☐ Provider: hospital and/or health system
- ☐ Provider: other
- ☐ Provider: Tribal health clinic or center
- ☐ Provider/clinic: behavioral health
- ☐ Provider/clinic: oral health
- ☐ Provider/clinic: physical health
- ☐ Public health department
- ☐ Social services
- ▬ State agency staff
- ☐ Tribal representative

Areas of experience/expertise

- ▬ Children's health financing
- ☐ Health care advocate[1]
- ☐ Coverage and benefits and/or cost sharing and premiums
- ☐ Development or measurement of health-related metrics
- ☐ Employer health benefits/costs
- ☐ Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- ☐ Experience with differently abled communities (either as a community member of working with community)
- ☐ Experience with LGBTQ+ community (either as a community member or working with community)
- ☐ Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- ☐ Federal financing for health care programs and systems
- ☐ Financing health-related social needs and social determinants of health
- ☐ Health care administration
- ☐ Health care delivery system
- ☐ Health care financing[2]
- ☐ Health economics
- ☐ Health information technology and/or electronic medical records
- ☐ Health-care costs, value-based payments, alternative payment methodologies
- ☐ Improving health equity and eliminating health disparities
- ☐ Provider reimbursement
- ☐ Public health financing
- ☐ Recruiting, educating, and retaining the health care workforce
- ☐ Revenue goals and projections
- ☐ State financing for health care programs and systems
- ☐ Tax structures, including the impact of tax structures on equity
- ☐ Taxation and other public revenue models
- ☐ The Employee Retirement Income Security Act (ERISA)

[1] The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate 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, 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.

[2] Health care financing expertise may include but is not limited to: 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 payer/provider contracting.

Washington State Health Care Authority

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

   I was laid off. In the 7 months I chose not to have insurance because I couldn't afford it, health insurance was my number one problem. If I hadn't advocated strongly to get my kids on Apple Health, I'd still be broke...even with a new job.

2. Please describe your relevant experience and how it would benefit FTAC.

   I have worked in libraries, spoken publicly, taught, and have been in the non-profit world for a long time. I believe deeply in single payer/universal healthcare.

3. Please describe any other experience serving on a committee, board, or workgroup.

   See above. Also, board member of a community radio station. Annual film festival board member. Library board.

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

   See above. I want to make a difference, especially after experiencing this torment first hand, I understand how rigged the pharmamedical complex is against the average person.

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

   ☐ Yes

   ☒ No

6. If yes, did you receive any compensation?

   ☐ Yes

   ☐ No

Washington State Health Care Authority

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

   ☒ Yes

   ☐ No

8. If yes, please explain.

   My kids are on Apple Health through May 2023. I wish we all could be on it.

9. Professional licenses held:

   Washington State Librarian
   FCC Licensed Disc Jockey

10. Memberships in professional, civic organizations, or government boards or commissions:

11. Community service/volunteer activities:

12. Have you ever served in the U.S. Armed Forces?

   ☐ Yes

   ☒ No

Washington State Health Care Authority

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

    Having an opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination...and I was never poor, but could have been due to how wacky our medical system is.

14. Please describe why health equity is important to you.

    I have learned a lot about it...and then a lot more when it hit me individually. I have never been more sure that something is so obviously needed.

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

    Jewish

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino/a/x/e
- ☐ Middle Eastern or Northern African
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☒ Other category/categories (please list)
  Jewish
- ☐ Don't want to answer/decline

Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- ☒ Attend regular, bi-monthly FTAC meetings.
- ☒ Review all materials prior to FTAC meetings.
- ☒ Participate to the best of my ability.
- ☒ Participate in good faith in the best interest of FTAC and its charge.
- ☒ Accept the responsibilities to collaborate in developing potential recommendations.
- ☒ Respectfully engage at all times with other FTAC members.

Applicant signature: Alan Jacobson

Date: 11/22/2022

Washington State Health Care Authority

Universal Health Care Commission

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To apply, please complete this application and submit to HCAUniversalHCC@hca.wa.gov **by end of day on Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

Contact information

Information requested	Your information
Name (first and last):	Aaron Katz
Preferred pronouns (e.g., she/her, he/his, they/their):	he/him
Organization (if applicable):	UW School of Public Health
Title or position (if applicable):	Principal Lecturer Emeritus
Work address (if applicable):	
County of organization/employer (if applicable):	
Email:	garlyk@uw.edu
Phone:	2065502277

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- ☒ Academic/research
- ☒ Community member or advocate
- ☐ Community-based organization
- ☐ Employer/business (private, nonprofit, etc.)
- ☐ Finance
- ☐ Health care association (please describe):
- ☐ Labor union
- ☐ Law
- ☐ Payer: private
- ☐ Payer: public
- ☐ Provider: federally qualified health center

- ☐ Provider: hospital and/or health system
- ☐ Provider: other
- ☐ Provider: Tribal health clinic or center
- ☐ Provider/clinic: behavioral health
- ☐ Provider/clinic: oral health
- ☐ Provider/clinic: physical health
- ☐ Public health department
- ☐ Social services
- ☐ State agency staff
- ☐ Tribal representative

Areas of experience/expertise

- ☐ Children's health financing
- ☐ Health care advocate[1]
- ☒ Coverage and benefits and/or cost sharing and premiums
- ☐ Development or measurement of health-related metrics
- ☐ Employer health benefits/costs
- ☒ Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- ☐ Experience with differently abled communities (either as a community member of working with community)
- ☐ Experience with LGBTQ+ community (either as a community member or working with community)
- ☐ Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- ☐ Federal financing for health care programs and systems
- ☐ Financing health-related social needs and social determinants of health
- ☐ Health care administration
- ☒ Health care delivery system
- ☒ Health care financing[2]
- ☐ Health economics
- ☐ Health information technology and/or electronic medical records
- ☒ Health-care costs, value-based payments, alternative payment methodologies
- ☐ Improving health equity and eliminating health disparities
- ☐ Provider reimbursement
- ☐ Public health financing
- ☐ Recruiting, educating, and retaining the health care workforce
- ☐ Revenue goals and projections
- ☐ State financing for health care programs and systems
- ☐ Tax structures, including the impact of tax structures on equity
- ☐ Taxation and other public revenue models
- ☐ The Employee Retirement Income Security Act (ERISA)

[1] The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate 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, 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.

[2] Health care financing expertise may include but is not limited to: 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 payer/provider contracting.

Washington State Health Care Authority

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

   I have spent my career working on health policy issues in Washington state, beginning in the late 1970s, and am committed to helping the state create a unified, rational health system who's primary focus is assuring all residents have access to effective, efficient, quality, and affordable care. I was on the Universal Health Care Work Group that led to the UHCC and would like to contribute to this ongoing effort.

2. Please describe your relevant experience and how it would benefit FTAC.

   During a 4+ decades career, I have evaluated Medicaid programs, researched health care market change, developed state policy focusing on marginalized communities (the 1987 Omnibus AIDS Act), staffed a universal health care policy committee (Washington Health Care Commission, 1990-1992), taught health policy at the graduate school level for 20+ years, and developed an intimate knowledge of legislative processes that affect health policy. This range of experience and long

3. Please describe any other experience serving on a committee, board, or workgroup.

   I served on the Universal Health Care Work Group that led to the creation of the UHCC. I am a founding board member and former board president of the Washington State Budget & Policy Center; former board member and president of the Center for the Advancement of Community Based Public Health, Northwest Health Law Advocates, Health Alliance International, and Washington Physicians for Social Responsibility; a member of the Basic Health Plan Advisory Committee; and was an at-large appointee to the Skagit County Board of Health

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

   My wife and I are often out of state in the early months of each year.

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

   ☐ Yes

   ☒ No

6. If yes, did you receive any compensation?

   ☐ Yes

   ☒ No

Washington State Health Care Authority

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

☐ Yes

☒ No

8. If yes, please explain.

NA

9. Professional licenses held:

none

10. Memberships in professional, civic organizations, or government boards or commissions:

American Public Health Association, Washington State Public Health Association. I was an at-large appointee to the Skagit County Board of Health 2019-2021. I am a board member of the Washington State Budget & Policy Center.

11. Community service/volunteer activities:

See various responses above.

12. Have you ever served in the U.S. Armed Forces?

☐ Yes

☒ No

Washington State Health Care Authority

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

    Health equity - assuring everyone, regardless of class, race, gender, sex, able-ness, or place of residence, has access to the things that can help them be as healthy as possible - has been at the core of all my work in this field, including my teaching. I am not an expert, per se, in what barriers to equity specific communities face, but am quite knowledgeable about what factors in the US health system impede or undermine health equity.

14. Please describe why health equity is important to you.

    Health equity is about justice, fairness, and the promise of "life, liberty, and the pursuit of happiness." That is, health equity is core to what, in my view, "America" means.

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

    A unified health care financing system is a necessary precondition to creating the policy tools for reducing inequities. The flow of money is key to both the inequities we see today and the strategies needed to address them.

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

    I am a American whose Jewish ancestors came from eastern Europe.

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino/a/x/e
- ☐ Middle Eastern or Northern African
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ Other category/categories (please list)
- ☒ Don't want to answer/decline

Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- ☒ Attend regular, bi-monthly FTAC meetings.
- ☒ Review all materials prior to FTAC meetings.
- ☒ Participate to the best of my ability.
- ☒ Participate in good faith in the best interest of FTAC and its charge.
- ☒ Accept the responsibilities to collaborate in developing potential recommendations.
- ☒ Respectfully engage at all times with other FTAC members.

Applicant signature:



Date:

11/26/22

CURRICULUM VITAE
(March 2022)

AARON KATZ
Principal Lecturer Emeritus
School of Public Health
garlyk@uw.edu

Education

1974 University of Wisconsin-Madison, Wisconsin
Bachelor of Science (Zoology)

1975 University of Toronto, Ontario, Canada
Certificate (Master) of Public Health

Professional Positions

2020 – present Principal Lecturer Emeritus, University of Washington School of Public Health
2014 – present Honorary Associate Lecturer, Division of Health Systems and Policy, University of Queensland School of Public Health, Brisbane, QLD, Australia
2014 – present Faculty Associate, University of Washington Center for Human Rights, Seattle, WA
2014 Visiting Scholar, Division of Health Systems and Policy, University of Queensland School of Population Health, Brisbane, QLD, Australia
2014 – 2020 Adjunct Principal Lecturer, School of Law, University of Washington, Seattle, WA
2009 - 2020 Principal Lecturer, Department of Health Services, University of Washington School of Public Health, Seattle, WA
2009- 2020 Adjunct Principal Lecturer, Department of Global Health, University of Washington, Seattle, WA
2011- 2020 Lead, Health Systems and Policy Concentration, Master of Public Health program, Department of Health Services, University of Washington, Seattle, WA
2010- 2013 Director, Global Health MPH Program Leadership, Policy, and Management Track, Department of Global Health, University of Washington, Seattle, WA
2008 - 2011 Director, Global Health Leadership Program, Department of Global Health University of Washington, Seattle, WA
2005 - 2009 Director, Packard-Gates Population Leadership Program, University of Washington, Seattle, WA
2005 - 2006 Adjunct Senior Lecturer, Evans School of Public Affairs, University of Washington, Seattle, WA
2006- 2007 Faculty Coordinator, Global Health Fellows Program at the University of Washington, Seattle, WA
2003 - 2005 Director, Post-Program Initiatives, Packard-Gates Population Leadership Program, University of Washington, Seattle, WA
1999- Editor-in-Chief, *Northwest Public Health*, School of Public Health and Community

2008	Medicine, University of Washington, Seattle, WA
1995 - 2009	Senior Lecturer, Department of Health Services, School of Public Health and Community Medicine, University of Washington, Seattle, WA
1988 - 2003	Director, Health Policy Analysis Program, Department of Health Services, School of Public Health and Community Medicine, University of Washington, Seattle, WA
1993-95	Lecturer, Department of Health Services, School of Public Health and Community Medicine, University of Washington, Seattle, WA
1991-94	Executive Director, The Sun Valley Forum
1998	Editor, *Washington Health* and *Washington Health Extra* newsletters, Seattle, WA
1987-88	Director of Consulting Services, HealthSystems Resources, Seattle, WA
1985-92	Founder and Editor, *Washington Health* newsletter, Seattle, WA
1984-87	Principal, Community Consultants Northwest, Seattle, WA
1982-84	Planning Specialist, Puget Sound Health Systems Agency, Seattle, WA
1978-80	Planning Specialist, Puget Sound Health Systems Agency, Seattle, WA
1976-77	Environmental Coordinator, Minnesota Pollution Control Agency, Roseville, MN
1976	Environmental Health Specialist, City of St. Louis Park, MN

Fellowships, Honors, and Awards

2019	Nominated for the David B. Thorud Leadership Award, University of Washington
2014	Trans-Pacific Senior Academic Fellowship [awarded in 2012 for 2014]
2011	Health Reform Leadership Award, State of Reform Washington Health Policy Conference
2006	Award for Excellence, American Public Health Association
2004	Outstanding Teaching Award, University of Washington School of Public Health
2003	Institute for Teaching Excellence, University of Washington
1993	Mike Dickey Award (Health Planning), Washington State Public Health Association
1988	Journalism Award, Region X, American College of Health Care Administrators
1988	Journalism Award, NW Chapter, American College of Health Care Administrators
1980	Honorable Mention Award, Washington Chapter, American Planning Association

Professional Service Activities

Professional Memberships

American Public Health Association
Washington State Public Health Association
Physicians for Social Responsibility
Washington Physicians for Social Responsibility

Boards and Committees

2020-22	At-large member, Skagit County Board of Health
2019-20	Universal Health Care Work Group (appointee), Washington State Health Care Authority
2005 – present	Founding Board Member, Washington State Budget & Policy Center Board President (2008 – 2011), Board Vice-President (2014 – 2015)
2000–13	Member, Board of Directors, Health Alliance International

Board President (2006 – 2012)
2008–11 International Steering Committee, 2nd International Conference on Reproductive Health Management
2000–10 Member, Washington State Basic Health Advisory Committee
2004–07 Member, Board of Directors, Northwest Health Law Advocates
Board Chairperson (2006)
2004–06 Member, Board of Directors, Visiting Nurse Services of the Northwest
2003–04 Founding Member, Board of Directors, The Whistler Forum: Innovation Through Dialogue
2003 Member, Sustainable Healthcare Access Council, CHOICE Regional Health Network
2000–02 Member, Future of Rural Health Advisory Committee, Washington Health Foundation
1998–2000 Chairman, Board of Directors, Center for the Advancement of Community Based Public Health
1996–97 Co-Chairman, National Policy Task Force Working Group, Community Based Public Health Initiative (WK Kellogg Foundation)
1995–96 Member, National Policy Task Force, Community Based Public Health Initiative
1995–96 Consultant, Evaluation of State Health Reform Initiatives by the Institute for Health Policy Studies, University of California, San Francisco

Peer Review
2020 Referee, *Qualitative Health Research*
2020 Referee, *American Journal of Preventive Medicine*
2020 Referee, *American Journal of Public Health*
2020 Referee, *Health Affairs*
2019 Referee, UW Royalty Research Fund proposals
2019 Referee, *American Journal of Public Health*
2018 Referee, *Global Health Action*
2017 Referee, *Global Health Action*
2016 Referee, *Pediatrics*
2016 Referee, *American Journal of Public Health*
2014-16 Referee, *International Journal for Equity in Health*
2015 Referee, *BMC Health Services Research*
2014 Referee, International Leadership Association Annual Conference, Leadership Scholarship Track
2012 Referee, *American Journal of Public Health*
2011 Referee, *Northwest Public Health*
2010 Referee, *The Journal of Rural Health*
2010 Referee, *BMC Medical Journals*
2009 Referee, *Health Affairs*
2009 Referee, *The Journal of Rural Health*
2008 Referee, *BMC Medical Journals*
2007 Referee, National Science Foundation, International Research Fellowship Program
2006 Referee, *BMC Medical Journals*
2006 Referee, state health policy abstracts, AcademyHealth Annual Research Meeting
2005 Referee, *Journal of Health Care for the Poor and Underserved*

2003–05 Referee, *Nonprofit and Voluntary Sector Quarterly*
2002 Referee, pre- and post-doctoral abstracts, Academy for Health Services Research and Health Policy 2002 Annual Meeting
2001 Referee, *The Journal of Rural Health*
1999 Referee, *Family and Community Health* issue on advocacy and policy
1998 Referee, *Health Affairs*
1997 Referee, *Journal of Health Care for the Poor and Underserved*
1997 Referee, *Journal of Public Health Management and Practice* special issue on community-wide prevention
1995–97 External referee, Medical Research Council of Canada

Bibliography

Research papers in refereed journals

1. Lane, J, G Andrews, E Orange, A Brezak, G Tanna, L Lebese, T Carter, E Naidoo, E Levendal, and A Katz. 2020. "Strengthening Health Policy Development and Management Systems in Low and Middle Income Countries: South Africa's Approach." *Health Policy Open*. 1 August.
2. VM McMahan, L McCanta, D Tran, L Herrera, L Viquez, F Swanson, B Crutsinger-Perry, JM Baeten, A Katz, and JD. Stekler. 2020. "Insurance and Cost-Related Barriers to PrEP Uptake at a Safety-Net Clinic in Seattle, WA." *Clinical Infectious Diseases*.
3. Orange, E, J Lane, G Andrews, L Lebese, C Hall, E Naidoo, S Mazibuko, and A Katz. "Assessing Health Policy Implementation in South Africa: A Case Study of HIV Universal Test and Treat." [in review]
4. Verani, A, J Lane, T Lim, D Kaliel, A Katz, J Palen, and J Timberlake. 2020. "HIV Policy Advancements in PEPFAR Partner Countries: a review of data from 2010-2016." *Global Public Health*. 4 August.
5. Adamson, B, L Lipira, and A Katz. 2019. "The Impact of ACA and Medicaid Expansion on HIV 90-90-90 Goals." *Current HIV/AIDS Reports*. 14 Feb.
6. Katz, A, D Gajjar, A Zwi, and PS Hill. 2017. "Great Expectations: an analysis of researchers' and policy makers' perceptions of the potential value of the Australian Indigenous Burden of Disease study for policy." *The International Journal of Health Planning and Management, 1-13*.
7. Hagopian, A, D Rao, A Katz, S Sanford, and S Barnhart. 2017. "Anti-homosexual legislation and HIV-related stigma in African nations: what has been the role of PEPFAR?" *Global Health Action*. 10:1, 1306391.
8. Lane, J, E Orange, A Brezak, G Tanna, G Andrews, L Lebese, T Carter, E Naidoo, E Levendal, and A Katz. 2020. "Strengthening Health Policy Development and Management Systems in Low and Middle Income Countries: South Africa's Approach." *Health Policy Open*. 1 August.
9. Iyengar, S, A Katz, and J Durham. 2016. "The role of institutional entrepreneurship in building adaptive capacity in community-based health care organisations: Realist review protocol." *BMJ Open*.

10. Lane, J., A Verani, M Hijazi, E Hurley, A Hagopian, N Judice, R MacInnis, S Sanford, S Zelek, and A Katz. 2016. "Monitoring HIV and AIDS Related Policy Reforms: a Road Map to Strengthen Policy Monitoring and Implementation in PEPFAR Partner Countries." *PLOS One*.
11. Acker, K, AM Pletz, A Katz, and A Hagopian. "Foreign-Born Care Givers in Washington State nursing Homes: Characteristics, Associations with Quality of Care, and Views of Administrators," *Journal of Aging and Health*, October 2014 (online).
12. Halpern, M, A Hagopian, and A Katz. "Tengo SIDA y por lo tanto van a escucharme: Advocacy de las personas que viven con el VIH en Bolivia." *Revista Análysis Social,* Universidad Iberoamericana de Puebla (Mexico), No. 3, Fall 2008.
13. Cunningham, P, G Bazzoli, A Katz, "Caught in the Competitive Crossfire :Safety Net Providers Balance Margin and Mission in a Profit-Driven Health Care Market," *Health Affairs*, Web Exclusive, August 12, 2008.
14. Katz, A, AB Staiti, KL McKenzie, "Preparing for the Unknown, Responding to the Known – Communities and Public Health Preparedness," *Health Affairs*, Vol. 24, No. 4, July/August 2006.
15. Felland, LE, CS Lesser, A Staiti, A Katz, P Lichiello, "The Resilience of the Health Care Safety Net, 1996-2001," *Health Services Research*, Vol. 38, No.1, Part II, February 2003.
16. Katz, A and J Thompson, "The Role of Public Policy in Health Care Market Change," *Health Affairs*, Vol. 15, No. 2, Summer 1996.
17. Katz, A, "Occupational Hearing Loss and the Primary Care Physician," *Canadian Family Physician*, Vol. 22, No. 1139, September 1976.

Book Chapters

1. Spice, CL, B Yun, AB Katz, and PA Fishman. "Chapter 3: Federal Qualified Health Cetners: From the Fringes to the Mainstream," in *Medicaid: Enrollment, Eligibility, and Key Issues*. Edited by Daniel Landorf. Nova Science Publishers. 2020.
2. Katz, A, J Thompson, and F Connell. "Introduction and Background," in *Experiential Teaching for Public Health Practice*. Edited by Nicola B and A Hagopian. Bentham eBooks. 2017.
3. Narchand, L, A Katz, and A Hagopian. "COPHP Curricular Content Areas: Policy," in *Experiential Teaching for Public Health Practice*. Edited by Nicola B and A Hagopian. Bentham eBooks. 2017.
4. De Paul, N, NM Campbell, AV Crofts, A Katz, and E Mitchell, "Vision for Change: Partnering with Public Health Leaders Globally," in Global Leadership: Portraits of the Past, Visions for the Future, edited by M Harvey and JD Barbour, International Leadership Association, Maryland, 2009.
5. Katz A, "Using Health Care Systems Wisely," Ch. 20 in Your Health!, edited by Joan Luckmann, Prentice-Hall, Englewood Cliffs, New Jersey, 1990.

Technical and Policy Reports

1. Lane, J, M Windle, S Sanford, A Hagopian, T Mwambipile, and A Katz. *Age of Consent for HIV Testing, Counseling and Treatment in Tanzania* (AIDS Law Brief and Background Paper). PEPFAR Policy Monitoring Project. University of Washington. September 2015.
2. Lane, J, M Haller, S Sanford, A Hagopian, and A Katz. *Age of Consent for Voluntary Medical Male Circumcision in Tanzania* (AIDS Law Brief and Background Paper). PEPFAR Policy Monitoring Project. University of Washington. September 2015.
3. Lane, J, M Windle, S Sanford, A Hagopian, T Mwambipile, and A Katz. *Scope of Practice Laws Affecting ART Initiation and Maintenance in Tanzania* (AIDS Law Brief and Background Paper). PEPFAR Policy Monitoring Project. University of Washington. September 2015.
4. Lane, J, P Cooper, S Sanford, A Hagopian, and A Katz. *HIV/AIDS and Health Information Privacy Laws in Tanzania* (AIDS Law Brief and Background Paper). PEPFAR Policy Monitoring Project. University of Washington. September 2015.
5. Lane, J, M Haller, S Sanford, A Hagopian, Z Nampewo, and A Katz. *Age of Consent for HIV Testing, Counseling and Treatment in Uganda* (AIDS Law Brief and Background Paper). PEPFAR Policy Monitoring Project. University of Washington. September 2015.
6. Lane, J, P Cooper, S Sanford, A Hagopian, Z Nampewo, and A Katz. *Health Information Privacy and HIV/AIDS in Uganda* (AIDS Law Brief and Background Paper). PEPFAR Policy Monitoring Project. University of Washington. September 2015.
7. Lane, J, T Wolfe, S Sanford, A Hagopian, N Aniekwu, and A Katz. *Age of Consent for HIV Testing, Counseling and Treatment in Nigeria* (AIDS Law Brief and Background Paper). PEPFAR Policy Monitoring Project. University of Washington. September 2015.
8. Katz, A, JS Hall, and P Lichiello. *Managing Health Reform, Washington: Round 1*. State-Level Field Network Study of the Implementation of the Affordable Care Act. The Rockefeller Institute of Government, State University of New York, and the Fels Institute of Government, University of Pennsylvania. March 2014.
9. Judice, NR, J Lane, E Hunger, N Wallace, R MacInnis, AR Verani, AB Katz, et al. *Monitoring HIV Policy Interventions in PEPFAR Partnership Frameworks* (conference poster). Second Global Symposium on Health Systems Research, Beijing, China, 2012.
10. Katz, AB, G Anglin, E Carrier, MK Dowling, LB Stark, and T Yee. *Indianapolis Hospital Systems Compete for Well-Insured, Suburban Patients.* Center for Studying Health System Change, Washington, DC, December 2011.
11. Katz, AB, LE Felland, I Hill, and LB Star. *A Long and Winding Road: Federally Qualified Health Centers, Community Variation and Prospects Under Reform*. Center for Studying Health System Change, Washington, DC, November 2011.
12. Katz, A, RA Berenson, G Claxton, MK Dowling, CW Quach, and DR Samuel. *Economic Downturn Slows Phoenix's Once-Booming Health Care Market*. Center for Studying Health System Change, Washington, DC, July 2011.
13. Katz, A, A Bond, E Carrier, E Docteur, C Quach, and T Yee. *Cleveland Hospital Systems Expand Despite Weak Economy.* Center for Studying Health System Change, Washington,

DC, September 2010.

14. Felland, L, A Katz, and J Lauer. *California's Safety Net: The Role of Counties in Overseeing Care*. California HealthCare Foundation. December 2009.
15. Katz, A, et al. *Los Angeles: Haves and Have-Nots Lead to a Divided System*. Community Report. California HealthCare Foundation. July 2009.
16. Katz, A, et al. *Riverside/San Bernardino: Sprawling Area, Economic Woes Create Access Challenges*. Community Report. California HealthCare Foundation. July 2009.
17. Felland, L, A Katz, A Liebhaber, and G Cohen, *Surge Capacity and Capability at Risk*, Research Brief No. 5, Center for Studying Health System Change, Washington, DC, June 2008.
18. Hurley, RE, A Katz, and L Felland, *Relief, Restoration and Reform: Economic Upturn Yields Modest and Uneven Health Returns, Issue Brief No. 117*, Center for Studying Health System Change, Washington, DC, January 2008.
19. Staiti, AB, RE Hurley, and A Katz, *Stretching the Safety Net to Service Undocumented Immigrants: Community Responses to Health Needs, Issue Brief No. 104*, Center for Studying Health System Change, Washington, DC, February 2006.
20. Katz A, M Au, PB Ginsburg, RE Hurley, JH May, GP Mays, and BC Strunk, *Blue Cross Influence Grows in Boston as State Revisits Reform Debates: Boston, Mass., Community Report*, Center for Studying Health System Change, Washington, DC, December 2005.
21. Katz A, M Au, G Claxton, JM Grossman, RE Hurley, and JH May, *Lansing Economic Doldrums Threaten Broad Health Care Benefits: Lansing, Mich., Community Report*, Center for Studying Health System Change, Washington, DC, October 2005.
22. Katz A, G Claxton, RE Hurley, CS Lesser, JH May, and BC Strunk, *Dynamic Orange County Health Care Market Responds to Opportunities, Threats: Orange Co, Cal. Community Report*, Center for Studying Health System Change, Washington, DC, August 2005.
23. Katz A, JM Grossman, RE Hurley, JH May, LM Nichols, and BC Strunk, *Little Rock Providers Vie for Revenues, as High Health Care Costs Continue: Little Rock, Ark. Community Report*, Center for Studying Health System Change, Washington, DC, July 2005.
24. Katz, A, *Regarding the Application by Premera Blue Cross and its Affiliates to Convert to For-Profit Corporations, Supplemental Report of Aaron Katz* (Expert Witness), March 3, 2004.
25. Health Policy Analysis Program, *Premera Conversion Study Report 1: Premera Involvement in Washington and Alaska Health Insurance Markets*, Health Policy Analysis Program, University of Washington, Seattle, November 10 2003.
26. Health Policy Analysis Program, *Premera Conversion Study Report 2: Review of the Literature and Experiences of Other States, and Discussion of Potential Effects of a Premera Conversion*, Health Policy Analysis Program, University of Washington, Seattle, November 10 2003.

27. Katz, A, "Commentary on Health Plans," in *Profile of Washington State Health Plans, 2003*, Washington State Hospital Association.

28. Katz A, RE Hurley, LA Conwell, BC Strunk, AB Staiti, JL Hargraves, RA Berenson, and L Brewster, *HMO Alive and Well in Orange County: Orange Co, Cal. Community Report*, Center for Studying Health System Change, Washington, DC, Summer 2003.

29. Staiti A, A Katz, JF Hoadley, *Has Bioterrorism Preparedness Improved Public Health? Issue Brief No. 65*, Center for Studying Health System Change, Washington, DC, July 2003.

30. Katz A, RE Hurley, KJ Devers, LA Conwell, BC Strunk, AB Staiti, JL Hargraves, and RA Berenson, *Bitter Contract Dispute Reaffirms Blues' Dominant Position in Lansing: Lansing, Mich. Community Report*, Center for Studying Health System Change, Washington, DC, Spring 2003.

31. Katz A, RE Hurley, KJ Devers, LA Conwell, BC Strunk, AB Staiti, JL Hargraves, and RA Berenson, *Competition Revs Up in the Indianapolis Health Care Market: Indianapolis, Ind. Community Report*, Center for Studying Health System Change, Washington, DC, Winter 2003.

32. Mays GP, S Trude, LP Casalino, LE Felland, G Claxton, HH Pham, A Katz, LE Regopoulos, and K Kinner, *Economic Downturn and State Budget Woes Overshadow Seattle Health Care Market: Seattle, Wash. Community Report*, Center for Studying Health System Change, Washington, DC, Winter 2003.

33. A Katz and Dominguez-Karasz, C, *Selected Policy Options for Strengthening Employer-Based Health Insurance in Washington State*, Health Policy Analysis Program, University of Washington, Seattle, May 2002.

34. C Dominguez-Karasz and A Katz, *Washington State Rural Home Health Demonstration Project Final Report: Report to the Washington Health Foundation and U.S. Health Resources and Services Administration*, Health Policy Analysis Program, University of Washington, Seattle, March 2002.

35. Lichiello P, A Sarata, A Katz, and J Thompson, *HIV Prevention Study: Report to the Secretary, Washington State Department of Health*, Health Policy Analysis Program, University of Washington, Seattle, March 2002.

36. Katz F, S Richards, and A Katz, *Potential Regulation of Third Party Administrators: Report to the Washington State Office of the Insurance Commissioner*, Health Policy Analysis Program, University of Washington, Seattle, January 2002.

37. Coburn A, J Gale, A Katz, and W Myers, *Assessment Report on the Southern Rural Access Program: Confidential Report to The Robert Wood Johnson Foundation*, Edmund S. Muskie School of Public Service, University of Southern Maine, October 2001.

38. Katz A, RE Hurley, L Jackson, TK Lake, and A Short, *HMO Model Shaken, But Remains Intact: Orange County, Calif. Community Report*, Center for Studying Health System Change, Washington, DC, Spring 2001.

39. Katz A, M Gardner, G Wright, P House, G Wellenstein, C Hwang, and S Richards, *State Primary Care Provider Study*, Washington State Health Care Authority/Department of Social and Health Services, Olympia, February, 2001.

40. Katz A, RE Hurley, L Jackson, TK Lake, A Short, and JD Reschovsky, *Insurers Consolidate, Hospitals Struggle Financially: Syracuse, N.Y. Community Report*, Center for Studying Health System Change, Washington, DC, Winter 2001.

41. Katz A, RE Hurley, L Jackson, TK Lake, A Short, and JL Hargraves, *Provider Systems Thrive in Robust Economy: Indianapolis, Ind. Community Report*, Center for Studying Health System Change, Washington, DC, Fall 2000.

42. Lichiello P, M Gardner, A Katz, et. al, *The Pulse Indicators 1999 Report*, Health Policy Analysis Program, University of Washington, Seattle, September 1999.

43. Katz A, et al., *Effects of Certificate of Need and Its Possible Repeal*, Joint Legislative Audit and Review Committee, Washington State Legislature, January 1999.

44. Katz A, *Regulating Managed Care in Washington State* (briefing paper), Health Policy Analysis Program, University of Washington, Seattle, December 1998.

45. Morris S, JE Camp, A Katz, et al., *Achieving a Safe and Healthful Workplace: Perspectives from Management, Labor, and Government in Washington State*, Policy Analysis & Program Evaluation Initiative, Department of Environmental Health, University of Washington, December 1998.

46. Lichiello P, B Berkowitz, J Thompson, A Katz, et al, *Enabling Performance Measurement Activities in the States and Communities*, Northwest Prevention Effectiveness Center and Health Policy Analysis Program, University of Washington, Seattle, September 1998.

47. Katz A, *Cost, Price, and Affordability of Health Care in Washington State* (briefing paper), Health Policy Analysis Program, University of Washington, Seattle, September 1997.

48. Katz A, *The Status of Health Insurance Coverage in Washington State* (briefing paper), Health Policy Analysis Program, University of Washington, Seattle, September 1997.

49. Lichiello P, A Katz, et al, *Clinical Preventive Services Guidelines: Interviews with Health Plans in Washington State*, Health Policy Analysis Program, University of Washington, Seattle, September 30, 1996.

50. Thompson J, A Katz, P Lichiello, et al., *Clinical Personal Health Services Technical Assistance Project: Final Report*, Health Policy Analysis Program, University of Washington, Seattle, August 1996.

51. Lichiello P, A Katz, L Heineccius, et al, *Rural Managed Care Inventory Final Report*, Health Policy Analysis Program, University of Washington, Seattle, June 1996.

52. Katz A, Boston, Mass. Site Visit Report, in *The Community Snapshots Project: Capturing Health System Change*, PB Ginsburg and NJ Fasciano, eds., The Robert Wood Johnson Foundation, Princeton, NJ, 1996.

53. Katz A, St. Louis, Mo. Site Visit Report, in *The Community Snapshots Project: Capturing Health System Change*, PB Ginsburg and NJ Fasciano, eds., The Robert Wood Johnson Foundation, Princeton, NJ, 1996.

54. Thompson J, A Porter, D Russell, A Katz, and P Lichiello, *Clinical Personal Health Services Technical Assistance Project: Phase I Final Report*, Health Policy Analysis Program, University of Washington, Seattle, May 1996.

55. Katz A and CW Madden, *Community Benefits and Not-for-Profit Health Care: Policy Issues and Perspectives*, Health Policy Analysis Program, University of Washington, Seattle, November 1995.

56. Thompson J, E Greer, P Lichiello, M Barnett, L Larsson, and A Katz, *Flexibility in the Use of Federal Public Health Funds: A Study in Washington State*, Health Policy Analysis Program, University of Washington, Seattle, October 1995.

57. Lichiello P, E Greer, A Katz, CW Madden, M Barnett, et. al, *Healthy Options Statewide Evaluation: The Effects of the Shift to Managed Care on Access to Services and Quality of Care*, Health Policy Analysis Program, University of Washington, Seattle, May 1995.

58. Lichiello P, A Katz, E Greer, CW Madden, M Barnett, et. al, *Crime Victims Medical Benefits Study*, Health Policy Analysis Program, University of Washington, Seattle, November 1994.

59. Carona J, A Katz, E Greer, CW Madden, M Barnett, and L Larsson. *Workers' Compensation Consolidation Study: Review of Workers' Compensation Systems in Selected States and Countries*, Health Policy Analysis Program, University of Washington, Seattle, February 1994.

60. Carona J, A Katz, E Greer, CW Madden, M Barnett, and L Larsson. *Workers' Compensation Consolidation Study: Literature Review*, Health Policy Analysis Program, University of Washington, Seattle, February 1994.

61. Greer E, A Katz, CW Madden, and F Reid. *Workers' Compensation Consolidation Study: Statutory and Regulatory Review*, Health Policy Analysis Program, University of Washington, Seattle, February 1994.

62. Porter A and A Katz. *Baseline Data and Proposed Monitoring System for the King County Healthy Options Program*, Health Policy Analysis Program, University of Washington, Seattle, December 1993.

63. Schwendiman M, A Porter, A Katz, et al.. *Healthy Options for Spokane Evaluation*, Health Policy Analysis Program, University of Washington, Seattle, September 1993.

64. Katz A and A Porter. *Health Care Reform in Washington State: What It Can Mean for Children*, Health Policy Analysis Program, University of Washington, Seattle, December 1992.

65. Schwendiman M, F Connell, A Katz, et al. *Medicaid Selective Contracting Program Evaluation*, Health Policy Analysis Program, University of Washington, Seattle, July 1992.

66. Porter A, M Richardson, A Katz, et al. *Evaluation of the Community Alternatives Program*, Health Policy Analysis Program, University of Washington, Seattle, March 25, 1992.

67. Connell F, M Bell, LM Baldwin, D Farrow, LG Hart, A Katz, JC Rabkin, K Parrish. *First Steps Evaluation 1991 Report*, Maternal and Child Health Program, University of Washington, December 1991.

68. Schwendiman M, A Katz, CW Madden, and M Bell. *Evaluation of the Sound Care Plan: Access, Quality, and Cost-Effectiveness*, Health Policy Analysis Program, University of Washington, Seattle, August 1991.

69. Hicks GA and A Katz. *Medical Liability and Compensation: A Discussion of Themes in British Columbia and Washington State*, Health Policy Analysis Program, University of Washington, Seattle, June 1991.

70. Connell F, M Bell, JC Rabkin, A Katz. *First Steps Evaluation, Interim Report*. Maternal and Child Health Program, University of Washington, March 1991.

71. Katz A and M Schwendiman. *Paying the Price: Health Care Spending by Businesses in British Columbia and Washington State*, Health Policy Analysis Program, University of Washington, Seattle, May 1990.

72. Katz A and M McCarry. *A Tale of Two Systems A Comparative Study of the British Columbia and Washington State Health Care Systems and Their Effects on Access, Cost, and Health*, Health Policy Analysis Program, University of Washington, Seattle, September 1989.

73. Katz A, CW Madden, and M Bell. *Evaluation of the Sound Care Plan: Access. Quality, and Cost-effectiveness*, Health Policy Analysis Program, University of Washington, Seattle, July 1989.

74. Katz A, M McCarry, E Sims, et al.. *Health Services Volume Project: Final Report to the State Health Coordinating Council and Office of State Health Planning*, Washington State Department of Social and Health Services, Health Policy Analysis Program, University of Washington, Seattle, June 1989.

Other published scholarly papers

1. Vickery, H and A Katz, "Medicaid Expansion and Maternal and Child Health," *Northwest Bulletin: Family and Child Health*, Vol. 27, No. 2, Fall 2013.
2. Katz A and C Madden, *Public Policy and Government Activities in U.S. Health Care Markets*, (monograph), National Academy of Economics and Management, Novosibirsk, Russia, 1997.
3. Berkowitz, B and A Katz, "Public Health Takes Center Stage in Health System Reform," *Washington Public Health*, School of Public Health and Community Medicine, University of Washington, Vol. 13, 1995.
4. Connell F, M Bell, J Rabkin, and A Katz, "Washington's First Steps Program Is Improving Birth Outcomes," *Washington Public Health*, School of Public Health and Community Medicine, University of Washington, Vol. 12, 1994.

5. Katz A, "Washington State Uses Collaboration to Build Reform," *The Link*, Quarterly Bulletin of the Council on Linkages Between Academia and Public Health Practice, Johns Hopkins University, Vol. 5, Winter/Spring 1994.
6. Katz A, C Madden, and M Westfall, "The 1993 Washington State Legislature: A New Era For Public Health," *Washington Public Health*, School of Public Health and Community Medicine, University of Washington, Vol. 11, 1993.
7. Katz A, "Pacific Northwest a Hotbed of Health Commission Activity, *Washington Public Health*," School of Public Health and Community Medicine, University of Washington, Vol. 10, 1992.
8. Katz A, "The Health Care Systems of British Columbia and Washington State: Learning from the Neighbors," *Government Finance Review*, Vol. 7, No. 6, December 1991.
9. Katz A and M McCarry, "A Tale of Two Systems: A Quantitative Comparison of Health Care Delivery in British Columbia and Washington State," *The New Pacific*, No. 1, Fall 1989.

Funding History

1. "Policy Monitoring Technical Assistance to the Government of South Africa," PI, (20%), I-TECH / National Department of Health, 2016 – 2019.
2. "DREAMS Policy Monitoring Technical Assistance," technical adviser (15%), I-TECH / Elizabeth Glaser Pediatric AIDS Foundation, 2016 – 2017.
3. "Capacity Building for Leadership and Management Training and Implementation Science," PI (15%), Sudan Federal Ministry of Health, 2016 – 2017.
4. "Indigenous Burden of Disease – Analysis of Research and Policy Maker Perspectives," co-investigator (25% FTE), P Hill, P.I., $17,000, Trans-Pacific Senior Academic Fellowship, 2014 – 2015.
5. "Partnership Framework Policy Monitoring Project," team leader, S Barnhart, P.I., $610,000 (35% FTE), US Centers for Disease Control and Prevention (cooperative agreement through Health Promotion Research Center), 2011 – 2015.
6. "Monitoring Health Reform: State-Level Field Network Study of the Implementation of the Affordable Care Act," PI and team leader (10% FTE), $35,000, Empire Health Foundation, coordinated by The Rockefeller Institute of Government, State University of New York, and the Fels Institute of Government, University of Pennsylvania, 2013 – 2014.
7. "Achieving Workers' Rights to Health Care through the Affordable Care Act: An Investigation of Access for Small Business Employees in Washington State," UW Harry Bridges Center for Labor Studies, P.I, $6,000, 2013 – 2014.
8. "Positive Health, Dignity and Prevention National Policy Framework for South Africa," I-TECH/US Centers for Disease Control and Prevention, technical consultant (10% FTE), 2013 – 2014.

9. "University of Namibia – University of Washington Twinning Initiative," I-TECH/US Centers for Disease Control and Prevention, technical consultant (10% FTE), A Downer, P.I., 2009 – 2014.
10. "Training HIV Program Managers for Kenya," University of Nairobi/US Centers for Disease Control, technical consultant and distance learning track lead (10%), M Chung, P.I., 2009 – 2015.
11. "Partnership Initiative," International Budget Partnership, P.I. and technical adviser (10% FTE), $12,000/year, 2009 – 2013.
12. "Community Tracking Study" (Rounds 3-7), senior research consultant (20% FTE), $725,000, Center for Studying Health System Change/The Robert Wood Johnson Foundation, 2000-2011.
13. "Nurse Staffing Steering Committee," William D. Ruckelshaus Center, project director and facilitator (30% FTE), $320,000, Washington State Legislature, 2009-2011.
14. "Global Health Leadership Program – Sudan," principal investigator and director, $700,000 (25% FTE), 2007 – 2010.
15. "California Community Tracking Study," co-investigator (20% FTE), $42,000, Center for Studying Health Systems Change/California Healthcare Foundation, 2008 – 2009.
16. "Packard-Gates Population Leadership Program," director, Robert Plotnick, P.I., $2.3 million (50% FTE), 2005-2009.
17. "Public Health Surge Capacity," co-investigator (15% FTE), $20,000, Center for Studying Health System Change/The Robert Wood Johnson Foundation, 2007-2008.
18. "Public Health Strategic Mapping /Advocacy Impact Evaluation Project," co-investigator (10% FTE), $550,000, The Bill and Melinda Gates Foundation, 2006-2008.
19. "Effective Collaborations Between Local Governments and Non-Profit Organizations," principal investigator (20% FTE), $164,000, Center for Global Partnership / Japan Foundation, 2001-2004.
20. "Packard-Gates Population Leadership Program," director of post-program initiatives (50% FTE), Robert Plotnick, P.I., $2.0 million (50% FTE), 2003-2005.
21. "Safe Table Forums," principal investigator, $200,000, The Robert Wood Johnson Foundation's State Forums Program and The Washington Health Foundation, 2002 – 2004.
22. "Potential Effects of the Conversion of Premera Blue Cross," principal investigator, $50,000, Consumers' Union, Premera Watch Coalition, Washington State Hospital Association, and Washington State Medical Association, 2003.
23. Immigrant Medicaid-Basic Health Transition Project," principal investigator, $60,000, Kaiser Family Foundation/Washington State Department of Social and Health Services, 2003-2004.
24. Medicaid Renewal Project, principal investigator, $19,000, Spokane Health Improvement Partnership and Washington State Department of Social and Health Services, 2003-2004.

25. “Packard-Gates Population Leadership Program,” faculty and mentor, Robert Plotnick, P.I., $2.0 million (20% FTE), 1999-2003.
26. “Learning from State Health Policy Research and Evaluation to Inform Health Policy,” co-investigator, $130,000, The Commonwealth Fund, 2002-2003.
27. “Future of Rural Health,” principal investigator, $50,000, Washington Health Foundation, 2000-2002.
28. “State Planning Grant on Access to Health Insurance,” co-principal investigator, $710,000, Washington State Office of Financial Management (grant from U.S. Health Resources and Services Administration), 2001-2002.
29. “Evaluation of the Washington Campaign for Kids 2001,” investigator, J Thompson, P.I., $120,000, Washington Health Foundation, 1999-2001.
30. “Omnibus AIDS Act Review,” principal investigator, $45,000, Washington State Department of Health, 2001-2002.
31. “Study of the Regulation of Third Party Administrators,” principal investigator, Washington State Office of the Insurance Commissioner, 2001.
32. “Home Health / Rural Networks Demonstration Project,” principal investigator, $50,000, Washington Health Foundation, 2000-2001.
33. “Assessment of the Southern Rural Access Program,” co-investigator, A Coburn, P.I., $13,000, The Robert Wood Johnson Foundation, 2001.
34. “State Primary Care Provider Study,” principal investigator, $145,000, Washington State Department of Social and Health Services and Health Care Authority, 2000-2001.
35. “The Role of Public Policy in Maintaining a Market for Small Group and Individual Insurance,” investigator, C Madden, P.I., $20,000, The Commonwealth Fund, 2000.
36. “Medical Practice Data Project 2000,” co-principal investigator, $57,000, Washington State Medical Association, 2000.
37. “The Landscape Project in Rural Health,” principal investigator, $125,000, Washington State Office of Community and Rural Health, 1999-2000.
38. “Montana Public Health Training Institute Feasibility Study,” investigator, M Oberle, P.I., $30,000, 2000.
39. “Genetic Testing in the Workplace: Implication for Public Policy,” investigator, C Madden, P.I., $20,000, Public Health Genetics Program, 1999-2000.
40. “Kids Get Care Concept Paper,” principal investigator, $7,500, Washington Health Foundation, 1999.
41. “Evaluation of State Efforts to Reduce Workplace Hazards, Phase 1,” investigator, S Morris, P.I., $200,000, Washington State Department of Labor and Industries, 1997-99.

42. “Evaluation of the Cross Cultural Health Care Program Training Programs,” investigator, J Thompson, P.I., $5,000, Cross Cultural Health Care Program, 1999.

43. “Certificate of Need Study for the Joint Legislative Audit and Review Committee,” principal investigator, $50,000, 1998.

44. “Northwest Health Policy Research Conference,” principal investigator, 1997, 1998, various funders, $52,000/year.

45. “Policy Assistance to the State Department of Health,” investigator, J Thompson P.I., $35,000, 1997-98.

46. “Academic Health Centers in the Community (Pilot Study),” investigator, E Perrin, P.I., $75,000, 1997-98.

47. “Performance Measures for Public Health,” investigator, B Berkowitz, P.I., U.S. Department of Health and Human Services, $71,000, 1997-98.

48. “Analysis of Rules Governing Direct Care Employees of State Mental Hospitals,” Washington State Board of Health, principal investigator, $4,000, 1998.

49. “Technical Assistance to the Washington State Health Care Policy Board,” investigator, E Perrin P.I., $140,000, 1996 - 1997.

50. “Seattle-King County Department of Public Health, Health Status and Health System Analysis Project,” principal investigator, $35,000, 1996-97.

51. “Public Health Improvement Plan Implementation and Training,” investigator, W Dowling, P.I., $500,000, 1996-97.

52. “Health Plan Responses to Clinical Preventive Services Guideline Revisions,” principal investigator, $15,000, 1996-97.

53. "Penetration of Managed Care in Rural Counties in Washington," principal investigator, $30,000, 5 months, 1995 - 1996.

54. "Community Snapshots," project director, E Perrin P.I., $160,000, The Robert Wood Johnson Foundation, 1995 - 1996.

55. "Health Services Information System planning," principal investigator, $20,000, Washington State Department of Health, 1995.

56. "Evaluation of the Statewide Healthy Options Program," principal investigator, $150,000, Washington State Department of Social and Health Services, 1995.

57. "The Provision of Community Benefit in an Era of Healthcare Competition," co-investigator, WL Dowling P.I., $60,000, Catholic Hospital Association, 1995.

58. "Public Health Improvement Plan Implementation," principal investigator, $575,000, 30 months, Washington State Department of Health, 1994 - 1996.

59. "Analysis of Health System Reform," principal investigator, $20,000, Henry J. Kaiser Family Foundation, 1994 - 97.

60. "Technical Assistance to the Health Services Commission," principal investigator, $14,000, Washington State Health Services Commission, 1994 - 1995.

61. "Workers' Compensation Consolidation Study - Phase 2," principal investigator (subcontractor), $30,000, Washington State Department of Labor and Industries (Foster Higgins prime contractor), 1994 - 1995.

62. "Crime Victims Consolidation Study," principal investigator, $96,000, Washington State Department of Labor and Industries, 1994 - 1995.

63. "King County Healthy Options Evaluation," principal investigator, Washington State Department of Social and Health Services, $19,000, 1994 - 1995.

64. "Urban Health and the University," The 1994 Sun Valley Forum, executive director, $80,000, The Hahneman Foundation, 1994.

65. "Medical Risk Distribution Among Competing Health Plans," investigator, CW Madden P.I., $1,500,000, with the Washington State Health Care Authority, The Robert Wood Johnson Foundation, 1993 - 1995.

66. "Public Health Improvement Plan," principal investigator, $170,000, Washington State Department of Health, 1993 - 1994.

67. "Health Services Information System planning," principal investigator, $70,000, Washington State Department of Health, 1993 - 1994.

68. "Primary Care Options Program Technical Assistance," principal investigator (subcontractor), $30,000, federal Bureau of Maternal and Child Health (Health Systems Research, Inc., prime contractor), 1993 - 1994.

69. "Technical Assistance for Alaska Public Health Reform," principal investigator, $25,000, Alaska Division of Public Health, 1993 - 1994.

70. "Workers' Compensation Consolidation Study - Phase 1" principal investigator, $33,000, Washington State Department of Labor and Industries, 1993 - 1994.

71. "First Steps Evaluation," investigator, F Connell P.I., $850,000, Washington State Legislature, 1990 - 1994.

72. "Sound Care Plan Evaluation/Health Options for Spokane Evaluation," project director, CW Madden P.I., $57,000, Washington State Department of Social and Health Services, 1992 - 1993.

73. "Washington Kids Count," project steering committee member, R Brandon P.I., ~$400,000 per year, Anne E. Casey Foundation, CBS Foundation, U.S. Public Health Service, Seattle Foundation, SAFECO, 1991 - 1993.

74. "Evaluation of the Medicaid Selective Contracting Program," project director, CW Madden P.I., $56,000, Washington State Medicaid Program, 1992.

75. "Rebalancing the Triad: Cure, Care, and Prevention," The 1992 Sun Valley Forum, executive director, $68,000, The Robert Wood Johnson Foundation, 1992.

76. "Policy Support to the Washington Health Care Commission," project director, $79,000, Washington Health Care Commission and the Henry J. Kaiser Family Foundation, 1991 - 1992.

77. "Evaluation of the Community Alternatives Program," investigator, M Richardson P.I., $110,000, Washington State Medicaid Program, 1991 - 1992.

78. "Policy Assistance to the King County Child and Family Task Force," consultant, CW Madden P.I., $7,500, Seattle-King County Department of Public Health, 1991.

79. "Evaluations of the Sound Care Plan," project director, CW Madden P.I., $45,000 per evaluation, Washington State Medicaid Program, 1991 and 1989.

80. "Health System Administrative Models," project director, $9,000, Washington State Medical Association, 1990.

81. "Health Care Access and Cost Literature Review," project director, CW Madden P.I., $12,000, Blue Cross and Blue Shield plans in Washington State, 1990.

82. "Rural Hospital Linkages," investigator, G Hoare P.I., $50,000, Office of Rural Health Policy, U.S. Public Health Service, 1989 - 1990.

83. "Comparison of Health System Reform Proposals," project director, $5,000, Committee for Affordable Health Care, 1989 - 1990.

84. "Health Services Volumes Project," project director, CW Madden P.I., $60,000, Washington State Office of State Health Planning/Washington State Health Coordinating Council, 1989.

Professional Conferences, Symposia, and Presentations

2020

1. Seattle Surgical Society, “Health Care Reform” (panelist), February, Seattle.

2019

1. Health Care for All – Washington, “What can we learn from other countries” (panelist), November, Seattle.
2. Puget Sound Passport Rotary Club, “Physician Burnout and What That Means for YOUR Health,” October, Seattle.
3. Center for Health Innovation & Policy Science, “Strengthening South Africa’s Health Policy Systems Through a Best Practices-based Policy Development Manual and Policy Information Management System” (co-presenter), June, Seattle.
4. UW Graduate School, “*Is the grass really greener*? Perspectives on careers inside and

outside of academia" (panelist), May, Seattle.
5. Center for Health Innovation & Policy Science, "The Future of the VA: Privatization or the Model for a US Single Payer System" (panel moderator), March, Seattle.
6. Northwest Health Law Advocates, "The Providers" (reaction panel), March, Seattle.
7. UW School of Public Health and Washington State Public Health Association, "Preparing for Legislative Education Day" (panelist), February, Seattle.

2018

1. Students for a National Health Program – University of Washington, "Moving Towards Single Payer" (panelist), May, Seattle.
2. University of Washington Center for Human Rights, "New Tribal Leadership: Re-Envisioning Access to Healthcare" (panel moderator), May, Seattle.
3. Aspen Group, "[Amazon+Berkshire+JP Morgan] Takes on Health Care – Revolutionary or Irrelevant?" April, Seattle.
4. Arcora Foundation Board Meeting, "Prospects for Value and Value-Based Payment – Past, Present, and Future" (panelist), March, Seattle.
5. Congregation Beth Am Social Action Committee, "Health Care Systems Around the World – Lessons for the US," February, Seattle.

2017

1. SPH Prism, "The Changing Landscape of Healthcare, 2017" (panelist), November, Seattle Washington.
2. Health Equity Circle, "Conversations for Health Equity" (panelist), January, Seattle, Washington.
3. Aljoya Thornton Place, "The Future of the Affordable Care Act," March, Seattle, Washington
4. UW Retirement Association, "The Future of Medicare and the Affordable Care Act" (panelist), March, Seattle, Washington.
5. King County Aging and Disability Services Advisory Council, "The Present and Future of the Affordable Care Act and Health Care for Americans," April, Seattle, Washington.

2016

1. Northwest Health Law Advocates Continuing Legal Education Seminar, "Health Care Transformation: Pursuing Equity & Value" (panelist), November, Seattle, Washington.
2. Unity Care NW Annual Benefit Dinner, "Then and Now – The past and future of the CHC" (keynote presentation), October, Bellingham, Washington.
3. Physicians for a National Health Program Western Washington, "The Ethical Tension between Health Care and a Commodity and Health Care as a Human Right" (guest discussant), July, Seattle, Washington.
4. Engineering Retirees Society Quarterly Meeting, "The Affordable Care Act, An Update," September, Tukwila, Washington.
5. Montreal Health Equity Research Consortium (MHERC) and the McGill University Institute

for Health and Social Policy (IHSP), Evidence to Policy Speakers Series, "If we speak truth to power, will it listen?" March, Montreal, Quebec, Canada.

2015

1. Bellingham City Club, "The Affordable Care Act: Promise and Practice" (panelist), May, Bellingham, Washington.
2. Leadership Education in Adolescent Health (Seattle Children's), "The Patient Protection & Affordable Care Act – Toward universal coverage or down the rabbit's hole" (invited speaker), March, Seattle, Washington.
3. Alliance for a Just Society / Mainstreet Alliance, "Forum on Health Outcomes and Incentives" (panelist), February, Seattle, Washington.
4. UW College of the Environment, "*Amplify*: Conversations about Science Communication" (panel moderator), February, Seattle, Washington.
5. State of Reform Washington 2015, "The Implications of Narrow Networks" (panelist), January, SeaTac, Washington.

2014

1. UW Department of Health Services Seminar, "Speaking Truth to Power OR When Does Power Listen to Truth?" November, Seattle, Washington.
2. UFCW 21 Steward's Conference, Health Care Advisory Board, "Patient Protection and Affordable Care Act, Accountable Care Organizations, Mergers, Acquisitions" (breakout session panelist), October, SeaTac, Washington.
3. University of Queensland Science Undergraduate Student Society, "Does aid help or hinder health systems in developing countries" (panelist), April, Brisbane, Queensland, Australia.

2013

6. UW School of Public Health Diversity Committee, "On the Front Lines: The Affordable Care Act in Diverse Communities" (panel moderator), November, Seattle, Washington.
7. Town Hall, "Hospital Mergers & Religious Restrictions on Health Care: What do they mean for you?" (panelist), October, Seattle, Washington.
8. 2013 STD & AIDS Research Symposium, "Pre- and Post-Exposure Prophylaxis: Challenges and Implications for HIV and Other STDs" (plenary panelist), October, Seattle, Washington.
9. American Association of Naturopathic Physicians Board of Directors, "Trends in Health Care and the Naturopathic Profession (guest presenter), October, Kenmore, Washington.
10. University of Washington Retirement Association, "Implications of the Affordable Care Act" (co-panelist), October, Seattle, Washington.
11. Northwest Center for Public Health Practice Brown Bag, "Health, Hope, and Hype – Update on the ACA," September, Seattle, Washington.
12. Engineering Retirees Society Quarterly Meeting, "The Affordable Care Act, An Update," September, Tukwila, Washington.

13. King 5 TV Town Hall, "Get In The Game – Questions and Answers about the Affordable Care Act" (expert panelist), September, Seattle, Washington.
14. United Food and Commercial Workers Local 21, "Hospital Consolidation and the ACA," July, Seattle, Washington.
15. Aging and Disability Services Advisory Council, "A Sweeping Overview of the Affordable Care Act," May, SeaTac, Washington.
16. American Medical Student Association Seattle-Vancouver BC Study Tour, "U.S. Health Care System Reform," April, Seattle, Washington.
17. University of Washington Health Equity Circle, "Health Care Policy in the United States: Where do we go from here?" (debate moderator), January, Seattle, Washington.

2012

1. Society of Hospital Medicine, "The ACA and You," November, Seattle, Washington.
2. Rotary Club of Covington, "Trends in Health Care Reform," November, Covington, Washington.
3. Annual Networking and Sharing Opportunity for Area Agency on Aging Advisory Councils and Members of the State Council on Aging, "The Advocate's Role with Managed Care – consumer Protections for Better Outcomes" (plenary session co-presenter), October, Tacoma, Washington.
4. The 7th Annual Latino Health Forum, "Washington State's Health Benefit Exchange: The Impact on Latino Health" (plenary session moderator), October, Seattle, Washington.
5. Rotary Club of Renton, "Health Care in America," September, Renton, Washington.
6. League of Women Voters of Clallam County Healthcare Forum, "Health Care Costs Too Much!! (co-presenter), August, Port Angeles, Washington.
7. Engineering Retirees Society Quarterly Meeting, "The Affordable Care Act and How It Affects Retirees and Their Families," June, Seattle, Washington.
8. Wallingford Neighbors, Meaningful Movies, screening of "The Healthcare Movie" (panel discussant), May, Seattle, Washington.
9. National Association of Pediatric Nurse Practitioners, Washington State Chapter, "Health Care Reform – Challenges and Opportunities for Care Providers" (dinner speaker), May, Seattle, Washington.
10. Seattle Surgical Society, "Health Care Reform and the 2012 Election" (dinner speaker), March, Seattle, Washington
11. Redmond Rousers Rotary Club, "Health care reform, what's not to like?" (dinner speaker), February, Redmond, Washington.
12. UW European Union Center of Excellence, 2012 Policy Forum for Educators: Reforming the Welfare State, A Transatlantic Perspective, "The Power of Myth – What we "know" about

health care costs just ain't so" (plenary speaker), February, Seattle, Washington.

13. Rotary Seattle Skyline, "Trends in Health Care Reform" (luncheon speaker), January, Seattle, Washington.
14. 2012 State of Reform Conference, "Thought Leadership: Big Ideas for Policy Makers" (plenary session moderator), January, SeaTac, Washington.

2011

1. Department of Healthcare Policy and Research Seminar, "196 – 1 = Global? A brief exploration of global health policy and the global – domestic convergence zone," Virginia Commonwealth University, November, Richmond, Virginia.
2. UFCW 21 Steward's Conference, "The times, they are a-changing (or are they?)" (breakout session speaker), October, SeaTac, Washington.
3. Washington Health Care Association Owners Conference, "America's Slide into the Third World: Implications for long term care" (keynote), July, SeaTac, Washington.
4. NWroots Conference, "The Promise and Pitfalls of Health Care Reform" (lead discussant), July, Seattle, Washington.
5. Northwest Primary Care Association / UW Medicine, "The Primary Care Workforce Crisis: Driving Health Policy Change Through Innovation" (plenary panelist), May, Seattle, Washington.
6. Rainier Rotary, "What's Wrong With This Picture," April, Seattle, Washington.
7. 2011 State of Reform – Washington Health Policy Conference, "Executive Panel: Health Care Leaders Respond" (moderator), January, SeaTac, Washington.
8. "Fear and Loathing on the Rutted Road to Health Care Reform," American Institutions and Public Policy Distinguished Speaker Series, Department of Government, University of Texas at Austin, April, Austin, Texas.
9. "Market Update: The times they are a-changing (or are they?)," Hospital & Health Law Seminar, Washington State Society of Healthcare Attorneys, May, Seattle, Washington.

2010

1. Senior Citizens' Foundation Annual Conference, "Health Care – Making It Work in WA State" (plenary panel moderator), October, SeaTac, Washington.
2. University Unitarian Church / Temple Beth Am, "Health Care Reform" (panelist), May, Seattle, Washington.
3. Alpha-Epsilon-Delta Pre-Med Honor Society Spring Exposition, "Is Health (Care) a Right?" April, Seattle, Washington.
4. King County Academy of Family Physicians Membership Meeting, "Health Care – The latest update" (co-presenter), March, Seattle, Washington.

5. "Seminar on Health Care Reform," Edmonds Community College, February, Edmonds, Washington.
6. World Issues Forum, Western Washington University, "Health Care American Style (What's not to like?)," February, Bellingham, Washington
7. Global Health and Social Justice Lecture Series, "Health Care Reform (or what might pass for that in Congress)," February, Bellingham, Washington.

2009

1. Senior Citizens Foundation 2009 Fall Conference, "Morning Plenary Panel – Health Care Reform" (panelist), October, SeaTac, Washington.
2. American College of Physicians Associate Meeting, "Healthcare Reform Panel Discussion, 2009" (panelist), October, Seattle, Washington.
3. American Medical Student Association – Northwest Chapter, "Health Care Reform (or what passes for it in Congress) (speaker), October, Seattle, Washington.
4. Consortium of Universities for Global Health 2009 Annual Meeting, "Leadership, Policy, and Management MPH Track at the University of Washington" (poster), September, Washington, DC.
5. Washington Free Clinic Association Networking Conference, "Access in Obamaland – The Future for Free Clinics" (plenary speaker), September, Lacey, Washington.
6. Bainbridge Island Library, "Speakers Forum: Health Care Reform" (panelist), September, Bainbridge, Washington.
7. Washington Public Campaigns, "Achieving Health Care for All! Public Forum" (panelist), June, Seattle, Washington.
8. Forum on the Future of Health Care, University of Washington-Bothell, "The Administration's Approach to Health Care (speaker), April, Bothell, Washington.
9. Transcending Global Health Barriers: Education and Action, 7th Annual Western Regional International Health Conference**,** "The Effects of Macro-Economics on Health and Education" (panelist), April, Seattle, Washington.
10. Seattle Surgical Society, "Options for health care in Washington - Lead or cut and run?" March, Seattle, Washington.
11. Northwest Public Health Leadership Institute, "Practitioner Dialogue" (panelist), March, Seattle, Washington.
12. Global Washington conference on Linking Global Policy, Constituencies and the New Administration, "How do we prioritize our Foreign Aid Assistance Needs: A discussion of values" (panelist), February, Seattle, Washington.
13. Fourth Annual Public Health Symposium: U.S./Canada Academic Collaboration in the Pacific Northwest, "Global Health" (roundtable co-leader), January, La Conner, Washington.

14. Seattle Surgical Society Annual Meeting, "November 4th, The Transformational Election … But Will It Matter for Health Care?" January, Seattle, Washington.

2008

1. American Public Health Association Annual Meeting, "Community Efforts to Develop Surge Capacity for Public Health Preparedness" (paper presenter), Session 5096 – Emergency and Disaster Preparedness: Workforce Issues, October, San Diego, CA.
2. American Public Health Association Annual Meeting, "Responses of Safety Net Providers to Profit-Driven Competition and Their Effects on Access" (paper presenter), Session 5064 – Health Economics: Access to Health Care, October, San Diego, CA.
3. Equity Town Hall: Our Neighborhoods, Our Health (moderator), sponsored by King County and the Washington State Public Health Association, October, Seattle, Washington.
4. Alliance for Healthy Communities of Color conference, "Health Care Reform Proposals for the 2009 Legislative Session" (plenary session discussant), September, SeaTac, Washington.
5. AcademyHealth Annual Meeting, "Caught in the Competitive Crossfire: Safety Net Providers Balance Margin and Mission in a Profit-Driven Health Care Market" (poster), co-author, June, Washington, DC.
6. Northwest Regional Primary Care Association Spring 2008 Primary Care Conference, "Caught in the Competitive Crossfire: Balancing Margin and Mission," May, Spokane, Washington.
7. Jimma University and Gondar University, Leadership Teaching Capacity Training (presenter and co-facilitator), May, Ambo, Ethiopia.
8. Blue Nile State Ministry of Health, Leadership & Management Training Workshop (presenter and co-facilitator), April, Damazine, Blue Nile State, Sudan.
9. Employee Benefits Planning Association of Washington, "Presidential Candidate Positions on Health Care Reform," April, Seattle, Washington.
10. Seattle Surgical Society, "Presidential Candidate Positions on Health Care Reform," March, Seattle, Washington.
11. UW Minority Association of Pre-Health Students, "U.S. Health Care System 101," February, Seattle, Washington.
12. Washington State Healthcare Executives Forum, "Presidential Candidates Positions on Health Care Reform," February, Seattle, Washington.
13. American Medical Student Association Seattle-Vancouver BC Study Tour, "The U.S. Health Care System, an Overview," February, Seattle, Washington.
14. Third Annual Symposium: Population Health and Cross-Border Collaboration, "Global Health" (roundtable co-leader), January, La Conner, Washington.

2007

1. Washington Health Legislative Conference, "Global Health – Why Should You Care?" (panel moderator), December, SeaTac, Washington.
2. International Leadership Association Annual Meeting, "Lessons for Re-entry: Maximizing the Impact of Leadership Training Back Home" (co-presenter and discussant), November, Vancouver, British Columbia.
3. National Primary Care Association Partnerships and Education Learning Team, "Communicating the Message: Public Health Advocacy" (co-presenter and discussant), September, Seattle, Washington.
4. League of Local Legislators on Population, Health, Environment, and Development, "Basic Policy Advocacy Leadership Course" (presenter and discussant), July, Tagbilaran City, Bohol, The Philippines.
5. Washington Policy Center 2007 Health Care Conference, "Emerging Trends in Health Care" (plenary panelist), June, Seattle, Washington.
6. King County Medical Society Historical Society, "Our Broken Health Care System," June, Seattle, Washington
7. Washington State All Nurses Meeting, "Health Care Disparity and Systems Issues within a Culturally Diverse Population" (plenary panelist), June, Seattle, Washington.
8. Greenwall Fellowship in Bioethics and Health Policy Seminar (Johns Hopkins University), "The Ethics of Global Trade and the Effects on Public Health" (seminar leader), January, Baltimore, Maryland.
9. Insure Idaho! Small Business Roundtable on Health Care (expert panelist), February, Boise, Idaho.

2006

1. Washington State Senior Citizens' Foundation 18th Annual Fall Conference, "Update on the Washington State Blue Ribbon Commission on Health Care and Long Term Care Task Force" (panelist), October, SeaTac, Washington.
2. Social Venture Partners – Seattle, "Health Systems Landscape" (co-panelist), October, Seattle, Washington.
3. League of Local Legislators on Population, Health, Environment, and Development, "Advanced Leadership in Policy Advocacy Workshop" (presenter and discussant), July, Tagaytay City, The Philippines.
4. Olympia Movement for Justice and Peace, "Prescription for a Sick Health Care System: Single Payer or Health Savings Accounts?" (debater), June, Olympia, Washington.
5. Canadian Public Health Association, "Continental Divide, Global Divide: Exploring the Health Effects of Canadian and U.S. Approaches to Foreign Aid" (panelist), May, Vancouver, British Columbia.

6. United for National Health Care, Citizens 2nd Congressional District Health Care Hearing (panelist), March, Bellingham, Washington.
7. American Medical Student Association Seattle-Vancouver BC Study Tour, "The U.S. Health Care System, an Overview," February, Seattle, Washington.
8. 1st International Policy Advocacy Training Workshop (co-facilitator), February, Kano, Nigeria.
9. In-country Advocacy Skills Enhancement Workshop (co-facilitator), February, Jinja, Uganda.

2005

1. American Public Health Association, "Global Health Leadership – The Evidence for What Matters and Why" (panelist), December, Philadelphia, Pennsylvania.
2. Washington State Senior Citizens' Foundation 17th Annual Fall Conference, "Responsible Health Care: What is it and How do we get it?" (keynote presentation), October, SeaTac, Washington.
3. Providence Hospital-Seattle Family Practice Residency Program (residents orientation), "The American Health Policy Scene," July, Seattle, Washington.
4. CityClub (Seattle), "Health Care for All: How Can It Be Done?" (panelist), May, Seattle, Washington.
5. USAID Peru and Pathfinder International, "Desarrollo e Implementation de politicas saludables en el marco de la descentralizacion" (keynote presentation), March, Lima, Peru.
6. American Medical Student Association Seattle-Vancouver BC Study Tour, "The U.S. Health Care System, an Overview," February, Seattle, Washington.
7. Friends of Mill Creek Library, "Viewpoints on Healthcare" (panelist), January, Mill Creek, Washington.

2004

1. International Leadership Association annual meeting, "Collaboration in Leadership Development" (panelist), November, Washington, DC.
2. American Public Health Association annual meeting, "Investing in Developing Country Leaders in Reproductive Health and Family Planning" (panelist), November, Washington, DC.
3. Mercer Island Rotary, "The Health System is Broken, Now What?" October, Seattle, Washington.
4. Afhad University for Women, "Academia as a Partner in Reproductive Health and Population Policy," August, Khartoum, Sudan.

5. Khartoum University Faculty of Medicine, "Health Policy Development and Major Policy Issues in Reproductive Health," August, Khartoum, Sudan.
6. Providence Hospital-Seattle Family Practice Residency Program (residents orientation), "The American Health Policy Scene," July, Seattle, Washington.
7. Community Health Network of Washington, "Future Trends in the Washington State Health System," June, Blaine, Washington.
8. Pacific Hospital Preservation & Development Authority, "The Community Health System – What Now?" April, Seattle, Washington.
9. American Medical Student Administration Seattle-Vancouver BC Study Tour, "The Health Care System is Broken, Now What?" February, Seattle, Washington.

2003

1. National Legal Aid and Defender Association Annual Meeting, "Managing the Rising Costs of Health Insurance" (panel member), November, Seattle, Washington.
2. 16th Annual Idaho Conference on Health Care, "The Health Care System is Broken … What Can You Do?" October, Pocatello, Idaho.
3. 26th Annual Pacific Northwest National Conference on Advanced Practice in Primary and Acute Care, "Wallowing in the Mud: Why Clinicians Should Care About How Public Policy Impacts Child Health," October, Seattle, Washington
4. Providence Hospital-Seattle Family Practice Residency Program (residents orientation), "The American Health Policy Scene," July, Seattle, Washington.
5. League of Women Voters-Seattle, "The Health Care Crisis" (panelist), April, Seattle, Washington.
6. Kibble & Prentice, Creative Approaches to the Rising Cost of Health Care Seminar, "Employer-Sponsored Health Insurance – Not a Pretty Picture," February, Seattle, Washington.
7. PacMed Transition Retreat, "Status of the Health Care System and the Safety Net," February, Semiahmoo, Washington.
8. Seattle Economists Club, "Our Health Care System is Unsustainable … Now What?" January, Seattle, Washington.

2002

1. Rainier Chamber of Commerce, "The State of Health Insurance in Washington," December, Seattle, Washington.
2. Harborview Medical Center Board of Trustees Meeting, "Innovative Models for the Safety Net," December, Seattle, Washington.

3. Service Employees International Union / State Council, "Update on Washington State's Health Care System" (panelist), November, Seattle, Washington
4. University of Washington Retirement Association, "Our Health Care System is Unsustainable … Now What?" October, Seattle, Washington.
5. 8th Annual Children's Health Policy Conference, "The Washington State Scene: *What are we doing for (to) the health of children?"* September, Seattle, Washington.
6. Providence Hospital-Seattle Family Practice Residency Program (residents orientation), "The American Health Policy Scene," July, Seattle, Washington.
7. Northwest Federation of Community Organizations, "Prescription Drugs: High Costs, Tough Choices" (facilitator), July, Boise, Idaho
8. Harborview Medical Center Board of Trustees Retreat, "Trends in the Seattle Area Health Care System," May, Seattle, Washington.
9. Samaritan Healthcare/Grant County Public Hospital District No. 1 Board Retreat, "Trends in Washington State's Health System," April, Leavenworth, Washington

2001

1. Southwest Public Health Leadership Institute (University of Arizona), "Public Health Leadership – The Political Connection," November, Tucson, Arizona.
2. Health Care Advocacy Conference (Northwest Federation of Community Organizations), "Health Policy in Washington State: What a State It's In," November, Federal Way, Washington.
3. Washington Academy of Family Practice Board Retreat, "Crying Wolf or Wolf at the Door? An Overview of Primary Care Provider Financial Viability Studies," October, Yakima, Washington.
4. 7th Annual Children's Health Policy Conference, "Health Policy in Washington State: *What a State It's In"* September, Seattle, Washington.
5. National Conference of State Legislatures, "Improving Health and Health Care in Rural Areas: Do We Need Policies and Programs That are Less Categorical?" June, Boise, Idaho.
6. Academy for Health Services Research and Policy Annual Meeting, "Crying Wolf or Wolf at the Door? The Weakness of Washington State's Primary Care Provider Network for Low Income Populations," (poster session), June, Atlanta, Georgia.
7. Northwest Regional Rural Health Conference, "Harsh Realities and Real Hope: The Economics of Rural Medical Practice" (session organizer and moderator), March, Spokane, Washington.
8. Aging and Long Term Care Service of Eastern Washington, "A Medicare Program for the 21st Century (?)," February, Spokane, Washington.

9. Washington State Board of Health, “Learning to Live with the Human Genome: Well Reasoned Prudence or Future Shock?” Genetic Discrimination” (session moderator), January, Tacoma, Washington.

2000

1. King County Academy of Family Physicians, “Prescription Drug Costs and Implications,” October, Seattle, Washington.
2. americans discuss health™ (Congressman George Nethercutt, Conference Chair), “Important Trends and Critical Issues in the U.S. Health Care System,” August, Spokane, Washington.
3. American Heritage Association’s International Teachers Program, "The U.S. Health Care System," August, Seattle, Washington.
4. American Heritage Association’s Japanese Nursing Program, "The U.S. Health Care System," August, Seattle, Washington.
5. Callison Architecture, “The Health Care System in Motion,” July, Seattle, Washington.
6. Academy for Health Service Research and Health Policy Annual Meeting, “Linking Health Services Research to State Health Policy: What Have We Learned?” June, Los Angeles, California.
7. National Health Policy Forum’s Hospital-Based Health Care System in Transition: The Post-BBA Era Site Visit, “Overview of the Seattle Market,” May, Seattle, Washington.
8. Association of Washington Business’s annual Health Care Forum, “Stakeholders Panel” (moderator), March, Seattle, Washington.
9. Washington Rural Health Association Annual Meeting, “Rural Landscape Project, “ March, Spokane, Washington.

University Service

2019 – Member, School of Public Health Magazine Advisory Board
2019 – Member, Department of Health Services ARCH Faculty Search Committee
2019 – Member, Department of Health Services Senior Lecturer (Policy) Search Committee
2014 – Member, Department of Health Services MPH Advisory Committee
2015 – Member, Faculty Council of Faculty Affairs
2014 – 19 Faculty Senator (representing the Department of Health Services)
2018 Member, Department of Global Health Health Policy and Informatics Faculty Search Committee
2017 – 18 Member, School of Public Health ARCH Faculty Search Committee
2017 – 18 Member, Department of Health Services Health Economics and Health Policy Faculty Search Committee, UW School of Public Health.
2015 – 16 Member, Grayston Day Fellowship/Magnuson Scholarship Award Committee, UW School of Public Health

2015 Member, Department of Health Services Chair Search Committee, UW School of Public Health.
2012–15 Member, Health Policy and Health Systems Search Committee, UW School of Public Health
2012–16 Member, Diversity Committee, UW School of Public Health
2012 Co-Chair, Health Policy and Health Systems Strategic Plan Work Group, UW School of Public Health
2011 Member, UW School of Public Health Strategic Planning Committee
2010–12 Member, Economics Faculty Search Committee, UW Department of Health Services
2007–09 Member, Faculty Advisory Team, UW Global Support Project
2004–08 Member, Advisory Committee, UW Grants and Contract Services
2004 Member, Health Policy Advisory Committee, School of Public Health and Community Medicine
2003–05 Member, UW Center for Public Health Nutrition Steering Committee
2002 Referee, Royalty Research Fund proposal, University of Washington
2000–05 Candidate Interviewer, Robert Wood Johnson Clinical Scholars Program, UW School of Medicine
1999–2009 Member, Internal Advisory Board, Public Health Genetics Program, University of Washington School of Public Health and Community Medicine
1997 Referee, Royalty Research Fund proposal, University of Washington
1995–2002 Member, Program Directors Committee, UW Department of Health Services

Community Service

1995–present Member, Board of Sponsors, Washington Physicians for Social Responsibility
1996–2008 Volunteer, Jewish Family Service "Big Pals" program
2000-03 Member, Board of Directors, Amigos de Si a la Vida
2000-03 Member, Board of Directors, Northwest Public Affairs Network
1999-2000 Member, Board of Directors, The Fairness Project
1982–95 Member, Board of Directors, Washington Physicians for Social Responsibility
1989–91 President, Washington Physicians for Social Responsibility
1987–93 Member, Board of Directors, Peace Development Fund
1986 Member, Steering Committee, Save Our Sudan Campaign

Teaching (Courses, Guest Lectures, and Seminars, since 2000)

2020 Bioethics and Humanities 474/574 & PHIL 411 – Justice in Health Care, "Justice in Health – A global to local lens" (guest lecturer), Winter Quarter.
2019 HSERV 552 – Health Policy Development (co-instructor), Autumn Quarter
HSERV 537 – COPHP Health Policy (faculty facilitator), Autumn Quarter
HSERV/CS&SS 527, GH 533 – Survey Research Methods, "Using Survey Research

to Inform policy Development" (guest lecturer), Spring Quarter.
HSERV 572 – Planning, Advocacy, and Leadership Skills, "Policy Frameworks and Advocacy" (guest lecturer), Spring Quarter.
NURS 303 – Foundations of Professional Nursing, "Overview of the U.S. Health System" (guest lecturer), Spring Quarter.
RHB 566 – Introduction to Global Rehabilitation (guest speaker), Summer Quarter.
Bioethics and Humanities 474/574 & PHIL 411 – Justice in Health Care, "Justice in Health – A global to local lens" (guest lecturer), Winter Quarter.

2018 HSERV 512 – Health Systems and Policy: U.S. Health & Health Care I (co-instructor), Autumn Quarter.
HSERV 552 – Health Policy Development (co-instructor), Autumn Quarter
HSERV 537 – COPHP Health Policy (faculty facilitator), Autumn Quarter
NURS 303 – Foundations of Professional Nursing, "Overview of the U.S. Health System" (guest lecturer), Summer Quarter.
HSERV 572 – Planning, Advocacy and Leadership Skills, "Public Policy Development and Systems Thinking" (guess lecturer), Spring Quarter.
NURS 303 – Professional Foundations in Nursing, "The U.S. Health Care System" (guest lecturer), Spring Quarter.
LAW 600P – Independent Study (Siradj Okta) "Review of Laws Affecting HIV/AIDS in Indonesia."
GH 523 – Health Policy Development and Advocacy in Global Health – "Policy in Practice – Stories from the field" (guest lecturer), Spring Quarter.

2017 HSERV 512 – Health Systems and Policy: U.S. Health & Health Care I (co-instructor), Autumn Quarter.
HSERV 552 – Health Policy Development (co-instructor), Autumn Quarter
HSERV 537 – COPHP Health Policy (faculty facilitator), Autumn Quarter
RHB 566 – Introduction to Global Rehabilitation (guest speaker), Summer Quarter.
HSERV 511 – Introduction to Health Services and Public Health – "Health Policy Development and Health Care Reform" (guest lecturer), Autumn Quarter.
Bioethics and Humanities 474 – Justice in Health Care, "Social Determinants of Health and Human Rights" (guest lecturer), Winter Quarter.
GH 523 – Health Policy Development and Advocacy in Global Health (course co-instructor), Spring Quarter.

2016 HSERV 512 – Health Systems and Policy: U.S. Health & Health Care I (co-instructor), Autumn Quarter.
HSERV 552 – Health Policy Development (instructor), Autumn Quarter
HSERV 537 – COPHP Health Policy (faculty facilitator), Autumn Quarter
HSERV 510 – Society and Health (guest speaker), "How does policy affect health?" Autumn Quarter
RHB 566 – Introduction to Global Rehabilitation (guest speaker), Summer Quarter.
Bioethics and Humanities 474/574 & PHIL 411 – Justice in Health Care, "Social Determinants of Health and Human Rights" (guest lecturer), Winter Quarter.
HSERV 559 – Public Policy for Public Health (eMPH) (instructor), Spring Quarter.
HSERV 590A – Selected Topics in Public Health (module co-instructor), Spring

Quarter.
GH 523 – Health Policy Development and Advocacy in Global Health (course co-instructor), Spring Quarter.

2015 HSERV 512 – Health Systems and Policy: U.S. Health & Health Care I (co-instructor), Autumn Quarter.
HSERV 552 – Health Policy Development (instructor), Autumn Quarter
HSERV 537 – COPHP Health Policy (faculty facilitator), Autumn Quarter
HSERV 501 – Public Health Practice at the Local Level (EMPH) – "Health Policy Development" (guest lecturer), Autumn Quarter.
GH 523 – Health Policy Development and Advocacy (course co-instructor), Spring Quarter.
PUBH 7620 – Social Perspectives in Population Health – "Social Determinants of Health – What tools do we have to affect them?" (guest lecturer), Semester 2, University of Queensland School of Public Health.
GH 590 /LAW H518 – Legal and Policy Solutions to Improve the Global Health of Women, Children, and Adolescents, "Barriers to Health Care Access for Immigrants" (panelist), Winter Quarter.
GH 500 – Global Health Seminar, "Advocacy is a core function of public health!" (guest panel moderator), Winter Quarter.
Bioethics and Humanities 474/574 & PHIL 411 – Justice in Health Care, "Social Determinants of Health and Human Rights" (guest lecturer), Winter Quarter.

2014 GH 500 – Global Health Seminar (faculty lead), Autumn Quarter.
HSERV 516 – Introduction to Health Services (EMPH) (guest discussant), "Health Policy, How it works on the ground," Autumn Quarter.
HSERV 592 – Maternal and Child Health Seminar (guest discussant), "Health Policy and Advocacy," Autumn Quarter.
HSERV 552 – Health Policy Development (instructor), Autumn Quarter
HSERV 537 – COPHP Health Policy (faculty facilitator), Autumn Quarter
HSERV 511 – Introduction to Health Services and Public Health – "PPACA and Cost Control" (panel moderator), Autumn Quarter.
HSERV 511 – Introduction to Health Services and Public Health – "Health Policy Development and Health Care Reform" (guest lecturer), Autumn Quarter.
KUSKAYA (Interdisciplinary Training Program for Innovation in Global Health): "Policy analysis and advocacy – appreciating and analyzing the interests and influence of stakeholders" (session co-leader)
University of Queensland School of Population Health Teaching and Learning Seminar Series: "'I want to do it myself!' – Learning by doing … for real" (presenter).
University of Queensland School of Population Health Special Seminar, "Bridging the Great Divide – How UQ SPH can become more engaged with policy makers" (panelist).
PUBH 7614 – Health Systems: "The Challenge of Health System Efficiency – The

case of the United States" (guest lecturer), Semester 2, University of Queensland School of Population Health.
PUBH 7620 – Social Perspectives in Population Health – "Social Determinants of Health – What tools do we have to affect them?" (guest lecturer), Semester 2, University of Queensland School of Population Health.

2013 GH 523 – Health Policy Development and Advocacy (course co-coordinator), Spring Quarter.
Anth 479B – Environmental Health and Public Policy: Hanford – "Perspective: Public Health" (guest presenter), Autumn Quarter.
HSERV 552 – Health Policy Development (instructor), Autumn Quarter
HSERV 591C – Community Oriented Public Health Practice, Policy Sequence (facilitator), Autumn Quarter.
HSERV 511 – Introduction to Health Services and Public Health – "PPACA and Cost Control" (panel moderator), Autumn Quarter.
HSERV 511 – Introduction to Health Services and Public Health – "Health Policy Development and Health Care Reform" (guest lecturer), Autumn Quarter.
HSERV 592 – MPH Seminar (guest discussant), Autumn Quarter.
Bioethics and Humanities 474/574 & PHIL 411 – Justice in Health Care, "Access and the Right to Health Care" (guest lecturer), Winter Quarter.
GH 541 – Implementation Science in Health, "Policy Advocacy and Stakeholder Analysis" (guest lecturer), Spring Quarter.
GH 524 – Global Health Policy Development and Advocacy (co-instructor), Spring Quarter.

2012 HSERV 511 Introduction to Health Services and Public Health – "Access Under the ACA after the Supreme Court Decision" (co-discussant), Autumn Quarter.
HSERV 511 Introduction to Health Services and Public Health – "PPACA and Cost Control" (panel moderator), Autumn Quarter.
HSERV 552 – Health Policy Development (instructor), Autumn Quarter.
HSERV 591C – Community Oriented Public Health Practice, Policy Sequence (facilitator), Autumn Quarter.
MEDEX Healthcare for Rural and Medically Underserved Populations – "Rural Health Policy and Services: U.S. and Global Perspectives" (discussant), Summer Quarter.
MEDEX 513/543 Global Health – "Perspectives from the Field: Current Opportunities and Challenges in Global Health" (co-discussant), Summer Quarter.
HuBio 555 – "Panel on PPACA" (co-discussant), Winter Quarter
HSERV 592 – Department of Health Services MPH Seminar, "Health Care Reform: The Rich and the Poor" (co-discussant), Winter Quarter.
PBAF 599 Special Topics: The Politics of Health Policy, "The Art of Informing Health Policy" (guest lecturer), Winter Quarter.
GH 524 – Global Health Policy Development and Advocacy (co-instructor), Spring Quarter.
GH 590 – Implementation Science in Health, "Policy Advocacy and Stakeholder

Analysis" (guest lecturer), Spring Quarter.
MED 560/GH 592 – Advanced Topics in Global Health: Peru, "Policy Advocacy and Stakeholder Analysis" (guest lecturer), Spring Quarter.

2011 HSERV 511– Policy Development and the New Health Care Law (guest lecturer), Autumn Quarter.
HSERV 552 – Health Policy Development (instructor), Autumn Quarter.
HSERV 591C – Community Oriented Public Health Practice, Policy Sequence (facilitator), Autumn Quarter.
Medex Global Health Track Seminar, "Leadership Training with UW Partners" (guest lecturer), Summer Quarter.
Bioethics and Humanities 474/574 & PHIL 411 – Justice in Health Care, "Access and the Right to Health Care" (guest lecturer), Winter Quarter.
HuBio 555 – "Panel on PPACA" (co-discussant), Winter Quarter
HSERV 592 – Department of Health Services MPH Seminar, "PPACA Individual Mandate and Medicaid Expansion Provisions" (co-discussant), Winter Quarter.
GH 524 – Global Health Policy Development and Advocacy (co-instructor), Spring Quarter.
GH 590 – Implementation Science in Health, "Policy Advocacy and Stakeholder Analysis" (guest lecturer), Spring Quarter.
MED 560/GH 592 – Advanced Topics in Global Health: Peru, "Policy Advocacy and Stakeholder Analysis" (guest lecturer), Spring Quarter.

2010 HSERV 511– Policy Development and the New Health Care Law (guest lecturer), Autumn Quarter.
HSERV 552 – Health Policy Development (instructor), Autumn Quarter.
HSERV 591C – Community Oriented Public Health Practice, Policy Sequence (facilitator), Autumn Quarter.
GH 590A – LPM Policy Development and Advocacy Seminar (seminar coordinator), Spring Quarter.
GH 590 – Implementation Science in Health, "Stakeholder Analysis & Policy Analysis" (guest lecture), Spring Quarter.
Bioethics and Humanities 474 – Justice in Health Care, "Access and the Right to Health Care" (guess lecturer), Winter Quarter.

2009 HSERV 511– Policy Development/Current Roles of Government (guest lecturer), Autumn Quarter.
HSERV 552 – Health Policy Development (instructor), Autumn Quarter
HSERV 591C – Community Oriented Public Health Practice, Policy Sequence (facilitator), Autumn Quarter
GH 500 – Global Health Seminar, "Health Care Reform, American Style" (guess seminar leader), Autumn Quarter.
GH 590A – LPM Policy Development and Advocacy Seminar (seminar co-coordinator), Spring Quarter.
Bioethics and Humanities 474/574 & PHIL 411 – Justice in Health Care, "Access and

the Right to Health Care" (guess lecturer), Winter Quarter.
HSERV 592F – Health Care and Population Health Research Seminar, "11-04-08, The Transformational Election – But will it matter at all for health care?" (discussion leader), Winter Quarter.

2008 HSERV 592 – Health Services PhD Doctoral Seminar: Presidential Candidates Health Care Reform Proposals (discussion leader), Autumn Quarter.
HSERV 511 – Policy Development/Current Roles of Government (guest lecturer), Autumn Quarter
UW Internal Medicine Residents Seminar – Presidential Candidates Health Care Reform Proposals (discussant), Autumn Quarter.
HSERV 591C – Community Oriented Public Health Practice, Policy and Evaluation Sequence (facilitator), Autumn Quarter
International Social Welfare (Seattle University), "Health Alliance International, A Model of International Development" (guest lecturer), Spring Quarter.

2007 HSERV 552 – Health Policy Development (instructor), Fall Quarter
HSERV 591C – Community Oriented Public Health Practice, Policy and Evaluation Sequence (facilitator), Fall Quarter
HSERV 511 – Policy Development/Current Roles of Government (guest lecturer), Fall Quarter
Health and Policy Research Seminar, "The Health System Mess: What Do Recent Policy Studies Tell Us?" (guest seminar leader), Winter Quarter

2006 RWJ Clinical Scholars Seminar, "Translating Research into Policy" (guest seminar leader), Spring Quarter
PBAF 599B/HSERV 590D – Population Leadership Seminar (core faculty), all quarters
HSERV 552 – Health Policy Development (instructor), Fall Quarter
HSERV 591C – Community Oriented Public Health Practice, Policy and Evaluation Sequence (facilitator), Fall Quarter
HSERV 511 – Policy Development/Current Roles of Government (guest lecturer), Fall Quarter
Special Seminar – "Everything you wanted (or never wanted) to know about the U.S. Health System," Fall Quarter

2005 HSERV 552 – Health Policy Development (instructor), Fall Quarter
HSERV 591C – Community Oriented Public Health Practice, Policy and Evaluation Sequence (facilitator), Fall Quarter
HSERV 511 – Policy Development/Current Roles of Government (guest lecturer), Fall Quarter
TNURS 527 – Health Care Systems and Health Policy, "Health Policy Development: A Recipe" (guest lecturer), Fall Quarter
NRSA Primary Care Fellows Seminar – "Health Policy and You" (guest discussant), Fall Quarter
HSERV 555 – Politics of Health Care, "Speaking Truth to Power" (guest panelist),

Spring Quarter
PBAF 599B/HSERV 590D – Population Leadership Seminar (core faculty), all quarters
EDP 71421/EDPSY 581 TB (UW Extension) – Evaluation Planning, Design, and Development (guess discussant), Winter Quarter
HSERV 592H – Doctoral Seminar, Fundamentals of Health Policy Evaluation (guest panelist), Winter Quarter

2004 HSERV 591C – Community Oriented Public Health Practice, Policy and Evaluation Sequence (facilitator), Fall Quarter
HSERV 552 - Health Policy Development (instructor), Fall Quarter
HSERV 511 – Policy Development/Current Roles of Government (guest lecturer), Fall Quarter
PBAF 599J – Telling the Story: Presentation and Policy (guest lecturer), Fall Quarter
HSERV 501 (Extended Degree Program) - "Health Policy Development" (guest lecturer), Summer Quarter
HSERV 514 – Health Policy Research, "As Advocate, Researcher, or Citizen: Framework for Analyzing Public Policy Issues" (guest seminar leader), Winter Quarter
RWJ Clinical Scholars Seminar, "Translating Research into Policy" (guest seminar leader), Winter Quarter
PBAF 599B/HSERV 590D – Population Leadership Seminar (core faculty), all quarters
COPHP Skills Workshop, "Medicare and Medicaid 101" (guest presenter), Spring Quarter
Independent Studies: Saman Khan, Carlos Guarnizo

2003 HSERV 591C – Community Oriented Public Health Practice, Evaluation Sequence (facilitator), Fall Quarter
HSERV 552 - Health Policy Development (co-instructor), Fall Quarter
HSERV 591C – Community Oriented Public Health Practice, Health Policy Sequence (lead facilitator), Fall Quarter
HSERV 511 – Policy Development/Current Roles of Government (guest lecturer), Fall Quarter
HSERV 501 (Extended Degree Program) - Public Health Practice at the Local Level, "Health Policy Development" (guest lecturer), Summer Quarter
HSERV 592H – Doctoral Seminar, "Current Topics in Health Policy," (guest seminar leader), Spring Quarter
HSERV 590L (PhD) – Health and Health Care II (guest lecturer), Spring Quarter
HSERV 555 – Politics of Health Care, "U.S. Health System Overview" (guest lecturer), Spring Quarter
PBAF 599B/HSERV 590D – Population Leadership Seminar (core faculty), all quarters
HSERV 592E – Health and Policy Research Track Seminar, "The health system mess – what do recent policy studies tell us?" (guest seminar leader), Winter Quarter

2002 HSERV 511 – Policy Development/Current Roles of Government (guest lecturer), Fall Quarter
HSERV 552 - Health Policy Development (co-instructor), Fall Quarter
HSERV 501 (Extended Degree Program) - Public Health Practice at the Local Level, "Health Policy Development" (guest lecturer), Summer Quarter
PBAF 599B/HSERV 590D – Population Leadership Seminar (core faculty), all quarters
PBAF 573B - Topics in Ed/Soc Policy: Child Poverty & Public Policy, "Health Policy for Children in Washington State" (guest lecturer), Winter Quarter
Health Law (Seattle University) – "Health Policy in Washington State" (guest seminar leader), Winter Quarter
HSERV 550YN – Health Policy and Economics: Fundamentals and Applications (co-instructor), Winter Quarter
Independent Study: Roberto Ador

2001 HSERV 552 - Health Policy Development (co-instructor), Fall Quarter
HSERV 511 – Policy Development/Current Roles of Government (guest lecturer), Fall Quarter,
HSERV 501 (Extended Degree Program) - Public Health Practice at the Local Level, "Health Policy Development" (guest lecture), Summer Quarter
Summer Institute for Public Health Practice – Topics in Public Health Practice (co-instructor), Summer Quarter
PBAF 599B/HSERV 590D – Population Leadership Seminar (core faculty), all quarters
HSERV 550YN – Health Policy and Economics: Fundamentals and Applications (co-instructor), Winter Quarter
PBAF 599B/HSERV 590D – Population Leadership Seminar (core faculty), Winter Quarter
EPI/HSERV 592D - Preventive Medicine Seminar, "Health Policy: Current Topics," Winter Quarter, (guest seminar co-leader)
Independent Studies: Roberto Ador, Kristi Coulter

2000 HSERV 600YA - Independent Study for Kristi Coulter (Executive MHA Program), Fall Quarter
HSERV 600YA - Independent Study for Roberto Ador (Population Leadership Program), Fall Quarter
PBAF 599B/HSERV 590D – Population Leadership Seminar (core faculty), all quarters
HSERV 552 - Health Policy Development (co-instructor), Fall Quarter
HSERV 592E – Community Medicine Seminar (guest seminar leader)
HSERV 511 – Policy Development/Current Roles of Government, Fall Quarter (guest lecturer)
RWJ Minority Medical Education Summer Program - "Managed Care Tutorial" (guest lecturer)

Washington State Health Care Authority

Universal Health Care Commission

Finance Technical Advisory Committee (FTAC) application

The Washington State Universal Health Care Commission (commission) is seeking members for its new Finance Technical Advisory Committee.

Due: Wednesday, November 30, 2022
Submit to: HCAUniversalHCC@hca.wa.gov

To apply, please complete this application and submit to HCAUniversalHCC@hca.wa.gov **by end of day on Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

Contact information

Information requested	Your information
Name (first and last):	Oliveira, Andrew
Preferred pronouns (e.g., she/her, he/his, they/their):	
Organization (if applicable):	Washington Health Alliance
Title or position (if applicable):	Executive Director
Work address (if applicable):	600 Stewart; Suite 824, Seattle, WA 98101
County of organization/employer (if applicable):	
Email:	doliveira@wahealthalliance.org
Phone:	206-454-2951

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- ☒ Academic/research
- ☐ Community member or advocate
- ☐ Community-based organization
- ☒ Employer/business (private, nonprofit, etc.)
- ☐ Finance
- ☐ Health care association (please describe):
- ☐ Labor union
- ☐ Law
- ☐ Payer: private
- ☒ Payer: public
- ☒ Provider: federally qualified health center

- [x] Provider: hospital and/or health system
- [ ] Provider: other
- [ ] Provider: Tribal health clinic or center
- [ ] Provider/clinic: behavioral health
- [ ] Provider/clinic: oral health
- [x] Provider/clinic: physical health
- [ ] Public health department
- [ ] Social services
- [ ] State agency staff
- [ ] Tribal representative

Areas of experience/expertise

- [ ] Children's health financing
- [ ] Health care advocate[1]
- [x] Coverage and benefits and/or cost sharing and premiums
- [x] Development or measurement of health-related metrics
- [x] Employer health benefits/costs
- [x] Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- [ ] Experience with differently abled communities (either as a community member of working with community)
- [ ] Experience with LGBTQ+ community (either as a community member or working with community)
- [ ] Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- [ ] Federal financing for health care programs and systems
- [ ] Financing health-related social needs and social determinants of health
- [x] Health care administration
- [x] Health care delivery system
- [x] Health care financing[2]
- [x] Health economics
- [ ] Health information technology and/or electronic medical records
- [x] Health-care costs, value-based payments, alternative payment methodologies
- [x] Improving health equity and eliminating health disparities
- [x] Provider reimbursement
- [ ] Public health financing
- [x] Recruiting, educating, and retaining the health care workforce
- [x] Revenue goals and projections
- [ ] State financing for health care programs and systems
- [ ] Tax structures, including the impact of tax structures on equity
- [ ] Taxation and other public revenue models
- [x] The Employee Retirement Income Security Act (ERISA)

[1] The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate 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, 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.

[2] Health care financing expertise may include but is not limited to: 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 payer/provider contracting.

Washington State Health Care Authority

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

   As the Executive Director of the WA Health Alliance our mission is to drive the market toward both improved quality and affordability with a focus on reducing health disparities. My experience as a provider (primary care), managing a practice, working in a health system, being on the insurance side with a national and regional carrier provide me with a breadth of experience that might be helpful to the FTAC.

2. Please describe your relevant experience and how it would benefit FTAC.

   My experience as a provider (primary care), managing a practice, working in a health system, being on the insurance side with a national and regional carrier all a broad range of experiences. I spent the last decade in the larger employer area evaluating the population health and finances within those ERISA plans. Having been responsible for the medical costs and trends for a regional health plan provide a differentiated experience. Lastly, having managed a health plan network

3. Please describe any other experience serving on a committee, board, or workgroup.

   I have been on multiple workgroups and collaboratives over the years including but not limited to the WHA Board of Directors, the WA diabetes collaborative, the American Diabetes Association Community Leadership Board, etc.

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

   No

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

   ☐ Yes

   ☒ No

6. If yes, did you receive any compensation?

   ☐ Yes

   ☒ No

Washington State Health Care Authority

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

☐ Yes

☒ No

8. If yes, please explain.

9. Professional licenses held:

WA MD license
OR MD license until Dec. 2022

10. Memberships in professional, civic organizations, or government boards or commissions:

Seattle Chamber of Commerce
King County Medical Society
Washington State Medical Association
American Academy of Family Physicians

11. Community service/volunteer activities:

American Diabetes Association since 2008

12. Have you ever served in the U.S. Armed Forces?

☐ Yes

☒ No

Washington State Health Care Authority

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

    Both parents had English as a second language
    Worked in a Community Health Center

14. Please describe why health equity is important to you.

    You cannot talk about quality unless you are addressing health equity issues and the causes of those barriers. Targeting the appropriate populations and taking an approach of "targeted universalism" is one method on achieving a global target while addressing equity issues underlying those results.

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

    To achieve the goals of the Universal Health Commission will require a public-private partnership to implement and measure results. Engaging with like-minded entities such as the Washington Health Alliance would facilitate success.

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

    Caucasian of Arabic (Syrian) and Portuguese (Brazil) background

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino/a/x/e
- ☐ Middle Eastern or Northern African
- ☐ Native Hawaiian or Pacific Islander
- ☒ White
- ☐ Other category/categories (please list)
- ☐ Don't want to answer/decline

Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- ☒ Attend regular, bi-monthly FTAC meetings.
- ☒ Review all materials prior to FTAC meetings.
- ☒ Participate to the best of my ability.
- ☒ Participate in good faith in the best interest of FTAC and its charge.
- ☒ Accept the responsibilities to collaborate in developing potential recommendations.
- ☒ Respectfully engage at all times with other FTAC members.

Applicant signature: Andrew B. Oliveira, MD, MA

Date: 11/29/2022

Andrew B. Oliveira, MD, MHA

17173 SE 47th Pl. Bellevue, WA 98006
Cell (425) 765-2076 • drewo@earthlink.net• LinkedIn/Drew Oliveira

SUMMARY

Seasoned, dedicated and compassionate physician leader with a strong clinical, compliance, and business background that includes successes in strategic planning, organizational growth, creating a culture of accountability, and performance improvement through innovation. Successfully designed, implemented and managed programs for medical management, population health management and strategic consulting for employer groups to manage risk, improve health and productivity and reduce cost.

CORE COMPETENCIES

Progressive Leadership	Relationship Management	Population Health Management
Strategic Healthcare Operations	Leadership coaching	Medical Management
Process design & Change Management	Sales and marketing	Product and program design
Network Management	Value based contracting	Culture development

PROFESSIONAL EXPERIENCE

Washington Health Alliance

The Washington Health Alliance is a 501c3 nonprofit, independent, non-partisan organization that shares the most reliable data on health care quality and value to help providers, patients, employers and union trusts make better decisions about health care. We set measurement standards for community performance on evidence-based practices that improve health while reducing waste and cost. The Alliance serves an invaluable role as a convener of all the stakeholders in the health care system – 185+ state, county and private employers, union trusts, health plans, hospitals and physician groups, government agencies, community-based organizations, educational institutions, pharmaceutical companies and individuals. We are leading health system improvement by focusing on three high-priority strategic goals of reducing price, reducing underuse of effective care and reducing overuse to improve transparency, strength purchaser buying power to shape demand, aligning payments to outcomes and supporting performance improvement.

Executive Director - 2022 – Present

Joining the Alliance in August 2022 as the fourth executive director since 2004, responsible for oversight of operations, strategic direction, growth and delivering value to the Alliance membership. Reporting directly to the Board of Directors and managing ten staff members, consultants and vendors to demonstrate improvement in the health for all Washingtonians.

Cambia Health Solutions - Regence Blue Shield of WA

Cambia Health Solutions, headquartered in Portland, Oregon, is a nonprofit total health solutions company dedicated to transforming health care by creating a person-focused and economically sustainable system. More than 20 companies, including seven health plans operate within the organization serving more than 2.6 million members.

Regence are Blue Shield and Blue Cross health plans in WA, OR, ID, UT committed to serving as a catalyst to transform health care, creating a person-focused and economically sustainable system with a nonprofit spirit guides decision-making as well contributions to our community partner organizations

Senior Executive Medical Director and Population Health – 2019 - 2022

Expanded role to include population health strategic management, clinical program integration across the four-state Cambia region. Direct reports include all state based executive medical directors including behavioral health, clinical informatics leader and clinical nurse consultants and a program manager. Developed and delivered an enhanced population health clinical care management model and productized the program for sale in the market for all lines of business including individual, commercial and Medicare. Developed clinical packages in diabetes, women's health and oncology for the enterprise. Provide regular consultation for investment arm for new clinical solutions through Echo Ventures.

Interim VP, Network Management and Provider Partnership Innovation - May – October 2020

Leadership role over our network contracting teams, value-based provider collaborations, provider experiences and analytics. 130+ employees over four-state region responsible for broad network configuration, maintenance of #1 discount position, increasing percentage of contracts under value-based arrangements, direct collaboration with health systems and managing and improving the provider experience.

Executive Medical Director – July 2018 – Feb 2019

Support current and prospective accounts, including the Washington State Health Care Authority to provide clinical solutions to meet the customer needs and objectives. Leverage data analytics to develop a collaborative and consultative approach with customers and providers. Take a leadership role within the local community to improve the health and affordability of care for the overall population. Assumes a strategic partnership with Clinical Services (UM, CM, DM, Maternity, Advocacy) to develop best in class programs.

Aetna, Inc

Aetna - a diversified national health care benefits company focused on helping our 46 million members live healthier lives. Revenue of over $60B with 53,000 employees. Products include medical, dental, life, vision, pharmacy, behavioral health, EAP, voluntary as well as international benefits coverage.

Senior Clinical Solutions Medical Director - Plan Sponsor Insights –- 2018

An evolution of the CCSA organization combining clinical and analytic professionals in the National Accounts group commercial market to fully understand member health dynamics and provide plan sponsors with unique solutions that enable workers to achieve their best health and plan sponsors to reach talent, financial and community goals. We leverage powerful analytic tools and resources, local knowledge and clinical expertise to provide consultative customer strategic analysis and insights. Primarily external facing for both new and existing business, primarily in the National Accounts segment across the U.S. markets.

Senior Medical Director - Clinical Consulting, Strategy and Analysis (CCSA) - 2011 – 2017

Responsible for National Account customer clinical consulting on strategy with detailed data analysis and reporting for large customers across markets. The position is external facing and includes strategic positioning for new business opportunities. This role works directly with sales, marketing and account management to provide the highest quality of healthcare for client employees while also controlling costs through providing strategic leadership, the development of

innovative programs and provides best practices in quality improvement and current medical trends. Core components include clinical presentations, data analysis to optimize member health and wellness. In addition, support for consultant relationships in product and program briefings, program development. Additional activities include the development of plan sponsor utilization and financial reporting, marketing value positioning, innovation workgroup, care management program design and business optimization, emerging business and performance guarantees.

Senior Medical Director – Market Medical Director, Pacific Northwest - 2005 - 2011

Responsible for the Alaska, Idaho, Washington and Oregon medical management programs including case management, pre-certification and quality measurement. Contributed to managing high performance networks, measuring physician performance and pay for performance programs. Active in sales presentations and working with plan sponsors to optimize member health. Responsible for West Region provider credentialing, market medical home initiatives and market based high performance provider initiatives

Valley Medical Center, Renton, WA

A tax based, public hospital district with a 303-bed community hospital, outpatient ancillary departments and a primary care clinic network. Academically affiliated with the University of Washington.

Family Medicine Residency Program Director - 1988 - 2005

Directed, organized and provided vision for a 24-resident family medicine residency of 15 faculty and 38 support staff. Developed innovative educational programs including focuses on chronic care, behavioral health, care continuity and novel resident scheduling. Implemented disease registries and advanced access scheduling. Managed the outpatient practice that produced > 40,000 office visits annually and consistently profitable including five-fold downstream revenue production

Valley Physicians Organization, Renton, WA

Medical Director, 2000

Led a multi-specialty independent physician organization including hospital partnership. Responsible for quality management, strategic planning, provider credentialing, pool funding, partial and full risk capitation contracting for 14,000 lives and financial management. Our IPA had 180 medical staff. Closed operations 12/31/00

Renton Highlands Rehabilitation Center, Renton, WA

Medical Director, 1996 – 1999

Sea Mar Community Health Center, Seattle, WA

Staff Family Physician, 1987-1988

Community health center serving multi-ethnic, low-income, Spanish and Cambodian immigrants. Implemented medical student teaching clerkship. Contributed to implementation of one of the nation's first residency training programs within a community health center. Supervised mid-level practitioners

EDUCATION

University of Washington	Masters in Healthcare Administration	1999 – 2001
University of Washington	Certificate Program in Medical Management	1998 – 1999
University of Washington	Faculty Development Fellowship, Family Medicine	1987 - 1988
Swedish Hospital Medical Center	Family Practice Residency Affiliated with University of Washington Elected Chief Resident	1984 - 1987
University of California, San Francisco School of Medicine	Medical Doctorate	1980 - 1984
Pomona College	Bachelor of Arts in Zoology Multiple leadership and elected positions	1976 - 1980

CERTIFICATION, MEMBERSHIPS and AFFILIATIONS

Board Certification

American Board of Family Medicine
Certified 1987, Recertified - 1994, 2001, 2008, 2018

Medical License

Washington State License (Active)
Oregon State License (Active)

Academic Appointment

Clinical Associate Professor
University of Washington School of Medicine since 1987

Professional Membership

American Academy of Family Physicians -Active
Washington State Medical Association (Active)
Washington Academy of Family Physicians (Active)
King County Medical Society (Active)
American College of Physician Executives (1990 - 2005)
Oregon Medical Association (previous)

Professional Activities

Executive Community Leadership Board, American Diabetes Association, WA & HI Chapter
Washington Health Alliance
(previously Puget Sound Health Alliance)

- Board of Directors 2009-2011
- Clinical Improvement Teams (current), Various Workgroups

Bree Collaborative, leadership committee. Governor appointee

Oregon Health Leadership Council - 2005 - 2009

Oregon Medical Association – Health care Finance Committee
Hospital committees (Valley Medical Center) -

- Credentials Committee 1991 to 2005 – Chair 2000 - 2005
- Senior physician leader - Washington State Diabetes & Cardiovascular Collaborative programs 1998 - 2003-
- Employee Pension, Graduate Medical Education, Family Medicine, Critical Care, CME, Bylaws.

Languages

English; Spanish, limited

Presentations

Multiple media, regional and national presentations; Academic publications

References

Available upon request

Washington State Health Care Authority

Universal Health Care Commission

Finance Technical Advisory Committee (FTAC) application

The Washington State Universal Health Care Commission (commission) is seeking members for its new Finance Technical Advisory Committee.

Due: Wednesday, November 30, 2022
Submit to: HCAUniversalHCC@hca.wa.gov

To apply, please complete this application and submit to HCAUniversalHCC@hca.wa.gov **by end of day on Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

Contact information

Information requested	Your information
Name (first and last):	Andre Stackhouse
Preferred pronouns (e.g., she/her, he/his, they/their):	any
Organization (if applicable):	Whole Washington
Title or position (if applicable):	Campaign Director
Work address (if applicable):	
County of organization/employer (if applicable):	
Email:	andre@wholewashington.org
Phone:	206 715 7085

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- ☐ Academic/research
- ☒ Community member or advocate
- ☒ Community-based organization
- ☐ Employer/business (private, nonprofit, etc.)
- ☐ Finance
- ☐ Health care association (please describe):
- ☐ Labor union
- ☐ Law
- ☐ Payer: private
- ☒ Payer: public
- ☐ Provider: federally qualified health center

- ☐ Provider: hospital and/or health system
- ☐ Provider: other
- ☐ Provider: Tribal health clinic or center
- ☐ Provider/clinic: behavioral health
- ☐ Provider/clinic: oral health
- ☐ Provider/clinic: physical health
- ☐ Public health department
- ☐ Social services
- ☐ State agency staff
- ☐ Tribal representative

Areas of experience/expertise

- ☐ Children's health financing
- ☒ Health care advocate[1]
- ☐ Coverage and benefits and/or cost sharing and premiums
- ☐ Development or measurement of health-related metrics
- ☐ Employer health benefits/costs
- ☐ Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- ☐ Experience with differently abled communities (either as a community member of working with community)
- ☐ Experience with LGBTQ+ community (either as a community member or working with community)
- ☐ Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- ☐ Federal financing for health care programs and systems
- ☐ Financing health-related social needs and social determinants of health
- ☐ Health care administration
- ☐ Health care delivery system
- ☒ Health care financing[2]
- ☒ Health economics
- ☐ Health information technology and/or electronic medical records
- ☐ Health-care costs, value-based payments, alternative payment methodologies
- ☐ Improving health equity and eliminating health disparities
- ☐ Provider reimbursement
- ☒ Public health financing
- ☐ Recruiting, educating, and retaining the health care workforce
- ☒ Revenue goals and projections
- ☒ State financing for health care programs and systems
- ☐ Tax structures, including the impact of tax structures on equity
- ☒ Taxation and other public revenue models
- ☒ The Employee Retirement Income Security Act (ERISA)

[1] The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate 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, 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.

[2] Health care financing expertise may include but is not limited to: 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 payer/provider contracting.

Washington State Health Care Authority

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

   I am an advocate for universal healthcare and believe I am well positioned to represented single payer advocates in Washington state.

2. Please describe your relevant experience and how it would benefit FTAC.

   In my work as campaign director of Whole Washington I have learned a ton about healthcare policy and healthcare economics with specific focus on statewide implementations. I believe this knowledge should be represented on this commission.

3. Please describe any other experience serving on a committee, board, or workgroup.

   I previously represented the Democratic Party in 2020 as a state and national delegate. I ran for and won the election for PCO.

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

   ☐ Yes

   ☒ No

6. If yes, did you receive any compensation?

   ☐ Yes

   ☒ No

Washington State Health Care Authority

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

   ☒ Yes

   ☐ No

8. If yes, please explain.

   The healthcare system of Washington will financially impact everyone in the state. My individual healthcare expenses, taxes, and coverage could be significantly impacted by any recommendation of this commission.

9. Professional licenses held:

10. Memberships in professional, civic organizations, or government boards or commissions:

11. Community service/volunteer activities:

    Signature gathering for I-1471 (The Washington Health Trust)
    March for Healthcare Justice lead organizer

12. Have you ever served in the U.S. Armed Forces?

    ☐ Yes

    ☒ No

Washington State Health Care Authority

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

    The United States has a healthcare system that results in uniquely bad health equity. Healthcare outcomes between the most disenfranchised and most affluent are abnormally divergent with life expectancy being one of the most worrisome indicators, the wealthy living significantly longer than their less affluent counterparts.

    Race, gender, sexual orientation, and tribal membership also all have significant

14. Please describe why health equity is important to you.

    The physical health of individual members of our society is one of the most direct indications of inequality in our society. Without physical health, one cannot pursue emplolyment, education, financial security, home-ownership, or what we might summarize as the American dream. Inequality in healthcare causes or exacerbates many of the inequalities we see throughout the rest of life. In the words of Martin Luther King, "Of all the forms of inequality, inequality in health is the most shocking

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

    Universal healthcare implemented in a non-means-tested and economically progressive way would be one of the most effective ways to counter health equity and inequality more broadly. Healthcare expenses are the top cause of bankruptcy in Washington and the United States. The FTAC has the ability to ensure that the recommendation of the Universal Healthcare Commission is economically

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

    Multiracial - Caucasian & SE Asian

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- ☐ American Indian or Alaska Native
- ☒ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino/a/x/e
- ☐ Middle Eastern or Northern African
- ☐ Native Hawaiian or Pacific Islander
- ☒ White
- ☐ Other category/categories (please list)
- ☐ Don't want to answer/decline

Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- ☒ Attend regular, bi-monthly FTAC meetings.
- ☒ Review all materials prior to FTAC meetings.
- ☒ Participate to the best of my ability.
- ☒ Participate in good faith in the best interest of FTAC and its charge.
- ☒ Accept the responsibilities to collaborate in developing potential recommendations.
- ☒ Respectfully engage at all times with other FTAC members.

Applicant signature: Andre Stackhouse

Date: 11/30/2022

Washington State Health Care Authority

Universal Health Care Commission

Finance Technical Advisory Committee (FTAC) application

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Due: Wednesday, November 30, 2022
Submit to: HCAUniversalHCC@hca.wa.gov

To apply, please complete this application and submit to HCAUniversalHCC@hca.wa.gov **by end of day on Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

Contact information

Information requested	Your information
Name (first and last):	Bruce Cutter
Preferred pronouns (e.g., she/her, he/his, they/their):	
Organization (if applicable):	Retired
Title or position (if applicable):	Physician and physician leader
Work address (if applicable):	N/A, retired
County of organization/employer (if applicable):	N/A though county of residence is Spokane
Email:	bcutter@msn.com
Phone:	509-953-7209

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- ☐ Academic/research
- ☐ Community member or advocate
- ☐ Community-based organization
- ☐ Employer/business (private, nonprofit, etc.)
- ☐ Finance
- ☐ Health care association (please describe):
- ☐ Labor union
- ☐ Law
- ☐ Payer: private
- ☐ Payer: public
- ☐ Provider: federally qualified health center

- ☐ Provider: hospital and/or health system
- ☒ Provider: other
- ☐ Provider: Tribal health clinic or center
- ☐ Provider/clinic: behavioral health
- ☐ Provider/clinic: oral health
- ☒ Provider/clinic: physical health
- ☐ Public health department
- ☐ Social services
- ☐ State agency staff
- ☐ Tribal representative

Areas of experience/expertise

- ☐ Children's health financing
- ☐ Health care advocate[1]
- ☐ Coverage and benefits and/or cost sharing and premiums
- ☒ Development or measurement of health-related metrics
- ☐ Employer health benefits/costs
- ☐ Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- ☐ Experience with differently abled communities (either as a community member of working with community)
- ☐ Experience with LGBTQ+ community (either as a community member or working with community)
- ☐ Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- ☐ Federal financing for health care programs and systems
- ☐ Financing health-related social needs and social determinants of health
- ☒ Health care administration
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- ☒ Improving health equity and eliminating health disparities
- ☒ Provider reimbursement
- ☐ Public health financing
- ☒ Recruiting, educating, and retaining the health care workforce
- ☐ Revenue goals and projections
- ☐ State financing for health care programs and systems
- ☐ Tax structures, including the impact of tax structures on equity
- ☐ Taxation and other public revenue models
- ☐ The Employee Retirement Income Security Act (ERISA)

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[2] Health care financing expertise may include but is not limited to: 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 payer/provider contracting.

Washington State Health Care Authority

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

   A wise man once told me, as I complained about the major shortcomings in the US "non-system" of healthcare: "Bruce, we are getting exactly the results the system is set up to deliver!"
   It is far beyond time to change this so-called system. Washington state is again taking a run at it. Perhaps I can be of assistance.
   The FTAC and associated efforts represent a major and important opportunity to

2. Please describe your relevant experience and how it would benefit FTAC.

   -30+ years in the private community practice of hematology and medical oncology in Spokane, Washington
   -Masters in Medical Management, USC Marshall School of Business
   -Led transformation of a single-specialty medical oncology practice to that of an integrated, coordinated, value-based, multispecialty oncology group practice committed to complete, equitable patient care and also to cutting edge oncology

3. Please describe any other experience serving on a committee, board, or workgroup.

   Served as a physician leader on multiple committees within US Oncology, primarily dealing with innovation around value-based cancer care and payer-provider collaboration and contracting.
   -Served on the board of directors of the local (Spokane, WA) hospice board of directors including serving as the chairperson of the board.
   -Served on the board of directors of the local blood center (then known as the Inland

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

   It is worthwhile outlining in more detail my efforts to promote oncology system change.
   These efforts were driven by the principle of value and value-based standardization of care. Value-based standardization of care and physician accountability were central to the clinical effort. We relied heavily on the Institute of Medicine Quality

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

   ☐ Yes

   ☒ No

6. If yes, did you receive any compensation?

   ☐ Yes

   ☐ No

Washington State Health Care Authority

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

   ☐ Yes

   ☒ No

8. If yes, please explain.

9. Professional licenses held:

   License to practice medicine in Washington state

10. Memberships in professional, civic organizations, or government boards or commissions:

    American Association for Physician Leadership (AAPL)
    Washington State Medical Association

11. Community service/volunteer activities:

    See above related to local board of director activities related to hospice and the blood center

12. Have you ever served in the U.S. Armed Forces?

    ☒ Yes

    ☐ No

Washington State Health Care Authority

Health equity questions

Please answer the following questions regarding health equity.

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13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

    My direct experience with health equity is via efforts in the development of value-based oncology care models, payer-provider collaboration and contracting as I have outlined above. Central to these efforts are the Institute of Medicine quality principles All the IOM principles are important and interconnected; the one particularly relevant to this question is "equitable". This was reflected in our clinical practices and measurements. Despite our formal value-based contract being with

14. Please describe why health equity is important to you.

    Health equity is distinctly important to me personally though I cannot divorce it from the other critical components of quality and value in healthcare. I spent 30+ years as a practicing medical oncology/hematologist, as a physician leader, and as an advocate for oncology and healthcare system change.
    Our current healthcare non-system (which consists of multiple parallel and competing and disconnected systems) is in tremendous need of change and is

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

    It is essential we not only change the current non-system of care, but that we replace it with a single system of care. There are different models that satisfy the need for a single system of care and can further value and accountability; FTAC has a major role to play in evaluating these options as relates to financing the delivery system. This new system must be universal, affordable, accessible, value-based, and sustainable

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

    Caucasian

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- ☐ Hispanic or Latino/a/x/e
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- ☒ Accept the responsibilities to collaborate in developing potential recommendations.
- ☒ Respectfully engage at all times with other FTAC members.

Applicant signature: Bruce Cutter, MD

Date: 11/28/2022

Bruce Cutter, M.D., MMM

400 N. Timberfield Lane, Unit N, Liberty Lake, WA 99223
509-953-7209 (cell)
bcutter@msn.com

Professional Experience:

Practicing Medical Oncologist/Hematologist, Summit Cancer Centers, Spokane, WA, 2015-2022

Medical Oncologist and Oncology Medical Director, Group Health Cooperative/Group Health Physicians, Spokane, WA. 2011-2014

Founder and Principal, Cutter HealthCare Consulting, 2010- 2011

On-call medical oncology coverage, Northwest Medical Specialists, Tacoma, WA. 2011

Quality Chairperson, Consultant, and practicing Medical Oncologist/Hematologist, Cancer Care Northwest (CCNW), Spokane, WA, 2007-2010.

President and CEO, Cancer Care Northwest, 2000-April 2007. Transformed six-person medical oncology/hematology practice into integrated, coordinated, cancer care delivery system committed to measurable quality and provision of value

- Established vision of quality, integrated system of cancer care
- Architect of strategies of horizontal integration, differentiation, and focus
    - Championed strategy of horizontal integration with US Oncology (USON) in 1995
    - In 1999 opened CCNW's first freestanding outpatient cancer center
    - Grew CCNW from 6 to 18 physicians from 1999-2006; enlarged practice scope from pure medical oncology/hematology to include radiation, surgical and gynecologic oncology, breast surgery, and imaging services
    - Developed and implemented Women's Center for Breast and Gynecologic Cancer
    - Conceived of, developed, and led implementation of a comprehensive quality program, "Foundations of Quality" (details below)
    - Developed and implemented a patient-centered, equitable patient support effort, *I Thrive* that brought together internal clinical social worker, financial support and nursing practice resources together with external community resources to establish a formal patient and family support service supporting the many holistic needs of all our patients
- In 2003 led negotiations that culminated in the leasing of a radiation facility from a local hospital, a former competitor
- In 2004, led relationship-building and formal negotiations to form an alliance and complex "joint venture" between CCNW, a local multispecialty clinic, and the hospital that owned the leased radiation facility; this effort enabled the multispecialty clinic to provide radiation oncology services and gained financial and strategic benefits for all parties involved
- In 2002 established ongoing partnership with Premera Blue Cross to develop a nationally recognized, comprehensive quality program branded as **"Foundations of Quality"**. Key aspects of this proof-of-concept collaboration include:
    - Physician culture change
    - Transformed relationship between Premera Blue Cross and CCNW
    - A true, collaboratively developed, innovative "Pay for Value" program and associated value-based contract with Premera
    - The value-based contract included measurement of and reward for specific value/quality accomplishments, initiation and execution of value-based clinical

pathways (including an explicit consideration of cost) and certain quality and outcome measurements

- Measurement of important clinical metrics and patient satisfaction, and development of quality projects and initiatives, including
  - Evidence-based, value-focused clinical pathways. Critical features include physician leadership, ownership, and accountability.
    - Medical, radiation, surgical, and true interdisciplinary clinical pathways developed, implemented, and compliance measured and audited
  - Spokane Interdisciplinary Lung Cancer Group. Brought together physicians from inside and outside of the practice (medical and radiation oncologists, thoracic surgeons, radiologists, and pulmonologists), to jointly develop a community-wide interdisciplinary clinical pathway for non-small cell lung cancer
- Established ***lean-six sigma***-based process-improvement effort as a business priority and integral part of quality program
- In collaboration with clinical and business leadership of US Oncology, helped lead development and implementation of a national counterpart to Foundations of Quality, a network-wide initiative called **Practice Quality and Efficiency (PQE)**. PQE became a prime example of national network-wide collaboration, learning, and innovation, and served as the foundation for establishment of Innovent Oncology, a national oncology clinical pathway and quality business developed by US Oncology.

- Worked to change and evolve practice's culture, governance, and decision-making during period of rapid growth and evolution from a small single specialty physician practice to >$100 million dollar (gross revenue) integrated cancer care delivery system
  - Established formal practice board of directors and P&T/pathways committee
  - Initiated formal leadership program for supervisors/ managers to enhance teamwork, communication, leadership skills
  - Led, in partnership with leadership consultant, development of collaborative, bottom-up initiative called TeamCare, with goal of involving/empowering entire business to identify and develop shared solutions for leadership and operational needs/priorities
- From 1999 through 2006 grew gross revenue from $40 million to $100 million, net revenue from $10 million to $40 million
- From 1999 through 2006, increased number of employees from 50 to 180
- Served as liaison to entities external to the business: US Oncology, physicians, hospitals, health plans, political organizations and leaders, the press, community leaders.

Practicing Medical Oncologist/Hematologist (full-time or, during leadership period, half-time), Cancer Care Northwest, Spokane, WA, 1992-2007

Practicing Medical Oncologist/Hematologist, Puget Sound Cancer Center, Edmonds, WA, 1990-1992

Additional Leadership Experience

ASCO Leadership Position:

- ASCO Breast Cancer Registry Pilot Program Steering Committee, 2009-2012

Physician Leadership positions within US Oncology:

- Co-chair, Cancer Center Services committee, 2004-2007
- Co-chair, Practice Quality Taskforce, 2005-2007
- US Oncology Pharmacy and Therapeutics Executive Committee, 2004-2007
- US Oncology National Policy Board Executive Committee, 2000-2004 (Vice Chairman from 2000-2002)

Community Health Care Leadership Positions:

- Member, Spokane Institutional Review Board, 2011-2018

- Member, Board of Directors, Inland Northwest Blood Center, 1996-2001
- President, Board of Directors, Inland Northwest Blood Center, 2000
- Member, Board of Directors, Hospice of Spokane, 1995-2000
- President, Board of Directors, Hospice of Spokane, 1999

Education:

- Executive Development Intensive, Scherer Leadership Center, Seattle WA, March 2006
- Masters in medical management (MMM), Marshall School of Business, University of Southern California, Los Angeles, CA, 2003-2004
- American College of Physician Executives (now the American Association of Physician Leadership). Business courses for physicians, prerequisites for the MMM degree. Multiple locations, from 1996 through 2001
- Medical Oncology/Hematology Fellowship, University of California at Davis Medical Center, Sacramento, CA, 1988-1990
- Internal Medicine Residency, Internal Medicine Spokane, Spokane, WA 1985-1988
- Pathology/Hematopathology Residency, SUNY Upstate Medical Center, Syracuse, New York, 1983-1985
- Internship, Children's Hospital and Medical Center, Seattle, WA, 1982-1983
- M.D., University of Washington School of Medicine, Seattle, WA 1978-1982
- B.S in Chemistry, Eastern Washington University, Cheney, WA, 1975-1978

Professional Memberships:

- American College of Physician Executives/American Association for Physician Leadership, 1996-2020
- American Society of Clinical Oncology, 1991-2020

Editorial Boards:

- Cancer Center Business Summit advisory/developmental board: 2009-2022
- Journal of Value-Based Cancer Care, 2010-2012

Presentations: (representative sample)

- Community Oncology Association national conference, February 2011: "Understanding and Leading Change"
- US Oncology webinar, December 2010: "Quality, Clinical Pathways, and Payer Collaboration: A Case Study"
- Cancer Center Business Summit, October 2009, 2010: Participant (2009) and panel leader (2010), payer-provider panel discussing clinical pathways and provider-payer collaboration
- World Congress PBM conference, August 2010: "Beyond Benefit Design: Perspectives and Solutions for Driving Value-Based System Change"
- Association of Northern California Oncologists, April 2010: "Quality, Clinical Pathways, and Payer Collaboration: Toward a Transformed Oncology Delivery System"
- Association of Managed Care Pharmacists convention, April 2010: "Value-Based Oncology Care"
- Connecticut Oncology Association annual meeting, November 2008: "A Tale of Two Practices"

Interviews (representative sample only)

- The concept of Clinical Pathways is Evolving. Lola Butcher, Oncology Times, March 10, 2011
- Do Clinical Pathways Improve the Value of Cancer Care? Lola Butcher, Oncology Times, August25, 2009
- Pathways Pay: Some Practitioners say the Concept Represents Best Shot for Oncologists to Control Own Destiny in Face of Reimbursement Challenges. Lola Butcher, Oncology Times, September 19, 2007

Publications:

- Partridge AH, Norris VW, Blinder VS, Cutter BA, Halpern MT, Malin J, Neuss MN, Wolff AC. The ASCO breast cancer registry pilot: Implementation of a breast cancer registry and treatment plan/summary program in clinical practice. Cancer 119, 1 January 2013, p158-163
- Cutter B. Putting multiple myeloma on the clinical pathway. Value-Based Cancer Care. 2010; 1(4): 24
- **Perspectives** (a publication of Lyceum Associates, a business "think tank")
    - Accountability in Health Care: Definition and Implementation, March 2011
    - Fixing Health Care's Value Deficit, Part II: The Solution in Clinical Pathways, June 2010
    - Fixing Health Care's Value Deficit, Part I: The Problem of Unexplained Geographic Variation, May, 2010
    - Oncology Business Commentary: Moving Toward a New Oncology Business Model, February 2009

Certification and Licensure:

- American Board of Internal Medicine: Internal Medicine (1998); Medical Oncology, 1991 (recertified 2001 and 2011)
- Washington State medical license, 1982-present

Military Service:

Medical Technologist, United States Air Force, 1971-1975

Honors and Awards:

- Foley and Lardner Cancer Center Innovator Award, presented at the 2009 Cancer Center Business Summit
- Graduation with Honors, University of Washington School of Medicine
- Alpha Omega Alpha medical honor society
- Summa Cum Laude, Eastern Washington University

Washington State Health Care Authority

Universal Health Care Commission

Finance Technical Advisory Committee (FTAC) application

The Washington State Universal Health Care Commission (commission) is seeking members for its new Finance Technical Advisory Committee.

Due: Wednesday, November 30, 2022
Submit to: HCAUniversalHCC@hca.wa.gov

To apply, please complete this application and submit to HCAUniversalHCC@hca.wa.gov **by end of day on Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

Contact information

Information requested	Your information
Name (first and last):	Bianca Frogner
Preferred pronouns (e.g., she/her, he/his, they/their):	she/her
Organization (if applicable):	University of Washington
Title or position (if applicable):	Professor and Director, CHWS
Work address (if applicable):	4311 11th Ave NE, Suite 210, Seattle, WA
County of organization/employer (if applicable):	King County
Email:	bfrogner@uw.edu
Phone:	206-616-9657

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- ☒ Academic/research
- ☐ Community member or advocate
- ☐ Community-based organization
- ☐ Employer/business (private, nonprofit, etc.)
- ☐ Finance
- ☐ Health care association (please describe):
- ☐ Labor union
- ☐ Law
- ☐ Payer: private
- ☐ Payer: public
- ☐ Provider: federally qualified health center

- ☐ Provider: hospital and/or health system
- ☐ Provider: other
- ☐ Provider: Tribal health clinic or center
- ☐ Provider/clinic: behavioral health
- ☐ Provider/clinic: oral health
- ☐ Provider/clinic: physical health
- ☐ Public health department
- ☐ Social services
- ☐ State agency staff
- ☐ Tribal representative

Areas of experience/expertise

- ☐ Children's health financing
- ☐ Health care advocate[1]
- ☐ Coverage and benefits and/or cost sharing and premiums
- ☒ Development or measurement of health-related metrics
- ☐ Employer health benefits/costs
- ☐ Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- ☐ Experience with differently abled communities (either as a community member of working with community)
- ☐ Experience with LGBTQ+ community (either as a community member or working with community)
- ☐ Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- ☒ Federal financing for health care programs and systems
- ☐ Financing health-related social needs and social determinants of health
- ☐ Health care administration
- ☒ Health care delivery system
- ☒ Health care financing[2]
- ☒ Health economics
- ☐ Health information technology and/or electronic medical records
- ☐ Health-care costs, value-based payments, alternative payment methodologies
- ☐ Improving health equity and eliminating health disparities
- ☒ Provider reimbursement
- ☐ Public health financing
- ☒ Recruiting, educating, and retaining the health care workforce
- ☐ Revenue goals and projections
- ☐ State financing for health care programs and systems
- ☐ Tax structures, including the impact of tax structures on equity
- ☐ Taxation and other public revenue models
- ☐ The Employee Retirement Income Security Act (ERISA)

[1] The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate 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, 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.

[2] Health care financing expertise may include but is not limited to: 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 payer/provider contracting.

Washington State Health Care Authority

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

   I believe that to improve health care delivery and access, and reach health equity, we need to ensure that everyone is covered by health insurance. By continuing to have large segments of the population uninsured, we are not able to effectively reduce health care spending and improve the health of the population. The US is one of the only industrialized countries without universal health insurance and this is despite spending more than any other country in the world on health care, which seems unacceptable. One way to address this is to help our state be a leader in

2. Please describe your relevant experience and how it would benefit FTAC.

   As a PhD trained health economist and public health researcher, I have decades of experience examining the US and other countries' health care systems, including monitoring national health care spending and health workforce trends, mostly using secondary data. I have specialized knowledge about the health workforce, including issues related to recruiting, retaining and reimbursing workers, who may be directly affected by universal health care. I can bring this background and critical lens to the

3. Please describe any other experience serving on a committee, board, or workgroup.

   I am the Director of the Center for Health Workforce Studies at the University of Washington, which conducts multiple studies on the health workforce through state and federal grants and contracts, as well as foundation funding so I bring specialized knowledge about the health workforce. I currently serve on the Washington state Health Care Cost Transparency Board. I previously served as an advisor on the Office of Financial Management's report on primary care spending in Washington state. I have also served on the Brac Committee on Primary Care that resulted in a

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

   ☐ Yes

   ☒ No

6. If yes, did you receive any compensation?

   ☐ Yes

   ☐ No

Washington State Health Care Authority

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

☐ Yes

☒ No

8. If yes, please explain.

9. Professional licenses held:

None

10. Memberships in professional, civic organizations, or government boards or commissions:

WA Health Care Cost Transparency Board
AcademyHealth member
American Society of Health Economists member
American Economic Association member
International Health Economics Association

11. Community service/volunteer activities:

None of note

12. Have you ever served in the U.S. Armed Forces?

☐ Yes

☒ No

Washington State Health Care Authority

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

    I have been leading since 2018 a large federally funded health workforce research center addressing health equity where we conduct several studies each year to understand the gaps and opportunities to strengthen health care worker training and education to address health equity as well as to identify barriers to developing a diverse workforce to care for diverse populations.

14. Please describe why health equity is important to you.

    Reaching for health equity is critical for improving the health of the overall population. As long as some populations are left behind with unequal access to care and unequal treatment upon receiving care, we are not able to progress as a society. Inequity results in inefficiency in our health care system which can result in widely variable spending patterns and may result in unnecessary burdens on our health workforce.

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

    By unifying health care financing in our state, we are one step closer toward health equity. We may be able to reduce a big barrier in access to care for some populations and help reduce the challenges people face in navigating an otherwise incredibly complex system that may be deterrents to obtaining care.

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

    mixed race - Japanese/Norwegian

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- ☐ American Indian or Alaska Native
- ☒ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino/a/x/e
- ☐ Middle Eastern or Northern African
- ☐ Native Hawaiian or Pacific Islander
- ☒ White
- ☐ Other category/categories (please list)
- ☐ Don't want to answer/decline

Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- ☒ Attend regular, bi-monthly FTAC meetings.
- ☒ Review all materials prior to FTAC meetings.
- ☒ Participate to the best of my ability.
- ☒ Participate in good faith in the best interest of FTAC and its charge.
- ☒ Accept the responsibilities to collaborate in developing potential recommendations.
- ☒ Respectfully engage at all times with other FTAC members.

Applicant signature: Bianca Frogner

Date: 11/27/2022

UNIVERSITY OF WASHINGTON
SCHOOL OF MEDICINE
BIANCA KIYOE FROGNER, PHD

1. PERSONAL DATA

Legal Name: Bianca Kiyoe Frogner, PhD
Place of Birth: Sunnyvale, California
Citizenship: United States
Work Contact: UW School of Medicine, Department of Family Medicine – Research Section
Box 354982, 4311 11th Ave. NE, Suite 210, Seattle, WA, 98195
Office Phone: (206) 616-9657
Email Address: bfrogner@uw.edu

2. EDUCATION

2001	BA, University of California, Berkeley *Major: Molecular and Cell Biology, Concentration: Neuroscience*
2008	PhD, Johns Hopkins University, Bloomberg School of Public Health, Health Policy and Management Department *Concentration: Health Economics* Thesis title: Long-Run Modeling of Health Care Expenditure Growth in Industrialized Countries
2009	Postdoctoral Fellow, University of Illinois at Chicago, School of Public Health, Health Policy and Administration Department

3. GRADUATE AND POST-GRADUATE TRAINING

2003-2004	Health Resources and Services Administration Traineeship (A03 HP01164)
2004-2008	National Institute of Mental Health, Operations Research and Economics in Mental Health Traineeship (T32 MH014567-29 to 32)
2009	Centers for Disease Control and Prevention, Illinois Public Health Research Fellowship Program (T01 CD000189)
2013	National Library of Medicine/Marine Biological Laboratory Biomedical Informatics Course Fellow, Certificate Program, Woods Hole, MA
2014	National Science Foundation DC Innovation Corps (I-Corps) Program

4. FACULTY AND LEADERSHIP POSITIONS HELD

2009-2014	Assistant Professor, Health Services Management and Leadership Department (*merged into Health Policy and Management Department*), Milken Institute School of Public Health, The George Washington University
2012-2014	Deputy Director, Health Workforce Research Center, Milken Institute School of Public Health, The George Washington University
2014-2021	Associate Professor (Tenured), Department of Family Medicine, University of Washington
2014-present	Director, Center for Health Workforce Studies, University of Washington
2015, 2017	Adjunct Faculty, Medical Industry Leadership Institute, Carlson School of Management, University of Minnesota
2016-present	Deputy Director, Primary Care Innovation Lab, University of Washington
2017-2021	Adjunct Associate Professor, Department of Health Systems and Population Health (formerly Department of Health Services), School of Public Health, University of Washington
2018-present	Graduate Faculty, University of Washington
2021-present	Bridges Center Faculty Associate, Harry Bridges Center for Labor Studies, University of Washington

2021-present	Adjunct Full Professor, Department of Health Systems and Population Health (formerly Department of Health Services), School of Public Health, University of Washington
2021-present	Full Professor (Tenured), Department of Family Medicine, University of Washington

5. HOSPITAL POSITIONS HELD
NOT APPLICABLE

6. CURRENT (NON-UW) EMPLOYMENT
NOT APPLICABLE

7. HONORS

2005	Top 25 Papers in *Health Affairs* for Anderson et al, 2005
2006	Top 25 Papers in *Health Affairs* for Anderson et al, 2006
2012	2nd Place Poster Award at 2012 Annual Meeting of Association of University Programs in Health Administration (AUPHA)
2013	Semifinalist GW Biz Plan Competition
2013	Top 8 Finalists of Robert Wood Johnson Foundation Pioneer Pitch Day
2016	Best Abstract in Health Workforce Theme at 2016 Annual Research Meeting of AcademyHealth
2018	Seymour R. Cohen Award for Pediatric Laryngology and Broncho-Esophagology for Best Original Paper in Either Basic Research or Clinical Investigation for Coppess et al, 2018
2019	John M. Eisenberg Article-of-the-Year Award in *Health Services Research* for Frogner et al, 2018
2020	Top 10% Downloaded Paper 2018-2019 in *Health Services Research* for Frogner et al, 2018
2021	Best Poster Nominee for AcademyHealth Annual Research Meeting
2021-2023	National Institutes of Health/National Institute on Minority Health and Health Disparities Loan Repayment Program on Health Disparities
2022	Science in Medicine Lecture Series, University of Washington
2022	UW Department of Family Medicine Research and Scholarship Excellence Award

8. BOARD CERTIFICATION
NOT APPLICABLE

9. LICENSURE
NOT APPLICABLE

10. DIVERSITY, EQUITY AND INCLUSION

Research Funding

- Award recipient of the NIH/NIMHD Loan Repayment Program on Health Disparities
- Principal Investigator of $2,139,301 grant from Health Resources and Services Administration (U81 HP32114) to start a new Health Workforce Research Center addressing gaps in health professional education and training to address health equity, 2018-2022.
- Co-investigator on a NIH/NIMH R34 grant examining how the emergency department information exchange system may improve mental health outcomes for Medicaid recipients in Washington state.
- Co-investigator on a NIH/NIA R01 grant titled, “Reducing Disparities in Post-Acute Care: Designing a Data-Driven Stakeholder-Prioritized Intervention to Address Health Equity Following Payment Policy Reform and the COVID-19 Pandemic”
- Co-investigator on grants (current and completed) from the Agency for Healthcare Research and Quality, Health Resources and Services Administration, and Premera BlueCross to study the

rural health workforce.

Publications

- Multiple publications on the socioeconomic status of health care workers, diversity of the health workforce, role of health care workers in addressing health disparities and health equity including in rural communities and safety net systems.
- Committee member in 2016 of the National Academies of Sciences, Engineering, and Medicine report: *A framework for educating health professionals to address the social determinants of health.* Delivered 2 presentations related to the outcomes of the report.
- Authored 2 peer-reviewed publications examining the diversity of my professional society, AcademyHealth, representing health services researchers.

Mentoring

- Hired Dr. Cyndy Snyder as a research scientist level 3 in UW CHWS in 2015 and helped to promote her to Research Assistant Professor in 2016 making her the only African-American female professor in the Department of Family Medicine at the time.
- Invited participant for session, "Racism, Health Equity, and Social Determinants: Turning Conversations into Action," organized by AcademyHealth and HealthBegins at AcademyHealth's Annual Research Meeting, Jun 24 2018.
- Invited participant for mentoring breakfast for Robert Wood Johnson Foundation's Health Policy Research Scholars Program, who are doctoral students across different sectors and disciplines from underrepresented populations and/or disadvantaged backgrounds, Jun 25 2018.
- Mentor on T32 Child Health Equity Research Fellowship through UW Department of Pediatrics, 2020-present. Role includes presenting research and providing career advice to post-doctoral trainees.
- UW CHWS currently employs 16 research staff (10 of whom I directly supervise). 75% are women and about 25% are persons of color.

Lectures

- Given my work on low-wage health care workers, including in long-term care, I have been invited multiple times to provide an overview of the demographic and socioeconomic characteristics of this workforce segment and to discuss the challenges these workers face during the COVID-19 pandemic.
- Invited to Surgical Outcomes Research Center Annual Retreat in the UW Department of Surgery to give lecture on, "Diversity of the Health Workforce." Sep 29 2017.
- Invited twice by the UW Postdoc Diversity Alliance to serve on panels:
    - "Research as a Vehicle for Change: Strategies for Developing Equity Focused Grant Proposals: Panel Discussion and Workshop." Jan 14 2020.
    - "Research as a Vehicle for Change: Strategies for Developing Equity Focused Grant Proposals Pt II." Aug 17 2020.

11. PROFESSIONAL ORGANIZATIONS

2003-present	Member, AcademyHealth
2015-2016	Advisory Committee Member, Health Economics Interest Group
2016-2017	Vice Chair, Health Economics Interest Group
2017-2018	Chair, Health Economics Interest Group (1-year term limit)
2017-2018	Planning Committee Member for Annual Research Meeting
2017-2021	Health Workforce Theme Abstract Reviewer
2018-2020	Awards Task Force Member
2019-2021	Alice S. Hersh Emerging Leader Award Selection Committee
2020, 2021	Chair, Selection Committee
2021-present	Membership Council
2003-present	Member, American Economic Association
2007-present	Member, American Society of Health Economists

2012, 2014 Scientific Committee
2008-present Member, International Health Economics Association
2018-present Health Workforce Interest Group Committee

12. TEACHING RESPONSIBILITIES

The George Washington University (GW) *(former institution)*
Note: From 2009-2014, my primary appointment was in the Department of Health Services Management and Leadership (HSML) (now the Health Policy and Management Department).

***GW Courses** (Semester System)*

HSML 6206 Quantitative Methods and Epidemiology in Health Services (Role: Lead Instructor)
Fall 2009, Spring 2010, Fall 2010, Spring 2011, Fall 2011, Spring 2012

HSML 6211 Health Economics (Role: Lead Instructor)
Spring 2010, Fall 2012, Spring 2013, Fall 2013, Fall 2014

HSML 6211 DE Health Economics (online) (Role: Lead Instructor)
Fall 2010, Fall 2011, Spring 2013

HSML 6274/6275 Residency (Role: Faculty Advisor)
Summer 2012, Fall 2012, Spring 2013, Summer 2013, Fall 2013, Spring 2014, Summer 2014, Fall 2014

PubH 6202, 2U1 Introduction to US Health Services Delivery (online) (Role: Lead Instructor)
Spring 2014

GW Guest Lectures

1. "International Health Systems." Lead Instructor: Brian Biles. HSML 6202 Introduction to US Health Services Delivery, Department of Health Policy and Management, Milken Institute School of Public Health, The George Washington University, Washington, DC. Sep 14 2009, Sep 21 2009.

2. "Healthcare Workforce Issues." Lead Instructor: Sarah Baird. PubH 6440 Global Health Economics and Finance, Department of Global Health, Milken Institute School of Public Health, The George Washington University, Washington, DC. Mar 8 2011.

3. "Economic and Workforce Aspects of the Health System." Lead Instructor: Jim Cawley. PA 6219 The Role of the Physician Assistant in American Health Care, Department of Prevention and Community Health, Milken Institute School of Public Health, The George Washington University, Washington, DC. Jun 22 2011.

4. "Overview of Methods." Lead Instructor: Karen McDonnell. PubH 8420 Research Methods III, Department of Prevention and Community Health, Milken Institute School of Public Health, The George Washington University, Washington, DC. Sep 20 2011.

5. "Finance and Economics in Public Health." Lead Instructor: Robert Burke. PubH 6008 Management Approaches in Public Health, Department of Health Policy and Management, Milken Institute School of Public Health, The George Washington University, Washington, DC. Mar 20 2013, Mar 13 2014.

University of Minnesota, Carlson School of Management, Medical Industry Leadership Institute
Note: I was an adjunct faculty member for University of Minnesota

IBUS 6997 Global Valuation Lab (Role: Co-Instructor; Lead Instructor: Stephen Parente)
Summer 2015, Summer 2017

University of Washington
Note: My primary appointment is in the Department of Family Medicine in School of Medicine. I am an Adjunct Professor in the Department of Health Systems and Population Health in the School of Public Health.

***UW Courses** (Quarter System)*

MEDSCI 550: Energetics & Homeostasis (Role: Co-instructor; Lead Instructor: Bruce Silverstein)
Spring 2017

Clinical Research Skills Course Foundations Curriculum (Role: Co-developer; Lead Instructors: Bryan Kestenbaum, Matthew Thompson)
Summer 2018

PCAR 490: ITHS/WRF Summer Commercialization Fellowship Program/Population Health Entrepreneurship Fellowship Program (Role: Advisor/contributor; Lead Instructor: Terri Butler, Meher Antia)
Summer 2019

MGMT 579 C/D: Moving Beyond Startup: Growing a Healthcare Technology Business (Role: Developer/Lead Instructor)
Spring 2021 *(planned)*

UW Training Grants

Department of Health Services, School of Public Health
2017-present Mentor, T32 HS013853 Health Services Research Training, National Research Service Award (NRSA), Predoctoral Fellowship, Agency for Healthcare Research and Quality (AHRQ)

Department of Psychiatry, School of Medicine
2018-present Mentor, T32 MH020021 Psychiatry Primary Care National Research Service Award (NRSA), Postdoctoral Fellowship, National Institute of Mental Health (NIMH)

Department of Pediatrics, School of Medicine
2020-present Mentor, T32 HD101397 Child Health Equity Research Program for Postdoctoral Fellowship, Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD)

***UW Trainees** (Primary Mentor)*

2016-2017 Andrew Jopson, MPH Program, Department of Health Services, School of Public Health (Role: Thesis Committee Co-Chair; Current Position: Research Scientist, Center for Health Workforce Studies, University of Washington)
2017-2019 Ryan Sterling, PhD Program, Department of Health Services, School of Public Health (Role: Thesis Committee Co-Chair; Current Position: Research Scientist, VA Puget Sound Healthcare)
2019-present Hannah Johnson, PhD Program, Department of Health Services, School of Public Health (Role: Thesis Committee Member)
2020-2021 Rachel Prusynski, PhD Program, Rehabilitation Science, School of Medicine (Role: Thesis Committee Member)

UW Other Thesis Committee Roles

2017	Brian Chin, PhD Program, Department of Health Services, School of Public Health (Role: External Reviewer)
2019	Kangho Suh, PhD Program, School of Pharmacy (Role: Graduate Student Representative)
2020	Matthew Schneider, PhD Program, Department of Global Health, School of Public Health (Role: Graduate Student Representative)
2020-2021	Tricia Rodriguez, PhD Program, School of Pharmacy (Role: Graduate Student Representative)
2022	Samin Jalali, PhD Program, Department of Economics (Role: Graduate Student Representative)

UW Guest Lectures

1. "Health Workforce Research." Lead Instructor: Alyce Sutko. Department of Family Medicine – Residency Section, School of Medicine, University of Washington, Seattle, WA. Aug 19 2015.

2. "Who's Taking Care of Us? Emerging Trends in Health Workforce Research." Lead Instructor: David Grembowski. HSERV 592: PhD Seminar in Health Services, Department of Health Services, School of Public Health, University of Washington, Seattle, WA. Oct 28 2015.

3. "Health Workforce Panel." Lead Instructor: Larry Kessler. HSERV 511: Introduction to Health Services and Public Health, Department of Health Services, School of Public Health, University of Washington, Seattle, WA. Oct 29 2015.

4. "Supply and Demand of Health Workforce." Lead Instructor: Nancy Jecker. BH 474/PHIL 411: Justice in Health Care, Department of Bioethics and Humanities, School of Medicine, University of Washington, Seattle, WA. Mar 1 2016.

5. "Evaluation of the VA Clinic Practice Management Model Implementation: Promoting a Healthcare Data Informed Culture to Improve Access." Co-Presenters: LeRouge C, Sayer G, Rubenstein LV, Frogner BK, Snyder CR, Sangameswaran S. Lead Instructor: David Grembowski. HSERV 592: PhD Seminar in Health Services, Department of Health Services, School of Public Health, University of Washington, Seattle, WA. Oct 12 2016.

6. "Health Workforce: Role of Non-Physician Providers." Lead Instructor: Norma Coe. PHARM/HSERV 568: Health Economics, School of Pharmacy, University of Washington, Seattle, WA. Jan 25 2017.

7. "Panel: Putting Consumer Health Informatics into Practice." Lead Instructor: Cynthia LeRouge. HIHIM 540: Community Health Informatics and Information Exchange, School of Public Health, University of Washington, Seattle, WA. Feb 10 2017.

8. "Future Challenges to the US Healthcare System." Lead Instructor: Nancy Jecker. BH 474/PHIL 411: Justice in Health Care, Department of Bioethics and Humanities, School of Medicine, University of Washington, Seattle, WA. Mar 2 2017.

9. "Primer on Health Economics, Insurance and Financing." Lead Instructor: Bruce Silverstein. MEDSCI 550: Energetics & Homeostasis, School of Medicine, University of Washington, Seattle, WA. May 12 2017.

10. "Health Economics." Lead Instructor: Jonathan Posner. ME 414/599: Engineering Innovation in Health, Department of Mechanical Engineering, University of Washington, Seattle, WA. Nov 30 2017.

11. “What is Primary Care Innovation Lab and How Can UW Residents Get Involved?” Lunchtime lecture for Department of Family Medicine Residents, University of Washington, Seattle, WA. Jun 20 2018.

12. “Economics of the Health Workforce.” Lead Instructor: Lou Garrison. PHARM/HSERV 568: Health Economics, School of Pharmacy, University of Washington, Seattle, WA. Feb 27 2019.

13. “Supply of Low-Skilled Healthcare Workers.” Lead Instructor: Edwin Wong and Paul Fishman. HSERV 587: Health Economic Policy, School of Public Health, University of Washington, Seattle, WA. May 15 2019.

14. “Economics of the Health Workforce.” Lead Instructor: Lou Garrison and Doug Barthold. PHARM/HSERV 568: Health Economics, School of Pharmacy, University of Washington, Seattle, WA. Feb 4 2020.

15. “Health Workforce and COVID-19: Where Are We, How Did We Get Here, and How Do We Move Ahead?” Lunchtime lecture for Department of Family Medicine Residents, University of Washington, Seattle, WA. Sep 2 2020.

16. “Economics of the Health Workforce.” Lead Instructor: Lou Garrison and Doug Barthold. PHARM/HSERV 568: Health Economics, School of Pharmacy, University of Washington, Seattle, WA. Feb 17 2021.

17. “Economics of the Health Workforce.” Lead Instructor: Lou Garrison and Doug Barthold. PHARM/HSERV 568: Health Economics, School of Pharmacy, University of Washington, Seattle, WA. Feb 16 2022.

18. Supply of Healthcare Workers.” Lead Instructor: Edwin Wong and Paul Fishman. HSERV 587: Health Economic Policy, School of Public Health, University of Washington, Seattle, WA. May 11 2022.

19. “Economics of the Health Workforce.” Lead Instructor: Doug Barthold. PHARM/HSERV 568: Health Economics, School of Pharmacy, University of Washington, Seattle, WA. Upcoming: Feb 22 2023.

13. EDITORIAL RESPONSIBILITIES

2017	Advisory Group Member to explore new health workforce journal
2018-2021	Health IT Economics Section Editor, Health Systems
2019-present	Editorial Board, Medical Care Research and Review
2020-present	Series Editor, Developments in Health Economics and Public Policy, Springer

14. SPECIAL NATIONAL AND INTERNATIONAL RESPONSIBILITIES

Note: Excludes responsibilities in professional membership organizations mentioned above.

2015-2016	Member, Institute of Medicine (IOM) Consensus Study Committee on Educating Health Professionals to Address the Social Determinants of Health
2015-2017	Executive Committee Member for “Partnered Evaluation of the Social Determinants of Health and Healthcare Resource Needs of Rural Veterans” (PI: Littman and Hudson), Quality Enhancement Research Initiative, Veterans Affairs Office of Rural Health
2016	Grant Reviewer, Federal Office of Rural Health Policy, Health Resources and Services Administration
2016	Planning Committee, National Academies of Sciences, Engineering and Medicine Workshop on Training the Child Health Care Workforce to Improve Cognitive, Affective, and Behavioral Health Outcomes for Children and Youth

2017	Planning Committee, Highlands [Scotland] Health Economics Symposium
2017-2020	Advisory Committee, Association of American Medical Colleges' Health Workforce Research Conference
2018-2019	Future of Work Task Force Advisory Group, Washington Workforce Training and Education Coordinating Board
2019	Grant Reviewer, Geriatrics Workforce Enhancement Program, Health Resources and Services Administration
2019	External Reviewer for Report, "Finding a Path: Strengthening the Entry-Level Health Care Workforce," RAND Corporation
2019	Primary Care Expenditures Stakeholder Group, Washington State Office of Financial Management
2019-2021	Bree Collaborative: Primary Care Workgroup
2020	External Reviewer, Master's Program in Healthcare Administration and Interprofessional Leadership, University of California, San Francisco
2020	Health Economics Advisory Member, CARES Act Provider Relief Fund, US Department of Health and Human Services
2020	Technical Expert Panelist, Measures for Meaningful International Comparisons, US Department of Health and Human Services
2020-2021	Research Advisory Committee and Steering Committee Member, Staffing Ratios Project, de Beaumont Foundation and Public Health National Center for Innovations
2020-2021	External Reviewer for Report by Committee on the Future of Nursing 2020-2030, National Academies of Sciences, Engineering, and Medicine
2021-2022	Invited Member, Primary Care Collaborative Research Dissemination Workgroup *PCORI-funded Project: Bridging the Gap in Primary Care Research*
2021-2024	Appointed Member, Washington state Health Care Cost Transparency Board
2022-present	Research Council, Tradeoffs Podcast

Appointments, Promotion, and Tenure Letters

I have written letters for appointment, promotion, and/or tenure for faculty at the following institutions: The George Washington University (3), Indiana University-Purdue University Indianapolis (1), Oregon Health Sciences University (1), University of California San Francisco (2), University of New Hampshire (1), University of North Carolina (1)

15. SPECIAL LOCAL RESPONSIBILITIES

University

2019-2022	Population Health Initiative Executive Committee *Objective: To advise UW President by providing recommendations and supporting actions to achieve initiative's vision, goals, objectives and strategies.*
2021	Invited Committee Member, Academic Program Review of School of Pharmacy *Objective: To review 1 certificate, 3 Master's degree, and 3 PhD programs* *Note: Original scheduled for 2020 but postponed due to COVID-19; stepped off committee due to conflicting obligations*

School of Medicine

2016-2020	Member, Digital Health Advisory Committee, UW Medicine *Objective: To advise UW Medicine leadership on future opportunities in digital health.*

Department of Family Medicine

2015-2021	Appointed Member, Chair Advisory Committee *Objective: To advise the department chair about activities across sections; my role is to represent the research section.*
2017-2019	Appointed Member, Advancements and Promotions Task Force

Objective: To increase the effectiveness, efficiency, and consistency of the current A&P process.

2021 Appointed Member, Faculty Evaluation Task Force
Objective: To provide recommendations to the Chair on ways to improve the faculty evaluation process.

2021 Appointed Member, Research Section Faculty Search Committee
Objective: To identify two qualified candidates to join the DFM Research Section.

2021-2022 Chair, Research Section Faculty Search Committee
Objective: To identify one qualified candidate to join the DFM Research Section.

Department of Health Systems and Population Health, School of Public Health
(Formerly named Department of Health Services)

2017-2018 Faculty search committee: Assistant Professor (WOT) in health disparities
2018-2019 Faculty search committee: Associate Professor in health economics
2022-2023 Chair, Faculty search committee: Department Chair and Professor

School of Pharmacy

2020-2021 Faculty search committee: Assistant Professor (WOT) in health economics

16. RESEARCH FUNDING

Current Grants and Contracts

2020-2024 Sponsor: Premera Blue Cross [**grant**]
Title: Rural Nursing Health Initiative: A Partnership for Healthier Rural Communities
Total Costs: $4,658,826
Principal Investigator: Anne Hirsch
Role: Co-Investigator/Evaluator (3% Effort)

2021-2024 Sponsor: NIH/NIA [**grant**]
R01 AG065371
Title: The Impact of Post-Acute Care Payment Changes on Access and Outcomes
Total costs: $2,866,514
Principal Investigator: Natalie Leland and Tracy Mroz
Role: Co-Investigator (5% Effort)

2021-2023 Sponsor: WA Workforce Training and Education Coordinating Board [**contract**]
Prime: Workforce Investment and Opportunity Act
Title: Health Workforce Industry Sentinel Network
Total Costs: $250,000
Role: Principal Investigator (2% Effort)

2022-2025 Sponsor: Delta Dental of Washington [**contract**]
Title: Washington State Oral Health Workforce Assessment and Tracking Program
Total Costs: $650,000
Role: Principal Investigator (3% Effort)

2022 Sponsor: National Institute on Aging [**grant**]
Title: R24 Advancing Workforce Analysis and Research for Dementia
Principal Investigator: Joanne Spetz, UCSF
Role: Leadership Team/Consultant

2022-2027 Sponsor: Health Resources and Services Administration [**grant**]
U81 HP27844
Title: Health Workforce Research Center: Allied Health
Total Costs: $2,471,875
Role: Principal Investigator (25% Effort)

2022-2027 Sponsor: Health Resources and Services Administration [**grant**]
U81 HP32114
Title: Health Workforce Research Center: Health Equity
Total Costs: $2,471,875
Role: Principal Investigator (25% Effort)

Past Grants and Contracts

2008 Sponsor: XL Health [**contract**]
Title: Improving Medicare Risk Adjustment for Beneficiaries with Chronic Conditions
Total Costs: $110,000
Principal Investigator: Gerard Anderson
Role: Co-Principal Investigator (50% Effort)

2009-2010 Sponsor: US State Department [**contract**]
Title: International Health Regulations Costing Project
Total Costs: information not available
Principal Investigator: Rebecca Katz
Role: Health Economist (2% Effort)

2010 Sponsor: Kaiser Family Foundation [**grant**]
Title: Research & Analysis on Economic Modeling and Assessment of Global Health Effectiveness
Total Costs: $75,000
Role: Principal Investigator (50% Effort)

2010-2011 Sponsor: US Department of Veterans Affairs/US Department of Health and Human Services [**contract**]
Title: Earnings Loss Study: Musculoskeletal Parts of the VA Schedule for Rating Disabilities
Total Costs: $517,051
Principal Investigator: Robert Burke
Role: Co-Principal Investigator/Project Manager (50% Effort)

2011 Sponsor: National Collaborative on Aging, The George Washington University [**internal grant**]
Title: Technology Adoption Patterns among Hospitals Treating Medicare Patients
Total Costs: $40,000
Role: Principal Investigator (20% Effort)

2011-2012 Sponsor: Medical Center Facilitating Fund, School of Public Health and Health Services Deans Fund, The George Washington University [**internal grant**]
Title: Evaluating the Role of Health Information Technology in Hospital Mergers and Acquisitions
Total Costs: $20,000
Role: Principal Investigator (10% Effort)

2011-2012 Sponsor: US Department of Veterans Affairs/US Department of Health and

Human Services [**contract**]
Title: Earnings Loss Studies of the Body Parts that Pertain to the VA Schedule for Rating Disabilities
Total Costs: $856,576
Principal Investigator: Robert Burke
Role: Co-Principal Investigator/Project Manager (50% Effort)

2012-2014 Sponsor: University Seminar Funds, Provost Office, The George Washington University [**internal grant**]
Title: mHealth Research
Total Costs: $2,500
Role: Co-Chair

2013 Sponsor: Joint Center for Political and Economic Studies [**contract**]
Title: Health Workforce Under ACA
Total Costs: $30,000
Role: Principal Investigator (23% Effort)

2013-2014 Sponsor: National Athletic Trainers' Association [**contract**]
Title: The Value of Athletic Trainers to Physician Practices, Patients and Health Care System
Total Costs: $50,000
Role: Principal Investigator (19% Effort)

2013-2014* Sponsor: Health Resources and Services Administration [**grant**]
U81 HP26493
Title: GW Health Workforce Research Center: Flexible or Novel Use of Workers to Improve Health Care Delivery and Efficiency
Total Costs: $1,837,724
Principal Investigator: Patricia (Polly) Pittman
Role: Co-Principal Investigator (30% Effort)
*Award was through 2017, but left institution on 12/14/2014. I completed projects via sub-award 2014-2015 (see below)

2014 Sponsor: University of California, San Francisco [**subaward**]
Prime: Health Resources and Services Administration
Title: Health Workforce Research Center: Long-Term Care
Sub-award Costs: $20,000
Role: Sub-award/Principal Investigator (16% Effort)

2014 Sponsor: University Seminar Funds, Provost Office, The George Washington University [**internal grant**]
Title: mHealth Research
Total Costs: $2,500
Role: Co-Chair

2014-2015 Sponsor: University of Minnesota [**subaward**]
Prime: Robert Wood Johnson Foundation
Title: National Center for Interprofessional Practice and Education: Big Data Analysis Project
Sub-award Costs: $64,398
Role: Sub-award/Principal Investigator (40% Effort)

2014-2015 Sponsor: Health Resources and Services Administration [**grant**]
U1 CRH03712
Title: WWAMI Rural Health Research Center: Health Workforce

Total Costs: $794,130
Principal Investigator: Eric H. Larson
Role: Investigator (5% Effort)

2014-2017 Sponsor: Health Resources and Services Administration [**grant**]
U81 HP27844
Title: Health Workforce Research Center: Allied Health
Total Costs: $1,529,747 supplemental funds
Role: Principal Investigator (25% Effort)

2015 Sponsor: The George Washington University [**subaward**]
Prime: Health Resources and Services Administration
U81 HP26493
Title: Health Workforce Research Center: Flexible or Novel Use of Workers to Improve Health Care Delivery and Efficiency
Sub-award Costs: $11,362
Principal Investigator: Patricia (Polly) Pittman
Role: Subcontractor/Principal Investigator (10% Effort)

2015 Sponsor: American Board of Family Medicine [**contract**]
Title: National Family Medicine Graduate Survey
Total Costs: information not available
Principal Investigator: Freddy Chen
Role: Investigator (5% Effort)

2015-2016 Sponsor: Health Care Cost Institute [**grant**]
Prime: Laura and John Arnold Foundation
Title: Does the Unrestricted Access to Physical Therapy Reduce Health Spending?
Total Costs: $109,836
Role: Principal Investigator (20% Effort)

2015-2016 Sponsor: University of Minnesota [**subaward**]
Prime: Gordon and Betty Moore Foundation
Title: National Center for Interprofessional Practice and Education: Big Data Study
Sub-award Costs: $57,526
Principal Investigator: Barbara Brandt
Role: Sub-award/Principal Investigator (25% Effort)

2015-2016 Sponsor: Washington Center for Nursing [**contract**]
Title: Data Snapshots for ARNPs, RNs and LPNs, 2015-2016
Total Costs: $11,971
Role: Principal Investigator (2% Effort - in kind)

2015-2016 Sponsor: Veterans Health Administration [**contract**]
Title: Evaluation of the VHA Group Practice Manager Initiative's Partner Evaluation
Total Costs: information not available
Principal Investigator: Cynthia LeRouge
Role: Investigator (10% Effort)

2015-2017 Sponsor: UW Institute of Translational Health Sciences [**internal grant**]
Title: Impact of Innovations on Primary Care Workforce Configuration
Total Costs: $11,630
Role: Principal Investigator (5% Effort - in kind)

2015-2018 Sponsor: Workforce Training and Education Coordinating Board [**contract**]
Prime: Washington State Health Care Authority
Title: Health Workforce Industry Sentinel Network
Total Costs: $211,621
Role: Principal Investigator (2% Effort)

2016 Sponsor: American Board of Family Medicine [**contract**]
Title: National Family Medicine Graduate Survey
Total Costs: information not available
Principal Investigator: Freddy Chen
Role: Investigator (5% Effort)

2016-2017 Sponsor: Health Resources and Services Administration [**grant**]
U1 CRH03712
Title: WWAMI Rural Health Research Center: Health Workforce
Total Costs: $794,130
Principal Investigator: Eric H. Larson
Role: Investigator (5% Effort)

2016-2018 Sponsor: Washington State Workforce Training and Education Coordinating Board [**contract**]
Prime: Workforce Investment and Opportunity Act
Title: Behavioral Health Integration Workforce Needs Project
Total Costs: $159,998
Role: Principal Investigator (2% Effort)

2016-2018 Sponsor: Agency for Healthcare Research and Quality [**grant**]
R03 HS24777-01
Title: The Impact of Medicare's Rural Add-on Payments in Home Health on Access to Care and Home Health Markets
Total Costs: $54,201
Principal Investigator: Tracy Mroz
Role: Co-Investigator (5% Effort)

2017-2018 Sponsor: Maine Medical Center [**contract**]
Title: Supply and Distribution of Physicians, Nurse Practitioners and Physician Assistants in Maine in 2017
Total Costs: $62,000
Principal Investigator: Bianca Frogner (3% Effort)

2017-2018 Sponsor: Washington Center for Nursing [**contract**]
Title: Registered Nurse Survey and 2018 Data Snapshots for ARNPs, RNs and LPNs
Total Costs: $110,769
Role: Principal Investigator (2% Effort)

2017-2018 Sponsor: National Science Foundation [**grant**]
Title: Phase II IUCRC University of Washington Site Addition: Center for Health Organization Transformation
Sub-budget Costs: $50,000
Principal Investigator: Christina Mastrangelo
Role: Project Lead (5% Effort)

2017-2022 Sponsor: Health Resources and Services Administration [**grant**]
U81 HP27844

Title: Health Workforce Research Center: Allied Health
Total Costs: $2,685,048
Role: Principal Investigator (25% Effort)

2018-2022 Sponsor: Health Resources and Services Administration [**grant**]
U81 HP32114
Title: Health Workforce Research Center: Health Equity
Total Costs: $2,139,301
Role: Principal Investigator (25% Effort)

2018 Sponsor: The George Washington University [**subaward**]
Prime: Foundation for Physical Therapy
Title: The Effects of Timing of Physical Therapy on Health Care Costs, Utilization, and Opioid Use
Sub-award Costs: $13,000
Principal Investigator: Kenneth Harwood
Role: Sub-Award/Principal Investigator (2% Effort)

2017-2019 Sponsor: UW Harry Bridges Center for Labor Studies [**internal grant**]
Title: Washington State Labor Research Grant: Effects of Increasing Minimum Wage and Expanding Health Insurance Coverage on Job Stability among Long-Term Care Workers
Total Costs: $9,575
Role: Principal Investigator (5% Effort – in kind)

2017-2020 Sponsor: Harvey L. Neiman Health Policy Institute/American College of Radiology [**grant**]
Title: Phase I Planning for an Economic Evaluation of the Implementation of Clinical Decision Support for Advanced Imaging Orders at UW Medicine
Total Costs: $89,105
Role: Principal Investigator (10% Effort)

2018-2021 Sponsor: WA Workforce Training and Education Coordinating Board [**contract**]
Prime: Workforce Investment and Opportunity Act
Title: Health Workforce Industry Sentinel Network
Total Costs: $285,000
Role: Principal Investigator (2% Effort)

2019-2020 Sponsor: UW Institute of Translational Health Sciences [**internal grant**]
Title: Pilot Translational and Clinical Studies Program: Collaboration Innovation Award: Tackling the Opioid Epidemic by Employing Machine Learning Algorithms to Identify Common Pain Treatment Pathways
Total Costs: $50,000
Role: Principal Investigator (7% Effort)

2019-2020 Sponsor: Washington Center for Nursing [**contract**]
Title: Analysis and Reporting of Supply Data of Washington's Registered Nurses, Licensed Practical Nurses, and Advanced Registered Nurse Practitioners
Total Costs: $61,897
Role: Principal Investigator (1% Effort)

2019-2020 Sponsor: American Occupational Therapy Association [**contract**]
Title: Occupational Therapist and Occupational Therapy Assistant Workforce in Long Term Care
Total Costs: $20,000
Principal Investigator: Tracy Mroz

Role: Investigator (1.25% Effort)

2019-2021 Sponsor: Siemens Foundation [**grant**]
Title: Identifying Barriers and Facilitators to Strengthening the Clinical Lab Professional Workforce
Total Costs: $146,526
Role: Principal Investigator (7.5% Effort)

2019-2021 Sponsor: WA Workforce Training and Education Coordinating Board [**contract**]
Title: Washington State Behavioral Health Workforce Assessment
Total Costs: $175,000
Role: Principal Investigator (2% Effort)

2019-2022 Sponsor: NIH/NIMH [**grant**]
R34 MH120345
Title: Improving Mental Health Outcomes with the Emergency Department Information Exchange (EDIE): Insights from Washington State
Total Costs: $713,065
Principal Investigator: Amber Sabbatini
Role: Co-Investigator (5% Effort)

2020-2021 Sponsor: Health Care Authority [**contract**]
Title: Strengthening the Washington Health Workforce Through Research
Total Costs: $70,000
Role: Principal Investigator (3% Effort)

2020-2021 Sponsor: Highline College [**contract**]
Prime: Hospital Employee Education and Training Grant
Title: Education Mismatch for Immigrants in Healthcare Jobs in Washington State
Total Costs: $30,000
Principal Investigator: Davis Patterson
Role: Co-Investigator (1% Effort)

Submitted Grants

2022 Sponsor: National Institute on Aging [**grant**]
Title: R01 Staff Adequacy in Nursing Homes during the COVID-19 Pandemic: Trends, Determinants, and Dementia-Related Outcomes
Principal Investigator: Huiwen Xu, University of Texas Medical Branch
Role: External Advisory Member

17. BIBLIOGRAPHY

A. Publications in Refereed Journals

Note: Underline indicates author for whom I served as a mentor for the publication.

1. Anderson G, **Frogner B**. Comparative drug policies. Heresy: learning from other countries. *J Ambul Care Manage*. 2004;27(3),202-209. [**original work**]

2. Fondacaro M, **Frogner B**, Moos R. Justice in health care decision-making: patients' appraisals of health care providers and health plan representatives. *Soc Justice Res*. 2005;18(1):63-81. PMCID: PMC2878657 [**original work**]

3. Anderson GF, Hussey PS, **Frogner BK**, Waters HR. Health spending in the United States and the rest of the industrialized world. *Health Aff (Millwood)*. 2005;24(4):903-914.
Note: Top 25 Paper for 2005 in Health Affairs [**original work**]

4. Anderson GF, **Frogner BK**, Johns RA, Reinhardt UE. Health care spending and use of information technology in OECD countries. *Health Aff (Millwood)*. 2006;25(3):819-831. Note: *Top 25 Paper for 2006 in Health Affairs* [**original work**]

5. Anderson GF, **Frogner BK**, Reinhardt UE. Health spending in OECD countries: an update. *Health Aff (Millwood)*. 2007;26(5):1481-1489. [**original work**]

6. Anderson GF **Frogner BK**. Health spending in OECD countries: obtaining value per dollar. *Health Aff (Millwood)*. 2008;27(6):1718-1727. [**original work**]

7. Cherlin A, **Frogner B**, Ribar D, Moffitt R. Welfare reform in the mid-2000s: how African American and Hispanic families in three cities are faring. *Ann Am Acad Pol Soc Sci.* 2009;621(1):178-201. PMCID: PMC2632305 [**original work**]

8. LoSasso AT, Shah M, **Frogner BK**. Health savings accounts and health care spending. *Health Serv Res.* 2010;45(4):1041-1060. [**original work**]

9. **Frogner BK**. Health and economic gains: what is at stake in South Africa's health reform?" *World Med Health Policy*. 2010;3(3):25-45. [**original work**]

10. **Frogner BK**. The missing technology: an international look at human capital investment in health care. *Appl Health Econ Health Policy*. 2010;8(6):361-371. [**original work**]

11. Friedman LH, **Frogner BK**. Are our graduates being provided with the right competencies? Findings from an early careerist skills survey. *J Health Admin Educ.* 2010;27(4):269-296. [**original work**]

12. **Frogner BK**, Anderson GF, Cohen R, Abrams C. Incorporating new research into Medicare risk-adjustment. *Med Care.* 2011;49(3):295-300. [**original work**]

13. Frech III HE, Parente S, **Frogner BK**, Hoff J. Comparing the sensitivity of models predicting health status: a critical look at an OECD report on the efficiency of health systems. *Insurance Markets and Companies*. 2013;4(1):22-32. [**original work**]

14. Pittman P, **Frogner BK**, Bass E, Dunham C. international recruitment of allied health professionals to the United States: piecing together the picture with imperfect data. *J Allied Health,* 2014;43(2):79-87. [**original work**]

15. Ku L, **Frogner BK**, Steinmetz E, Pittman P. Many paths to primary care: flexible staffing and productivity in community health centers. *Health Aff (Millwood).* 2015;34(1):95-103. [**original work**]

16. **Frogner BK**, Spetz J, Oberlin S, Parente ST. The demand for healthcare workers post-ACA. *Int J Health Econ Manag.* 2015;15(1):139-151. [**original work**]

17. **Frogner BK,** Westerman B, DiPietro L. The value of athletic trainers in ambulatory settings. *J Allied Health*. 2015;44(3):169-177. [**original work**]

18. **Frogner BK,** Parente ST, Frech HE. Comparing efficiency of health systems across industrialized countries: a panel analysis. *BMC Health Serv Res.* 2015;15(1):415-426. [**original work**]

19. Westerman B, **Frogner BK**, DiPietro L. Hiring patterns of athletic trainers in ambulatory care settings. *Int J Athl Therapy Train,* 2015;20(5):39-42. [**original work**]

20. **Frogner BK**, Pauley GC. Do skill mix and high tech matter for hospitals' competency in adopting electronic health records? *Health Econ Outcome Res (Open Access).* 2015;1(1). DOI:

10.4172/2471-268X.1000106 [**original work**]

21. Miller SC, **Frogner BK**, Saganic LM, Cole AM, Rosenblatt R. Affordable Care Act impact on community health center staffing and enrollment: a cross-sectional study. *J Ambul Care Manage.* 2016;39(4):299-307. [**original work**]

22. Pittman P, Masselink L, Bade L, **Frogner B,** Ku L. CEO perspectives on factors determining clinical staff configurations in community health centers. *J Healthc Manag.* 2016;61(5):364-377. [**original work**]

23. **Frogner BK**, Skillman SM. Pathways to middle-skill allied health care occupations. *Issues Sci Technol*. 2016;33(1):52-57. [**original work**]

24. Forte G, Graham K, **Frogner BK.** Commentaries on health services research. *JAAPA.* 2016;29(1):1-2. DOI: 10.1097/01.JAA.0000475475.25004.86 [**editorial**]

25. Lutfiyya MN, Tomai L, **Frogner B,** Cerra F, Zismer D, Parente S. Does primary care diabetes management provided Medicare patients differ between primary care physicians and nurse practitioners? *J Adv Nurs.* 2017;73(1):240-252.(Epub 2016 Sep 26) [**original work**]

26. **Frogner BK**, Wu X, Ku L, Pittman P, Masselink LE. Do years of experience with electronic health records matter for productivity in community health centers? *J Ambul Care Manage.* 2017;40(1):36-47. [**original work**]

27. **Frogner BK,** Wu X, Park J, Pittman P. The association of electronic health record adoption with staffing mix in community health centers. *Health Serv Res.* 2017;52(Suppl 1):407-421. PMCID: PMC5269546 [**original work**]

28. **Frogner BK**. The health care job engine: where do they come from and what do they say about our future? *Med Care Res Rev.* 2018;75(2):219-231. (Epub 2017 Jan 19) [**original work**]

29. **Frogner BK**, Harwood K, Andrilla H, Schwartz M, Pines JM. Physical therapy as the first point of care to treat low back pain: an instrumental variables approach to estimate impact on opioid prescription, health care utilization, and costs? *Health Serv Res.* 2018;53(6):4629-4646.(Epub 2018 May 23) [**original work**]
Note: John M. Eisenberg Article-of-the-Year by Health Services Research Journal. Received recognition as a Top Downloaded Paper 2018-2019 in Health Services Research.

30. **Frogner BK.** Update on the current stock and supply of health services researchers in the United States. *Health Serv Res.* 2018;53(Suppl 2):3945-3966. (Epub 2018 Jun 4) [**original work**]

31. Snyder CR, **Frogner BK**, Skillman SM. Facilitating racial and ethnic diversity in the healthcare workforce. *J Allied Health*. 2018;47(1):58-69. [**original work**]

32. Snyder CR, Dahal A, **Frogner BK.** Occupational mobility among individuals in entry level health professions. *J Adv Nurs.* 2018;74(7):1628-1638. (Epub 2018 May 4) [**original work**]

33. Park J, Wu X, **Frogner BK**, Pittman P. Does the patient-centered medical home model change staffing and utilization in the community health centers? *Med Care.* 2018;56(9):784-790. [**original work**]

34. **Frogner BK**, Snyder CR, Hornecker JR. Examining the healthcare administrator's perspective on 'teamness' in primary care. *J Healthc Manag.* 2018;63(6):397-408. PMCID:PMC6935357 [**original work**]

35. Coppess S, Soares J, **Frogner BK,** DeMarre K, Faherty A, Hoang J, Shah M, MacKinnon M,

Johnson K. A pilot study assessing clinic value in pediatric pharyngeal dysphagia: the OPPS/cost method. *Laryngoscope.* 2019;129(7):1527-1532. (Epub 2018 Oct 4) [**original work**]
Note: Seymour R. Cohen Award for Pediatric Laryngology and Broncho-Esophagology for Best Original Paper in Either Basic Research or Clinical Investigation

36. Luo R, Sickler J, Vahidnia F, Lee YC, **Frogner BK,** Thompson M. Diagnosis and management of group a streptococcal pharyngitis in the United States, 2011-2015. *BMC Infect Dis.* 2019;19(1):193 DOI: 10.1186/s12879-019-3835-4 [**original work**]

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38. Larson EH, **Frogner BK.** Characteristics of physician assistant students planning to work in primary care: a national study. *J Physician Assist Educ.* 2019;30(4):200-206. [**original work**]

39. **Frogner BK.** Letter to the editor: interchangeability of PAs and NPs. *JAAPA.* 2019;32(12):1. DOI: 10.1097/01.JAA.0000604900.73605.16 [**letter to editor**]

40. Skillman SM, Dahal A, Andrilla H, **Frogner BK**. Frontline workers' career pathways: a detailed look at Washington state's medical assistant workforce. *Med Care Res Rev.* 2020:77(3):285-293. (Epub 2018 Nov 17) [**original work**]

41. LeRouge C, Sayre G, Sangameswaran S, **Frogner BK**, Snyder CR, Rubenstein L, Kirsh S. The group practice manager in the VHA: a view from the field. *Federal Practitioner.* 2020;37(2):81-87. [**original work**]

42. **Frogner BK,** Fraher EP, Spetz J, Pittman P, Moore J, Beck AJ, Armstrong D, Buerhaus PI. Modernizing scope-of-practice regulations – time to prioritize patients. *NEJM.* 2020;382(7):591-593. [**original work**]

43. Fraher EP, Pittman P, **Frogner BK**, Spetz J, Moore J, Beck AJ, Armstrong D, Buerhaus PI. Ensuring and sustaining a pandemic workforce. *NEJM.* 2020;382(23):2181-2183 (EPub 2020 Apr 8). [**original work**]

44. Mroz T, Patterson D, **Frogner B**. The impact of Medicare's rural add-on payments on supply of home health agencies serving rural counties. *Health Aff (Millwood)*. 2020;39(6):949-957. DOI: 10.1377/hlthaff.2019.00952 [**original work**]

45. Prusynski R, **Frogner BK**, Dahal A, Skillman SM, Mroz T. Skilled nursing facility characteristics associated with financially motivated therapy and relation to quality. *J Am Med Dir Assoc.* 2020; 21(12):1944-1950 (EPub (2020 Jun 6). [**original work**]

46. Mroz T, Dahal A, Prusynski R, Skillman SM, **Frogner BK**. Variation in employment of therapy assistants in skilled nursing facilities based on organizational factors. *Med Care Res Rev.* 2021;78(1_supp):40S-46S (EPub 2020 Aug 28). [**original work**]

47. Armstrong D, Moore J, Fraher EP, **Frogner BK**, Pittman P, Spetz J. COVID-19 and the health workforce. *Med Care Res Rev*. 2021;78(1 suppl):4S-6S (EPub 2020 Oct 31). [**editorial**]

48. Mohammed SA, Guenther GA, **Frogner BK,** Skillman SM. Examining the racial and ethnic diversity of associate degree in nursing programs by type of institution in the US, 2012-2018. *Nurs Outlook*. 2021;69(4):598-608 (EPub 2021 Apr 15). [**original work**]

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50. **Frogner BK**, Schwartz M. Examining wage disparities by race and ethnicity of health care workers. *Med Care*. 2021;59(Supl 5):S471-S478. DOI: 10.1097/MLR. 0000000000001613 [**original work**]

51. Prusynski R, **Frogner BK**, Skillman SM, Dahal A, Mroz T. Therapy assistant staffing and patient quality outcomes in skilled nursing facilities. *J Appl Geront.* 2021. EPub Ahead of Print: DOI: 10.1177/07334648211033417 [**original work**]

52. **Frogner BK.** Patients receive flexible and accessible care when state workforce barriers are removed. *Health Aff (Millwood)*. 2022;41(8):1139-1141. DOI: 10.1377/hlthaff.2022.00759 [**invited editorial**]

53. **Frogner BK**. How the health services researcher supply in the United States is evolving. *Health Serv Res.* 2022 Jan 4. DOI: 10.1111/1475-6773.13934. [**original work**]

54. **Frogner BK**, Dill J. Tracking turnover among health care workers during the COVID-19 pandemic. *JAMA Health Forum*. 2022;33(4):e220371: DOI:10.1001/jamahealthforum.2022.0371. [**original work**]

55. Dill J, **Frogner BK,** Travers J. Taking the long view: understanding the rate of second job holding among long-term care workers. *Med Care Res Rev*. 2022 Apr 25. DOI:10.1177/10775587221089414. [**original work**]

56. Harwood KJ, Pines J, Andrilla CH, **Frogner BK**. Where to start? A two stage residual inclusion approach to estimating influence of the initial provider on health care utilization and costs for low back pain in the US. *BMC Health Services Research.* 2022;22(1):694. DOI: 10.1186/s12913-022-0892-1. [**original work**]

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58. Sabbatini AK, McConnell KJ, Parrish C, **Frogner B**, Reddy A, Zatzick D, Kreuter W, Basu A. Impact of Washington state's emergency department information exchange on health care use and expenditures. *Health Serv Res*, 2022;57(3):603-613. DOI:10.1111/1475-6773.13963. [**original work**]

59. Sabin J, Guenther G, Ornelas IJ, Patterson DG, Andrilla CHA, Morales L, Gural K, **Frogner BK**. Brief online course on implicit bias education increases bias awareness among clinical teaching faculty. *Med Educ Online.* 2022;27(1): DOI:10.1080/10872981.2021.2025307. [**original work**]

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61. van Eijk MS, Guenther GA, Kett PM, Jopson AD, **Frogner B**, Skillman SM. Addressing systemic racism in birth doula services to reduce health inequities in the United States. *Health Equity.* 2022;6(1): DOI:10.1089/heq.2021.0033. [**original work**]

62. van Eijk MS, Kett PM, Prueher L, **Frogner BK**, Guenther GA. Lack of consistent investment in federal insurance navigator program undermines navigators' equity work in vulnerable communities. *J Public Health Manag Pract*. 2022;28(4):399-405: DOI:10.1097/PHH 0000000000001503. [**original work**]

63. van Eijk MS, Guenther GA, Jopson AD, Skillman SM, **Frogner B**. Health workforce challenges impact the development of robust doula services for underserved populations in the United States. *J Perinat Educ.* 2022;31(3). DOI:10.1891.JPE-2021-0013 [**original work**]

64. Nasseh K, **Frogner BK**, Vujicic M. A closer look at disparities in earnings between white and minoritized dentists. *Health Serv Res*. 2022; DOI:10.1111/1475-6773.14095 [**original work**]

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66. Ornelas IJ, Schwartz MR, Sabin J, **Frogner BK**. Using experiential education in health professions training to improve health equity: lessons learned from interviews with key informants. Forthcoming in *J High Educ Outreach Engagem.* [**original work**]

67. Parrish C, Basu A, McConnell J, **Frogner BK**, Reddy A, Zatzick DF, Kreuter W, Sabbatini AK. Evaluation of health information exchange for linkage to mental health care following an emergency department visit. Forthcoming in *Psychiatr Serv*. [**original work**]

68. Prusynski RA, Humbert A, Leland NE, **Frogner BK**, Saliba Dr, Mroz TM. Dual impacts of Medicare payment reform and the COVID-19 pandemic on therapy staffing in skilled nursing facilities. Forthcoming in *JAGS.* [**original work**]

B. Book Chapters

1. **Frogner B,** Moffitt R, Ribar D. *(Authors listed alphabetically)* Chapter 4: How families are doing nine years after welfare reform: 2005 evidence from the Three-City Study. In Ziliak JP, ed. *Welfare reform and its long-term consequences for America's poor*. New York, NY: Cambridge University Press; 2009:140-171. ISBN: 0521764254

2. **Frogner BK**, Waters HR, Anderson GF. Chapter 4: Comparative health systems. In Kovner A, Knickman J, eds. *Jonas and Kovner's health care delivery in the United States*, *edition 10*. Princeton, NJ: Springer Publishing Co.; 2011:67-84. ISBN: 0826106870 [Textbook]

3. **Frogner BK**, Hussey PS, Anderson GF. Chapter 2: Health systems in industrialized countries. In Glied S, Smith P, eds. *The Oxford handbook on health economics (Oxford handbooks)*. Oxford, UK: Oxford University Press; 2011:8-29. ISBN: 0199238820

4. **Frogner BK.** Price transparency: point and counterpoint. In Kronenfeld JJ, Parmet WE, Zezza MA, Eds. *Debates on U.S. health care.* Thousand Oaks, CA: SAGE Publications, Inc.; 2012: 314-328. ISBN: 9781412996020

C. Published Books, Videos, Software, etc.
NONE

D. Other Publications

1. Chen C, Frankel E, **Frogner B**, George M, Lee L, Ng C, Polanco V, Shahandeh S, Srinivas S, Wiesner C. *Complex-city: health/municipalities/mutual gains*. Oakland, CA: International Healthy Cities Foundation; 2000. [**original work**]

2. **Frogner BK**, Anderson GF. *Multinational comparisons of health systems data, 2005.* New York, NY: The Commonwealth Fund; 2006. [**original work**]

3. **Frogner B**. *Remuneration of physicians in OECD countries: improving comparability across countries.* New York, NY: The Commonwealth Fund; 2009. [**original work**]
   Note: Published and circulated for invite-only ministers of health from select OECD countries.

4. **Frogner BK**, Moffitt RA, Ribar D. *Income, employment, and welfare receipt after welfare reform: 1999-2005 evidence from the Three-City Study.* Baltimore, MD: Three-City Study; 2009 May: Working Paper 09-03. [**original work**]
   Note: Authors listed alphabetically

5. **Frogner BK**. *Preliminary benefit estimates of National Health Insurance.* 2009. [**original work**]
   Note: Report for discussion by the Congress of South Africa Trade Unions and South Africa Medical Association

6. Menon R, Ozaltin E, Poniakina S, **Frogner B**, Oliynyk I. An avoidable tragedy: combating Ukraine's health crisis lessons from Europe. *Health and Demography.* Washington, DC: World Bank; 2009. 66p. IBSN: 978-966-8869-21-1 [**original work**]

7. Menon R, **Frogner B**. What underlies Ukraine's mortality crisis? *Health and Demography*. Washington, DC: World Bank; 2010. 57p. IBSN: 978-96-8869-40-2 [**original work**]

8. Levitt L, **Frogner B**, Kates J, Wexler A. *Potential for modeling the impact of US global health policy decisions.* Washington, DC: Kaiser Family Foundation; 2010. [**original work**]
   Note: Report published and circulated for invite-only global health modeling meeting.

9. **Frogner B**, Moffitt R, Ribar D. *Leaving welfare: long-term evidence from three cities*. Baltimore, MD: Three-City Study; 2010: Working Paper 10-01. [**original work**]
   Note: Authors listed alphabetically

10. **Frogner B**, Moffitt R, and Ribar D. *Sources of growth in the food stamp caseload in the 2000s: evidence from three cities.* Baltimore, MD: Three-City Study; 2010: Working Paper 10-02. [**original work**]
    Note: Authors listed alphabetically

11. **Frogner B**. (2010) Open Access Reviewer's Report on "Costing the Scaling-Up of Human Resources for Health: Lessons from Mozambique and Guinea Bissau." *Human Resources for Health*, Vol. 8(14): 1-10. [**published peer review**]

12. *Using open innovation to reinvent primary care.* Washington, DC: Hope Street Group; 2011. 19p. [**collaboration**]
    Note: Authors not listed. I collected data, contributed to the draft, and edited the report.

13. **Frogner B**, Ivey V, Wexler A. Typological overview of global health models. Washington, DC: Kaiser Family Foundation; 2011. [**original work**]
    Note: Report prepared for Kaiser Family Foundation and sent out to leaders in global health modeling.

14. Burke RE, Dor A, **Frogner BK**, Parsons D, Richard P. Report on lessons learned from prior studies. *Earnings loss study of the musculoskeletal parts of the Veterans Affairs Schedule for Rating Disabilities.* 2011. 70p. [**original work**]
    Note: Report prepared for Compensation and Pension Service, Veterans Benefits Administration, US Department of Veterans Affairs. Authors listed alphabetically

15. **Frogner B.** (2011) Open Access Reviewer's Report on "Using Discrete Event Simulation to Compare the Performance of Family Health Unit and Primary Health Care Centre Organizational Models in Portugal." *BMC Health Services Research* (epub), Vol. 11(275). [**published peer review**]

16. Burke B, Dor A, **Frogner B**, Parsons D. Comprehensive project management plan. *Earnings loss study of the musculoskeletal parts of the Veterans Affairs Schedule for Rating Disabilities.* 2012. 22p. [**original work**]
Note: Reported prepared for Compensation and Pension Service, Veterans Benefits Administration, US Department of Veterans Affairs. Authors listed alphabetically

17. Burke B, Dor A, **Frogner B,** Parsons D. Approach plan. *Earnings loss study of the musculoskeletal parts of the Veterans Affairs Schedule for Rating Disabilities.* 2012. 50p. [**original work**]
Note: Reported prepared for Compensation and Pension Service, Veterans Benefits Administration, US Department of Veterans Affairs. Authors listed alphabetically

18. Burke B, Dor A, **Frogner B**, Parsons D. Lifecycle earnings loss model. *Earnings loss study of the musculoskeletal parts of the Veterans Affairs Schedule for Rating Disabilities.* 2012. 36p. [**original work**]
Note: Reported prepared for Compensation and Pension Service, Veterans Benefits Administration, US Department of Veterans Affairs. Authors listed alphabetically

19. **Frogner B**, Spetz J. *Affordable Care Act of 2010: creating job opportunities for racially and ethnically diverse populations.* Washington, DC: Joint Center for Political and Economic Studies; 2013. 25p. [**original work**]

20. Spetz J, **Frogner BK,** Lucia L, Jacobs K. The impact of the Affordable Care Act on new jobs. *Big ideas for jobs: job creation: sectoral or industry approaches*. Baltimore, MD: The Annie E. Casey Foundation; 2014. 24p. [**original work**]

21. Spetz J, **Frogner BK,** Lucia L, Jacobs K. Brief: round two, jobs idea #9: new jobs from the Affordable Care Act. *Big ideas for jobs: job creation: sectoral or industry approaches*. Baltimore, MD: The Annie E. Casey Foundation; 2014. 3p. [**original work**]

22. Jacobs K, Roby D, Lo N, Watson G, Needleman J, Parente S, Spetz J, **Frogner B**, Oberlin S. Impact of the 2010 Affordable Care Act on CA labor force. Oakland, CA: SEIU UHW-West Joint Employer Education Training Fund; 2014 Jan 24. [**original work**]

23. Masselink L, **Frogner B**, Pittman P, Bade L. Effect of team-based care on productivity in specialty settings. Washington, DC: GW Health Workforce Research Center; 2014. [**original work**]

24. **Frogner B**, Westerman B, DiPietro L. The value of athletic trainers to physician practices, patients, and the health care system. 2014. [**original work**]
Note: Report prepared for the National Athletic Trainers' Association.

25. **Frogner B**, Spetz J. Exit and entry of workers in long-term care. San Francisco, CA: UCSF Health Workforce Research Center on Long-Term Care; 2015. [**original work**]

26. Snyder CR, Stover B, Skillman SM, **Frogner B**. Facilitating racial and ethnic diversity in the health workforce. Seattle, WA: UW Center for Health Workforce Studies; 2015. [**original work**]

27. **Frogner BK**, Skillman S. Pathways to middle skilled allied health care occupations. Washington, DC: National Academies of Sciences, Engineering, and Medicine; 2015. [**original work**]
Note: Commissioned paper for the Symposium on Supply Chain for Middle-Skill Jobs: Education, Training, and Certification Pathways.

28. Skillman SM, Hager LJ, **Frogner BK**. Incentives for nurse practitioners and registered nurses to work in rural and safety net settings. Seattle, WA: UW Center for Health Workforce Studies; 2015. [**original work**]

29. Health Care Cost Institute. 2015 healthy marketplace index report. Washington, DC: Health Care Cost Institute; 2015. [**original work**]
    Note: Analyst for report and brief prepared for Robert Wood Johnson Foundation.

30. Parente S, **Frogner B**. Op-ed: Do health system rankings matter when monitoring health reform? *InsideSources.com*. 2015. Available here. [**op-ed**]

31. National Academies of Sciences, Engineering, and Medicine. *A framework for educating health professionals to address the social determinants of health.* Washington, DC: The National Academies Press; 2016. 130p. [**collaboration**]

32. **Frogner BK**, Harwood K, Pines J, Andrilla H, Schwartz M. Does unrestricted direct access to physical therapy reduce utilization and health spending? Washington, DC: Health Care Cost Institute; 2016. [**original work**]
    Note: Brief prepared for the Health Care Cost Institute and National Academy for State Health Policy State Health Policy Grant Program.

33. Snyder CR, Wick KH, Skillman SM, **Frogner BK**. Pathways for military veterans to enter healthcare careers. Seattle, WA: UW Center for Health Workforce Studies; 2016. [**original work**]

34. Skillman SM, Snyder CR, **Frogner BK**, Patterson DG. The behavioral health workforce needed for integration with primary care: information for health workforce planning. Seattle, WA: UW Center for Health Workforce Studies; 2016. [**original work**]

35. **Frogner BK**, Skillman SM, Snyder CR. Characteristics of veterans in allied healthcare occupations. Seattle, WA: UW Center for Health Workforce Studies; 2016. [**original work**]

36. **Frogner BK**, Skillman SM, Patterson DG, Snyder CR. Comparing the socioeconomic well-being of workers across healthcare occupations. Seattle, WA: UW Center for Health Workforce Studies; 2016. [**original work**]

37. Boat TF, Land ML, Leslie LK, Haogwood KE, Hawkins-Walsh E, McCabe MA, Fraser MW, deSaxe Zerden L, Lombardi BM, Fritz GK, **Frogner BK,** Hawkins JD, Sweeney M. Workforce development to enhance the cognitive, affective, and behavioral health of children and youth: opportunities and barriers in child health care training. *NAM Perspectives*. Discussion Paper, Washington, DC: National Academy of Medicine; 2016. 29p. [**original work**]

38. Training the Future Child Healthcare Workforce to Improve Behavioral Health Outcomes for Children, Youth and Family. Board on Child, Youth, and Families: Proceedings of a Workshop. Washington, DC: National Academy of Medicine; 2017. 164p. [**workshop proceedings**]

39. Patterson DG, Snyder CR, **Frogner BK**. Immigrants in healthcare occupations. Seattle, WA: UW Center for Health Workforce Studies; 2017. [**original work**]

40. Skillman SM, Dahal A, **Frogner BK,** Stubbs BA. Leveraging data to monitor the allied health workforce: national supply estimates using different data sources. Seattle, WA: UW Center for Health Workforce Studies; 2017. [**original work**]

41. Stubbs BA, **Frogner BK**, Skillman SM. The value of real time labor market information for monitoring health workforce demand: a case study examining employer demand for health information technology skills. Seattle, WA: UW Center for Health Workforce Studies; 2017. [**original work**]

42. Spetz J, **Frogner B**. ACA repeal to pull job opportunities. San Francisco, CA: UCSF Healthforce Center; 2017. Available here. [**blog**]

43. **Frogner BK**, Spetz J. Health policy debates and the outlook for health care jobs. *Health Affairs*: Blog Series; 2017. Available here. [**blog**]

44. **Frogner BK,** Skillman SM, Spetz J. Strengthening the collection of ambulatory health care data from community health centers. 2018. [**original work**]
Note: Rapid Response Request prepared for the National Center for Health Workforce Analysis, Health Resources and Services Administration and the National Center for Health Statistics.

45. **Frogner BK**, Stubbs BA, Skillman SM. Emerging healthcare roles: examination of real time labor market information. Seattle, WA: UW Center for Health Workforce Studies; 2018. [**original work**]

46. Skillman SM, Dahal A, **Frogner BK,** Andrilla CHA. Medical assistants in Washington State: demographic, education, and work characteristics of the state's medical assistant-certified workforce. Seattle, WA: UW Center for Health Workforce Studies; 2019. [**original work**]

47. Jopson AD, Skillman SM, **Frogner BK**. Use of apprenticeship to meet demand for medical assistants in the US. Seattle, WA: UW Center for Health Workforce Studies; 2019. [**original work**]

48. **Frogner BK.** How does the United States of America's health sector contribute to the economy? Joint publication of the World Health Organization and the European Observatory on Health Systems and Policies; 2019. [**original work**]
Note: Prepared for the Ministries of Health at the G20 Summit held in Japan in 2019.

49. Estimation of the economic opportunity and the impact of Interventionaire. Seattle, WA: UW Primary Care Innovation Lab; 2019. [**original work**]
Role: Lead author and analyst for report prepared for Research Circle Associates, LLC.

50. Estimation of the economic opportunity and the impact of Sinasprite. Seattle, WA: UW Primary Care Innovation Lab; 2019. [**original work**]
Role: Lead author and analyst for report prepared for Litesprite.

51. Innovation in health care: bridging the gap between technology developers and providers. Seattle, WA: UW Primary Care Innovation Lab; 2019. [**original work**]
Role: Lead author and oversaw analysis for report prepared for Cambia Grove.

52. Pollack S, Skillman SM, **Frogner BK**. The health workforce delivering evidence-based non-pharmacological pain management. Seattle, WA: UW Center for Health Workforce Studies; 2020. [**original work**]

53. Skillman SM, **Frogner BK**, Dahal A, Stubbs BA, Guenther G. The respiratory therapist workforce in the US. Seattle, WA: UW Center for Health Workforce Studies; 2020. [**original work**]
Note: Rapid Response Request prepared for the National Center for Health Workforce Analysis, Health Resources and Services Administration.

54. **Frogner BK**. How many health care workers are at risk of being sacrificed to COVID-19 in the US? Seattle, WA: UW Center for Health Workforce Studies; 2020. Available here. [**blog**]

55. Frank RG, **Frogner BK**, Grabowski DC, Gruber J. Why do we only care about long term care in a crisis? The Hill; 2020. Available here. [**editorial**]

56. **Frogner BK**, Dahal A, Skillman S, Patterson D. How commute patterns can inform supply discussions for allied health workers and registered nurses. Seattle, WA: UW Center for Health Workforce Studies; 2020. [**original work**]

57. Lai A, Skillman S, **Frogner BK**. Is it fair? The future price of relaxing health workforce scope-of-practice regulations in response to the COVID-19 pandemic. *Health Affairs*: Blog Series; 2020. Available here. [**blog**]

58. Pollack SW, Skillman S, **Frogner BK**. Assessing the size and scope of the pharmacist workforce in the U.S. Seattle, WA: UW Center for Health Workforce Studies; 2020. [**original work**]

59. Oster NV, Pollack SW, Skillman SM, Stubbs BA, Dahal A, Guenther G, **Frogner BK**. The pharmacist workforce in the U.S.: supply, distribution, education pathways, and state responses to emergency surges in demand. Seattle, WA: UW Center for Health Workforce Studies; 2020. [**original work**]

60. **Frogner BK**, Skillman SM. The challenge in tracking unemployed health care workers and why it matters. *JAMA Health Forum*; 2020. Available here. [**editorial**]

61. **Frogner BK**, Skillman SM. It's time to address the elephant in the room – staffing at nursing homes. *MedPageToday;* 2020. Available here. [**editorial**]

62. Oster NV, Skillman SM, Stubbs BA, Dahal A, Guenther G, **Frogner BK**. The physical therapy workforce in the U.S.: supply, distribution, education pathways, and state responses to the COVID-19 emergency. Seattle, WA: UW Center for Health Workforce Studies; 2020. [**original work**]

63. Primary care report and recommendations. Seattle, WA: Dr. Robert Bree Collaborative; 2020. *Role: Appointed workgroup member contributing to report content.* [**collaboration**]

64. Guenther G, **Frogner BK**, Skillman S, Garcia E, Kundu I, Kelly M, Jacobs J. The clinical laboratory workforce: understanding the challenges to meeting current and future needs. Seattle, WA and Chicago, IL: UW Center for Health Workforce Studies and American Society for Clinical Pathologists 2021. [**original work**]

65. **Frogner B**. One change that could help nursing homes recover from COVID-19 fears and become safer places for aging parents. *The Conversation*; 2021. Available here. [**editorial**]

66. Oster NV, Skillman SM, **Frogner BK**. COVID-19's effect on the employment status of health care workers. Seattle, WA: UW Center for Health Workforce Studies; 2021. [**original work**]

67. "Supplement to 'Rethinking care for older adults': a menu of ideas for administrative actions." Washington, DC: Convergence Center for Policy Resolution; 2021. *Role: Contributing author for one of proposed administrative actions*. [**collaboration**]

68. Oster NV, Guenther G, **Frogner BK**, Skillman SM. The clinical laboratory workforce in the U.S.: supply, distribution, education pathways, and state responses to the COVID-19 emergency. Seattle, WA: UW Center for Health Workforce Studies; 2021. [**original work**]

69. Beck A, Spetz J, Pittman P, **Frogner BK**, Fraher E, Moore J, Armstrong D, Buerhaus P. Investing in a 21st century health workforce: a call for accountability. *Health Affairs*: Blog Series; 2021. Available here. [**original work**]

70. Dahal A, **Frogner BK**, Skillman SM, Patterson DG. Accelerating health professions pathways for immigrants. Seattle, WA: UW Center for Health Workforce Studies; 2021. [**original work**]

71. **Frogner BK**. How do you create a "zero-burnout" primary care practice? Tradeoffs Research Corner Newsletter; 2021. Available here. [**editorial**]

72. Dahal A, Stubbs BA, **Frogner BK**, Skillman SM. Leveraging data to monitor the allied health

workforce: state supply estimates. Seattle, WA: UW Center for Health Workforce Studies; 2021. [**original work**]

73. Jopson AD, **Frogner BK**. An examination of health care workers in nonstandard work arrangements and self-employment. Seattle, WA: UW Center for Health Workforce Studies; 2021. [**original work**]

74. New research on the evolving nature of the health services research workforce. AcademyHealth Blog; 2022. [**editorial**]

75. Pines J, Harwood K, Andrilla CH, **Frogner BK.** Opioid prescriptions, radiography, and costs for self-limited "one-and-done" lower back pain visits in a commercially insured population. Seattle, WA: UW Center for Health Workforce Studies; 2022. [**original work**]

76. Oster NV, Patterson DG, Skillman SM, **Frogner BK.** COVID-19 and the rural health workforce: the impact of federal pandemic funding to address workforce needs. Seattle, WA: UW Center for Health Workforce Studies; 2022. [**original work**]

77. Stubbs BA, Dahal A, Zhi H, Skillman SM, Frogner BK. Interactive data dashboard of supply & distribution, age cohorts, and commuting patterns of health care occupations. Seattle, WA: UW Center for Health Workforce Studies; 2022. Available here. [**interactive web dashboards**]

78. Frogner BK. High-price drugs out of reach for many on Medicare. Tradeoffs Research Corner Newsletter; 2022. Available here. [**editorial**]

79. Oster N, Skillman SM, Frogner BK. Health workforce issues in American Indian and Alaska Native (AI/AN) populations. Rapid Request Response for Health Resources and Services Administration. Seattle, WA: UW Center for Health Workforce Studies; 2022. [**original work**]

80. Frogner BK. The link between sick leave laws and emergency department visits. Tradeoffs Research Corner Newsletter; 2022. Available here. [**editorial**]

E. <u>Manuscripts Submitted</u>

1. Al Achkar M, Dahal A, **Frogner BK**, Skillman SM, Patterson DG. Integrating immigrant health professionals into the US healthcare workforce barriers and solutions. Revise & resubmit at *J Immigr Minor Health*

2. **Frogner BK**, Skillman SM, Patterson DG. The workforce needed to address population health. Invited perspective piece under review at *Milbank Q*. [**invited editorial**]

3. Dill JS, Iztayeva A, Henning-Smith C, **Frogner BK**. Understanding healthcare worker labor market exits in rural areas during the COVID-19 pandemic. Submitted to *Med Care.*

4. Islas I, Brantley E, Portela M, Salsberg E, **Frogner BK**. Documenting major underrepresentation of Latinos in the health professions. Submitted to *Health Aff (Millwood)*. [**original work**]

5. Lee D, Kett P, Mohammed S, **Frogner B**, Sabin J. Inequitable care delivery toward COVID-19 positive people of color and people with disabilities. Submitted to *PLOS Med.* [**original work**]

6. Lee D, Pollack SW, Mroz T, **Frogner BK,** Skillman SM. Disability competency training in medical education. Submitted to *Academic Medicine*. [**original work**]

7. Lee EK, Cole MB, **Frogner BK**, Wright B. Changes in measured quality of care and service utilization at federally qualified health centers during COVID-19: results from national data.

Submitted to *JAMA*. [**original work**]

8. Prusynski RA, Leland NE, **Frogner BK**, Saliba Dr, Leibbrand C, Mroz TM. Variability in therapy staffing changes in skilled nursing facilities under the Patient Driven Payment Model. Submitted to *JAMDA.* [**original work**]

9. Sabin J, Guenther G, Ornelas I, Patterson D, Andrilla CAH, Morales L, Gujral K, **Frogner BK**. Implicit bias education for academic clinicians and its impact on patient-centered communication. Submitted to *Med Care.*

10. Sabin J, Kett P, Mohammed S, **Frogner BK** Lee D. Frontline healthcare providers' perspectives on the stigmatization of COVID-19. Submitted to *Qual Health Research*.

11. Dill JS, **Frogner BK**. Gender-based wage gaps among health care workers: is there a spillover effect? In preparation. [**original work**]

12. Dahal A, **Frogner BK**. Mental and physical health status of the US health care workers. In preparation. [**original work**]

13. Dahal A, Hammarlund N, Rundell S, **Frogner BK**. Identifying predictors of receiving an opioid prescription for low back pain using machine learning algorithms. In preparation. [**original work**]

14. Jopson AD, **Frogner BK**, Dahal AD. Self-employment in long-term care. In preparation. **[original work]**

15. Sabin J, Guenther G, Ornelas IJ, Patterson DG, Andrilla H, Gural K, Morales L, **Frogner BK**. Healthcare providers reflect on a course on implicit bias: impact on teaching and practice. In preparation. [**original work**]

16. Salsberg E, **Frogner BK**. Asian Americans are not all the same in the health workforce. In preparation. [**original work**]

17. Williams-York B, Guenther G, Mohammed S, Patterson D, **Frogner BK**. Stress and burnout among underrepresented students in graduate health professional programs. In preparation. [**original work**]

18. Wright B, O'Connor A, Fraher E, **Frogner B**, Marino M, Sloane P. Family medicine research: it's now or never. In preparation. [**original work**]

F. <u>Abstracts</u>
NONE

18. INTERNATIONAL, NATIONAL, REGIONAL AND LOCAL INVITATIONAL LECTURES/MEETINGS

A. <u>International Conferences</u>

1. "Long-term Growth Modeling of Healthcare Spending in OECD Countries, 1970-2004." Co-author: Anderson GF. 6th World Congress of the International Health Economics Association (IHEA), Copenhagen, Denmark. Jul 11 2007. [**oral presentation**]

2. "Model for Predicting Convergence of Health Care Expenditures as a Share of GDP." 7th World Congress of the International Health Economics Association (IHEA), Beijing, China. Jul 14 2009. [**oral presentation**]

3. “Human Capital in Health Care: An International Comparison of Wage Rate and Rate of Return to Schooling.” 7th World Congress of the International Health Economics Association (IHEA), Beijing, China. Jul 14 2009. [**poster**]

4. “Going the Distance? Mergers and Acquisitions of Publicly Listed Hospitals.” Co-author: Chen W. New Directions in Welfare Conference at the Organization for Economic Cooperation and Development (OECD), Paris, France. Jul 8 2011. [**oral presentation**]

5. “Does Distance Matter? Mergers and Acquisitions of Publicly Listed US Hospitals.” Co-author: Chen W. 8th World Congress of the International Health Economics Association (IHEA), Toronto, Canada. Jul 12 2011. [**oral and poster presentation**]

6. “Role of Frontline Healthcare Professionals in a Hospital’s Ongoing Competency in Electronic Health Record Adoption.” Co-author: Pauley G. 9th World Congress of the International Health Economics Association (IHEA), Sydney, Australia. Jul 9 2013. [**oral presentation**]

7. “Will Americans Keep the Consumer Driven Health Plans They Have Today Following Health Reform in 2014?” Co-author: Parente ST. 9th World Congress of the International Health Economics Association (IHEA), Sydney, Australia. Jul 9 2013. [**oral presentation**]

8. “The Impact of Bundled Payment Mechanisms on Expensive Medical Care Admissions.” Co-authors: Bockstedt L, Parente ST, and Town R. 9th World Congress of the International Health Economics Association (IHEA), Sydney, Australia. Jul 13 2013. [**oral presentation**]

9. “Hiring Patterns of Athletic Trainers in Ambulatory Care Settings: A Qualitative Study.” Co-authors: Westerman B and DiPietro L. International Health Workforce Collaborative (IHWC), London, England. May 12-15 2015. [**roundtable discussion and poster: invite only**]

10. “Exit and Entry of Workers in Long-Term Care.” Co-author: Spetz J. 2nd Economics of the Health Workforce Conference, Milan, Italy. Jul 12 2015. [**oral presentation**]

11. “What Do Health Care Efficiency Rankings Tell Us? Efficiency Ranking Among OECD Countries.” Co-authors: Frech T and Parente ST. 10th World Congress of the International Health Economics Association (IHEA), Milan, Italy. Jul 13-15 2015. [**panel organizer: panelist**]

12. “Immigrants in Health Care Jobs: Divergent Paths.” Co-author: Patterson DG. 16th International Health Workforce Collaborative (IHWC). Washington, DC. Oct 26 2016. [**roundtable discussion and poster: invite only**]

13. International Health Workforce Collaborative (IHWC). Queenstown, New Zealand. Apr 23-26 2018. [**roundtable discussion: invite only**]

14. “The Healthcare Industry’s Competition for Low-Skilled Labor.” 11th World Congress of the International Health Economics Association (IHEA), Basel, Switzerland. Jul 13-17 2019. [**poster**]

15. “The Effect of Nurse Practitioner and Physician Assistant Regulations on the Growth of the Opioid Treatment Workforce in the US” by Spetz J, Toretsky C, Chapman S, Phoenix B, Tierney M. 11th World Congress of the International Health Economics Association (IHEA), Basel, Switzerland. Jul 13-17 2019. [**discussant**]

16. “What Can Public Data Tell Us about Health Workforce Diversity in the US?” International Health Workforce Collaborative (IHWC). Ottawa, Canada. Oct 21 2019. [**roundtable discussion and oral presentation: invite only**]

17. “How are Countries Mobilizing and Protecting Health Care Workers During COVID-19 Pandemic?” Economics of the Health Workforce Interest Group, International Health Economics

Association (IHEA). Apr 2020. [**webinar: organizer and moderator**]

18. "COVID Impact on the Health Workforce: A 1-Year Retrospective." Canadian Health Workforce Network. Mar 20 2021. [**webinar: oral presentation**]

19. "Tracking Turnover Among US Health Care Workers During the COVID-19 Pandemic." Country Roundtable – US. Virtual Meeting of the International Health Workforce Collaborative (IHWC). May 4 2022. [**webinar: oral presentation**]

B. National Conferences

*Asterisk denotes collaborative work presented by another team member

20. "Sicker and Poorer? The Role of Health Status for Welfare Leavers." Co-author: Moffitt RA. Inaugural Conference of the American Society of Health Economists (ASHEcon), Madison, WI. Jun 5 2006. [**oral presentation**]

21. "Health Care Spending and the Use of Information Technology: An International Perspective." Co-author: Anderson GF. AcademyHealth Annual Research Meeting, Seattle, WA. Jun 26 2006. [**poster**]

22. "Follow the Money: Spending on Chronic Disease in OECD Countries." Co-author: Anderson GF. AcademyHealth Annual Research Meeting, Orlando, FL. Jun 4 2007. [**poster**]

23. "Baumol's Cost Disease Infects Healthcare: An International Comparison of Healthcare Labor Force Growth" AcademyHealth Annual Research Meeting, Washington, DC. Jun 8 2008. [**poster**]

24. "Health Spending and Service Intensity in OECD Countries." Co-author: Anderson GF. AcademyHealth Annual Research Meeting, Washington, DC. Jun 9 2008. [**poster**]

25. "Measuring Racial/Ethnic Disparities Across the Distribution of Health Care Expenditures" by Cook BL and Manning WG. 2nd Biennial Conference of the American Society of Health Economists (ASHEcon), Durham, NC. Jun 21 2008. [**discussant**]

26. "Baumol's Cost Disease Afflicts Healthcare: A Study of Healthcare Expenditure Growth." 2nd Biennial Conference of the American Society of Health Economists (ASHEcon), Durham, NC. Jun 23 2008. [**oral presentation**]

27. "Place Your Bets: Comparing Projections of Long-Run Health Spending." AcademyHealth Annual Research Meeting, Chicago, IL. Jun 29 2009. [**poster**]

28. "Incorporating New Research in Medicare Risk-Adjustment." Co-authors: Anderson GF and Cohen R. AcademyHealth Annual Research Meeting, Chicago, IL. Jun 29 2009. [**poster**]

29. "Are Physicians Paid Appropriately? Examining the Determinants and Selection into the Medical Field." 2010 Physician Workforce Conference of the Association of American Medical Colleges (AAMC), Washington, DC. May 6 2010. [**oral presentation**]

30. "Variation in Cost and Outcomes of Emergency Department Care for Acute Myocardial Infarction Patients" by Welch J, Wilson M, O'Laughlin K, Schuur J, Seefeld K, and Cutler D. 3rd Biennial Conference of the American Society of Health Economists (ASHEcon), Ithaca, NY. Jun 21 2010. [**discussant**]

31. "Are Physicians Paid Appropriately? Examining the Determinants and Selection into the Medical Field." 3rd Biennial Conference of the American Society of Health Economists (ASHEcon), Ithaca, NY. Jun 21 2010. [**poster**]

32. “The Missing Technology: An International Comparison of Human Capital Investment in Healthcare.” 3rd Biennial Conference of the American Society of Health Economists (ASHEcon), Ithaca, NY. Jun 21 2010. [**poster**]

33. “What about Everyone Else? Trends among the Non-Physician and Non-Nurse Healthcare Workforce.” AcademyHealth Annual Research Meeting, Boston, MA. Jun 27 2010. [**poster**]

34. “Premium Increases and Competition in Medicare Advantage Market.” Co-authors: Jacobson G and Damico A. AcademyHealth Annual Research Meeting, Seattle, WA. Jun 13 2011. [**poster**]

35. "Will Health IT Reduce Costs and Bring Benefits?" presenting: “Why the Cost Curve May Be Slow to Bend: Technological and Occupational Skill Mix Shifts Associated with Meaningful Use of Health IT.” Co-author: Pauley G. 4th Biennial Conference of the American Society of Health Economists (ASHEcon), Minneapolis, MN. Jun 12 2012. [**panel organizer: chair]**

36. “Premium Increases and the Concentration of the Medicare Advantage Market.” Co-authors: Jacobson G and Damico A at AcademyHealth Annual Research Meeting, Orlando, FL. Jun 25 2012. [**oral presentation**]

37. “Technology Adoption Patterns in Hospitals: A New Application of Item Response Theory to Identify Stages of EHR Adoption.” Co-author: Pauley G. 2nd Annual Workshop on Health IT and Economics (WHITE), Washington, DC. Oct 5 2012. [**oral presentation**]

38. “Will Meaningful Use Hospital EMR Prevent Hospital-Acquired Drug Events?” by Encinosa W and Bae J. 2nd Annual Workshop on Health IT and Economics (WHITE), Washington, DC. Oct 6 2012. [**discussant**]

39. “Taking e-Teaching to the Next Level.” Co-authors: Friedman L and Wiss A [*Presented by Friedman*]. 2012 Annual Meeting of the Association of University Programs in Health Administration (AUPHA), Minnesota, MN. Jun 19 2012. [**poster***]
NOTE: Recipient of 2nd Place Best Poster Award

40. “The Expanding Need for Economic Evaluation.” 27th Annual Conference of the American Evaluation Association, Washington, DC. Oct 19 2013. [**oral presentation**]

41. “Awareness and Use of Physician Quality Information among the Chronically Ill – Do Availability and Applicability Matter?” by Shi Y, Scanlon D, Bhandari N, and Christianson J. 3rd Annual Workshop on Health IT and Economics (WHITE), Washington, DC. Nov 15 2013. [**discussant**]

42. “Job Opportunities in Health Care for Minorities under ACA.” Co-author: Spetz J. Labor and Employment Relations Association Symposium of the Annual Meeting of the Allied Social Science Association/American Economic Association (ASSA/AEA), Philadelphia, PA. Jan 5 2014. [**oral presentation**]

43. “Finding the Best Medical Apps: Challenges and Opportunities.” MoDevGov, Rosslyn, VA. Feb 26 2014. [**plenary presentation**]

44. “Examination of Long Term Care Job Growth under ACA.” Co-author: Spetz J. 10th Annual Health Workforce Research Conference of the Association of American Medical Colleges (AAMC), Washington, DC. May 1 2014. [**oral presentation**]

45. “Sources of New Workers and Job Mobility in Long-Term Care.” Co-author: Spetz J. AcademyHealth Annual Research Meeting, San Diego, CA. Jun 9 2014. [**poster**]

46. “Job Growth Projections under the Affordable Care Act.” Co-authors: Spetz J and Parente S [*Presented by Spetz*]. AcademyHealth Annual Research Meeting, San Diego, CA. Jun 9 2014.

[**oral presentation***]

47. "Many Paths to Primary Care: Flexibility in Community Health Center Staffing and Productivity." Co-authors: Ku L, Steinmetz E, and Pittman P [*Presented by Ku*]. AcademyHealth Annual Research Meeting, San Diego, CA. Jun 10 2014. [**oral presentation***]

48. "Projected Job Growth under the Affordable Care Act and Strategies to Ensure Adequate Supply." Co-authors: Spetz J and Parente S. 5th Biennial Conference of the American Society of Health Economists (ASHEcon), Los Angeles, CA. Jun 23 2014. [**oral presentation**]

49. "Sources of New Workers and Job Mobility in Long-Term Care." Co-author: Spetz J. 5th Biennial Conference of the American Society of Health Economists (ASHEcon), Los Angeles, CA. Jun 23 2014. [**poster**]

50. "Will Americans Keep the Consumer Driven Health Plans They Had Following Health Reform in 2014?" Co-author: Parente S. 5th Biennial Conference of the American Society of Health Economists (ASHEcon), Los Angeles, CA. Jun 24 2014. [**oral presentation**]

51. "Calculating Disease-based Medical Care Expenditure Indexes for Medicare Beneficiaries: A Comparison of Method and Data Choices" by Hall AE and Highfill T. 5th Biennial Conference of the American Society of Health Economists (ASHEcon), Los Angeles, CA. Jun 25 2014. [**discussant**]

52. "Do Vendor or Years of Experience with Electronic Health Records Matter for Productivity in Community Health Centers?" Co-authors: Wu X, Ku L, Pittman P, and Masselink L. 5th Annual Workshop on Health IT and Economics (WHITE), Washington, DC. Oct 10 2014. [**oral presentation**]

53. "A Brief History of Stenting: Antecedents of Organizational Technology Adoption and Abandonment" by Greenwood B, Agarwal R, Agarwal R, and Gopal A. 5th Annual Workshop on Health IT and Economics (WHITE), Washington, DC. Oct 11 2014. [**discussant**]

54. "Sources of New Workers and Job Mobility in Long-Term Care." Co-author: Spetz J. 67th Annual Scientific Meeting of The Gerontological Society of America, Washington, DC. Nov 7 2014. [**oral presentation**]

55. "Hiring Patterns of Athletic Trainers in Ambulatory Care Settings: A Qualitative Study." Co-authors: Westerman B and DiPietro L. 11th Annual Health Workforce Research Conference of the Association of American Medical Colleges (AAMC), Washington, DC. Apr 30 2015. [**poster**]

56. "Exit and Entry of Workers in Long-Term Care." Co-author: Spetz J. AcademyHealth Annual Research Meeting, Minneapolis, MN. Jun 15 2015. [**poster**]

57. "Early Findings from Study on Early and Unrestricted Access to Physical Therapy." Co-authors: Harwood K, Pines J, Andrilla CHA, Schwartz M. Roundtable presentation at National Academy of State Health Policy, Dallas, TX. Oct 24 2015. [**oral presentation**]

58. "Immigrants in Health Care Jobs." Co-authors: Patterson D *[Presented by Patterson].* 12th Annual Association of American Medical Colleges (AAMC) Health Workforce Research Conference, Chicago, IL. Apr 5 2016. [**oral presentation***]

59. "Facilitating Racial and Ethnic Diversity in the Health Workforce." Co-authors: Snyder C, Skillman SM *[Presented by Snyder].* 12th Annual Association of American Medical Colleges (AAMC) Health Workforce Research Conference, Chicago, IL. Apr 5 2016. [**oral presentation***]

60. "Low Skilled, Low Wage Workers in Health Care." 12th Annual Association of American Medical Colleges (AAMC) Health Workforce Research Conference, Chicago, IL. Apr 5 2016. [**oral presentation**]

61. "Does Unrestricted Access to Physical Therapy Reduce Health Spending?" Co-authors: Harwood K, Pines J, Andrilla CHA, Schwartz M. 12th Annual Association of American Medical Colleges (AAMC) Health Workforce Research Conference, Chicago, IL. Apr 6 2016. [**oral presentation**]

62. "Does Medicare Managed Care Affect Diabetes Patient Cost, Use and Quality Associated with Different Medical Labor Inputs?" Co-authors: Parente ST, Cerra F, Luftiya N, Tomai L. 6th Biennial Conference of the American Society of Health Economists (ASHEcon), Philadelphia, PA. Jun 13 2016. [**oral presentation**]

63. "Does Unrestricted Access to Physical Therapy Reduce Health Spending?" Co-authors: Harwood K, Pines J, Andrilla CHA, Schwartz M. 6th Biennial Conference of the American Society of Health Economists (ASHEcon), Philadelphia, PA. Jun 14 2016. [**oral presentation**]

64. "Longitudinal Analysis of the Impact of Electronic Health Record on Staffing Mix in Community Health Centers." Co-authors: Wu X, Park J, Pittman P. 6th Biennial Conference of the American Society of Health Economists (ASHEcon), Philadelphia, PA. Jun 15 2016. [**oral presentation**]

65. "Financial Status of Low Skilled, Low Wage Workers in Health Care." 6th Biennial Conference of the American Society of Health Economists (ASHEcon), Philadelphia, PA. Jun 14 2016. [**poster**]

66. "The Effects of the Implementation of Patient-Centered Medical Home on Staffing and Productivity in the Community Health Centers." Co-authors: Park J, Wu X, Pittman P *[Presented by Park]*. 6th Biennial Conference of the American Society of Health Economists (ASHEcon), Philadelphia, PA. Jun 14 2016. [**poster***]

67. "Private Health Insurance: Assessing Factors Affecting Demand and Payments." AcademyHealth Annual Research Meeting, Health Economics Interest Group, Boston, MA. Jun 25 2016. [**moderator**]

68. Poster Walk for Health Workforce Theme, AcademyHealth Annual Research Meeting, Boston, MA. Jun 24 2016. [**poster walk leader**]

69. "Does Unrestricted Access to Physical Therapy Reduce Health Spending?" Co-authors: Harwood K, Pines J, Andrilla CHA, Schwartz M. AcademyHealth Annual Research Meeting, Boston, MA. Jun 26 2016. [**poster**]

70. "Low Skilled, Low Wage Workers in Health Care." AcademyHealth Annual Research Meeting, Boston, MA. Jun 26 2016. [**poster**]

71. "Immigrants in Health Care Jobs." Co-authors: Patterson D *[Presented by Patterson].* AcademyHealth Annual Research Meeting, Boston, MA. Jun 26 2016. [**poster***]

72. "Facilitating Racial and Ethnic Diversity in the Health Workforce." Co-authors: Snyder C, Skillman SM *[Presented by Snyder].* AcademyHealth Annual Research Meeting, Boston, MA. Jun 26 2016. [**poster***]

73. "The Effects of the Implementation of Patient-Centered Medical Home on Staffing and Productivity in the Community Health Centers," Co-authors: Park J, Wu X, Pittman P *[Presented by Park].* AcademyHealth Annual Research Meeting, Boston, MA. Jun 26 2016. [**oral presentation***]
    NOTE: Recipient of Best Abstract Award in Health Workforce Theme

74. “Strategies to Promote Healthcare Data Driven Culture to Improve Access.” Co-authors: LeRouge C, Sayre G, Rubenstein LV, Snyder S, Sangameswaran S *[Presented by LeRouge].* Technology Research, Education, and Opinion (TREO) Talk, AMCIS, San Diego, CA. Aug 11-14 2016. [**oral presentation***]

75. “Health Workforce Data: Leveraging Data to Monitor the Allied Health Workforce: National Supply Estimates Using Different Data Sources.” Co-authors: Skillman SM, Dahal A, Stubbs B *[Presented by Skillman].* 13th Annual Association of American Medical Colleges (AAMC) Health Workforce Research Conference, Washington, DC. May 4 2017. [**oral presentation***]

76. “Examining ‘Teamness’ in Primary Care.” Co-author: Snyder CR. 13th Annual Association of American Medical Colleges (AAMC) Health Workforce Research Conference, Washington, DC. May 4 2017. [**poster**]

77. “How Does the Healthcare Workforce Compare Across Australia, Canada, and US?” Co-author: Matzke J. 13th Annual Association of American Medical Colleges (AAMC) Health Workforce Research Conference, Washington, DC. May 5 2017. [**oral presentation**]

78. “Occupational Mobility Among Individuals in Entry-Level Health Professions.” Co-authors: Dahal A, Snyder CR *[Presented by Dahal]*. 13th Annual Association of American Medical Colleges (AAMC) Health Workforce Research Conference, Washington, DC. May 5 2017. [**oral presentation***]

79. “Implications of Trump Administration Policies for the Health Workforce.” AcademyHealth Annual Research Meeting, Health Workforce Interest Group, New Orleans, LA. Jun 24 2017. [**panelist**]

80. “The Value of Real Time Labor Market Information For Monitoring Health Workforce Demand: A Cases Study Examining Employer Demand For Health Information Technology Skills.” Co-authors: Stubbs BA, Skillman SM *[Presented by Stubbs B].* AcademyHealth Annual Research Meeting, Health Workforce Interest Group, New Orleans, LA. Jun 24 2017. [**poster***]

81. “Lessons From Abroad: How Does the Healthcare Workforce Compare Across Australia, Canada, and US?” Co-author: Matzke J. AcademyHealth Annual Research Meeting New Orleans, LA. Jun 25 2017. [**poster**]

82. “Occupational Mobility Among Individuals in Entry-Level Health Professions.” Co-authors: Dahal A, Snyder CR *[Presented by Snyder]*. AcademyHealth Annual Research Meeting, New Orleans, LA. Jun 26 2017. [**oral presentation***]

83. “Impact of ACA Repeal on Jobs.” AcademyHealth Annual Research Meeting, New Orleans, LA. Jun 26 2017. [**panelist**]

84. “Understanding the Current Health Services Research Workforce and Maximizing its Future.” AcademyHealth Annual Research Meeting, New Orleans, LA. Jun 26 2017. [**panelist**]

85. “Examining ‘Teamness’ in Primary Care Settings.” Co-author: Snyder CR. *[Presented by Snyder].* AcademyHealth Annual Research Meeting, New Orleans, LA. Jun 26 2017. [**poster***]

86. “Leveraging Data to Monitor the Allied Health Workforce: National Supply Estimates Using Different Data Sources.” Co-authors: Skillman SM, Dahal A, Stubbs B *[Presented by Skillman].* AcademyHealth Annual Research Meeting, New Orleans, LA. Jun 26 2017. [**poster***]

87. “Use of PCR for Diagnosis of Group A Streptococcal Pharyngitis in the United States, 2011-2015.” Co-authors: Luo R, Sickler J, Vahidnia F, Lee YC, Thomspon M *[Presented by Luo].* IDWeek, San Diego, CA. Oct 7 2017. [**poster***]

88. “Contingent Workers in Long-Term Care.” Co-authors: Jopson A, Dahal A *[Presented by Jopson].* 14th Annual Association of American Medical Colleges (AAMC) Health Workforce Research Conference, Tysons Corner, VA. May 10 2018. [**oral presentation***]

89. “Commuting Patterns of Healthcare Workers.” Co-authors: Dahal A, Patterson DG, Skillman S *[Presented by Dahal].* 14th Annual Association of American Medical Colleges (AAMC) Health Workforce Research Conference, Tysons Corner, VA. May 10 2018. [**oral presentation***]

90. “Emerging Roles and Occupations in the Health Workforce.” Co-authors: Stubbs BA, Skillman SM. 14th Annual Association of American Medical Colleges (AAMC) Health Workforce Research Conference, Tysons Corner, VA. May 11 2018. [**oral presentation**]

91. “Contingent Workers in Long-Term Care.” Co-authors: Jopson A, Dahal A *[Presented by Jopson].* 7th Annual Conference of the American Society of Health Economists (ASHEcon), Atlanta, GA. Jun 11 2018. [**oral presentation***]

92. “Commuting Patterns of Healthcare Workers.” Co-authors: Dahal A, Patterson DG, Skillman S. 7th Annual Conference of the American Society of Health Economists (ASHEcon), Atlanta, GA. Jun 12 2018. [**oral presentation**]

93. “Changing Home Care Aides: Differences between Family and Non-Family Care in California Medicaid Home and Community-Based Services” by Ko M, Newcomer RJ, Bindman AB, Kang T, Hulett D, Spetz J. 7th Annual Conference of the American Society of Health Economists (ASHEcon), Atlanta, GA. Jun 13 2018. [**discussant**]

94. “Commuting Patterns of Healthcare Workers.” Co-authors: Dahal A, Patterson DG, Skillman S *[Presented by Dahal].* AcademyHealth Annual Research Meeting, Health Workforce Interest Group, Seattle, WA. Jun 23 2018. [**oral presentation***]

95. “Emerging Roles and Occupations in the Health Workforce.” Co-authors: Stubbs BA, Skillman SM *[Presented by Stubbs].* AcademyHealth Annual Research Meeting, Health Workforce Interest Group, Seattle, WA. Jun 23 2018. [**poster***]

96. “Contingent Workers in Long-Term Care.” Co-authors: Jopson A, Dahal A *[Presented by Jopson].* AcademyHealth Annual Research Meeting, Health Workforce Interest Group, Seattle, WA. Jun 23 2018. [**poster***]

97. “Medical Assistant’s Careers and Factors Affecting Retention.” Co-authors: Skillman SM, Dahal A, Andrilla HA *[Presented by Skillman].* AcademyHealth Annual Research Meeting, Health Workforce Interest Group, Seattle, WA. Jun 23 2018. [**poster***]

98. “The Impact of Medicare's Rural Health Add-on Payments on Access to Home Health Care.” Co-authors: Mroz T, Patterson DG *[Presented by Mroz].* AcademyHealth Annual Research Meeting, Seattle, WA. Jun 24 2018. [**poster***]

99. “Commuting Patterns of Healthcare Workers.” Co-authors: Dahal A, Patterson DG, Skillman S *[Presented by Dahal].* AcademyHealth Annual Research Meeting, Seattle, WA. Jun 25 2018. [**poster***]

100. “Emerging Roles and Occupations in the Health Workforce.” Co-authors: Stubbs BA, Skillman SM *[Presented by Stubbs].* AcademyHealth Annual Research Meeting, Seattle, WA. Jun 25 2018. [**poster***]

101. “Contingent Workers in Long-Term Care.” Co-authors: Jopson A, Dahal A *[Presented by Jopson].* AcademyHealth Annual Research Meeting, Seattle, WA. Jun 25 2018. [**poster***]

102. “Medical Assistant’s Careers and Factors Affecting Retention.” Co-authors: Skillman SM, Dahal A, Andrilla HA *[Presented by Skillman].* AcademyHealth Annual Research Meeting, Seattle, WA. Jun 25 2018. [**poster**]

103. “Development of a model for Building an Analytics Based Decision Making Culture in Healthcare Organizations.” Co-authors: LeRouge C, Sangamesawaran S, Sayre G, Snyder C, Rubenstein LV *[Presented by LeRouge].* AcademyHealth Annual Research Meeting, Seattle, WA. Jun 25 2018. [**poster***]

104. “Will Past Trends Help Us Predict the Future of the Health Workforce? Reflection on Twenty Years of Health Workforce Research?” AcademyHealth Annual Research Meeting, Seattle, WA. Jun 26 2018. [**panel organizer: panelist**]

105. “How Health Workforce Modeling Approaches are Evolving to Address the Needs of a Transforming Health System.” Panelists: Skillman S, Dall T, Coffman J, Bazemore A. 15th Annual Association of American Medical Colleges (AAMC) Health Workforce Research Conference, Alexandria, VA. May 2-3 2019. [**panel organizer: moderator**]

106. “The Healthcare Industry’s Competition for Low-Skilled Labor.” 15th Annual Association of American Medical Colleges (AAMC) Health Workforce Research Conference, Alexandria, VA. May 2-3 2019. [**oral presentation**]

107. “Overeducated and Undervalued? An Exploratory Analysis of Educational Surplus, Income, and Immigration Status in Entry-Level Healthcare Jobs.” Co-authors: Patterson D, Snyder C, Dahal A *[Presented by Patterson].* 15th Annual Association of American Medical Colleges (AAMC) Health Workforce Research Conference, Alexandria, VA. May 2-3 2019. [**oral presentation***]

108. “Re-Imaging the Health Workforce in an Age of Disruption.” 15th Annual Association of American Medical Colleges (AAMC) Health Workforce Research Conference, Alexandria, VA. May 3 2019. [**keynote**]

109. “Current Supply/Stock of Health Services Researchers.” American Congress of Rehabilitation Medicine 96th Annual Conference, Chicago, IL. Nov 6 2019. [**oral presentation**]

110. “Where to Start? Influence of the Initial Provider on Health Outcomes and Costs.” Co-authors: Andrilla H, Pines J, Harwood K. 16th Annual Association of American Medical Colleges (AAMC) Health Workforce Research Conference, Alexandria, VA. May 6-8 2020. [**oral presentation**] *[Cancelled due to COVID-19]*

111. “Examining the Racial and Ethnic Diversity of Associate Degree in Nursing Programs in the US.” Co-authors: Guenther G, Mohammed S, Skillman S *[Planned Presentation by Guenther].* 16th Annual Association of American Medical Colleges (AAMC) Health Workforce Research Conference, Alexandria, VA. May 6-8 2020. [**oral presentation***] *[Cancelled due to COVID-19]*

112. “Variation in Employment of Therapy Assistants in Skilled Nursing Facilities Based on Organizational Characteristics.” Co-authors: Mroz T, Dahal A, Skillman S *[Planned Presentation by Mroz].* 16th Annual Association of American Medical Colleges (AAMC) Health Workforce Research Conference, Alexandria, VA. May 6-8 2020. [**oral presentation***] *[Cancelled due to COVID-19]*

113. “The Role of Allied Health Professions in Evidence-Based Non-Pharmacological Pain Management.” Co-authors: Pollack S, Skillman S *[Planned Presentation by Pollack].* 16th Annual Association of American Medical Colleges (AAMC) Health Workforce Research Conference, Alexandria, VA. May 6-8 2020. [**oral presentation***] *[Cancelled due to COVID-19]*

114. “Recruiting a National Sample of Healthcare Providers Using a Targeted Approach and Publicly Available Information.” Co-authors: Sabin J, Guenther G, Patterson D, Ornelas I *[Planned Presentation by Sabin].* 16th Annual Association of American Medical Colleges (AAMC) Health Workforce Research Conference, Alexandria, VA. May 6-8 2020. [**oral presentation***]
[Cancelled due to COVID-19]

115. “Implicit Bias in the Clinical and Learning Environment: Impact of a Course for Clinical Educator Faculty.” Co-authors: Sabin J, Guenther G, Patterson D, Ornelas I *[Planned Presentation by Sabin].* 16th Annual Association of American Medical Colleges (AAMC) Health Workforce Research Conference, Alexandria, VA. May 6-8 2020. [**oral presentation***]
[Cancelled due to COVID-19]

116. “Is Health Care a Desirable Place to Work? Examining Trends in Competition for Health care Labor.” 9h Annual Conference of the American Society of Health Economists (ASHEcon), St. Louis, MO. Jun 7-10 2020. [**oral presentation**]
[Cancelled due to COVID-19]

117. “Examining the Racial and Ethnic Diversity of Associate Degree in Nursing Programs in the US.” Co-authors: Guenther G, Mohammed S, Skillman S *[Planned Presentation by Guenther].* AcademyHealth Annual Research Meeting, Seattle, WA. Jun 13-16 2020. [**poster***]
[Cancelled due to COVID-19]

118. “Variation in Employment of Therapy Assistants in Skilled Nursing Facilities Based on Organizational Characteristics.” Co-authors: Mroz T, Dahal A, Skillman S *[Planned Presentation by Mroz].* 16th Annual Association of American Medical Colleges (AAMC) Health Workforce Research Conference, Alexandria, VA. May 6-8 2020. [**poster***]
[Cancelled due to COVID-19]

119. “Recruiting a National Sample of Healthcare Providers Using a Targeted Approach and Publicly Available Information.” Co-authors: Sabin J, Guenther G, Patterson D, Ornelas I *[Planned Presentation by Guenther].* AcademyHealth Annual Research Meeting, Seattle, WA. Jun 13-16 2020. [**poster***]
[Cancelled due to COVID-19]

120. “Implicit Bias in the Clinical and Learning Environment: Impact of a Course for Clinical Educator Faculty.” Co-authors: Sabin J, Guenther G, Patterson D, Ornelas I *[Planned Presentation by Guenther].* AcademyHealth Annual Research Meeting, Seattle, WA. Jun 13-16 2020. [**poster***]
[Cancelled due to COVID-19]

121. “Health Workforce Data Concerns during COVID-19.” National Association of Health Data Organizations 35th Annual Conference, Virtual. Aug 18 2020. [**invited panelist**]

122. “Therapy Assistant Staffing and Quality Outcomes in Skilled Nursing Facilities.” Co-authors: Prusynski R, Mroz T, Dahal A, Skillman S *[Presentation by Prusynski].* Combined Sections Meeting of the American Physical Therapy Association, Virtual. Feb 24-27 2021. [**oral presentation***]

123. “Skilled Nursing Facility Characteristics Associated with Financially Motivated Therapy and Relation to Quality.” Co-authors: Prusynski R, Mroz T, Dahal A, Skillman S *[Presentation by Prusynski].* Combined Sections Meeting of the American Physical Therapy Association, Virtual. Feb 24-27 2021. [**poster***]

124. “Which Health Care Workers are at Greatest Risk of Unemployment During the COVID Crisis?” AAMC 2021 Group on Diversity and Inclusion and Health Workforce Research Joint Virtual Conference. May 6 2021. [**oral presentation**]

125. “Training Occupational Therapy Practitioners for the Behavioral Health Workforce.” Co-authors: Pollack SW, Mroz TM, Skillman SM *[Presentation by Pollack].* AAMC 2021 Group on Diversity and Inclusion and Health Workforce Research Joint Virtual Conference. May 7 2021. [**poster***]

126. “Stress and Burnout among Underrepresented Minority Students in Health Professional Programs.” Co-authors: Williams-York B, Guenther G, Lea T, Dahal A, Patterson DG, Mohammed S *[Presentation by Williams-York].* AAMC 2021 Group on Diversity and Inclusion and Health Workforce Research Joint Virtual Conference. May 7 2021. [**poster***]

127. “Therapy Assistant Staffing and Quality Outcomes in Skilled Nursing Facilities.” Co-authors: Prusynski R, Dahal A, Skillman S, Mroz T *[Presentation by Prusynski]*. AAMC 2021 Group on Diversity and Inclusion and Health Workforce Research Joint Virtual Conference. May 7 2021. [**poster***]

128. “Therapy Assistant Staffing and Quality Outcomes in Skilled Nursing Facilities.” Co-authors: Prusynski R, Dahal A, Skillman S, Mroz T *[Presentation by Prusynski]*. AcademyHealth Annual Research Meeting - Virtual. Jun 14 2021. [**poster***]
Note: Nominated for best poster award

129. “Training Occupational Therapy Practitioners for the Behavioral Health Workforce.” Co-authors: Mroz T, Pollack S, Skillman S, Frogner B *[Presentation by Mroz]*. AcademyHealth Annual Research Meeting - Virtual. Jun 15 2021. [**poster***]

130. “Disability Competency Training in Medical Education.” Co-authors: Lee D, Pollack S, Mroz T, Frogner B, Skillman S *[Presentation by Lee].* AcademyHealth Annual Research Meeting - Virtual. Jun 15 2021. [**poster***]

131. “Strengthening the Clinical Lab Professional Workforce: The Roles and Concerns of Educators and Employers.” Co-authors: Guenther G, Skillman S, Frogner B [*Presentation by Guenther].* AcademyHealth Annual Research Meeting - Virtual. Jun 15 2021. [**poster***]

132. “Pathways to Registered Nursing: Roles of Prior Health Care Jobs and Financial Support.” Co-authors: Skillman S, Johnson H, Frogner B *[Presentation by Johnson].* AcademyHealth Annual Research Meeting - Virtual. Jun 15 2021. [**poster***]

133. “What We Learned from the HSR Workplace Culture Study.” AcademyHealth Annual Research Meeting - Virtual. Jun 16 2021. [**panelist**]

134. “Which Health Care Workers are at Greatest Risk of Unemployment during the COVID-19 Crisis?” Co-authors: Dill J. AcademyHealth Annual Research Meeting - Virtual. Jun 17 2021. [**oral presentation**]

135. “Mental and Physical Health Status of the US Health Care Workers.” Co-authors: Dahal A, Frogner B *[Presentation by Dahal].* AcademyHealth Annual Research Meeting - Virtual. Jun 17 2021. [**poster***]

136. “Primary Care Provider Reflections on Teaching and Practice Following a Course on Implicit Bias in the Clinical and Learning Environment.” Co-authors: Sabin J, Guenther G, Andrilla H, Gujral K, Morales L, Ornelas I, Patterson D, Frogner B *[Presentation by Sabin].* AcademyHealth Annual Research Meeting - Virtual. Jun 17 2021. [**poster***]

137. “Health Workforce Development: Aligning Interprofessional Education, Team-based Models of Care, Organizational Cultural, DEI Strategies and Workforce Development.” Frogner BK, Skillman SM. Nexus Summit 2021. Sep 27 2021. [**webinar: oral presentation**]

138. “The Clinical Laboratory Workforce: Understanding the Challenges to Meeting Current and Future Needs.” Frogner, BK. American Society for Clinical Pathology Annual Meeting 2021. Oct 28 2021. [**webinar: oral presentation**]

139. “Lasting Effects of Brief Implicit Bias Education on Academic Clinicians’ Personal Bias Awareness.” Sabin JA, Guenther G, Williams-York B, Barrington W, Frogner BK *[Presentation by Sabin]*. AAMC 2022 Health Workforce Research Conference. May 4-6 2022. [**webinar: oral presentation***]

140. “Lasting Effects of Brief Implicit Bias Education for Academic Clinicians: From Learning to Action.” Sabin JA, Guenther G, Williams-York B, Barrington W, Frogner BK. AAMC 2022 Health Workforce Research Conference. May 4-6 2022. [**webinar: oral presentation**]

141. “Experiences and work-related conditions of birth doulas working in underserved communities in the United States.” Kett PM, Guenther G, van Eijk M, Frogner BK *[Presentation by Kett]*. AAMC 2022 Health Workforce Research Conference. May 4-6 2022. [**webinar: oral presentation***]

142. “Stress and burnout among underrepresented students in graduate health professional programs.” Williams-York B, Guenther G, Mohammed S, Patterson D, Frogner BK *[Presentation by Guenther]*. AAMC 2022 Health Workforce Research Conference. May 4-6 2022. [**webinar: oral presentation***]

143. “Gender-based wage gaps among health care workers: is there a spillover effect?” Frogner BK, Dill J. AAMC 2022 Health Workforce Research Conference. May 4-6 2022. [**webinar: oral presentation**]

144. “Frontline healthcare providers’ perspectives on stigmatization of COVID-19.” Sabin, JA, Lee, D, Mohammed, SA, Kett, PM, Frogner, BK *[Presentation by Sabin]*. AAMC 2022 Health Workforce Research Conference. May 4-6 2022. [**virtual poster***]

145. “Providers' observations of inequitable care for COVID-19 positive people of color and people with disabilities.” Lee D, Sabin JA, Mohammed SA, Kett PM, Frogner BK *[Presentation by Lee].* AAMC 2022 Health Workforce Research Conference. May 4-6 2022. [**virtual poster***]

146. “Gender-based wage gaps among health care workers: is there a spillover effect?” Frogner BK, Dill J *[Presentation by Dill]*. AAMC 2022 Health Workforce Research Conference. May 4-6 2022. [**webinar: oral presentation***]

147. “Frontline healthcare providers’ perspectives on stigmatization of COVID-19.” Sabin, JA, Lee, D, Mohammed, SA, Kett, PM, Frogner, BK *[Presentation by Kett]*. AcademyHealth Annual Research Meeting, Washington, DC. Jun 4-7 2022. [**poster***]

148. “Providers' observations of inequitable care for COVID-19 positive people of color and people with disabilities.” Lee D, Sabin JA, Mohammed SA, Kett PM, Frogner BK *[Presentation by Kett].* AcademyHealth Annual Research Meeting, Washington, DC. Jun 4-7 2022. [**poster***]

149. “Lasting Effects of Brief Implicit Bias Education on Academic Clinicians’ Personal Bias Awareness.” Sabin JA, Guenther G, Williams-York B, Barrington W, Frogner BK. AcademyHealth Annual Research Meeting, Washington, DC. Jun 4-7 2022. [**poster**]

150. “Lasting Effects of Brief Implicit Bias Education for Academic Clinicians: From Learning to Action.” Sabin JA, Guenther G, Williams-York B, Barrington W, Frogner BK. AcademyHealth Annual Research Meeting, Washington, DC. Jun 4-7 2022. [**poster**]

151. “Stress and burnout among underrepresented students in graduate health professional programs.” Williams-York B, Guenther G, Mohammed S, Patterson D, Frogner BK *[Presentation*

by Patterson]. AcademyHealth Annual Research Meeting, Washington, DC. Jun 4-7 2022. [**poster***]

152. "Variability in Therapy Staffing Changes in Skilled Nursing Facilities under the Patient Driven Payment Model." Prusynski R, Humbert A, Saliba D, Leland N, Frogner B, Mroz T *[Presentation by Prusynski]*. AcademyHealth Annual Research Meeting, Washington, DC. Jun 4-7 2022. [**poster***]

153. "The Clinical Laboratory Workforce: Essential Before, Critical Now, and a Blueprint for a Stronger Future." Frogner BK, Garcia E. 2022 American Association for Clinical Chemistry Annual Scientific Meeting and Clinical Lab Expo, Chicago, IL. Jul 26 2022. [**oral presentation**]

154. "Inequitable Care Delivery for COVID-19 Positive People of Color and People with Disabilities." Co-authors: Lee D, Sabin J, Mohammed SA, Kett P, Frogner BK *[Presentation by Lee]*. American Congress of Rehabilitation Medicine Annual Meeting 2022, Chicago, IL. Nov 11 2022. [**poster***]

C. <u>Regional Conferences and Meetings</u>

155. "Health Workforce Planning in the WWAMI Region." Co-presenter: Skillman S. Legislative Staff Tour, Boise-Seattle, Seattle, WA. Aug 12 2015. [**oral presentation**]

156. "Center for Health Workforce Studies Update." WWAMI Rural Integrated Training Experience, Department of Family Medicine, School of Medicine, University of Washington, Seattle, WA. Nov 16 2015.

157. "UW Center for Health Workforce Studies: New Projects Examining Immigrants in the US Healthcare Workforce, and an Early Warning System for Healthcare Workforce Demand Changes." Northwest Rural Health Conference, Spokane, WA. Mar 3 2016. [**moderator**]

158. "Immigrants in Health Care Jobs in the Rural Northwest." Co-authors: Patterson DG, Stover B *[Presented by Patterson]*. Northwest Rural Health Conference, Spokane, WA. Mar 3 2016. [**oral presentation***]

159. "Regional Physician Workforce." 4th WWAMI GME Summit, Spokane, WA. Mar 30 2016. [**oral presentation**]

160. "Supply and Demand Forecast Conference." Center for Interdisciplinary Health Workforce Studies, Montana State University, Bozeman, MT. Jul 19-22 2016. [**roundtable discussion**]

161. "Health Workforce Needs of an Aging Population." Center for Interdisciplinary Health Workforce Studies, Montana State University, Bozeman, MT. Jul 18-21 2017. [**roundtable discussion**]

162. "Future of Work in Health Care: Overview of Workforce Needs." Legislative Committee on Economic Development and International Relations. Olympia, WA. Nov 13 2018. Recording available here. [**oral presentation**]

163. "Nursing Health Services Research Agenda for the 2020s." Center for Interdisciplinary Health Workforce Studies, Montana State University, Bozeman, MT. Jul 9-12 2019. [**roundtable discussion**]

164. "Disparities in the Healthcare Workforce." Northwest Health Career Path Summit - Virtual. Jun 2 2022. [**webinar: keynote**]

165. "Anticipating and Preparing for the Longer-Term Implications of the COVID-19 Pandemic on the Nursing Workforce." Center for Interdisciplinary Health Workforce Studies, Montana State University School of Nursing, Bozeman, MT. Jun 24 2022. [**roundtable discussion**]

166. “Relationship between Health Care Labor and Health Care Spending.” Washington state Health Care Cost Transparency Board Meeting - Virtual. Aug 17 2022. [**webinar: oral presentation**]

167. “House Poor No More: Disrupting the Difficulty of Finding a Home in Hawai’i for Health Professionals.” Hawai’i Health Workforce Summit, Waikiki, HI. Sep 24 2022. **[oral presentation: invited]**

168. “National Health Workforce Trends.” Health Workforce Council, Washington state Workforce Training and Education Coordinating Board - Virtual. Oct 13 2022. [**webinar: oral presentation**]

169. “National Workforce Trends: Placing LTC Workforce in Context.” Long-term Care Workforce Development Initiative of the Washington state Workforce Training and Education Coordinating Board - Virtual. Oct 18 2022. [**webinar: oral presentation**]

170. “National Health Workforce Trends.” Washington state House Committee on College & Workforce Development - Virtual. Nov 10 2022. **[webinar: invited presentation]**

D. <u>Invited Lecturers at University of Washington</u>

171. “Health Care Workforce Trends.” Program in Health Economics and Outcomes Methodology (PHEnOM), School of Public Health, University of Washington, Seattle, WA. Apr 22 2015. [**oral presentation**]

172. “Identifying Emerging Occupations in Health Care using National Language Processing.” Treehouse Seminars, Department of Linguistics, University of Washington, Seattle, WA. Nov 3 2015. [**oral presentation**]

173. “Who’s Entering and Who’s Leaving Health Care, and Why Do We Care?” Grand Rounds, Department of Family Medicine, School of Medicine, University of Washington, Seattle, WA. Nov 4 2015. [**oral presentation**]

174. “Low Wage, Low-Skilled Workers in Health Care.” Program in Health Economics and Outcomes Methodology (PHEnOM), School of Public Health/School of Pharmacy, University of Washington, Seattle, WA. Nov 5 2015. [**oral presentation**]

175. “Does Medicare Managed Care Affect Diabetic Patient Cost, Use and Quality Associated with Different Medical Labor Inputs?” Program in Health Economics and Outcomes Methodology (PHEnOM), School of Public Health/School of Pharmacy, University of Washington, Seattle, WA. Feb 9 2017. [**oral presentation**]

176. “Diversity of the Health Workforce.” Surgical Outcomes Research Center Annual Retreat, Department of Surgery, University of Washington, Seattle, WA. Sep 29 2017. [**oral presentation**]

177. “Commuting Patterns of Healthcare Workers.” Program in Health Economics and Outcomes Methodology (PHEnOM), School of Pharmacy, University of Washington, Seattle, WA. Jan 24 2018. [**oral presentation**]

178. “20 Years of Health Workforce Research: Where Have We Been and Were Do We Need to Go?” Department of Family Medicine Research Section Seminar, University of Washington, Seattle, WA. Jun 19 2018. [**oral presentation**]

179. “The Healthcare Industry’s Competition for Low-Skilled Labor.” Program in Health Economics and Outcomes Methodology (PHEnOM), School of Pharmacy, University of Washington, Seattle, WA. Feb 20 2019. [**oral presentation**]

180. “Where to Start? How the First Point of Care Provider Influences Low Back Pain Outcomes and Cost.” Program in Health Economics and Outcomes Methodology (PHEnOM), School of Pharmacy, University of Washington, Seattle, WA. Nov 13 2019. [**oral presentation**]

181. “A How-To for Diversifying Your Funding Sources: A Panel Discussion.” Co-Panelists: Joanne Glicker, Jeffrey Harris, Danielle Lavallee, Rad Roberts. Institute of Translational Health Sciences, University of Washington, Seattle, WA. Dec 5 2019. [**panel discussion**]

182. “Research as a Vehicle for Change: Strategies for Developing Equity Focused Grant Proposals: Panel Discussion and Workshop.” Postdoc Diversity Alliance, University of Washington, Seattle, WA. Jan 14 2020. [**panel discussion**]

183. “Bridging the Translational Gap Between Technology Developers and Health Practice.” Co-presenters: Matthew Thompson, Cynthia LeRouge, Victoria Lyon. Institute of Translational Health Sciences, University of Washington, Seattle, WA. Mar 26 2020. [**webinar: panel discussion**]

184. “Sacrificing on the Frontlines During COVID-19: Health Care Workers at Risk.” UW Worker Memorial Day, Department of Environmental and Occupational Health Sciences, School of Public Health, University of Washington, Seattle, WA. Apr 27 2020. [**webinar: keynote**]

185. “Research as a Vehicle for Change: Strategies for Developing Equity Focused Grant Proposals Pt II.” Pedagogy and Research on Race, Identity, Social Justice and Meaning (PR^2ISM), Postdoc Diversity Alliance, University of Washington, Seattle, WA. Aug 17 2020 [**webinar: panel discussion**]

186. “Role of Children’s Health Workforce in Addressing SDOH.” Child Health Equity Research Program for Post-doctoral Trainees (CHERPP-T). Mar 4 2021. [**webinar: oral presentation**]

187. “Exit of Health Care Workers during COVID-19 Pandemic.” Program in Health Economics and Outcomes Methodology (PHEnOM), School of Pharmacy, University of Washington, Seattle, WA. Mar 10 2021. [**webinar: oral presentation**]

188. “Networking and Mentoring.” Child Health Equity Research Program for Post-doctoral Trainees (CHERPP-T). Jun 3 2021. [**webinar: oral presentation**]

189. ‘Where Did All the Health Care Workers Go? Health Workforce Trends Before and During the Pandemic.” Science in Medicine Lecture. School of Medicine, University of Washington, Seattle, WA. Feb 3, 2022. [**webinar: oral presentation**]

190. “Networking and Mentoring.” Child Health Equity Research Program for Post-doctoral Trainees (CHERPP-T). May 12 2022. [**webinar: oral presentation**]

191. “Health Workforce Trends: Implications for the Therapy Workforce.” Department of Rehabilitation Medicine Grand Rounds. Upcoming: Jan 10 2023. **[webinar: oral presentation]**

E. <u>Invited Lectures in Government Institutions</u>

192. “International Lessons about Long-Term Expenditure Growth.” Centers for Medicare and Medicaid Services, Baltimore, MD. Mar 22 2007. [**oral presentation**]

193. “International Health Data Concerns.” National Center for Health Statistics, Hyattsville, MD. Sep 12 2007. [**oral presentation**]

194. “Long-Run Modeling of Health Care Expenditure Growth.” Centers for Medicare and Medicaid Services, Baltimore, MD. Sep 25 2007. [**oral presentation**]

195. “Long-Run Modeling of Health Care Spending.” Congressional Budget Office, Washington, DC. Oct 2 2007. [**oral presentation**]

196. “Update on the Earnings Loss Study of the Musculoskeletal Parts of the Veterans Affairs Schedule for Rating Disabilities.” Briefing to National Advisory Committee in District of Columbia (ACDC), US Department of Veterans Affairs, Washington, DC. Jun 21 2011. [**oral presentation**]

197. “CLIN 3: Project Management Plan.” Briefing to Compensation Services Division, Veterans Benefits Administration, US Department of Veterans Affairs, Washington, DC. Feb 8 2012. [**oral presentation**]

198. “CLIN 7: Approach Plan.” Briefing to Compensation Services Division, Veterans Benefits Administration, US Department of Veterans Affairs, Washington, DC. Mar 10 2012. [**oral presentation**]

199. “Pathways to Middle Skilled Allied Health Occupations.” Symposium on the Supply Chain for Middle-Skilled Jobs: Education, Training and Certification Pathways, National Academies of Sciences, Engineering, and Medicine, Washington, DC. Jun 25 2015. [**panelist**]

200. “A Discussion of the IOM Report, A Framework for Educating Health Professionals to Address the Social Determinants of Health.” National Academies of Sciences, Engineering, and Medicine, Washington, DC. Mar 9 2016. [**panelist**]

201. “External Expert Meeting on Background Factors and Service Innovations Affecting the Behavioral Health Workforce and Implications for Workforce Modeling and Projections.” Health Resources and Services Administration. Rockville, MD. Oct 1 2018. [**panelist**]

202. “Industry Sector Strategy: Building a Latino Healthcare Workforce for the 21st Century.” National Association of Latino Elected and Appointed Officials (NALEO) Educational Fund. Los Angeles, WA. Mar 30 2019. [**oral presentation**]

203. “COVID-related Clinician Burnout.” Bureau of Health Workforce. Health Resources and Services Administration. Jun 18 2020. [**webinar: oral presentation**]

204. “Nursing Home Workforce Challenges During COVID-19 Pandemic.” Briefing to U.S. House of Representatives Ways and Means Committee Majority Staff. Washington, DC. Jul 6 2020. [**telephone: oral presentation**]

205. “Health Profession Opportunity Grants.” Testimony to Worker and Family Support Subcommittee, Ways and Means Committee, US House of Representatives. Hearing on Health Profession Opportunity Grants; Past Successes and Future Uses. Washington, DC. Mar 10 2021. [**webinar: oral presentation**]

206. “Session III: Competencies, Training, and Education for a Varied, Flexible, and Resilient Workforce.” A Population Health Workforce to Meet 21st Century Challenges and Opportunities. A workshop of the National Academies of Science, Engineering, and Medicine, Washington, DC. Feb 28 2022. [**webinar: panel presentation**]

F. <u>Invited Lectures at Other Institutions</u>

207. “International Health Spending Trends.” Society for Human Resource Management, Washington, DC. Oct 30 2006. [**oral presentation**]

208. “Long-Run Modeling of Health Care Expenditure Growth in Industrialized Countries.” The World Bank, Washington, DC. Sep 11 2007. [**oral presentation**]

209. “Sampling of Domestic and International Health Policy Issues.” Milton S. Hershey Medical Center, Pennsylvania State College of Medicine, Hershey, PA. Jan 29 2008. [**oral presentation**]

210. “Baumol’s Cost Disease Afflicts Health Care: A Study of Health Care Expenditure Growth.” Center for Population Economics, University of Chicago Booth School of Business, Chicago, IL. Apr 17 2009. [**oral presentation**]

211. “Academic Jobs.” Health Policy and Management Alumni Panel and Networking, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD. Nov 18 2009. [**panelist**]

212. “Health Care Workforce, Technology, and Health Spending.” Center for Health Policy Research and Ethics, George Mason University, Fairfax, VA. Nov 8 2010. [**oral presentation**]

213. “Session 474 Health and Healthcare Seminar Series I. Reforming Health Care: Maintaining Social Solidarity and Quality in the Face of Economic, Health and Social Challenges.” Salzburg Global Seminar, Salzburg, Austria. Nov 12 2010. [**roundtable discussion: invite only**]

214. “Mergers and Acquisitions of US Hospitals.” Public Health Economics Seminar, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD. Dec 3 2010. [**oral presentation**]

215. “Health Care Workforce, Technology, and Health Spending.” Drexel School of Public Health, Philadelphia, PA. Dec 6 2010. [**oral presentation**]

216. “Long Run Growth of Health Spending: Trends in Wages, Workforce, and Technology.” Comprehensive Arrhythmia Research and Management Center, Salt Lake City, UT. Sep 26 2011. [**oral presentation**]

217. “Premium Increases and the Concentration of the Medicare Advantage Market: A Finite Mixture Modeling Approach.” National Committee for Quality Assurance, Washington, DC. Aug 21 2012. [**oral presentation**]

218. “Hospital Competency to Adopt EHRs.” RAND Corporation, Washington, DC. Dec 18 2012. [**oral presentation**]

219. “Premium Increases and the Concentration of the Medicare Advantage Market: A Finite Mixture Modeling Approach.” Center for Health Policy Research and Ethics, George Mason University, Fairfax, VA. Apr 25 2013. [**oral presentation**]

220. “The Impact of the ACA on the Workforce.” Medical Industry Leadership Institute Seminar Series, Carlson School of Management, University of Minnesota, Minneapolis, MN. Sep 26 2013. [**oral presentation**]

221. “Pre-Baccalaureate Healthcare Occupations: Aligning Education and Training with Regional Healthcare Workforce Needs.” Brookings Metropolitan Policy Program Roundtable, Brookings Institution, Washington, DC. Oct 17 2013. [**roundtable discussion**]

222. “Medical Innovation: The FDA Mobile Apps Guidelines.” TEDMED Great Challenges, Washington, DC. Oct 24 2013. [**oral presentation**]

223. “The Affordable Care Act: Creating Job Opportunities for Racially and Ethnically Diverse Populations.” Joint Center for Political and Economic Studies, Washington, DC. Nov 7 2013. [**oral presentation**]

224. “Impact of the 2010 Affordable Care Act on CA Labor Force.” SEIU UHW-West Joint Employer Education Training Fund, Oakland, CA. Jan 24 2014. [**webinar: oral presentation**]

225. “Trends of the Healthcare Workforce.” SEIU Healthcare, Washington, DC. Mar 13 2014. [**oral presentation**]

226. “ACA and the Health Care Workforce.” Public Health Economics Seminar, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD. Mar 27 2014. [**oral presentation**]

227. “Entry and Exit of Workers in Long-Term Care.” Health Workforce Technical Assistance Center, Albany, NY. May 20 2015. Recording available here. [**webinar: oral presentation**]

228. “Low-Wage, Low-Skilled Health Care Workers.” RAND Health Workforce Interest Group, National. Nov 16 2015. [**webinar: oral presentation**]

229. “HCCI Emerging Uses of Claims Data (Part 1).” Co-authors: Harwood K, Pines J, Andrilla CHA, Schwartz M. National Academy of State Health Policy, Washington, DC. Dec 3 2015. Recording available here. [**webinar: oral presentation**]

230. “International Health Systems and Health Workforce.” Medical Industry Leadership Institute, University of Minnesota, Palo Alto, CA. Jan 5 2016. [**oral presentation**]

231. “Who is Entering/Exiting Health Care, and Why Do We Care?” UCSF Health Workforce Center Seminar, San Francisco, CA. Apr 14 2016. [**oral presentation**]

232. “National Nursing and Health Care Workforce Data Meeting.” Future of Nursing Campaign for Action at the Center to Champion Nursing in America, AARP and Robert Wood Johnson Foundation, Washington, DC. May 10 2016. [**roundtable discussion: invite only**]

233. “Microsimulations to Improve Health Care Delivery.” AcademyHealth Health Economics Interest Group, Washington, DC. May 16 2016. [**webinar: organizer and moderator**]

234. “Training the Future Child Healthcare Workforce to Improve Behavioral Health Outcomes for Children, Youth and Family.” Board on Child, Youth, and Families. Division of Behavioral and Social Sciences and Education. National Academies of Science, Engineering and Medicine, Washington, DC. Nov 29-30 2016. [**roundtable discussion: planning committee member**]

235. “US Health Workforce Trends.” Lincoln Healthcare Leadership Staffing Think Tank, Nashville, TN. Feb 13-14 2017. [**oral presentation**]

236. “The Health Workforce: Where Are We? Where Are We Going?” Using Our Voice to Build Better Systems: Management and Labor Convening on Building a Skilled Workforce for Quality of Care. Healthcare Career Advancement Program and Center on Wisconsin Strategy, Arlington, VA. Mar 7 2017. [**plenary presentation: invited**]

237. “Health Workforce Needs in a Time of Transformation.” George Washington University Health Workforce Institute, Washington, DC. Mar 14 2017. [**oral presentation: invite only**]

238. “Applying the Framework for Educating Health Professionals to Address the Social Determinants of Health.” National Center for Interprofessional Practice and Education, Minnesota, MN. May 24 2017. [**webinar: panel discussion**]

239. “Listen Up, Startups: The Clinicians are Talking!” Techstars Startup Week, Seattle, WA. Oct 4 2017. [**oral presentation**]

240. “Health Workforce Needs Part 2: Health Care Jobs, Training, and Career Pathways.” Health Workforce Technical Assistance Center, Rensselaer, NY. Nov 30 2017. Recording available here. [**webinar: oral presentation**]

241. “Health Workforce Everywhere: Understanding the Breadth and Depth of the Health Workforce.” Center for Health Policy, Fairbanks School for Public Health, Indiana University. Indianapolis, IL. Nov 26 2018. [**oral presentation**]

242. “An Expanded View of Value-Based Care: The Role of Allied Health Professionals.” Health Workforce Research Symposium, Washington, DC. Dec 2 2018. [**oral presentation: invite only**]

243. “Who Cares? The Importance of the Invisible-Visible Health Workforce in Helping Patients with Serious Illness.” *Health Affairs* Health Workforce Summit, Washington, DC. Dec 6 2018. [**oral presentation: invite only**]

244. “Is Health Care a Desirable Place to Work? Examining Trends in Competition for Health Care Labor.” Health Services Research Colloquium, The Pennsylvania State University, State College, PA. Oct 28 2019. [**oral presentation**]

245. “Emergency Health Workforce Policies to Address COVID-19: Expanding Scope of Practice.” The George Washington University Mullan Institute for Health Workforce Equity. Mar 31 2020. [**webinar: panel discussion**]

246. “State Workforce Strategies in Response to COVID-19: Experiences from the Field.” Health Workforce Technical Assistance Center. May 21 2020. [**webinar: oral presentation**]

247. “Health Workforce Concerns during COVID-19” AcademyHealth/Health Care Systems Research Network Community of Practice in Response to COVID-19. Jun 12 2020. [**webinar: oral presentation**]

248. “Addressing the Nursing Home Workforce Crisis through Matching and Training” Eldercare Workforce Alliance. Jul 9 2020. [**webinar: oral presentation**]

249. “Low-Wage Health Care Workers and Risk During COVID-19 Pandemic.” NextGen MD/MBA Program. University of Miami. Jul 29 2020 [**webinar: oral presentation**]

250. “Advice on Engaging in Health Workforce Research.” American Academy of Physician Assistants and Physician Assistant Education Association Research Fellows Meeting. Aug 10 2020. [**webinar: oral presentation**]

251. “Health Workforce and COVID-19: Where Are We, How Did We Get Here, and How Do We Move Ahead?” National Conference of State Legislatures. Aug 12 2020. [**webinar: oral presentation**]

252. “Health Workforce and COVID-19: Where Are We, How Did We Get Here, and How Do We Move Ahead?” Massachusetts General Hospital Health Policy Grand Rounds. Oct 5 2020. [**webinar: oral presentation**]

253. “Health Workforce Challenges during the COVID-19 Crisis.” Canadian Centre for Health Economics, University of Toronto. Nov 6 2020. [**webinar: oral presentation**]

254. “Current Challenges for Health Professionals and Communities.” Conference on Expanding Scope of Practice after COVID-19. Leonard Davis Institute of Health Economics and Penn Nursing, University of Pennsylvania. Nov 20 2020. [**webinar: panel discussion**]

255. “Health Workforce Challenges during the COVID-19 Crisis: Lessons from the US” Canadian Institute for Health Information Policy Rounds. Feb 8 2021. [**webinar: oral presentation**]

256. “COVID and the Health Workforce – What Have We Learned One Year Later?” Canadian Health Workforce Network. Mar 25 2021. [**webinar: oral presentation**]

257. “Expanded Scope of Practice Laws During the Pandemic – A Trends That’s Here to Stay?” Altarum’s Healthcare Value Hub. Mar 30 2021. [**webinar: oral presentation**]

258. “What We Know about Health Workforce Diversity in Washington State and How It Relates to Health Equity.” Washington Student Achievement Council. Olympia, WA. Apr 19 2021. [**webinar: oral presentation**]

259. “Evaluating a Course on Implicit Bias in Clinical and Learning Environments: Provider Bias-awareness, Patient-centeredness, and Reflections.” Health Workforce Technical Assistance Center. Jun 24 2021. [**webinar: moderator**]

260. “Social Mission Metrics: Measuring the Social Mission of Dental, Medical, and Nursing Schools.” Health Workforce Technical Assistance Center Webinar Series. Aug 26 2021. [**webinar: moderator**]

261. “Which Health Care Workers Were at Greatest Employment Risk During the COVID Crisis?” Graduate Seminar, Department of Health Policy and Management, School of Public Health, University of Maryland. Oct 7 2021. [**webinar: oral presentation**]

262. “ASCP Leadership Forum: General Session.” ASCP Leadership Forum 2022, Scottsdale, AZ. Mar 2 2022. [**panel: virtual attendance**]

263. “Reimaging Primary Care Through a Health Justice Lens.” Weitzman Institute Virtual Symposium. May 4 2022. [**webinar: panel presentation**]

264. “Reflections on Recommendation 3: Systematic Intervention: Data Analysis, Spending Growth Targets.” Health Affairs Council on Health Care Spending and Value. May 9 2022. [**webinar: panel presentation**]

265. “Dentists in Medicaid: Who Are They, Where Do They Locate, How Do They Practice?” American Dental Association Health Policy Institute. Sep 15 2022. Recording available here. **[webinar: panel presentation]**

266. “Strengthening the clinical lab professional workforce: perspectives from employers and educators.” Washington State Society of Pathologist 2022 Annual Meeting, Seattle, WA. Oct 1 2022. **[oral presentation: invited]**

267. “Addressing the Health Care Workforce Crisis: Framing Solutions.” 29th Annual Princeton Conference – Virtual. Oct 19 2022. **[oral presentation: invite only]**

268. “Health Workforce Trends.” Bridging Pharmacy Education and Practice Summit, Joint Commission of Pharmacy Practitioners. Washington, DC. Nov 3 2022. **[oral presentation: keynote]**

269. “National Health Workforce Trends.” The Future of State Workforce Policy in Palliative Care. Hosted by the Center to Advance Palliative Care and the Solomon Center for Health Law and Policy at Yale Law School. Virtual. Dec 20 2022. **[oral presentation: invited]**

19. Media Appearances

Actively Managed Twitter Accounts (as of 11/11/2022)

@biancafrogner (established February 2013)	2540 followers
@uwchws (established May 2015)	616 followers
@uwpcilab (established Nov 2016)	85 followers

Interviews and Podcasts

2009 Aug 19 — Sweden Health System
Lou Dobbs Tonight Show, CNN

2009 Aug 25 — Norway Health System
Lou Dobbs Tonight Show, CNN

2015 Oct 13 — Perspectives from the Field Interview Series: Interview with Bianca Frogner, PhD on Health Information Exchange.
Health Information and the Law: A Project of The George Washington University's Hirsh Health Law and Policy Program and the Robert Wood Johnson Foundation

2018 May 15 — RoS: The Changing Primary Care Workforce with Bianca Frogner
Review of Systems (RoS) Podcast, Center for Primary Care, Harvard Medical School

2018 May 22 — Trying Physical Therapy First for Low Back Pain May Curb Use of Opioids
Interview with Patti Neighmond, All Things Considered, National Public Radio

2018 Oct 25 — Physical Therapy as First Point of Care for Low Back Pain
Pain Reframed, International Spine & Pain Institute

2020 Feb 13 — Interview with Dr. Bianca Frogner on Scope-of-Practice Regulations and How They Can Be Redesigned to Better Serve the Needs of Patients
New England Journal of Medicine

2022 Apr 8 — Health Care Job Loss During the Pandemic
JAMA Health Forum

2022 Apr 18 — What's Driving Turnover in Health Care During COVID-19?
HCP Live

2022 Aug 23 — Strengthening Care by Focusing on Health Workforce Retention
3M Inside Angle Podcast

2022 Oct 13 — The 'Wild West' of Health Workforce Policy
Tradeoffs

Cited Work in Media and Related Outlets (Examples)

2009 Jun 11 — Life Expectancy Could Be Topic in Health Care Debate
CNNhealth.com

2011 Nov 10 — Health Care: Americans Pay More and Get Less than Europeans
OregonLive.com

2014 Jun 11 — How Obamacare Could Increase the Number of Uninsured Americans
TheBlaze.com

2014 Sep 2 — Surveys Show Unbalanced Supply, Demand in California Nurse Labor Market
CaliforniaHealthline.org

2015 Jan 2 — Long-Term Care Industry Growing, But Workforce Departures Outpacing New

	Hires UCSF News Center
2015 Nov 12	How Do You Measure the Health of Health Care Markets? Health Affairs Blog Series
2016 Jan 7	UW Lab Links Healthcare Innovators with Primary Care Doctors Xconomy.com
2016 Feb 29	Study: Even in States that Limit Direct Access, Getting PT First for LBP Makes a Big Difference PT in Motion News
2016 Mar 14	Direct Physical Therapy Access Could Reduce Healthcare Costs RevCycleIntelligence.com
2016 Mar 17	Clinicient Applauds State, Federal Actions to Prevent Opioid Addiction and Overdoses Morning Star
2017 Oct 25	Why Baby Boomers Need Immigrants Politico
2017 Dec 15	A Decade After the Recession, Pain and Fear Linger Herald*Net*
2018 May 24	Reduced Healthcare Costs, Opioid Use Result from Early Physical Therapy Intervention for Low Back Pain Healthcare Finance
2018 Jun 22	Mark Bishop: Physical Therapy Could Lower Need for Opioids, But Lack of Money and Time are Hurdles The Conversation
2018 Oct 22	Health Watch: Rethinking Treatment for Low Back Pain ABC Local News
2020 Apr 10	Numbers Lacking on COVID-19-Infected Healthcare Workers Medscape
2020 Apr 15	The Other Hospital Workers on the Front Lines of the Pandemic Vox
2020 Apr 27	Demand for In-Home Care Rises During Coronavirus Wall Street Journal
2020 Jul 28	Health at Home Public Health Post
2020 Jul 29	Diversity and Inclusion in Health Services and Policy Research: Then, Now, and the Future. AcademyHealth Blog Post
2020 Sep 27	Nursing Homes in Washington State Struggled with Adequate Staffing for Years. Then Coronavirus Struck. Seattle Times

2020 Sep 28	Primary Care Isn't Bouncing Back Medscape
2021 May 10	SNF Therapy: Time Per-Patient Declined 80 Minutes, Staffing Off Nearly 15% with PDP, Study Finds McKnight's Long-Term Care News
2021 May 15	Women in Healthcare are at a Breaking Point – And They're Leaving Modern Healthcare
2021 Oct 10	Staffing has Long Been a Challenge in Long-Term Care. Washington State's Vaccine Mandate Could Make It Worse. Seattle Times
2021 Oct 27	Demand for Doctors and Nurses Is Tricky to Predict WebMD Health News
2021 Dec 6	As Covid Persists, Nurses are Leaving Staff Jobs – and Tripling Their Salaries as Travelers Washington Post
2022 Feb 12	Stressed Out Maine Nurses Have Found a Way to Earn a Lot More Money Bangor Daily News
2022 Feb 17	Travel Nurses Saw an Increase in Pay During the Pandemic. Now, They Could Lose Those Benefits The 19th News
2022 Apr 6	Center for Health Workforce Studies: Elevating Healthcare Workers The Huddle, UW Medicine
2022 Apr 7	America Needs More Doctors and Nurses to Survive the Next Pandemic Vox
2022 Apr 11	Job Recovery Still Slow in Long-Term Care McKnights Senior Living
2022 May 4	What We've Learned about COVID-19, Burnout and the Doctor Shortage American Medical Association
2022 May 16	More Men are Going into Nursing: What About Travel Nursing? Becker's Hospital Review
2022 Oct 4	How Tight Nursing Home Capacity is Bottlenecking Hospital Operations Healthcare Dive
2022 Oct 14	The Fastest-Growing Role in the US is Paying Nurses $120K and Up Fortune

20. External Activities/Partnerships

Consultancies

2000	Alameda County Public Health Department
2009	Center for Human Service, Bill and Melinda Gates Foundation DCA Project

2009	South Africa National Education Health and Allied Workers Union
2008-2009	Johns Hopkins Bloomberg School of Public Health
2009	Kaiser Family Foundation
2008-2010	World Bank, Human Development Sector Unit
2010	Hope Street Group
2017-2018	Quad+Aim Partners
2013-2018	Health Systems Innovation Network LLC

Washington State Health Care Authority

Universal Health Care Commission

Finance Technical Advisory Committee (FTAC) application

The Washington State Universal Health Care Commission (commission) is seeking members for its new Finance Technical Advisory Committee.

Due: Wednesday, November 30, 2022
Submit to: HCAUniversalHCC@hca.wa.gov

To apply, please complete this application and submit to HCAUniversalHCC@hca.wa.gov **by end of day on Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

Contact information

Information requested	Your information
Name (first and last):	Bonnie Ross
Preferred pronouns (e.g., she/her, he/his, they/their):	she/her
Organization (if applicable):	Unity Care NW
Title or position (if applicable):	Chief Financial Officer
Work address (if applicable):	1616 Cornwall Ave, Bellingham, WA 98225
County of organization/employer (if applicable):	Whatcom County
Email:	bonnie.ross@ucnw.org
Phone:	801-953-9088

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- ☐ Academic/research
- ☐ Community member or advocate
- ☒ Community-based organization
- ☒ Employer/business (private, nonprofit, etc.)
- ☒ Finance
- ☐ Health care association (please describe):
- ☐ Labor union
- ☐ Law
- ☐ Payer: private
- ☐ Payer: public
- ☒ Provider: federally qualified health center

- ☐ Provider: hospital and/or health system
- ☐ Provider: other
- ☐ Provider: Tribal health clinic or center
- ▬ Provider/clinic: behavioral health
- ▬ Provider/clinic: oral health
- ▬ Provider/clinic: physical health
- ☐ Public health department
- ▬ Social services
- ☐ State agency staff
- ☐ Tribal representative

Areas of experience/expertise

- ☐ Children's health financing
- ☐ Health care advocate[1]
- ▬ Coverage and benefits and/or cost sharing and premiums
- ▬ Development or measurement of health-related metrics
- ▬ Employer health benefits/costs
- ☐ Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- ☐ Experience with differently abled communities (either as a community member of working with community)
- ▬ Experience with LGBTQ+ community (either as a community member or working with community)
- ☐ Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- ▬ Federal financing for health care programs and systems
- ▬ Financing health-related social needs and social determinants of health
- ▬ Health care administration
- ▬ Health care delivery system
- ☐ Health care financing[2]
- ☐ Health economics
- ☐ Health information technology and/or electronic medical records
- ▬ Health-care costs, value-based payments, alternative payment methodologies
- ☐ Improving health equity and eliminating health disparities
- ▬ Provider reimbursement
- ☐ Public health financing
- ☐ Recruiting, educating, and retaining the health care workforce
- ▬ Revenue goals and projections
- ☐ State financing for health care programs and systems
- ☐ Tax structures, including the impact of tax structures on equity
- ☐ Taxation and other public revenue models
- ▬ The Employee Retirement Income Security Act (ERISA)

[1] The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate 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, 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.

[2] Health care financing expertise may include but is not limited to: 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 payer/provider contracting.

Washington State Health Care Authority

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

   The US health care system has been facing challenges that have been significantly impacted by the COVID pandemic. My current organization Unity Care NW, a Federally Qualified Health Center, has benefited from federal COVID dollars, however, the funding will no longer be available after the end of 2023 and sustainability will be a challenge. The cost to provide health care is increasing, while reimbursements are not. Increasing challenges of workforce stabilization and resiliency, and healthcare service providers competing for limited funding is current

2. Please describe your relevant experience and how it would benefit FTAC.

   I have worked in Federally Qualified Health Centers for over 10 years providing services for the under-served populations in migrant health, rural health, health care for homeless people, and school-based health centers. I have been fortunate to see successful programs that have adapted to the needs of the community and how it improved access in those communities. My knowledge of reimbursement models, grants management and funding regulations, financial management and budgeting,

3. Please describe any other experience serving on a committee, board, or workgroup.

   I have successfully contributed to internal workgroups in my organizations and schooling through collaboration, respect, innovation, and integrity. I have navigated the challenges of working with FQHC boards that are made of patient representatives and community members. I have not had an opportunity to participate in outside committees or boards and believe my perspective can be valuable.

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

   N/A

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

   ☐ Yes

   ☒ No

6. If yes, did you receive any compensation?

   ☐ Yes

   ☒ No

Washington State Health Care Authority

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

☐ Yes

☒ No

8. If yes, please explain.

N/A

9. Professional licenses held:

N/A

10. Memberships in professional, civic organizations, or government boards or commissions:

None

11. Community service/volunteer activities:

Court Appointed Special Advocate, CASA for Children of Klamath County

Management Advisory Panel, Oregon Institute of Technology, Business Management Department

12. Have you ever served in the U.S. Armed Forces?

☐ Yes

☒ No

Washington State Health Care Authority

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

I have learned that access to care for marginalized communities requires collaboration within the community and must be flexible to the needs of the community and financing these services must also be flexible. My work with Outside In, in Portland, Oregon, included comprehensive wrap around services for homeless youth. The program included meals and hygiene services which helped bring youth in off the street to connect with case managers and start engaging in care. From that connection they could receive comprehensive mental health and substance abuse

14. Please describe why health equity is important to you.

Over the past ten years I have been invested in and committed to understanding and recognizing biases, prejudice, and power and the impact on equity overall. I've had an opportunities to connect with individuals impacted by health equities and have seen a difference in people when they are treated with empathy, understanding, and recognized as valuable.

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

Healthcare is not limited to medical, dental, or mental health services. It requires support for individuals to address the social determinants of health and help them engage in healthy habits. I believe the investment in additional services will help reduce the total cost of care over time. Health care costs are captured through claims submitted to insurance companies. The claim data has not been transparent and does not include the costs for health equity services, including case

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

I identify as white, as I am white facing. I have Japanese ancestry that were incarcerated in a internment camp during WW2. I have seen the detrimental impact on my family.

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino/a/x/e
- ☐ Middle Eastern or Northern African
- ☐ Native Hawaiian or Pacific Islander
- ☒ White
- ☐ Other category/categories (please list)
- ☐ Don't want to answer/decline

Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- ☒ Attend regular, bi-monthly FTAC meetings.
- ☒ Review all materials prior to FTAC meetings.
- ☒ Participate to the best of my ability.
- ☒ Participate in good faith in the best interest of FTAC and its charge.
- ☒ Accept the responsibilities to collaborate in developing potential recommendations.
- ☒ Respectfully engage at all times with other FTAC members.

Applicant signature: Bonqit Ross

Date: 11/30/2022

BONNIE K. ROSS

Bonnie.Ross@UCNW.org Bellingham, WA 98225 **801-953-9088**

FINANCE, ACCOUNTING & INTERNAL AUDIT LEADER

Budgeting • Financial Planning & Analysis • Revenue Cycle Management • Government Funding

Experienced and accomplished Finance and Accounting Leader. A Certified Internal Auditor with an MBA and more than fifteen (15) years of achievement improving the financial performance of both for profit and not-for-profit organizations in staffing, healthcare, and auditing through leadership in budgeting, business case modeling, and analysis. Knowledgeable in GAAP, non-profit accounting principles, revenue cycle management, forecasting, as well as accounting for funds with donor restrictions, government funding, and service income.

Progressive leader, operational strategist and trusted advisor with rapid career progression and record of sound financial guidance in demanding environments. Demonstrated ability in business planning & analysis, budgeting, pro-forma creation and ad hoc analysis, profit & loss management, and financial operations. In-depth knowledge and skills in conceptualizing and implementing financial policies and procedures including working capital management, Driver for financial and operational efficiencies who establishes core metrics that optimize performance and maximize financial position.

A strategic partner in management with proven collaborative abilities utilized in developing relationships, advancing the needs of organizations and community, demonstrating respect and accountability, and executing solutions to difficult problems in high-growth, time-sensitive environments with rapidly changing priorities.

CORE COMPETENCIES

Revenue Cycle Management • Internal Controls • Analysis and Reporting • Process Improvement • Budgeting • Audits
Grant Management • Expense Control • Metrics • Leadership

PROFESSIONAL EXPERIENCE

Unity Care NW, Bellingham, Washington **Chief Financial Officer** (2021 - Current)
FQHC (Federally Qualified Health Center) with 3 clinics in Whatcom County with over 300 employees and serving over 20,000 patients annually.

Outside In, Portland, Oregon **Chief Financial Officer** (2016– 2021)
FQHC (Federally Qualified Health Center) and social service organization helping to break the cycles of chronic homelessness, poverty, and poor health throughout Portland.

Assumed strategic role by improving organizational budgeting, analytics, and forecasting. Provide oversight of finance, billing services, compliance, credentialing, payroll, and benefits functions. Positioned organization for growth with improved efficiencies and analysis of financial trends.

- **Monitors budget allocations, expenditures, fund balances and related financial activities for the purpose of ensuring** accurate, complete, and timely recording of allocations, revenue, and expenses are within budget limits and/or fiscal practices. Covering over 80 various funding sources, ensuring compliance with various Federal, State, and local regulations. Includes management and reporting of funding with donor restrictions and capital funding.
- **Spearheading overall finance functions and directing the transformation of business and financial outlooks;** driving growth strategies including clinic expansions, new projects, cost management, and risk management.
- **Developed forecasting models for service revenue and development** which improved organizational decision making and financial reviews. Provided useful insights in monthly board report executive summaries through detail write-ups on company's financial health and future forecast to set up the stage for monthly executive business meetings

Klamath Health Partnership, Inc., Klamath Falls, Oregon **Chief Executive Officer** (2014 – 2016)
FQHC (Federally Qualified Health Center) rural health center with three (3) clinics in the Klamath Basin of South-Central Oregon, with 140 employees serving over 18,000 patients annually.

Maintained and enhanced the delivery of quality care throughout the communities KHP serves. Demonstrated clinical credibility and effective leadership, along with the understanding of building an organization from a marketing, operational, and financial perspective.

- **Advanced patient access and clinic services with the addition of a Convenient Care Clinic** which allowed for more timely appointments, resulting in a 9.4% increase year over year in unique patients served.
- **Transformed recruitment process and successfully hired nine (9) health care providers,** within a one (1) year.

Klamath Health Partnership, Inc. continued

- **Established and sustained collaborative relationships with community organizations and other safety-net providers.**
- **Developed engaging and achievable compensation structure** which improved productivity, supported retention of tenured staff, and promoted teamwork.

United Health Centers of the San Joaquin Valley, Parlier, California **Chief Financial Officer** (2013 – 2014)
FQHC (Federally Qualified Health Center) with thirteen (13) clinics throughout the Central Valley of California, including two school-based clinics and increasing scope of services to include cardiology and chiropractic in 2014.

Assumed strategic role by exerting influence on cash management and reporting. Provide oversight of over 40 employees supporting finance, patient financial services, and purchasing, contracting, credentialing, payroll, and benefits functions. Ensure compliance of state and federal regulations for various grants and New Market Tax Credit financing.

- **Created revenue cycle management department with improved reporting, dashboards and analytics** resulting in reduced denials and improved Days Cash on Hand from 16 days to 28 days in three months.
- **Provide executive oversight of monthly Finance Committee Meetings and financial statement presentation** to the Board of Directors.

Avenal Community Health Center, Avenal, California **Chief Financial Officer** (2012 – 2013)
FQHC (Federally Qualified Health Center) migrant health center with three clinics providing medical, dental, and behavioral health services to the underserved of Kings County, CA.

Direct all finance, accounting, budgeting, and treasury functions for the organization. Prepare budgets and statistical reporting to meet PHS Section 330 requirements. Complete and file Medicare and Medicaid cost reporting. Oversee compliance for state and federal regulations including generally accepted accounting principles.

- **Demonstrated effective leadership and integration with the Administrative Team and Board Members.**
- **Developed a dashboard for Administration to quickly review the productivity and expected collections** on a weekly basis. Included graphs in the financial reporting package to provide Board Members insight into trends and projections.

CHG Healthcare Services, Salt Lake City, Utah
A $550M privately held company which provides physician staffing services, and physician recruiting in a wide array of specialties for temporary and permanent assignments at hospitals and medical practices throughout the US.

Director, Finance (2010 – 2012)
Orchestrate and vet the efforts of 8 direct reports and 18 indirect reports tasked with providing financial reporting and analysis, forecasting, yearly budgeting, and daily accounting support for multiple divisions of CHG Healthcare. Promote development of best practices in internal controls in financial reporting and process efficiency.

Divisional Finance Manger (2008 – 2010)
Played a key role in enhancing the profitability of the organization by providing analytics and identifying changes or trends within the business and the industry. Developed annual budgets and worked directly with divisional management to prepare business plans based on analysis of revenues, gross profits, operating expenses and other key performance indicators.

Senior Internal Controls Auditor (2006 – 2008)
Ensured compliance with the Sarbanes-Oxley Act of 2002 and related rulemaking by the SEC as CHG Healthcare Services navigated through an IPO attempt and its later acquisition by a private equity firm. Identified potential deficiencies in controls, fraud, or compliance. Prepared reports, findings, and a risk analysis of corporate governance, IT infrastructure and financial reporting processes. Submitted recommendations for remediation or improvement to management.

- **Developed forecasting methodology that ultimately increased accuracy in the entire company projections** presented to the Board of Directors.
- **Transformed management's perspective of the finance group from a data provider to a valued business partner.** Proactively provided a broad range of value-added services that improved gross margins, KPI reporting and ROI analysis

EDUCATION, CERTIFICATIONS & AFFILIATIONS

MBA, University of Phoenix, Salt Lake City, UT

BS, Behavioral Science and Health, University of Utah, Salt Lake City, Utah

Certified Internal Auditor (CIA), 2007 (lapsed in 2018)

Washington State Health Care Authority

Universal Health Care Commission

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Please note that boxes outlined in red are required.

Contact information

Information requested	Your information
Name (first and last):	Cheyne Anderson
Preferred pronouns (e.g., she/her, he/his, they/their):	he/they
Organization (if applicable):	Whole Washington
Title or position (if applicable):	
Work address (if applicable):	
County of organization/employer (if applicable):	
Email:	cheyne.w.anderson@gmail.com
Phone:	425-364-8640

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- ☐ Academic/research
- ☒ Community member or advocate
- ☐ Community-based organization
- ☐ Employer/business (private, nonprofit, etc.)
- ☐ Finance
- ☐ Health care association (please describe):
- ☐ Labor union
- ☐ Law
- ☒ Payer: private
- ☐ Payer: public
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- ☐ Provider/clinic: behavioral health
- ☐ Provider/clinic: oral health
- ☐ Provider/clinic: physical health
- ☐ Public health department
- ☐ Social services
- ☐ State agency staff
- ☐ Tribal representative

Areas of experience/expertise

- ☐ Children's health financing
- ☐ Health care advocate[1]
- ☐ Coverage and benefits and/or cost sharing and premiums
- ☐ Development or measurement of health-related metrics
- ☐ Employer health benefits/costs
- ☐ Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- ☐ Experience with differently abled communities (either as a community member of working with community)
- ☒ Experience with LGBTQ+ community (either as a community member or working with community)
- ☐ Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- ☐ Federal financing for health care programs and systems
- ☐ Financing health-related social needs and social determinants of health
- ☐ Health care administration
- ☐ Health care delivery system
- ☐ Health care financing[2]
- ☐ Health economics
- ☐ Health information technology and/or electronic medical records
- ☐ Health-care costs, value-based payments, alternative payment methodologies
- ☐ Improving health equity and eliminating health disparities
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- ☐ Recruiting, educating, and retaining the health care workforce
- ☐ Revenue goals and projections
- ☐ State financing for health care programs and systems
- ☐ Tax structures, including the impact of tax structures on equity
- ☐ Taxation and other public revenue models
- ☐ The Employee Retirement Income Security Act (ERISA)

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[2] Health care financing expertise may include but is not limited to: 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 payer/provider contracting.

Washington State Health Care Authority

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

   I'm strongly in favor of universal health care, and hope to represent Whole Washington on the FTAC.

2. Please describe your relevant experience and how it would benefit FTAC.

   I'm not a health care expert or worker, so I can only bring my experience as a Washingtonian and advocate. Professionally, I'm a software engineer, so I at least have experience working on complex problems.

3. Please describe any other experience serving on a committee, board, or workgroup.

   I have some experience with political organizing, and serve as secretary in my neighborhood's community association.

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

   We live in a country where rail workers need to strike and get the approval of congress to get even a week's worth of sick days. A congress that half-voted against even that. All while there is still a global pandemic in progress.

   The state of health care in this country is absurd and it is cruel, and it makes me furious. I believe Washington can be a leader in showing our country that it doesn't

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

   ☐ Yes

   ☒ No

6. If yes, did you receive any compensation?

   ☐ Yes

   ☐ No

Washington State Health Care Authority

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

☐ Yes

☒ No

8. If yes, please explain.

9. Professional licenses held:

None

10. Memberships in professional, civic organizations, or government boards or commissions:

None

11. Community service/volunteer activities:

I have volunteered with Whole Washington, FairVote Washington, Jason Call's congressional campaign, and Elizabeth Warren's 2020 presidential campaign.

12. Have you ever served in the U.S. Armed Forces?

☐ Yes

☒ No

Washington State Health Care Authority

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

    I don't have much in the way of expertise, but I can tell you what I know.

    I know that thousands of unhoused people sleeping on the streets in the cold getting sick and/or dying is not health equity.

    I know that infants born to black women dying at more than double the rate of those born to white women is not health equity.

14. Please describe why health equity is important to you.

    Because it's the right thing to do. Because a world in which people are suffering or dying of preventable causes for no reason other than to make profits for people who already have more wealth than they need is frankly abominable. Because I live in a country that has a long history of systemic injustice, and I would like to see something substantial done about it.

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

    Universal healthcare could give many unhoused people the chance to start building toward a new life.

    Universal healthcare could help those living in poverty rest a little easier knowing they won't have to choose between healthcare and food, rent, nececities or bills.

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

    White, born and raised in Washington state.

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino/a/x/e
- ☐ Middle Eastern or Northern African
- ☐ Native Hawaiian or Pacific Islander
- ☒ White
- ☐ Other category/categories (please list)
- ☐ Don't want to answer/decline

Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- ☒ Attend regular, bi-monthly FTAC meetings.
- ☒ Review all materials prior to FTAC meetings.
- ☒ Participate to the best of my ability.
- ☒ Participate in good faith in the best interest of FTAC and its charge.
- ☒ Accept the responsibilities to collaborate in developing potential recommendations.
- ☒ Respectfully engage at all times with other FTAC members.

Applicant signature: Cheyne Anderson

Date: 11/30/2022

Cheyne Anderson

E-Mail: **cheyne.w.anderson@gmail.com**
Phone: **425-364-8640**

About Me

I am an experienced software developer with a background in games and other real-time applications. I love learning and am always comfortable picking up new skills on the job. My interests have led me through a wide variety of subjects, both within software development and without. Suffice it to say, I consider myself more of a generalist than a specialist. I always aim to see the picture as wholly as I can, from the minutia to the gestalt.

Skills

- Software Engineering
- Object Oriented Programming
- Data Structures
- Metaprogramming
- C/C++
- C#
- Python
- Typescript
- Bash
- Powershell
- OpenGL and GLSL
- Version Control (Git and Perforce)
- Windows
- Linux
- GCC/G++
- Visual Studio
- GNU Make
- CMake
- General Debugging
- GNU Debugger
- Game Development
- Unity
- Lumberyard
- Calculus
- Linear Algebra
- Geometric Algebra
- Discrete Mathematics
- Computational Mathematics
- Classical Physics

Interests

Mathematics

I've loved mathematics from a young age. I'm particularly fond of advanced algebras. While in college, my pet project was researching rigid-body simulation in higher dimensional spaces. Category Theory has recently caught my attention as a new exploration of the foundations of mathematics, and I'm interested in learning more about it.

Language

Language, to me, has always felt closely related to mathematics, and I've spent almost as much time studying it. When I was young, I taught myself Hiragana and Katakana, and would listen to songs in Swedish to try to learn the lyrics. I also worked on a constructed language. I took three years of proper Japanese in high school. As an adult, I am now fairly proficient, though not quite fluent, in Swedish. I've also designed a programming language (see Personal Projects).

Artificial Life

Life is truly the most fascinating thing in all the universe, with unparalleled, spiraling, fractal complexity from which we ourselves have arisen. I've spent time studying many aspects of it, from molecular biology to psychology. And yet, I find myself most fascinated by the possibility of simulated life unconstrained by physics as we know it. I've followed several projects exploring this area, including Tierra, the OpenWorm project, and 3D Virtual Creature Evolution. I've also made some of my own such simulations, and am currently doing research for an AI project.

World Building

Before I learned how to program I saw myself as an artist. I doodled in every class I ever took. World building allows me to embrace my creative side while incorporating my other interests and skills. My current game project is itself an exploration of procedural world building (see Nylora under Personal Projects).

Employment History

May 2022 - Present **Software Engineer** **Google**

I currently work for Google in their cloud infrastructure division, helping to develop new networking technologies to support one of the largest computer networks on the planet.

Sep 2019 - April 2022 **Client and Pipeline Engineer** **City State Entertainment**

Our CTO has described me as a bit of a Swiss army knife. During my time at City State Entertainment, I've worked on tools, UI, core engine features, DevOps, database maintenance, build engineering, and other miscellany. Languages used have included C++, C#, Typescript, Python, Powershell, and CMake.

Jan 2018 - Sep 2019 **Independent Development**

During my time at Amazon, one of my personal hard drives was destroyed in an accident, which lost me more than a year's worth of personal project work. After I left Amazon, I decided to spend some time reestablishing and improving my personal work. During this time I completely overhauled my work environment. My codebase had previously been monolithic. As I rebuilt, I divided code into many independent Git repositories, which are now hosted on GitHub (code samples available by request). I also developed Citrus (see Personal Projects) to manage and build these repositories. Overall, I managed to recreate most of the code I had lost and made some new progress.

Sep 2014 - Jan 2018 **Software Development Engineer II** **Amazon Web Services**

While at Amazon, I worked on a team tasked with developing an innovative new technology to bring to the games industry. We worked closely with the team developing New World, which was utilizing our product. My responsibilities included both designing and implementing complex systems. I also helped direct the design of our product as a whole by coordinating with my team, our clients, and other tech teams in the org.

Aug 2013 - Sep 2014 **Independent Development**

After two years at Bally Technologies, I decided to use the money I'd saved to take an extended vacation to pursue my interests in an unconstrained environment. I spent the year working on a handful of personal projects, including games, simulations, designing a programming language, and general research.

Jul 2011 - Aug 2013 **Firmware Engineer II** **Bally Technologies**

While at Bally, I: created an asset pipeline with FBX support; created and modified game engine components; added support for skeletal animation, morph target deformation, and vector fonts; integrated a 3rd party physics library; and wrote gameplay code. When working with artists, I made it a point to adjust our engine to accommodate them, rather than asking them to accommodate us. Due to strict regulations in the casino gaming industry, we sometimes had to deal with unusual constraints not found in typical game development. I was involved in three released titles: Money Wheel, Texas Dice, and The Beach Boys. The company later partnered with Unity, and we began using their engine. I learned to use both Unity and C# on the job. After the partnership, I worked on developing new Unity components and editor extensions to be used in Bally games.

Education

I graduated from DigiPen Institute of Technology in 2011 with a Bachelor of Science in Computer Science. I majored in Real-Time Interactive Simulation and minored in Mathematics.

I worked on four student games as part of my coursework at DigiPen, seeing each through from start to finish. For the first three games, I worked on small teams with other students. The last one was a solo project.

Personal Projects

Citrus

Citrus is a package manager and build system written in Python. Each Citrus package corresponds to a single Git repository. Users can define dependencies between packages, and specify how they're built. Citrus can be extended with additional modules to extend its functionality. Citrus itself is language agnostic.

Virtual

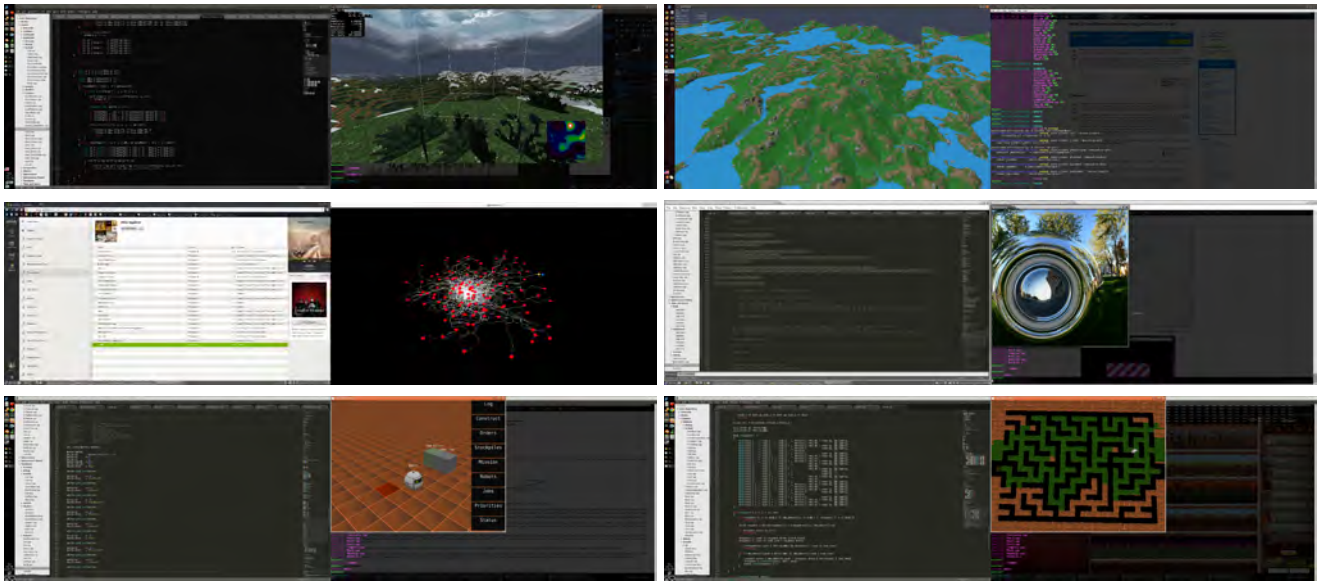
Virtual is a programming language that I have been designing. It's meant to be a general purpose, yet efficient language. A major goal is to allow all code to run at compile time, allowing for natural metaprogramming, rather than requiring specialized syntax. This would also allow code to be run as scripts through the compiler. In essence, Virtual aims to be its own scripting/data language in addition to an efficient compiled language.

Nylora

Nylora is a settlement building block game. In high concept it can be described as a game that looks like Minecraft and plays similarly to Dwarf Fortress. Nylora will feature several predesigned playable species in a procedurally generated environment. Currently I have a working block engine (developed from scratch), as well as a sidecar project for advanced terrain generation (to eventually be incorporated back into the game).

Orange Engine

This is a general purpose game engine I've been working on, written in C++. The Orange Engine includes a powerful serialization subsystem which is non-intrusive and puts no constraints on supported types. Nylora was originally developed in its own engine, but has now been reworked to run within the Orange Engine.



Washington State Health Care Authority

Universal Health Care Commission

Finance Technical Advisory Committee (FTAC) application

The Washington State Universal Health Care Commission (commission) is seeking members for its new Finance Technical Advisory Committee.

Due: Wednesday, November 30, 2022
Submit to: HCAUniversalHCC@hca.wa.gov

To apply, please complete this application and submit to HCAUniversalHCC@hca.wa.gov **by end of day on Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

Contact information

Information requested	Your information
Name (first and last):	Cris Currie
Preferred pronouns (e.g., she/her, he/his, they/their):	he/his
Organization (if applicable):	Health Care for All-Washington
Title or position (if applicable):	
Work address (if applicable):	Retired
County of organization/employer (if applicable):	
Email:	criscurrie22@gmail.com
Phone:	509-990-2792

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- ☐ Academic/research
- ☒ Community member or advocate
- ☐ Community-based organization
- ☐ Employer/business (private, nonprofit, etc.)
- ☐ Finance
- ☐ Health care association (please describe):
- ☐ Labor union
- ☐ Law
- ☐ Payer: private
- ☐ Payer: public
- ☐ Provider: federally qualified health center

- ☐ Provider: hospital and/or health system
- ☒ Provider: other
- ☐ Provider: Tribal health clinic or center
- ☐ Provider/clinic: behavioral health
- ☐ Provider/clinic: oral health
- ☐ Provider/clinic: physical health
- ☐ Public health department
- ☐ Social services
- ☐ State agency staff
- ☐ Tribal representative

Areas of experience/expertise

- ☐ Children's health financing
- ☐ Health care advocate[1]
- ☒ Coverage and benefits and/or cost sharing and premiums
- ☐ Development or measurement of health-related metrics
- ☒ Employer health benefits/costs
- ☐ Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- ☒ Experience with differently abled communities (either as a community member of working with community)
- ☐ Experience with LGBTQ+ community (either as a community member or working with community)
- ☐ Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- ☐ Federal financing for health care programs and systems
- ☐ Financing health-related social needs and social determinants of health
- ☐ Health care administration
- ☒ Health care delivery system
- ☐ Health care financing[2]
- ☐ Health economics
- ☒ Health information technology and/or electronic medical records
- ☒ Health-care costs, value-based payments, alternative payment methodologies
- ☐ Improving health equity and eliminating health disparities
- ☐ Provider reimbursement
- ☐ Public health financing
- ☒ Recruiting, educating, and retaining the health care workforce
- ☒ Revenue goals and projections
- ☐ State financing for health care programs and systems
- ☐ Tax structures, including the impact of tax structures on equity
- ☐ Taxation and other public revenue models
- ☒ The Employee Retirement Income Security Act (ERISA)

[1] The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate 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, 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.

[2] Health care financing expertise may include but is not limited to: 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 payer/provider contracting.

Washington State Health Care Authority

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

   I want to see Washington adopt a state based, single-payer, universal, high quality, affordable, and fair, health care system as soon as possible. And I want this system to coordinate well with those being formulated in other states, especially neighboring states. I am more of a generalist who is able to visualize how all the various parts of this system need to fit together, and I would be interested in working with a small group of people with more specialized expertise to make unified financing a reality. To quicken the pace I would ask each member to read the Oregon Task Force

2. Please describe your relevant experience and how it would benefit FTAC.

   As evidenced by my eBook called A Medicare for All Q & A, I have a detailed understanding of both the challenges and the opportunities on all aspects of single-payer health care. I am familiar with most of the options for its funding, including state taxes, federal waivers (Sections 402(b), 1332, 1115, and 1915 waivers) and cost sharing as well as options for avoiding an ERISA preemption. I have also closely followed how other states, particularly Oregon and California are

3. Please describe any other experience serving on a committee, board, or workgroup.

   I attended all virtual meetings of the WA UHC Work Group and all meetings of the UHC Commission.
   I was a founder and president of the Friends of Mt. Spokane State Park for 26 years, as well as chair of the Mt. Spokane State Park Advisory Committee. In that capacity I worked closely with the Washington State Parks & Recreation Commission and facilitated a consensus based comprehensive trail and management plan for the park as well as helped complete numerous implementation projects. I co-founded a

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

   I started writing my eBook 7 years ago, on the verge of my retirement from Providence, as a way to understand the ACA's individual health insurance market, since I was not yet 65. One question led to several others and 5 or 6 pages of notes eventually morphed into researching and answering over 80 questions about single-payer that I continue to update twice a year. The prospect of converting the

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

   ☐ Yes

   ☒ No

6. If yes, did you receive any compensation?

   ☐ Yes

   ☐ No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

☐ Yes

☒ No

8. If yes, please explain.

However I would hope to eventually benefit financially as nearly every other Washingtonian will from the state unified, universal health care program.

9. Professional licenses held:

Former Registered Nurse (retired)

10. Memberships in professional, civic organizations, or government boards or commissions:

Active member of Health Care for All-Washington. Also a member of Physicians for a National Health Program, and Health Care Now.
Have also been a member of the Peace and Justice Action League of Spokane since 1980.

11. Community service/volunteer activities:

I recently participated in a local project that provides free transportation to medical appointments for seniors and the disabled. Through that I saw how transportation and its lack can be a social determinant of health. I Currently volunteer with the Inland Northwest Land Conservancy doing land stewardship and historical writing projects.

12. Have you ever served in the U.S. Armed Forces?

☐ Yes

☒ No

Washington State Health Care Authority

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

    As a home health nurse for a non-profit, community agency, I participated in what is arguably the most equitable health care that has ever been provided in the U.S. Unfortunately my services and supplies were only available free of charge to patients on Medicare, Medicaid, some private insurance plans, and a limited number of those who were completely destitute. Services were provided without regard to cultural background or inability to pay. When Providence took over the agency,

14. Please describe why health equity is important to you.

    According to the preamble of the Constitution, the purpose of government is to establish justice, ensure domestic tranquility, provide for the common defense, and promote the general welfare of all people in the United States. Since health care is a human right (according to the Declaration of Human Rights, Article 25), it is a critical justice and general welfare issue that directly affects domestic tranquility and even our defense capabilities. There really can be no tranquility, justice or general

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

    Unlike private insurance, the single-payer system does not need to discriminate on the basis of ability to pay, age, gender, employment and health status, or sexual orientation. It can also be set up to offer culturally appropriate care much more easily than can the status quo, and it should eliminate the racist baggage that has accompanied Medicare and Medicaid since their inception.

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    American, white, of distant European descent

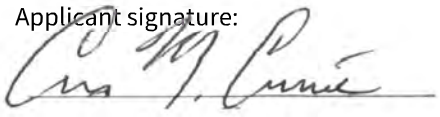
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- ☒ White
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- ☐ Don't want to answer/decline

Attestation

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- ☒ Attend regular, bi-monthly FTAC meetings.
- ☒ Review all materials prior to FTAC meetings.
- ☒ Participate to the best of my ability.
- ☒ Participate in good faith in the best interest of FTAC and its charge.
- ☒ Accept the responsibilities to collaborate in developing potential recommendations.
- ☒ Respectfully engage at all times with other FTAC members.

Applicant signature: 

Date: 11/16/22

CRIS M. CURRIE, MA, RN (retired)

11203 E. Heglar Road, Mead, WA 99021
(509) 990-2792 (cell) E-mail: criscurrie22@gmail.com

SKILLS

Professional/academic writing and research
Single-payer healthcare advocacy
Public speaking and meeting facilitation
Project organizing
Mediation and conflict resolution

POSITIONS HELD

Home Health Nurse, VNA Home Health, Spokane, WA 4/03-1/16.
Adjunct Instructor of Conflict Management, Eastern Washington University, 12/01-6/03.
Co-director, Dispute Resolution Center of Spokane County (DRC), 1/89-9/93
Director, Community Boards of Spokane and DRC, 1/87-12/88
Critical Care Nurse, Sacred Heart Medical Center, Spokane, WA, 11/79-8/87

EDUCATION

Nurse Refresher Course, Intercollegiate College of Nursing, Spokane, WA, 2002.
M.A. (Conflict Resolution) Antioch University, Yellow Springs, OH, 1995.
B.S.N. (Nursing) Creighton University, Omaha, NE, 1979.
B.A. (Biology, pre-med) Earlham College, Richmond, IN, 1975.

PUBLICATIONS

Mount Spokane State Park: A User's Guide (2015). Gray Dog Press, Spokane, WA. 150 pages.

Spokane's History of Skiing: 1913-2018 (2018). Gray Dog Press, Spokane, WA. 247 pages. Winner of 2019 International Skiing History Association Skade Award.

A Medicare for All Q & A, (2019-present). An interactive, frequently updated eBook available for free download at www.healthcareforallwa.org/resources.

Currie, C.M. (1998). Mediation and medical practice disputes. Mediation Quarterly, 15(3), 215-226. (Master's thesis).

Numerous conflict resolution articles between 1996 and 2004 for professional journals and newsletters.

COMMUNITY ACTIVITIES

Stewardship Volunteer and Historian, Inland Northwest Land Conservancy, 5/21-present.
Volunteer Driver, Spokane Neighborhood Action Partners, 4/21-9/22.
Mt. Spokane State Park Advisory Committee, Founding Chair, 1995-2013.
Friends of Mt. Spokane State Park, President, 1996-2021.
Washington Mediation Association, President 2000-03.
Spokane-Makhachkala Sister City Society founding member (1987-94), Treasurer (1989-94).
Peace and Justice Action League of Spokane volunteer and member 1980-present.

DOMESTIC

Married to Nora Searing for 40 years. No children.

Washington State Health Care Authority

Universal Health Care Commission

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Please note that boxes outlined in red are required.

Contact information

Information requested	Your information
Name (first and last):	Christine Eibner
Preferred pronouns (e.g., she/her, he/his, they/their):	She/Her
Organization (if applicable):	RAND Corporation
Title or position (if applicable):	Senior Economist
Work address (if applicable):	1200 S. Hayes St. Arlington, VA 22202
County of organization/employer (if applicable):	Arlington, VA
Email:	eibner@rand.org
Phone:	(703) 413-1100 Ext. 5913

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- ☒ Academic/research
- ☐ Community member or advocate
- ☐ Community-based organization
- ☐ Employer/business (private, nonprofit, etc.)
- ☐ Finance
- ☐ Health care association (please describe):
- ☐ Labor union
- ☐ Law
- ☐ Payer: private
- ☐ Payer: public
- ☐ Provider: federally qualified health center

- ☐ Provider: hospital and/or health system
- ☐ Provider: other
- ☐ Provider: Tribal health clinic or center
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- ☐ Provider/clinic: oral health
- ☐ Provider/clinic: physical health
- ☐ Public health department
- ☐ Social services
- ☐ State agency staff
- ☐ Tribal representative

Areas of experience/expertise

- ☐ Children's health financing
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- ☐ Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- ☐ Experience with differently abled communities (either as a community member of working with community)
- ☐ Experience with LGBTQ+ community (either as a community member or working with community)
- ☐ Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
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- ☐ Public health financing
- ☐ Recruiting, educating, and retaining the health care workforce
- ☐ Revenue goals and projections
- ☒ State financing for health care programs and systems
- ☒ Tax structures, including the impact of tax structures on equity
- ☒ Taxation and other public revenue models
- ☐ The Employee Retirement Income Security Act (ERISA)

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Washington State Health Care Authority

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

   Washington state is poised to make significant strides in transforming the health care system, aiming to develop a more equitable, accessible, and affordable health care system that provides high quality coverage for all residents. As a health economist who began studying health reform before the Affordable Care Act (ACA) was passed, it would be incredibly exciting to be part of this transformative process. I have devoted my career to helping policymakers understand the advantages and disadvantages of various approaches to health insurance reform and health care

2. Please describe your relevant experience and how it would benefit FTAC.

   I am a health economist with decades of experience studying health care reform and health care financing, including state single payer plans and other reforms aimed at providing universal coverage. My work has considered a range of issues related to financing such reforms, including provider payment rates; considerations for recouping federal funding for Medicaid, Medicare, and the Marketplaces; tax financing approaches; and possible changes in the tax base due to tax avoidance

3. Please describe any other experience serving on a committee, board, or workgroup.

   In 2019 and early 2020, I served on a study panel convened by the National Academy of Social Insurance to understand the implications of three approaches to expanding Medicare: Medicare for All, a Medicare buy-in, and lowering the Medicare eligibility age. The study panel met approximately bi-monthly for a period of about a year. Each meeting lasted roughly a day, during which time the group discussed and debated issues, and presented findings from relevant work. Between meetings, we were given assignments such as reviewing draft manuscripts and reading

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

   While the majority of my work has focused on health insurance reform, I also have done a fair amount of work over the years on military health, touching on health care financing issues in Tricare and the VA. This background may be helpful to the FTAC as decisions will need to be made about how to accommodate Washington state residents who are eligible for coverage through these federally-funded sources.

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

   ☐ Yes

   ☒ No

6. If yes, did you receive any compensation?

   ☐ Yes

   ☒ No

Washington State Health Care Authority

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

☐ Yes

☒ No

8. If yes, please explain.

NA

9. Professional licenses held:

NA

10. Memberships in professional, civic organizations, or government boards or commissions:

NA

11. Community service/volunteer activities:

NA

12. Have you ever served in the U.S. Armed Forces?

☐ Yes

☒ No

Washington State Health Care Authority

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

    My work for the state of Vermont focused on understanding the equity implications of the state's existing health care system using two metrics—vertical equity, which occurs when people with lower incomes pay less than people with higher incomes, and horizontal equity, which occurs with people with similar incomes pay the same amount. My team and I found mixed results on vertical equity—while lower income residents paid less than higher income residents for health care in absolute terms,

14. Please describe why health equity is important to you.

    Everyone should have equal ability to enjoy a productive, happy, and long life. Yet, without health equity, some groups may face significant barriers to achieving these basic rights. Lack of health equity is particularly galling when looking at life expectancy and mortality statistics, which show that Black Americans live almost 4 fewer years than White Americans (CDC, 2020), and that gaps in life expectancy by educational attainment have widened over time (Case and Deaton, 2021). Truly

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

    A unified health care financing system that achieves universal coverage will likely improve health care access and reduce inequitable outcomes among the 6.5 percent of Washington's population that is currently uninsured. Additionally, in Washington State, as throughout the US, the health care system is very fractionated, with different financing, payment, and benefit-generosity rules that

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

    White, non-Hispanic; US citizen

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino/a/x/e
- ☐ Middle Eastern or Northern African
- ☐ Native Hawaiian or Pacific Islander
- ☒ White
- ☐ Other category/categories (please list)
- ☐ Don't want to answer/decline

Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- ☒ Attend regular, bi-monthly FTAC meetings.
- ☒ Review all materials prior to FTAC meetings.
- ☒ Participate to the best of my ability.
- ☒ Participate in good faith in the best interest of FTAC and its charge.
- ☒ Accept the responsibilities to collaborate in developing potential recommendations.
- ☒ Respectfully engage at all times with other FTAC members.

Applicant signature: Christine Eibner

Date: 11/29/22

Updated October 2022

Christine E. Eibner

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EDUCATION

Ph.D. Economics, University of Maryland at College Park, August 2001
M.A. Economics, University of Maryland at College Park, May 1998
B.A. Economics and English, College of William and Mary, Williamsburg, VA, May 1995

PROFESSIONAL EXPERIENCE

Program Director, Health Care Payment, Cost, and Coverage, RAND, 2018-present
Associate Director, Health Services Delivery Systems Program, RAND, 2015–2018
Senior Economist, RAND Corporation, Arlington, VA, June 2012–present
Economist, RAND Corporation, Arlington, VA, May 2008–May 2012
Associate Economist, RAND Corporation, Arlington, VA, August 2003–May 2008
Post-Doctoral Research Associate, Center for Health and Wellbeing, Princeton University, September 2001–June 2003
Intern, Agency for Healthcare Research and Quality (formerly AHCPR), Rockville, MD, Summer 1999

RESEARCH AREAS

Health Economics, Health Care Costs, Simulation Modeling, Military Health Policy

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"Options to Increase Insurance Coverage for Undocumented Immigrants in Connecticut," *Robert Wood Johnson Foundation*, 6/1/21-5/31/22, $149,941. Co-Principal Investigator.

"Medicare Advantage Value Based Insurance Design Evaluation, Part 2" *US Centers for Medicare & Medicaid Services*, Center for Medicare & Medicaid Innovation. 09/08/2020-9/07/2023, $7,714,147 (base period), Principal Investigator.

"Modeling the Effects of COVID-19 on Health Insurance Enrollment and Costs for New York State Residents," *New York State Health Foundation*, 07/01/2020-12/08/2020, $184,980, Principal Investigator.

"State Based Approaches to Cost Containment: What are the Savings Opportunities for Californian?" *California Health Care Foundation*, 10/5/18-6/31/2020, $392,000, Principal Investigator.

"Policy Analysis and Technical Assistance" US Department of Health and Human Services, Assistant Secretary for Planning and Evaluation, 9/24/2018-9/23/2023, $14,500,000, Principal Investigator.

"Analyzing a Medicare Buy-In: Phase 2," *AARP*, 5/14/18-12/31/18, $168,616, Principal Investigator.

"Analyzing a Medicare Buy-In: Phase 1," *AARP*, 12/5/17-3/31/18, $65,000, Principal Investigator.

"Modeling New Proposals to Modify the ACA," Commonwealth Fund, 4/1/17-5/31/18, *Commonwealth Fund*, "$250,000, Principal Investigator."

"Modeling Emerging Health Reform Proposals for 2016 and 2017," *Commonwealth Fund*, 8/15/16-8/14/17, $198,884, Principal Investigator.

"Medicare Advantage Value Based Insurance Design Evaluation (Base Period)," US Centers for Medicare & Medicaid Services, Center for Medicare & Medicaid Innovation. 8/29/2016-4/30/2020, $7,331,138, Principal Investigator.

"Building Analytic Capacity for Monitoring and Evaluating the Implementation of the Affordable Care Act, Option Year 2" US Department of Health and Human Services, 9/30/16-9/29/17, $2,327,484, Principal Investigator.

"Building Analytic Capacity for Monitoring and Evaluating the Implementation of the Affordable Care Act, Option Year 1" US Department of Health and Human Services, 9/30/15-9/29/16, $2,999,830, Principal Investigator.

"Analysis of ACA Alternatives," *Commonwealth Fund*, 4/15/15-4/14/16, $249,783, Principal Investigator.

"Building Analytic Capacity for Monitoring and Evaluating the Implementation of the Affordable Care Act," US Department of Health and Human Services, 9/30/14-9/29/15, $4,050,672, Principal Investigator.

"Providing and Incidence Analysis of Healthcare Spending in Vermont," Department Joint Fiscal Office, 7/21/14-3/1/15, $174,212, Principal Investigator.

"Simulate Health Insurance Demand and Pricing under the Affordable Care Act," US Department of Health and Human Services, $110,000, 9/12-9/13, Principal Investigator.

"Coverage Expansion and Medicaid Primary Care Physician Payment Increase" US Department of Health and Human Services, $286,311, 9/12-9/15, co-Principal Investigator.

"FMAP Income Conversion Refinement," US Department of Health and Human Services, $674,999, 9/12-9/13, Principal Investigator

"FMAP Claiming and MAGI Income Conversion Methods," US Department of Health and Human Services, $1.4 million, 9/11-8/13, Principal Investigator

"Simulating the American Health Benefits Exchanges," US Department of Health and Human Services, $250,000, 9/11-3/15, Co-Principal Investigator

"Stop-Loss Sensitivity Analysis and Health Plan Assistance Study," US Department of Labor, $200,000, 9/11-6/12, Principal Investigator

"Current Health Benefits for Workers with Low and Moderate Incomes," The Commonwealth Fund, $235,022, 4/11-4/12, Principal Investigator

"Affordable Care Act—Technical Assistance," US Department of Health and Human Services, $784,227, 9/10-9/13, Principal Investigator

"Large Group Study," US Department of Labor, $1,098,036, 9/10-9/11, Co-Principal Investigator

"The Implications of a National Health Insurance Connector for Small Business," US Department of Labor, $249,887, 9/09-9/10, Co-Principal Investigator

"Women, Neighborhoods, and Coronary Heart Disease: A Prospective Study," National Heart, Lung, and Blood Institute, $2,481,383, 7/07-4/10, Co-Principal Investigator

"The Effect of a Pharmaceutical Benefits Change on Health Process Outcomes," Mid-Atlantic Permanente Group, $66,514, 9/06-8/07, Principal Investigator

"Health Insurance Costs for Small Businesses: How Much Do Benefits Substitute For Wages?" The Kauffman-Rand Institute, $60,486, 1/07-9/07, Principal Investigator

"Trends in the Distribution of Employer Health Insurance Costs," California Health Care Foundation, $224,481, 6/05-5/07, Co-Principal Investigator

REFEREEING

The Journal of Human Resources
The Journal of Health Economics
Health Affairs
Health Services Research
Journal of Epidemiology and Community Health
Journal of Healthcare for the Poor and Underserved
Medical Science Monitor
Scandinavian Journal of Public Health
Social Science and Medicine
Health Policy
Forum for Health Economics and Policy

AWARDS

RAND Silver Medal Award, 2020
AcademyHealth HSR (Health Services Research) Impact Award, 2016

RAND Gold Medal Award, 2015
RAND President's Choice Award, 2013
RAND Silver Medal Award, 2012
RAND President's Award, 2011
RAND Gold Medal Award, 2009
RAND Bronze Medal Award, 2008
Graduate Fellowship, University of Maryland, 1996-1998
Magna cum Laude with Honors in English, College of William and Mary, 1995
Phi Beta Kappa, 1995

Washington State Health Care Authority

Universal Health Care Commission

Finance Technical Advisory Committee (FTAC) application

The Washington State Universal Health Care Commission (commission) is seeking members for its new Finance Technical Advisory Committee.

Due: Wednesday, November 30, 2022
Submit to: HCAUniversalHCC@hca.wa.gov

To apply, please complete this application and submit to HCAUniversalHCC@hca.wa.gov **by end of day on Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

Contact information

Information requested	Your information
Name (first and last):	Chris Gelatt
Preferred pronouns (e.g., she/her, he/his, they/their):	he/him
Organization (if applicable):	
Title or position (if applicable):	
Work address (if applicable):	
County of organization/employer (if applicable):	
Email:	gelatt@inreach.net
Phone:	414-732-1549

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- ☐ Academic/research
- ☐ Community member or advocate
- ☐ Community-based organization
- ☐ Employer/business (private, nonprofit, etc.)
- ☐ Finance
- ☐ Health care association (please describe):
- ☐ Labor union
- ☐ Law
- ☐ Payer: private
- ☐ Payer: public
- ☐ Provider: federally qualified health center

- ☐ Provider: hospital and/or health system
- ☐ Provider: other
- ☐ Provider: Tribal health clinic or center
- ☐ Provider/clinic: behavioral health
- ☐ Provider/clinic: oral health
- ☐ Provider/clinic: physical health
- ☐ Public health department
- ☐ Social services
- ☐ State agency staff
- ☐ Tribal representative

Areas of experience/expertise

- ☐ Children's health financing
- ☐ Health care advocate[1]
- ☐ Coverage and benefits and/or cost sharing and premiums
- ☐ Development or measurement of health-related metrics
- ☐ Employer health benefits/costs
- ☐ Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- ■ Experience with differently abled communities (either as a community member of working with community)
- ■ Experience with LGBTQ+ community (either as a community member or working with community)
- ☐ Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- ☐ Federal financing for health care programs and systems
- ☐ Financing health-related social needs and social determinants of health
- ☐ Health care administration
- ☐ Health care delivery system
- ☐ Health care financing[2]
- ☐ Health economics
- ☐ Health information technology and/or electronic medical records
- ☐ Health-care costs, value-based payments, alternative payment methodologies
- ☐ Improving health equity and eliminating health disparities
- ☐ Provider reimbursement
- ☐ Public health financing
- ☐ Recruiting, educating, and retaining the health care workforce
- ☐ Revenue goals and projections
- ☐ State financing for health care programs and systems
- ■ Tax structures, including the impact of tax structures on equity
- ☐ Taxation and other public revenue models
- ☐ The Employee Retirement Income Security Act (ERISA)

[1] The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate 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, 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.

[2] Health care financing expertise may include but is not limited to: 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 payer/provider contracting.

Washington State Health Care Authority

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

   I've had significant engagement with the healthcare industry for several years as a patient, and I've experienced a number of situations where there have been challenges that have arisen due to the nature of how the industry is structured. These include issues with providers billing insurers, prescription coverage, which services are or are not included in a given policy, being surprised with special handling for certain procedures, and various provider network issues.

2. Please describe your relevant experience and how it would benefit FTAC.

   As mentioned, I have significant recent experience as a patient, which I believe gives me some useful insight into some of the challenges experienced by patients today. Additionally, in my professional capacity, I'm responsible for risk assessment and evaluation, policy and process design, and organizational maturity and cohesion, which seem like relevant skillsets for this commission, even though my background is not in the healthcare industry specifically.

3. Please describe any other experience serving on a committee, board, or workgroup.

   At my current organization, I led the boards and was the primary individual responsible for managing the policy and process of our change management and incident response programs for nearly a decade. I've also participated in numerous contract review workgroups with our attorneys for customer and vendor contract risk as well as compliance assessments for business-critical certifications and attestations.

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

   I have long had a strong interest in a universal healthcare system, even before I had to interact with it as significantly as I do now. I also feel that my background gives me a unique opportunity to meaningfully contribute to the commission, and look forward to the opportunity to do so.

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

   ☐ Yes

   ■ No

6. If yes, did you receive any compensation?

   ☐ Yes

   ☐ No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

   ■ Yes

   ☐ No

8. If yes, please explain.

   As it would any Washingtonian, the availability of a universal healthcare system would financially impact me. Necessary changes in taxation and payer structures would change how much I personally pay, and in what form.

9. Professional licenses held:

   CISSP
   CISM
   GSTRAT

10. Memberships in professional, civic organizations, or government boards or commissions:

    (ISC)2
    ISACA
    GIAC Advisory Board

11. Community service/volunteer activities:

12. Have you ever served in the U.S. Armed Forces?

    ☐ Yes

    ■ No

Washington State Health Care Authority

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

    Although I have been comparatively fortunate in my own circumstances regarding health insurance, I have a number of close friends who have had challenges receiving adequate care due to lack of ability to pay, lack of access to employment with comprehensive insurance benefits, unreliable transportation, and difficulty finding providers willing to accept new patients with the low- or no-cost health insurance options they have.

14. Please describe why health equity is important to you.

    We live in a country that has long had the resources to provide healthcare for everybody who lives here, yet we choose not to. Healthcare is not something that should be withheld solely because somebody is not fortunate enough to have been born into a wealthy family, or with interests which correlate well with high-paying jobs. We cannot continue to exclude people from something that should be a basic human right. The only reasonable way to handle this is through a universal program.

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

    Creating a unified financing system is a critical component of creating a universal program, which would allow people vastly more freedom over their employment decisions, ensure their loved ones get the care they need in a timely fashion (instead of putting off care due to cost, potentially with disastrous results), and significantly increase both expectancy and quality of life across all demographics.

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

    Although some of my ancestry is Native American, it's not a heritage I've had much of an opportunity to explore. The most appropriate claim I could make for myself for racial and ethnic identity would be white. I was born in another state, but have lived in Washington since 2007.

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

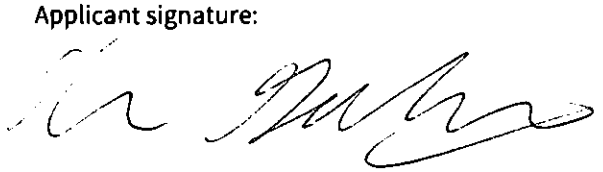
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino/a/x/e
- ☐ Middle Eastern or Northern African
- ☐ Native Hawaiian or Pacific Islander
- ☒ White
- ☐ Other category/categories (please list)
- ☐ Don't want to answer/decline

Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- ☒ Attend regular, bi-monthly FTAC meetings.
- ☒ Review all materials prior to FTAC meetings.
- ☒ Participate to the best of my ability.
- ☒ Participate in good faith in the best interest of FTAC and its charge.
- ☒ Accept the responsibilities to collaborate in developing potential recommendations.
- ☒ Respectfully engage at all times with other FTAC members.

Applicant signature:



Date:

29 Nov 2022

Chris Gelatt, MBA

Mountlake Terrace, WA ● (414) 732 – 1549
kreeblah@gmail.com ● www.linkedin.com/in/chrisgelatt/

Director of Information Security | Data Protection & Organizational Maturity Development

Evolving security and risk management strategy to protect the integrity, confidentiality, and availability of enterprise assets

Information Security Leader with 9+ years of management experience in a global SaaS B2B enterprise environment. Proven success leading and promoting the adoption of change management initiatives and building security and risk management programs and IT policies and procedures that simplified business operations and saved millions in SLA payouts. Strategic business partner to executive/c-suite leaders. Regarded for building mental models that balance short-/long-term priorities and engaging and seeking feedback from teams across functional boundaries to drive organizational maturity and growth.

Key Credentials: MBA ● BS (computer science) ● GIAC Advisory Board ● GIAC Strategic Planning, Policy & Leadership Certified Information Security Manager (**CISM**) ● Certified Information Systems Security Professional (**CISSP**)

Areas of Expertise

Information Security Management	Enterprise Maturity Development	Disaster Recovery & Threat Modeling
Regulatory Compliance Standards	Executive-Level Collaboration	Incident Response Management
Risk Management Strategy	Business & IT Change Management	Business Continuity Planning
Data Protection Frameworks (GDPR)	Talent Development & Mentoring	Internal/External Audit Assessments

Professional Experience

Engineer III ● Comcast Technology Solutions (CTS), Seattle, WA — 2020 – Present

Transitioned to a software engineering team following the dissolution of thePlatform Group. Currently support various IT teams on operational systems infrastructure initiatives, including SaaS applications, incident management, information security policy development, and cross-organizational team building and culture development.

- Develop and revamp the existing product documentation by including details on the application architecture, build infrastructure, and code organization, **saving time** for new team members to get up to speed on projects.
- Presently working on changing the team culture on issue documentation, **promoting a shift** away from the functional aspects to the root cause of the issue and its value to the customer, and defining clear criteria for issue resolution.

Change Release Manager ● thePlatform/Comcast Technology Solutions (CTS), Seattle, WA — 2012 – 2020

Promoted *to co-manage a 9-member Application Support team and address operational workflows and personnel challenges. Drove the development, implementation, and standardization of policies and procedures governing information security, data privacy, and audit compliance to ensure efficient, prompt handling of changes in production and staging environments. Initiated discussions with executive management on proposed changes and served as the primary technical contact for vendors.*

- **Leadership Influence:** Leveraged institutional knowledge and modeling skills to view problems from multiple perspectives, identify potential failure rates, and foster individual initiative and strong teamwork to achieve goals.
  - **Co-founded, managed, and mentored** the business intelligence and information security teams, resulting in continuous improvements in product security and remediation of years of technical debt.
  - Designed information security education sessions, covering cryptography basics, social engineering, physical security, and defense-in-depth, which **expanded peoples' awareness of security concerns** enterprise-wide.
  - Helped **drive annual attrition rate down 80%** by helping team members collaborate with different internal teams, including software engineering, operations, and QA, and later advance to open positions.

- **Organizational Change Management:** Charged with leading the change management program and directing the planning and execution of releases across complex interdependent business and IT applications, including:
  - **Orchestrated the ServiceNow implementation** to streamline customer service and internal ticketing processes. This initiated a living project for developing and encoding workflows to reflect evolving business needs.
  - **Converted ad-hoc processes to formal policies** and leveraged automation to score risk changes, create approval workflows, enforce SLAs, and issue internal/external notifications to track and resolve issues.
  - Optimized incident management processes by formalizing and **automating workflows**, issuing internal and external notifications, and automatically bringing the right people into a Slack channel to resolve issues.
- **Data Privacy Compliance:** Mitigated operational risk and significantly reduced exposure to lawsuits and fines around data privacy regulations by initiating discussions with product owners across diverse teams.
  - Brought CTS into alignment to **achieve regulatory compliance** following the replacement of Safe Harbor to EU-US Privacy Shield and meet GDPR requirements.
  - **Prevented tens of millions in SLA payouts** by mobilizing networking and legal teams in migrating thePlatform.eu from ownership by a UK- to a post-Brexit EU-registered entity per EURid requirements. Helped draft legal documents to establish the entity, enact the transfer, and **ensure service availability.**
  - **Addressed patent licensing issues** by working with product engineering and legal teams to track patents with the required functionality for transcoding video formats, which **mitigated the risk for reputational damage**.

Application Support Engineer ● thePlatform/Comcast Technology Solutions (CTS), Seattle, WA 2010 – 2012

Joined the Application Support Team, working in a multifaceted role to assist customers with technical support questions, identify and track software issues, and ensure SLA compliance and continual product and service improvements.

- **Reduced SLA payouts** by closing a critical gap in one of the team's monitoring tools; developed an application to audit HTTP endpoints at defined thresholds once a minute and ensured that services were running properly.
- Built institutional knowledge and became the **go-to expert in SaaS operating, networking, and storage systems**.

Early Career Experience

Lexus Technical Support Representative ● CDK Global, Seattle, WA 2007 – 2010

Building Systems Operator ● Johnson Controls, Milwaukee, WI 2005 – 2007

Education

Master of Business Administration (**MBA**) ● Western Governors University 2019

Course: Analyzing & Presenting Data & Information ● Edward Tufte 2016

Bachelor of Science (**BS**), **Computer Science** ● University of Washington Tacoma 2015

Licenses & Certifications

GIAC Advisory Board ● **GIAC Strategic Planning, Policy & Leadership** (GSTRT) 2020

Certified Information Security Manager (**CISM**) ● ISACA 2020

Certified Information Systems Security Professional (**CISSP**) ● $(ISC)^2$ 2019

Technical Skills

VMware, ServiceNow, Ansible, Confluence, JIRA, Splunk, Go, MySQL, Microsoft Office (Word, Excel, PowerPoint)

Washington State Health Care Authority

Universal Health Care Commission

Finance Technical Advisory Committee (FTAC) application

The Washington State Universal Health Care Commission (commission) is seeking members for its new Finance Technical Advisory Committee.

Due: Wednesday, November 30, 2022
Submit to: HCAUniversalHCC@hca.wa.gov

To apply, please complete this application and submit to HCAUniversalHCC@hca.wa.gov **by end of day on Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

Contact information

Information requested	Your information
Name (first and last):	Christie Ryan
Preferred pronouns (e.g., she/her, he/his, they/their):	she/her
Organization (if applicable):	
Title or position (if applicable):	
Work address (if applicable):	
County of organization/employer (if applicable):	
Email:	ChristieRyan1981@gmail.com
Phone:	360-609-9167

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- ☐ Academic/research
- ☒ Community member or advocate
- ☐ Community-based organization
- ☐ Employer/business (private, nonprofit, etc.)
- ☐ Finance
- ☐ Health care association (please describe):
- ☐ Labor union
- ☐ Law
- ☐ Payer: private
- ☐ Payer: public
- ☐ Provider: federally qualified health center

- ☐ Provider: hospital and/or health system
- ☐ Provider: other
- ☐ Provider: Tribal health clinic or center
- ☒ Provider/clinic: behavioral health
- ☐ Provider/clinic: oral health
- ☐ Provider/clinic: physical health
- ☐ Public health department
- ☐ Social services
- ☐ State agency staff
- ☐ Tribal representative

Areas of experience/expertise

- ☐ Children's health financing
- ☐ Health care advocate[1]
- ☐ Coverage and benefits and/or cost sharing and premiums
- ☐ Development or measurement of health-related metrics
- ☐ Employer health benefits/costs
- ☐ Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- ☐ Experience with differently abled communities (either as a community member of working with community)
- ☐ Experience with LGBTQ+ community (either as a community member or working with community)
- ☐ Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- ☐ Federal financing for health care programs and systems
- ☐ Financing health-related social needs and social determinants of health
- ☐ Health care administration
- ☐ Health care delivery system
- ☐ Health care financing[2]
- ☐ Health economics
- ☒ Health information technology and/or electronic medical records
- ☐ Health-care costs, value-based payments, alternative payment methodologies
- ☐ Improving health equity and eliminating health disparities
- ☒ Provider reimbursement
- ☐ Public health financing
- ☐ Recruiting, educating, and retaining the health care workforce
- ☐ Revenue goals and projections
- ☐ State financing for health care programs and systems
- ☐ Tax structures, including the impact of tax structures on equity
- ☐ Taxation and other public revenue models
- ☐ The Employee Retirement Income Security Act (ERISA)

[1] The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate 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, 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.

[2] Health care financing expertise may include but is not limited to: 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 payer/provider contracting.

Washington State Health Care Authority

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

   I am looking for the right volunteer opportunity. I am a self employed single mother working as a mental health therapist. I pay out of pocket for my health insurance and I accept health insruance as payment for my services. I believe that healthcare is a human right and would love to see Washington doing more to offer more to its residents.

2. Please describe your relevant experience and how it would benefit FTAC.

   I know the hardship of paying for healthcare for a family. I know the hardship of providers accepting low rates from insurance companies and informing clients of high deductibles.

3. Please describe any other experience serving on a committee, board, or workgroup.

   None really related. I have been on previous PTA and served as treasurer.

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

   My mother wrote a textook on personal finances and I became her co-author in 2009. She unfortunately passed away in 2015 so the book is no longer being produced but I am also familiar with financial matters because of this involvement.

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

   ☐ Yes

   ☒ No

6. If yes, did you receive any compensation?

   ☐ Yes

   ☒ No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

- [x] Yes
- [ ] No

8. If yes, please explain.

I would be affected by universal healthcare in that I would stop paying Kaiser and get a benefit through the program.

9. Professional licenses held:

LMHC-Licensed Mental Health Clinician WA State

10. Memberships in professional, civic organizations, or government boards or commissions:

Amiercan Mental Health Counselors Association

11. Community service/volunteer activities:

None at this time. In the past I have written postcards to swing states. As a self employed single mother who also has a child at home doing remote school I have to be very picky about how I spend my free time. I have been waiting for the right opportunity to use my knowledge and expertise to make a difference.

12. Have you ever served in the U.S. Armed Forces?

- [ ] Yes
- [x] No

Washington State Health Care Authority

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

    I think our contry is severely lacking in health equity. State insurance doesn't cover what private plans do. Many providers (myself included) don't accept state insurance because of the low reimbursment rates. Private plans vary greatly and it seems as if those who can least afford it always have plans with higher out of pocket costs. And that's just insurance! Does everyone have equal access to be healthy? Heck no! Not everyone can afford healhty foods or time to excersie shop for and prepare foods.

14. Please describe why health equity is important to you.

    So many reasons. I believe all people should be able to find a healthy and happy life for themselves. We have so much no one should go without. People put off taking care of themselves because they can't afford it but they pay for it later with their lives.

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

    I would love WA to lead the way in providing a universal healthcare system that works for everyone. I know Medicare has its disatvantages but we can take what works and make a system that is even better.

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

    Caucasian. US born

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino/a/x/e
- ☐ Middle Eastern or Northern African
- ☐ Native Hawaiian or Pacific Islander
- ☒ White
- ☐ Other category/categories (please list)
- ☐ Don't want to answer/decline

Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- ☒ Attend regular, bi-monthly FTAC meetings.
- ☒ Review all materials prior to FTAC meetings.
- ☒ Participate to the best of my ability.
- ☒ Participate in good faith in the best interest of FTAC and its charge.
- ☒ Accept the responsibilities to collaborate in developing potential recommendations.
- ☒ Respectfully engage at all times with other FTAC members.

Applicant signature: Christie Ryan

Date: 11/14/2022

Christie Ryan, LMHC

13005 NW 13th Ave
Vancouver, WA 98685
christieryanlmhc@gmail.com
(360) 609-9167 (cell)

Experience

Mental Health/Social Services Experience

- Strength From Within, LLC, Vancouver, WA 4/2018-present
- Institute for Family Development (IFD), Vancouver, WA 10/2010-3/2018
  Family Preservation Therapist
- SW Agency on Aging and Disabilities (SWAAD), Vancouver, WA 10/2008-11/2011
  Case Manager
- Institute for Family Development, Vancouver, WA 4/2007 – 10/2008
  Family Preservation Therapist
- Valley Cities Counseling, Federal Way, WA, 8/2005 – 7/2006
  Intern Therapist, Youth and Family Services
- Ryther Child Center, Seattle, WA, 6/2004 – 8/2005
  Residential Counselor
- Seattle Mental Health, Seattle, WA, 8/2003 – 6/2004
  Case Manager, Community Reintegration Services

Teaching Experience

Tacoma Community College, Tacoma, WA, 9/2006 – 3/2007
HD-101 Student Success Seminar
Highline Community College, Des Moines, WA, 1/2007 – 3/2007
Psych 100 Introduction to Psychology

Education

Master of Arts, Clinical Psychology
Argosy University, Seattle, WA 8/2004-8/2006

Bachelor of Arts, Psychology
University of Washington, Seattle, WA 1/2003-6/2004

Associate of Arts, Psychology
Clackamas Community College, Oregon City, OR 9/1998-6/2002

Skills

Certificates/Trainings

- LMHC, Washington State, LH60414139
- ESA Certificate, Washington State, 477550H
- Adjunct Faculty Institute-TCC 2007
- CMHIMP Certified Mental Health Integrative Medicine Practitioner
- CCTP Certified Clinical Trauma Professional

Washington State Health Care Authority

Universal Health Care Commission

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Please note that boxes outlined in red are required.

Contact information

Information requested	Your information
Name (first and last):	Chenelle Tyack
Preferred pronouns (e.g., she/her, he/his, they/their):	she/her
Organization (if applicable):	Whole Washington
Title or position (if applicable):	Citizen
Work address (if applicable):	N/A
County of organization/employer (if applicable):	
Email:	
Phone:	

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- ☒ Academic/research
- ☒ Community member or advocate
- ☒ Community-based organization
- ☐ Employer/business (private, nonprofit, etc.)
- ☐ Finance
- ☐ Health care association (please describe):
- ☐ Labor union
- ☐ Law
- ☐ Payer: private
- ☐ Payer: public
- ☐ Provider: federally qualified health center

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- ☐ Provider: Tribal health clinic or center
- ☐ Provider/clinic: behavioral health
- ☐ Provider/clinic: oral health
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- ☐ Tribal representative

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- ☐ Children's health financing
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- ☐ Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- ☒ Experience with differently abled communities (either as a community member of working with community)
- ☒ Experience with LGBTQ+ community (either as a community member or working with community)
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- ☒ Public health financing
- ☐ Recruiting, educating, and retaining the health care workforce
- ☐ Revenue goals and projections
- ☐ State financing for health care programs and systems
- ☐ Tax structures, including the impact of tax structures on equity
- ☐ Taxation and other public revenue models
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Washington State Health Care Authority

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

   I want to contribute to the development, sustainment, and creation of the financial plan implemented for Universal Healthcare. I want to partake in an active role in the financial health determinants and outcomes that impact the community.

2. Please describe your relevant experience and how it would benefit FTAC.

   I have a Bachhelor's degree in Public Health and Creative Writing, with coursework in Public Health services, and medical geography. I am a professional writer with over 12 years of Federal Government service with the Social Security Administration and Federal Aviation Administration working in various public safety, analyst, and policy development roles.

   While serving as a representative of the Social Security Administration, I

3. Please describe any other experience serving on a committee, board, or workgroup.

   I am a community health and agriculture advocate. I have worked with the King County Agriculture Commission to proactively introduce measures to sustain and protect vital farmland in the Kent valley and surrounding Puget Sound region.

   I served as an Associate with the Seattle Federal Executive Board. I collaborated with Federal personnel at the Environmental Protection Agency, Equal Employment Opportunity Commission, to produce a video project communicating beneficial ideas to inspire the Federal workforce

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

   I have served in several relevant community health and environmental volunteer roles to include:
   King County Community Salmon Investigator; Normandy Park, WA; 09/2017-01/2018
   Habitat for Humanity; Auburn/Tacoma; 08/2014 & 08/2018

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

   ☐ Yes

   ☒ No

6. If yes, did you receive any compensation?

   ☐ Yes

   ☒ No

Washington State Health Care Authority

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

☐ Yes

☒ No

8. If yes, please explain.

9. Professional licenses held:

N/A
First Aid/CPR certified.

10. Memberships in professional, civic organizations, or government boards or commissions:

Whole Washington
King County Agriculture Commission

11. Community service/volunteer activities:

King County Public Health: 05/2020-present
Whole Washington: 11/2021-present

12. Have you ever served in the U.S. Armed Forces?

☐ Yes

☒ No

Washington State Health Care Authority

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

    I have worked with underserved communities in low income neighborhoods, foster care youth, and elderly populations. My education and experience is built upon wholistic knowledge of how healthy communities operate and provide public health services for the people.

14. Please describe why health equity is important to you.

    Health equity is important to me because it is a human right. The community operates at its best when it's members operate at their best. In order to achieve this, each individual needs to have accessible and affordable health care, nutrition, and housing.

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

    I see health equity, I see affordability, I see long-term successful health outcomes for recipients. I see the opportunity for community collaboration and financial burden mitigation which will lead to improved health among coummunity members and as a result long term success within the community.

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

    African American, Native American-Cherokee, Caucasion.

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- [x] American Indian or Alaska Native
- [ ] Asian
- [x] Black or African American
- [ ] Hispanic or Latino/a/x/e
- [ ] Middle Eastern or Northern African
- [ ] Native Hawaiian or Pacific Islander
- [x] White
- [ ] Other category/categories (please list)
- [ ] Don't want to answer/decline

Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- [x] Attend regular, bi-monthly FTAC meetings.
- [x] Review all materials prior to FTAC meetings.
- [x] Participate to the best of my ability.
- [x] Participate in good faith in the best interest of FTAC and its charge.
- [x] Accept the responsibilities to collaborate in developing potential recommendations.
- [x] Respectfully engage at all times with other FTAC members.

Applicant signature: Chenelle Tyack

Date: 11/30/2022

Chenelle Tyack
3200 S. 176th Street Apt. 308
Seatac, Washington 98188 United States
Mobile: 206-832-9817
Email: renetyack@gmail.com

Availability:
Job Type: Permanent
Work Schedule: Full-time

Work Experience:
Management and Program Analyst
Federal Aviation Administration (This is a federal job)
800 Independence Ave SW
Washington, DC

3/2021 - Present
Hours per week: 40
Series: 0343 Management And Program Analysis
Pay Plan: FV - Federal Aviation Administration Core Compensation Plan
Grade: I
Duties, Accomplishments and Related Skills:
I serve as a Federal Aviation Administration (FAA), technical point of contact on the Technical Operations, Advanced Systems Design Service (ASDS) team. I support Program Implementation Managers, local governments, municipal authorities, airport sponsors, and public officials by researching complex technical issues and inquiries and delivering policy guidance to technical requests on the process for procurement, installation, commissioning, maintenance, takeover, and decommissioning of non-federal National Airspace System (NAS) equipment including; Instrument Landing Systems (ILS), Very High Frequency Omnidirectional Range (VOR), Approach Lighting Systems (ALS), Automated Weather Observing Systems (AWOS), Distance Measuring Equipment, Runway Visual Range, Ground Based Augmentation Systems, and Non-directional Beacons and Markers. I review sponsor non-compliance letters, Airport Improvement Program grant letters, Non-Rulemaking/Non-Rulemaking Airport study results, and sponsor notices of decommissioning.

I collaborate with agency stakeholder and sustainment offices for NAS equipment, safety, and standards to include the Program Management Office for Navigation Programs, Logistics, ILS and Surveillance Sustainment, Navigation/Communications, Weather and Surface Surveillance, Airspace Procedures, Spectrum Engineering, NAS Configuration Control Board, Airports District Offices, Aircraft Certification Service, and Flight Standards District Offices. I coordinate with Logistics on FAA takeover requests of NAS equipment in planning and preparation for spares, parts, budgetary estimates, and resource requirements. Program Implementation Managers coordinate takeover requests and AIP funding determinations with the program headquarters office.

I review Airport District Office letters containing cost-benefit analysis calculations of Airport Improvement Program “AIP” grant funds for projects to include AWOS takeovers, Glide Slope and Localizer upgrades, and equipment procurement.

I apply requirements codified in statute, Title 49 U.S.C. Subtitle VII-Aviation Programs Sections 40101 to 50105, Title 49 U.S.C. Subtitle VII-Aviation Programs Part B-Airport Development and Noise Sections 47101 to 47534, and Title 49 U.S.C. Subtitle VII-Aviation Programs Part D-Public Airports Sections 49101 to 49112. I assess Department of Transportation regulations Title 14 C.F.R. Part 16, and Title 14 C.F.R. Part 171 to determine applicable law and course of action. I access the Federal Register to stay apprised of new and revised legislation, policy proposals, and agency deliberations. I analyze and reference policy guidance outlined in FAA Orders 6700.20B (Non-Federal Navigational Aids, Air Traffic Control Facilities, and Automated Weather Systems), and 5190.6B (FAA Airport Compliance Manual), and Advisory Circulars 150/5300-19 (Airport Data and Information Program), 150/5340-26C (Maintenance of Airport Visual Aids), and 150/5345-53D (Airport Lighting Equipment Certification Program).

I prepare technical briefing materials to include monthly and quarterly metric reports of all commissioned non-federal systems. I audit inspection information on logging code usage and scheduled equipment outages for repairs of systems, and retrieve Notice to Air Missions "NOTAM" information for systems out of service. I construct detailed reports of late and upcoming periodic inspection status of systems by deciphering inspection logs. I work with management and Technical Services Managers to investigate and resolve past due inspections of non-federally owned NAS facilities conducted by Technical Support Centers and System Support Centers.

I conduct critical assessments of policy initiatives, regulations, and procedures. Analyze Uncrewed Aircraft System (UAS) policy documents to include, the UAS Services Plan, UAS Implementation Plan, and UAS-Advanced Air Mobility "AAM" Integration Research Plan. I served on a workgroup for the rewrite of the current Non-federal order 6700.20B to 6700.20 Revision C. I provided constructive outlines and objectives to assist in developing the ASDS manufacturer intake process, drawing on experience assessing Aircraft Certification Service (AIR) Technical Standard Order “TSO” and Type Certification processes.

I navigate and access information in aeronautical databases and FAA forms to retrieve aeronautical data from Obstruction Evaluation/Airport Airspace Analysis, Aeronautical Information Portal, Aeronautical Information Manual, Aeronav Airport Data, AirNav, Federal Communications Commission Universal Licensing System, and applicable documentation to include forms 7460-1 “Notice of Proposed Construction or Alteration” and 7900-5 “Weather (WX) System Data Form."
Supervisor: Shelly Beauchamp (609-485-8358)
Okay to contact this Supervisor: Contact me first

Management and Program Analyst
Federal Aviation Administration (This is a federal job)
2200 South 216th Street
Des Moines, WA
12/2019 - 3/2021
Salary: $0.00 USD Per Year
Hours per week: 40
Series: 0343 Management And Program Analysis
Pay Plan: FG - Similar To The General Schedule
Grade: H
Duties, Accomplishments and Related Skills:
Data lead for management of Federal Aviation Administration (FAA) Uncrewed Aircraft System (UAS) quantitative and qualitative data from the FAA UAS Drone Zone portal and Certificate of Authorization or Waiver Application Processing System. Measured quantities of Certificate of Airspace Authorization or Waiver (COA) requests, denials, and cancellations, for UAS operations under Title 14 CFR Part 91, Part 107, and Special Authority for Certain UAS Title 49 U.S.C. Sections 44807 and 44809. These requests included flight operations for Military operated drones; Global Hawk, Triton, Predator, and Reapers.
Operations would often require coordination with Air Traffic Centers for flight in Oceanic Airspace out to 12 nautical miles, Warning Areas, and Temporary Flight Restricted areas. I worked with Aviation Technical System Specialists and Air Traffic Control Specialists to interpret sectional charts, review classes of Airspace "A,B,C,D,E,G," and apply latitudes/longitudes to UAS flight operations.

Assessed trends in the number of COAs, on-airport operations, applications per class of airspace (A) (B) (C) (D) (E), and operation locations. I interpreted FAA aeronautical sectional chart symbols and depictions of airspace in correlation with latitudes and longitudes of flight operations areas. Utilized Tableau and Microsoft Excel to create visual aids, graphs, and charts of weekly UAS data. Prepared detailed metric reports for Operations Support Group managers and Mission Support Services executives. Worked across Service Centers in Central and Eastern regions to develop a standardized method to track UAS workload, design a Headquarters dashboard, and deliver metric reports.

Collaborated with Technical Operations, Spectrum Planning and International, and Spectrum Policy and Strategy to complete projects. I consolidated technical engineering information submitted by Aircraft Certification Service, Flight Standards, and the Air Traffic Organization. I established a 91.113 Beyond Visual Line of Sight Requirements Application Guide, a tool designed for proponents to develop a more advanced product presentation of their Concept of Operations to waive the 91.113 line of sight requirement.

Researched current and emerging National Airspace System (NAS) and UAS technologies. I reviewed policies on Navigational Aids, Instrument Landing Systems, Distance Measuring Equipment, Glide Slopes, Remote Tower Systems, Automated Weather Observing Systems (AWOS), Approach Lighting Systems, and Ground Based Augmentation Systems. Referenced regulations governing non-Federal systems codified in Title 14 CFR Part 171. Assessed interrelationships between the FAA, International Civil Aviation Organization, World Meteorological Organization, and the Federal Communications Commission. Oversaw mailboxes for Lasers, Temporary Fire Towers, Balloons, and the ATO Safety Intelligence Response Group.

Participated in work group meetings with MITRE for UAS Traffic Management, Advanced Air Mobility, On-Airport Operations, and Beyond Visual Line of Site Operations. Explored UAS use cases in providing services to communities and airport air traffic control tower and railroad infrastructure maintenance.

Researched UAS utilization for Covid-19 test kit delivery, Drone Seed reforestation techniques, railroad, airport air traffic control tower, and bridge inspections. Recorded FAA determinations and technology proposals from industry including, Burlington Northern Santa Fe, Zipline, and General Atomics. Innovations and safety mitigations include Skydio Inc.-autonomous drones, Iris Automation-Iris Casia 360 detect and avoid safety system, radio frequency communication, and UAS tethering.

Participated on workgroups and roundtables to formulate policy and procedures for on-airport operations and UAS template revisions. I collaborate with FAA and contractor support (MITRE) on the Unmanned Aircraft System Traffic Management and Counter UAS subgroups. These efforts require implementation of remote ID, strategic de-confliction, and the Flight Management Information System.

Documented Tactical Operations Team projects in development including, Safety Risk Management Panels in accordance with FAA Order 8040.4B, Beyond-Implementation Pilot Program, and the Low Altitude Authorization and Notification Capability-FAA/Industry collaboration.

Supported various Tactical Operations projects and assignments. Actively serving as a member of the Crisis Response Working Group monitoring wildfires, earthquakes, and other natural disasters. I participate on subgroup meetings to form an action plan for carryout in the event of an emergency, ATC-0, and temporary towers. I integrate software to aid with project timelines and organization including OneNote, Excel, and Knowledge Services Network.
Supervisor: Byron Chew (425-282-9563)
Okay to contact this Supervisor: Contact me first

Management and Program Analyst
Federal Aviation Administration (This is a federal job)
2200 S 216th Street
Des Moines, WA
5/2019 - 12/2019
Hours per week: 40
Series: 0343 Management And Program Analysis
Pay Plan: FG - Similar To The General Schedule
Grade: H
Duties, Accomplishments and Related Skills:
Served as a member of the Western Service Center (WSC) pilot team for correspondence quality, consisting of a Technical Writer, Editor, Coordinator, and Team Lead. Composed and edited the Coordinator section of the Correspondence Process Desk Guide.

Oversaw high-level Congressional correspondence for Mission Support Services, Operations Support Group (OSG), Environmental, Community Involvement, and NAS Analytics. Served as the point of contact for coordination of Congressional communications and public inquiries regarding waypoints, flight paths, and the National Airspace System (NAS) redesign efforts in Las Vegas, Arizona, Northern and Southern California. Managed sensitive agency information containing legal implications, and Metroplex Project data on the modernization of the U.S. airspace. Investigated incoming correspondence in the Electronic Document Management System "EDMS," to determine appropriate response level, to include the Noise Portal or formal response.

Managed professional relationships among agency lines of business. Collaborated with Regional Administrator Office staff members and internal teams to complete requests for letter retrieval and information gathering. Communicated with Executives in Air Traffic Services and Technical Operations. Apprised management of status, outcomes, and processing issues. Identified areas within the Correspondence process and tracking system which may be modified to increase efficiency and highlight essential data. Provided recommendations for optimizing work productivity and efficiency.

Prioritized work to complete simultaneous assignments with competing deadlines. Managed project timelines. Collaborated on projects with the Environmental, NAS Analytics, and Correspondence teams. Conducted extensive searches on previous agency responses, aided in the preparation of briefing materials, created a Correspondence Process Desk Guide, and produced communications with high level visibility. Conducted quality review checks of correspondence for grammar, spelling, formatting, and letterhead prior to final distribution.

Maintained the Knowledge Services Network (KSN) Database and Dashboard to track Noise Correspondence from members of Congress, Airport Executives, Community Noise Forums, and Committees for noise abatement. Entered and uploaded pertinent data for each assigned letter to include dates routed to Legal Counsel and subject matter experts. Assessed charts and graphs on the Dashboard for accuracy.

Studied advanced tracking programs, with emphasis in Tableau, to produce regional correspondence heat maps and detailed graphics. Granted KSN site access and editing permissions to agency personnel.

Studied correspondence metrics including trends in the regions with high aviation interest/activities, subject of requests, average assignment completion timeframes, frequency and origin of letters, as well as fluctuations in volumes of requests. Utilized Microsoft Excel for data entries and supplemental tracking.

Coordinated the assignment and completion of correspondence. Reviewed, researched background information, and routed correspondence through the Technical Writer and appropriate agency offices. Ensured completion of assignments by established due dates. Negotiated extension requests with Regional Administrator offices and Headquarters as necessary. Provided detailed information on status and process requirements to justify additional time.

Managed archived records. Searched correspondence files for Environmental and Analytics data on the National Airspace System (NAS). Provided the Technical Writer with information to assist in drafting agency responses to Congressional inquiries.

AJV-W23 management requested reassignment from AJV-W25 to AJV-W23 team to support critical areas in Uncrewed Aircraft System (UAS) metrics, UAS on Airport Operation policy development, Beyond Visual Line of Sight Operations, and Tableau tracking system implementation.
Supervisor: Jerome Woods (206-231-2231)
Okay to contact this Supervisor: Contact me first

Government Information Specialist (Freedom of Information Act)
Federal Aviation Administration (This is a federal job)
2200 South 216th Street
Des Moines, WA
8/2015 - 5/2019
Salary: $0.00 USD Per Year
Hours per week: 40
Series: 0306 Government Information Specialist
Pay Plan: FV - Federal Aviation Administration Core Compensation Plan
Grade: H
Duties, Accomplishments and Related Skills:

Processed complex Freedom of Information Act (FOIA) requests under the FOIA statute, Title 5 U.S.C. Section 552, for records maintained in the Federal Aviation Administration (FAA), Aircraft Certification Service (AIR).

Trained Aerospace Engineers and management on the criteria for document review, process protocol, and legalities of the FOIA program. Engaged with engineers to assess confidential, proprietary, and trade secret information submitted to the FAA by The Boeing Company, Airbus, and additional aerospace companies. Facilitated meetings with stakeholders and internal personnel to analyze technical information. Conducted extensive review of voluminous amounts of material. Managed multiple FOIA cases through project planning, establishing timelines, and determining process requirements.

Applied Department of Transportation, Title 49, Code of Federal Regulations, governing the submitter review process for outside company consultation. Prepared correspondence packages for review by legal counsels and officials at The Boeing Company and Airbus, as well as industry representatives, and airworthiness authorities. Provided the submitter of information, an opportunity to justify withholding information under FOIA Exemption 4. Composed legal responses to override claims that do not justify withholding.

Reviewed aircraft maintenance manuals, type certificates, part configuration information, environmental qualification test reports, safety regulations, and part manufacturer approvals. Safeguarded sensitive information containing intellectual property. Assessed audit and whistleblower documents, manufacturing inspection reports, and quality control system manuals. Analyzed technical data in graphs, charts, and design drawings.

Composed agency memorandum and letters to company officials and legal counsels. Provided technical assistance to attorneys, industry, and media outlets. Coordinated and sent referrals to outside agencies and entities, including the United States Navy and National Transportation Safety Board. Organized conference calls with parties from The Boeing Company, and other stakeholders to review and discuss proprietary data. Researched bilateral agreements between the FAA and foreign airworthiness authorities including, Transport Canada and the European Aviation Safety Agency.

Applied critical thinking to make release determinations on FAA information based on discretionary disclosure under Exemption 5, which protects pre-decisional information. Redacted exempt information.
Generated analysis to document all actions taken to process each request. Presented technical information for review by agency officials. Compiled and routed final response packages to appropriate offices for management signature. Retained FOIA case files in accordance with the current FAA records schedule. Coordinated with records managers to locate, identify, and retrieve agency records.

Counseled management on methods to implement a standardized FOIA process. Developed solutions to organizational challenges in staffing, back-filling, and training. Presented techniques to increase productivity and efficiency in processing voluminous amounts of documents. Researched software programs to support FOIA processing functions including FOIAXpress and Ipro. Investigated tools designed to assist in advanced document review.

Evaluated services and cost-benefit comparisons among companies. Presented quantitative and qualitative data to demonstrate benefits of implementing technology to reduce processing time, increase efficiency, and improve work product. Displayed data to identify gaps in resources and justify needs for staffing and technology support. Assessed program staffing gains and losses.

Worked across regions with Program Managers and Government Information Specialists, to develop a standardized AIR FOIA program for processing requests. As a FOIA working group member, I provided beneficial and critical guidance to construct an efficient and functional processing system. I facilitated focus group meetings. I outlined objectives and created a framework for sections within the process. I analyzed draft process submissions. I solicited feedback and fostered teamwork and collaboration.

Briefed management on the health of the FOIA program. Evaluated obstacles in processing and offered solutions.
Produced a weekly status report of data from each region on the progress of each request. Gathered data from the FOIA National Tracking System and charted statistics on an Excel spreadsheet. Utilized available technology for document sharing and storage including Knowledge Services Network-SharePoint. Delivered metrics to senior management on backlogged requests and offered strategies to mitigate workloads.
Supervisor: Lisa Mansfield (425-766-0887)
Okay to contact this Supervisor: Contact me first

Teleservice Representative
Social Security Administration (This is a federal job)
1901 C Street Southwest
Auburn, WA
9/2010 - 8/2015
Salary: $0.00 USD Per Year
Hours per week: 40
Series: 0962 Contact Representative
Pay Plan: GS - General Schedule (Ch. 51, 5 U.S.C.).
Grade: 8
Duties, Accomplishments and Related Skills:

Served as an agency point of contact for the public. Translated complex Social Security Administration (SSA) laws and policies. Educated the public on benefit entitlement and eligibility. Interviewed claimants to determine eligibility for benefits under Title 2, Title 16, and Title 18 of the SSA Act including, Retirement, Survivors, Disability insurance benefits, and Medicare. I made initial determinations of benefit eligibility for Supplemental Security Income.

Adjudicated claims for Supplemental Security Income and the Prescription Drug Assistance Subsidy.
Surveyed claimants to determine their income and resources. Reviewed client earnings information for potential pension offset, worker's compensation, and public disability benefits. Processed appeals of overpayments, underpayments, and benefit denials. Reviewed waiver requests for financial debts. Gathered and assessed applicant evidence and allegations.

Investigated and created reports on identity theft and program fraud and abuse. Analyzed data on electronic records. Researched Social Security, Medicare, and Internal Revenue Service databases. Accessed and reviewed information on client Medicare coverage, medical records, billing, Social Security debt collection, and other confidential client information.

Contributed to several work related projects and initiatives requiring plans and timelines. This included representative payee assessment and overpayment backlog reduction. Collaborated with colleagues on special assignments. Conducted studies including monitoring the Representative Payee System. Recorded trends among benefit recipients with an organization that oversees their benefits.

Participated as lead training facilitator for ongoing employee unit training. Designed PowerPoint presentations and instruction sheets on identifying and reporting direct deposit fraud of erroneous routing of benefit payments. Trained employees on processing reports for missing wages on Social Security earnings statements. Taught newly hired employees on the variables that determine eligibility for Supplemental Security Income, Title 16 of the Social Security Act. Accessed and entered data in financial databases including the Detailed Earnings Query.

Facilitated job training to new and journeymen staff members using various platforms such as PowerPoint, mentoring, and on-the job training. Designed training materials. Delivered presentations. Led group discussions. Advised management on implementing strategies to retain staffing levels, boost employee morale, and provide pathways for career growth opportunities. Introduced ideas for rotating work schedules, and software system upgrades.

Presented revisions to amend policy and procedures in our operating manual. Analyzed data and composed procedural recommendations. I provided solutions to complex processing issues. Developed proposals to improve operating instructions and system technology. Revised policy in the Teleservice Center Operating Guide and Customer Help and Information Program.

Served as a Technical Assistant on multiple detail assignments. I supervised a group of 25 Teleservice Representatives. I provided technical support throughout the Teleservice Center. I conducted audits. I gathered results and reviewed trends in work product. I analyzed work samples, provided instruction, and offered constructive feedback. I demonstrated how to navigate Social Security systems and utilize resources to resolve issues and locate instructions. I responded to escalated calls from the public. I processed employee timecards.

I worked with local communities in field offices through the Job Enhancement Program. I reviewed passports, marriage certificates, and other legal documents. I processed requests for Social Security numbers, name changes, and initial benefit applications.
Supervisor: Carl Church (253-288-4405)
Okay to contact this Supervisor: Yes

Education:
University of Washington Seattle, WA United States
Bachelor's degree 6 / 2010
GPA: 3.4 of a maximum 4.0
Credits Earned: 187.0 Quarter Hours
Major: Double: Public Health; English: Creative Writing emphasis
Relevant Coursework, Licenses and Certifications:
Coursework in Geography, Environmental Health, Medical and Public Health services. Coursework in English and American Sign Language.

Job Related Training:
Social Security Administration (SSA) Training:
SSA Basic Core: 09/12/2010-12/17/2010
SSA Policy and Procedures: 09/12/2010-08/21/2015

Federal Aviation Administration (FAA) Training:
FAA Aviation Safety Overview: 07/12/2016-07/13/2016
FAA General Indoctrination: 02/21/2017-03/06/2017
Tableau Training 09/2019-present
ATO Environmental Management System (EMS) Awareness: 12/13/2021
Unmanned Aircraft Systems (UAS) Operations Under CFR Part 91 : 2/15/2022
National Airspace System (NAS)-An Overview-4/29/2022
NAS: A Systems Perspective: 4/29/2022

Language Skills:

Language	Spoken	Written	Read
Sign Languages	Novice	Novice	Intermediate
Spanish	Novice	Novice	Novice

Professional Publications:

University of Washington Daily newspaper articles:
http://www.dailyuw.com/search/?sd=desc&l=25&s=start_time&f=html&t=article%2Cvideo%2Cyoutube%2Ccollection&app=editorial&nsa=eedition&q=Chenelle+Tyack

Seattle Federal Executive Board project:
https://www.youtube.com/channel/UC5rP5lwW_3pydzlJhhtQXtA

Presentation for Stories of Skyway project:
https://www.facebook.com/MyWestHill/videos/vl.278550929508289/406696853277822/?type=1&theater

Stories of Skyway:
https://youtu.be/NRDfodspmh8

Stories of Skyway Blog:
www.civic-commons.org/recentnews/belonging-in-unincorporated-king-county

References:

Name	Employer	Title	Phone	Email
David Duff (*)	Federal Aviation Administration	Program Management Specialist (FOIA)	206-947-2572	david.duff@faa.gov
Jade Shuen (*)	Federal Aviation Administration	Management and Program Assistant	206-465-9775	jade.shuen@faa.gov
Donald Barker (*)	Social Security Administration	Unit Supervisor	206-852-9030	donald.r.barker.II@ssa.gov

(*) Indicates professional reference

Additional Information:
Computer Proficiency:
Skilled in Microsoft applications: Word, Excel, PowerPoint;
Knowledgeable of Microsoft Project and other software applications.
Typing Speed 80+ words per minute.

Volunteer Activities:
1.) King County Agriculture Commission: 10/2022-present
(Farmland Preservation Advocate)
2.) Whole Washington: 11/2021-present
(Universal Healthcare Legislation)
3.) King County Public Health Reserve Corps: 05/2020-present
(Clinic and Community Health)
4.) Student Representative/Spokesperson: FAA: 03/2018-present
-Attend and serve at Career Fairs.
-Outreach to high school and college student body interested in Federal employment.
-Deliver presentations on Federal application process and public service.
-Plugged into student counseling networks.

5.) Ion Collaborator: Washington Technology Industry Association: 03/2019-08/2019
-Nominated and elected to participate in Cohort 4.
-Merges technology, government, and non-profits to build solutions to community issues.
-Produced a video project where we interviewed and recorded, "Citizens of Skyway."

6.) Community Salmon Investigator: King County Department of Natural Resources and Parks: City of Normandy Park: October 2017-January 2018
-Surveyed local streams. Studied the Miller-Walker watershed.
-Collected data on quantities of Coho and Chinook salmon.
-Presented data to King County officials.

Washington State Health Care Authority

Universal Health Care Commission

Finance Technical Advisory Committee (FTAC) application

The Washington State Universal Health Care Commission (commission) is seeking members for its new Finance Technical Advisory Committee.

Due: Wednesday, November 30, 2022
Submit to: HCAUniversalHCC@hca.wa.gov

To apply, please complete this application and submit to HCAUniversalHCC@hca.wa.gov **by end of day on Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

Contact information

Information requested	Your information
Name (first and last):	Dennis S. Barnes
Preferred pronouns (e.g., she/her, he/his, they/their):	he/him
Organization (if applicable):	
Title or position (if applicable):	
Work address (if applicable):	
County of organization/employer (if applicable):	
Email:	dennis@dsbarnes.com
Phone:	206-617-0645

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- ☐ Academic/research
- ☒ Community member or advocate
- ☒ Community-based organization
- ☒ Employer/business (private, nonprofit, etc.)
- ☐ Finance
- ☒ Health care association (please describe): Save Secular Healthcare WA
- ☐ Labor union
- ☐ Law
- ☐ Payer: private
- ☐ Payer: public
- ☐ Provider: federally qualified health center

- ☐ Provider: hospital and/or health system
- ☐ Provider: other
- ☐ Provider: Tribal health clinic or center
- ☐ Provider/clinic: behavioral health
- ☐ Provider/clinic: oral health
- ☐ Provider/clinic: physical health
- ☐ Public health department
- ☐ Social services
- ☐ State agency staff
- ☐ Tribal representative

Areas of experience/expertise

- ☐ Children's health financing
- ▬ Health care advocate[1]
- ▬ Coverage and benefits and/or cost sharing and premiums
- ☐ Development or measurement of health-related metrics
- ▬ Employer health benefits/costs
- ▬ Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- ☐ Experience with differently abled communities (either as a community member of working with community)
- ▬ Experience with LGBTQ+ community (either as a community member or working with community)
- ☐ Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- ☐ Federal financing for health care programs and systems
- ☐ Financing health-related social needs and social determinants of health
- ▬ Health care administration
- ☐ Health care delivery system
- ▬ Health care financing[2]
- ☐ Health economics
- ▬ Health information technology and/or electronic medical records
- ☐ Health-care costs, value-based payments, alternative payment methodologies
- ☐ Improving health equity and eliminating health disparities
- ☐ Provider reimbursement
- ☐ Public health financing
- ☐ Recruiting, educating, and retaining the health care workforce
- ☐ Revenue goals and projections
- ☐ State financing for health care programs and systems
- ☐ Tax structures, including the impact of tax structures on equity
- ☐ Taxation and other public revenue models
- ☐ The Employee Retirement Income Security Act (ERISA)

[1] The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate 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, 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.

[2] Health care financing expertise may include but is not limited to: 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 payer/provider contracting.

Washington State Health Care Authority

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

   Much of my career was spent working within healthcare systems. I would like to apply this knowledge for the improvement of all Washington residents, particularly those who are not well served by current structures.

2. Please describe your relevant experience and how it would benefit FTAC.

   I have extensive experience with benefit language and the related interactions with underwriting and regulatory agencies in a commercial insurance environment. I believe this background can aid the committee in evaluating options and charting a path forward to better access to healthcare services.

3. Please describe any other experience serving on a committee, board, or workgroup.

   In addition to my career as a team leader and manager, I have served on the boards of Seattle NOW (National Organization for Women) and Shorelake Soccer Club. I am the current chair of the Equity & Inclusion Committee for People's Memorial Association and led the team that developed the first public website for the city of Lake Forest Park. I am active in the work of Save Secular Healthcare Washington and Legislative Captain of the North Seattle Troublemakers.

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

   I would like the opportunity to combine my experience with commercial healthcare and systems analysis with my passions for equity and inclusion. In my work life I saw the effects of business decisions (particularly underwriting processes) as they penalized or excluded many whose need was greatest.

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

   ☐ Yes

   ☒ No

6. If yes, did you receive any compensation?

   ☐ Yes

   ☐ No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

☐ Yes

☒ No

8. If yes, please explain.

9. Professional licenses held:

(none)

10. Memberships in professional, civic organizations, or government boards or commissions:

Washington CAN; Seattle NOW (National Organization for Women); Save Secular Healthcare Washington; People's Memorial Association; Fair Fight Bond Fund (Washington Immigrant Solidarity Network); People's Memorial; North Seattle Troublemakers (regional group for Pro-Choice Washington); City of Lake Forest Park Web Team; Seattle-Eastside Software Process Improvement Network (SeaSPIN)

11. Community service/volunteer activities:

I assist in the release and transportation of asylum seekers through the Fair Fight Bond Fund and the AID NW. I have supported youth sports through administration, finance and website development. I have worked on several projects for the Washington State Jewish Historical Society and written press releases for the King County chapter of the NAACP.

12. Have you ever served in the U.S. Armed Forces?

☐ Yes

☒ No

Washington State Health Care Authority

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

    I have a long-standing interest in equity in all aspects of life and work now to ensure that it is realized within the death care industry. In my working life I saw the difficulty of helping others to understand complex medical benefit design and would like to apply an equity lens to improve both the design of benefits and their communication.

14. Please describe why health equity is important to you.

    Access to health care should not be the catastrophic event it often becomes for many, nor should entire communities avoid the care they need for financial or other reasons. During my working life I saw how benefits eroded and premiums increased far beyond the ability of many to absorb them. No one should have to choose whether to keep themselves or their families healthy.

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

    While most support a system of universal access to health care services, objections surface when the details of its financing emerge. The FTAC can ensure the success of the UHCC by helping to guide it a supportable financial design.

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

    White

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino/a/x/e
- ☐ Middle Eastern or Northern African
- ☐ Native Hawaiian or Pacific Islander
- ☒ White
- ☐ Other category/categories (please list)
- ☐ Don't want to answer/decline

Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- ☒ Attend regular, bi-monthly FTAC meetings.
- ☒ Review all materials prior to FTAC meetings.
- ☒ Participate to the best of my ability.
- ☒ Participate in good faith in the best interest of FTAC and its charge.
- ☒ Accept the responsibilities to collaborate in developing potential recommendations.
- ☒ Respectfully engage at all times with other FTAC members.

Applicant signature: Dennis S. Barnes

Date: 11/29/2022

Dennis S. Barnes Pronouns: he/him

19533 34th NE, Lake Forest Park, WA 98155

dennis@dsbarnes.com
206-617-0645 (cell)

Skills

- Systems specification and development
- Health care benefits analysis
- Data analysis
- Project management
- Nonprofit organization and leadership

Work Experience

Premera Blue Cross - Consultant, Project Manager, Analyst, Manager (1998-2016)
Served as a systems consultant, database developer, technology manager and business analyst for a large regional health insurance carrier. Developed and supported high-volume document assembly systems for medical and dental benefit language within a regulated environment. Identified system requirements and worked with IT associates, vendors and business analysts using both traditional and Scrum/Agile development processes. Managed a team of four analyst/developers.

RXL Pulitzer - Developer, Systems Administrator (1994-1998)
Developed and supported multimedia products in English and several Asian languages. Developed and maintained public web sites, including the first public web site for the State of Washington.

IT Consultant, Analyst & Manager (1982-1994)
Analyst and programmer supporting financial, manufacturing and distribution systems. Managed IT operations for a four-division manufacturing and distribution company with three locations. Supervised two employees.

Technical Magazine Columnist (1984-2006)
Wrote a monthly column for a computer technical journal and authored two books in that field. Participated as a speaker in national and international computer conferences.

Volunteer Experience

People's Memorial – Chair, Equity & Inclusion Committee (2020 to present)
Discuss options and take action to improve access to end of life services by marginalized communities.

Save Secular Healthcare Washington - Team Member (2020 to present)
Perform analysis, education and advocacy actions to support access to all medical and end of life options.

Seattle NOW, Washington State NOW - Board Member, Treasurer, Finance Director (2013 to present)
Managed funds, developed budgets and assisted in local and state National Organization for Women (NOW) boards. Assisted with organization of general activities at the local and state level. Managed web and financial vendor relationships.

Seattle & Eastside Area Software Process Improvement Network - Assistant Chair (2015-2019)
Webmaster, communications lead and meeting planner for software development business group.

City of Lake Forest Park - Web Team Lead (1999-2005)
Headed a team of volunteers that developed the city's first web site (cityoflfp.com).

Other Volunteer Experience

- Legislative Captain, North Seattle Troublemakers, Pro-Choice Washington
- Archives Committee, Washington State Jewish Historical Society
- Bonding and Accompaniment Volunteer, Fair Fight Bond Fund, Colectiva Legal del Pueblo
- Welcome Center volunteer, Advocates for Immigrants in Detention Northwest (aidnw.org)
- Webmaster and System Administrator, Washington Ladyhawks (ladyhawksfastpitch.org)
- Board Member, Shorelake Soccer Club
- Girl Scout Leader

Washington State Health Care Authority

Universal Health Care Commission

Finance Technical Advisory Committee (FTAC) application

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Submit to: HCAUniversalHCC@hca.wa.gov

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Please note that boxes outlined in red are required.

Contact information

Information requested	Your information
Name (first and last):	David DiGiuseppe
Preferred pronouns (e.g., she/her, he/his, they/their):	he/his
Organization (if applicable):	Community Health Plan of Washington
Title or position (if applicable):	Vice President, Healthcare Economics
Work address (if applicable):	1111 3rd Ave, Suite 400, Seattle, WA 98101
County of organization/employer (if applicable):	King - HQ; Statewide - service area
Email:	david.digiuseppe@chpw.org
Phone:	206-613-8946

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- ☒ Academic/research
- ☐ Community member or advocate
- ☐ Community-based organization
- ☒ Employer/business (private, nonprofit, etc.)
- ☒ Finance
- ☐ Health care association (please describe):
- ☐ Labor union
- ☐ Law
- ☐ Payer: private
- ☒ Payer: public
- ☐ Provider: federally qualified health center

- ☐ Provider: hospital and/or health system
- ☐ Provider: other
- ☐ Provider: Tribal health clinic or center
- ☐ Provider/clinic: behavioral health
- ☐ Provider/clinic: oral health
- ☐ Provider/clinic: physical health
- ☐ Public health department
- ☐ Social services
- ☐ State agency staff
- ☐ Tribal representative

Areas of experience/expertise

- ☐ Children's health financing
- ☐ Health care advocate[1]
- ☒ Coverage and benefits and/or cost sharing and premiums
- ☒ Development or measurement of health-related metrics
- ☐ Employer health benefits/costs
- ☐ Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- ☐ Experience with differently abled communities (either as a community member of working with community)
- ☐ Experience with LGBTQ+ community (either as a community member or working with community)
- ☐ Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- ☒ Federal financing for health care programs and systems
- ☒ Financing health-related social needs and social determinants of health
- ☐ Health care administration
- ☐ Health care delivery system
- ☒ Health care financing[2]
- ☒ Health economics
- ☐ Health information technology and/or electronic medical records
- ☒ Health-care costs, value-based payments, alternative payment methodologies
- ☐ Improving health equity and eliminating health disparities
- ☒ Provider reimbursement
- ☐ Public health financing
- ☐ Recruiting, educating, and retaining the health care workforce
- ☐ Revenue goals and projections
- ☒ State financing for health care programs and systems
- ☐ Tax structures, including the impact of tax structures on equity
- ☐ Taxation and other public revenue models
- ☐ The Employee Retirement Income Security Act (ERISA)

[1] The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate 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, 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.

[2] Health care financing expertise may include but is not limited to: 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 payer/provider contracting.

Washington State Health Care Authority

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

   I am a proponent of the goal of establishing universal access to affordable health care and I relish the process of partnering with others to think through seemingly intractable challenges, such as financing universal coverage.

2. Please describe your relevant experience and how it would benefit FTAC.

   As the VP of Healthcare Economics at a health plan that serves as a Medicaid MCO, a Medicare Advantage Organization and a Cascade Select carrier, I have a deep understanding of the cost and utilization dynamics that drive the overall cost of coverage. My experience includes both physical and behavioral health financing.

3. Please describe any other experience serving on a committee, board, or workgroup.

   I serve on the HealthierHere Finance Committee, Better Health Now Budget & Funds Flow Committee, HBE Advisory Committee, HCCTB Advisory Committee on Primary Care and WHA Health Economics Committee.

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

   (Please see responses to additional questions below)

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

   ☐ Yes

   ☒ No

6. If yes, did you receive any compensation?

   ☐ Yes

   ☐ No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

- [x] Yes
- [ ] No

8. If yes, please explain.

I think any Washington resident could be affected if FTAC's recommendations involve changes in taxation. As an employee of a health plan I could be indirectly impacted if FTAC's recommendations involve a change in market structure. I don't anticipate FTAC's recommendations affecting my spouse, who is a practicing physician

9. Professional licenses held:

N/A

10. Memberships in professional, civic organizations, or government boards or commissions:

N/A

11. Community service/volunteer activities:

Past volunteer activities include: Court Appointed Special Advocate (CASA) for child in foster care; Inner City Outings trip leader; Treasurer - Emerald City Football Club.

Currently assisting an organization in developing a business plan to expand programming that combines playing soccer with behavioral health resiliency training, for disadvantaged youth.

12. Have you ever served in the U.S. Armed Forces?

- [ ] Yes
- [x] No

Washington State Health Care Authority

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

    There are two principles that I look to for guidance in my behavior as a private individual and in my work as a healthcare executive: accountability to the people we aim to serve, and targeted universalism - i.e., ensuring all racial/ethnic subpopulations experience improvement before declaring success. My team assists with assessing health equity in health performance measurement and we implemented a preemptive racial bias correction in our predictive modeling work.

14. Please describe why health equity is important to you.

    I believe it is in incumbent upon all of us to use our skills to enhance the life experience of our fellow Washington residents facing racially-based inequities and socio-economic challenges. I would be honored and energized to be selected to participate on this committee.

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

    We know that certain racial/ethnic groups experience a higher than average rate of uninsurance. If FTAC were successful in financing universal coverage, that would be a big step forward. Thinking about accountability, FTAC has an opportunity to address equity by ensuring equitable representation on FTAC and/or vetting of FTAC's recommendations by external groups representing constituents of color.

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

    White

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino/a/x/e
- ☐ Middle Eastern or Northern African
- ☐ Native Hawaiian or Pacific Islander
- ☒ White
- ☐ Other category/categories (please list)
- ☐ Don't want to answer/decline

Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- ☒ Attend regular, bi-monthly FTAC meetings.
- ☒ Review all materials prior to FTAC meetings.
- ☒ Participate to the best of my ability.
- ☒ Participate in good faith in the best interest of FTAC and its charge.
- ☒ Accept the responsibilities to collaborate in developing potential recommendations.
- ☒ Respectfully engage at all times with other FTAC members.

Applicant signature: David DiGiuseppe

Date: 11/23/2022

DAVID DIGIUSEPPE

MEDICAID | HEALTHCARE FINANCE | ORGANIZATIONAL LEADERSHIP

Results-driven healthcare executive with 20+ years of experience in operational and financial leadership for a well-regarded managed care organization. Deep understanding of all dimensions of the healthcare marketplace, spanning Medicaid, Medicare Advantage, and commercial insurance products. Respected leader with expert ability to build relationships with external partners and implement payment arrangements that increase healthcare value.

LEADERSHIP

- **Healthcare Finance -** Lead revenue and expense analyses for ~$1B product portfolio.
- **Strategy -** Implemented new products; led strategic planning and program development.
- **Service & Representation -** Partner with HCA on Apple Health and participate on HBE, ACH and WHA committees.
- **Team Leadership -** 20+ years leading multidisciplinary teams of staff, division leads, and vendor partners.

SKILLS & EXPERTISE

- Medicaid & Medicare Advantage
- Population Health
- Healthcare Economics
- Risk Adjustment & Stratification
- HEDIS/Stars
- Value-Based Care
- Provider Engagement
- Negotiation
- Strategic Planning

PROFESSIONAL EXPERIENCE & CONTRIBUTIONS

Community Health Plan of Washington & Community Health Network of Washington
Feb 2004-Present

Vice President, Healthcare Economics **May 2017-Present**

- Facilitated provider-level performance improvement in multimillion-dollar value-based care arrangements.
- Supported complex contract negotiations with behavioral health network providers transitioning into managed care.
- Used regression analysis to develop predictive modeling for case management outreach, incorporating SDoH.
- Oversaw Cascade Select rate filing development for Washington's pioneering public option coverage.

Vice President, Population Health Management **Nov 2015-Apr 2017**

- Promoted to lead quality improvement and care management initiatives, including Washington Medicaid's transition to integrated behavioral health (i.e., Apple Health Fully Integrated Managed Care).
- Launched new behavioral health team for Integrated Managed Care early adoption.
- Led successful NCQA re-accreditation effort, extending accredited status for an additional three years.

Director, Medical Management Program Development **Apr 2015-Oct 2015**

- Built a first-of-its-kind population risk stratification model providing member-level insights to providers, enabling population health management.
- Implemented innovative Model of Care pilot projects with clinic partners to close gaps in care.

Director, Medicare Strategy **Mar 2013-Mar 2015**

- Led process to stabilize Medicare Advantage product line, restoring profitability via improvements in product strategy.
- Designed an innovative in-clinic care gap closure program and implemented new vendor partnerships.

EDUCATION & PUBLICATIONS

- **Master of Science in Health Services Research,** Case Western Reserve University
- **Bachelor of Arts in Economics,** University of Michigan
- Published 15 papers in peer-reviewed journals such as JAMA, Pediatrics, and Health Services Research.

SEATTLE, WA | (206) 550-7532 | LINKEDIN | DAVEDIGIUSEPPE@GMAIL.COM

Washington State Health Care Authority

Universal Health Care Commission

Finance Technical Advisory Committee (FTAC) application

The Washington State Universal Health Care Commission (commission) is seeking members for its new Finance Technical Advisory Committee.

Due: Wednesday, November 30, 2022
Submit to: HCAUniversalHCC@hca.wa.gov

To apply, please complete this application and submit to HCAUniversalHCC@hca.wa.gov **by end of day on Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

Contact information

Information requested	Your information
Name (first and last):	David Keepnews
Preferred pronouns (e.g., she/her, he/his, they/their):	He/him/his
Organization (if applicable):	Washington State Nurses Association
Title or position (if applicable):	Executive Director
Work address (if applicable):	575 Andover Park W., #101, Tukwila WA 9818
County of organization/employer (if applicable):	King
Email:	dkeepnews@wsna.org
Phone:	646-226-4269

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- ☐ Academic/research
- ☐ Community member or advocate
- ☐ Community-based organization
- ☐ Employer/business (private, nonprofit, etc.)
- ☐ Finance
- ☒ Health care association (please describe): Washington State Nurses Assoc.
- ☒ Labor union
- ☐ Law
- ☐ Payer: private
- ☐ Payer: public
- ☐ Provider: federally qualified health center

- ☐ Provider: hospital and/or health system
- ☐ Provider: other
- ☐ Provider: Tribal health clinic or center
- ☐ Provider/clinic: behavioral health
- ☐ Provider/clinic: oral health
- ☐ Provider/clinic: physical health
- ☐ Public health department
- ☐ Social services
- ☐ State agency staff
- ☐ Tribal representative

Areas of experience/expertise

- ☐ Children's health financing
- ☐ Health care advocate[1]
- ☐ Coverage and benefits and/or cost sharing and premiums
- ☐ Development or measurement of health-related metrics
- ☐ Employer health benefits/costs
- ☐ Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- ☐ Experience with differently abled communities (either as a community member of working with community)
- ☒ Experience with LGBTQ+ community (either as a community member or working with community)
- ☐ Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- ☒ Federal financing for health care programs and systems
- ☐ Financing health-related social needs and social determinants of health
- ☒ Health care administration
- ☒ Health care delivery system
- ☒ Health care financing[2]
- ☐ Health economics
- ☐ Health information technology and/or electronic medical records
- ☐ Health-care costs, value-based payments, alternative payment methodologies
- ☐ Improving health equity and eliminating health disparities
- ☒ Provider reimbursement
- ☐ Public health financing
- ☒ Recruiting, educating, and retaining the health care workforce
- ☐ Revenue goals and projections
- ☐ State financing for health care programs and systems
- ☐ Tax structures, including the impact of tax structures on equity
- ☐ Taxation and other public revenue models
- ☐ The Employee Retirement Income Security Act (ERISA)

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[2] Health care financing expertise may include but is not limited to: 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 payer/provider contracting.

Washington State Health Care Authority

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

   I am firmly committed to achieving a universal system of health care for all. This is a commitment I hold both as an individual and as Executive Director of the Washington State Nurses Association (WSNA), which has a long record of advocating for universal health care. I would like to serve on the FTAC in order to contribute to the critical work of crafting proposals to achieve a unified health care financing system.

2. Please describe your relevant experience and how it would benefit FTAC.

   I have worked on health policy issues, particularly those facing nurses and other clinicians, for the past three decades. This has included issues of reimbursement, hospital and provider payment, and the roles of quality and value in health care financing. Among my previous positions, I served as Policy Director for the American Nurses Association and Director of Policy Development for the New York Academy of Medicine. I also taught health policy for nurses at several universities including

3. Please describe any other experience serving on a committee, board, or workgroup.

   I have served on multiple committees throughout my career—as a staff member of professional organizations, as an academic, and as an elected and appointed volunteer. I currently serve on the Executive Board of the Washington State Labor Council, the Board of Directors of the Washington Center for Nursing, and the Healthcare Program and Policy Committee for the American Federation of Teachers. I served for 6 years on the Board of the American Academy of Nursing. I served for 2 years on the Board of CHADD (Children and Adults with ADHD), a leading

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

   I have a broad background--as a nurse, attorney, policy analyst, and leader in professional and labor organizations. I am not an actuary, accountant, or economist. But my experience has provided me with a strong understanding of the economic and financial factors that directly impact health and health care on an individual, population and systems level.

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

   - [x] Yes
   - [ ] No

6. If yes, did you receive any compensation?

   - [x] Yes
   - [ ] No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

   ☐ Yes

   ☒ No

8. If yes, please explain.

9. Professional licenses held:

   Registered Nurse, RN00141071

10. Memberships in professional, civic organizations, or government boards or commissions:

    American Academy of Nursing
    American Federation of Teachers
    American Nurses Association
    CHADD, Children and Adults with ADHD
    GLMA, Health Professionals Advancing LGBT Equity
    National Association of Hispanic Nurses

11. Community service/volunteer activities:

    Served on Board of CHADD (Children and Adults with ADHD) from 2020-2022 and on its Public Policy Committee from 2019-present. Have served as volunteer on professional association boards, committees and task forces.

12. Have you ever served in the U.S. Armed Forces?

    ☐ Yes

    ☒ No

Washington State Health Care Authority

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

    As an RN, I worked primarily in inner-city public hospitals and had opportunities to see the impact of health inequities, including lack of access to primary care. As a gay man, I have advocated for health care that addresses the needs of LGBTQ+ populations. As a former nursing school dean, I advocated for a greater focus on social determinants of health. In my current role at WSNA, I have worked to raise the visibility of our work and advocacy for policy and institutional initiatives that focus on equity, justice, and anti-racism.

14. Please describe why health equity is important to you.

    Improving and advancing the health of Washington's populations and communities requires steady progress toward health equity. Without addressing the adverse effects of lack of access to the social goods and services that provide the foundations for good health, large segments of our population will be seriously hindered in achieving and maintaining health lives. Beyond its impact on health, health equity is a matter of justice. Inequity in health is a major aspect of injustice. It

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

    We need a health care system that offers fair opportunities for everyone. A unified health care system can bring significant progress toward achieving this goal. So designing a system--and thinking through its practical aspects, preparing options that can advance through public policy and that can be successfully implemented--is critically important. The technical aspects of financing this system have significant policy implications. So addressing these factors needs to be done with conscious

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

    White/Caucasian

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino/a/x/e
- ☐ Middle Eastern or Northern African
- ☐ Native Hawaiian or Pacific Islander
- ☒ White
- ☐ Other category/categories (please list)
- ☐ Don't want to answer/decline

Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- ☒ Attend regular, bi-monthly FTAC meetings.
- ☒ Review all materials prior to FTAC meetings.
- ☒ Participate to the best of my ability.
- ☒ Participate in good faith in the best interest of FTAC and its charge.
- ☒ Accept the responsibilities to collaborate in developing potential recommendations.
- ☒ Respectfully engage at all times with other FTAC members.

Applicant signature:



Date:

11/30/2022

DAVID M. KEEPNEWS, PhD, JD, RN, FAAN
Washington State Nurses Association
575 Andover Park W., Suite 101
Seattle, WA 98188
206-575-7979, ext. 3002
dkeepnews@wsna.org

PROFESSIONAL EXPERIENCE:

9/21 – present	**Washington State Nurses Association,** Seattle WA Executive Director
10/18 – 9/21	**The George Washington University,** Washington DC Professor, School of Nursing Program Director, Health Policy option, Doctor of Nursing Practice program and Certificate Program in Health Policy & Media Engagement (11/18-9/21) Faculty, Center for Health Policy & Media Engagement Interim Chair, Acute & Chronic Care Faculty Community (1/19-1/20)
7/16 – 8/18	**Long Island University,** Brooklyn NY Harriet Rothkopf Heilbrunn Endowed Chair in Nursing (9/16-8/18) Dean and Professor, Harriet Rothkopf Heilbrunn School of Nursing (9/16-3/18) Consultant, Harriet Rothkopf Heilbrunn School of Nursing (7/16-8/16)
9/09 – 7/16	**Hunter College of the City University of New York**, New York NY Hunter-Bellevue School of Nursing Professor (8/14-7/16) Associate Professor (9/09-8/14; Tenure granted 9/12) Director, Graduate Programs (6/12-8/15) Coordinator, Dual Degree Program in Nursing Administration & Public Administration (1/10-6/12) Professor, Nursing PhD Program, CUNY Graduate Center
9/06 – 8/09	**Adelphi University, Garden City NY** Associate Professor, School of Nursing
12/04 – 6/14	*Policy, Politics & Nursing Practice* (SAGE Publications) Editor-in-Chief
4/04 – 7/06	**New York Academy of Medicine**, New York NY Director, Office of Policy Development
12/01 – 6/04	**University of Washington,** Seattle WA Assistant Professor, School of Nursing Adjunct Faculty, School of Law and School of Public Health Associate Investigator, Center for Health Workforce Studies
9/99 – 5/01	**University of Massachusetts Lowell** Assistant Professor, Department of Health & Clinical Sciences
5/93 – 8/97	**American Nurses Association**, Washington DC Director, Office of Policy (2/95-8/97) Health Policy Counsel (2/94-2/95) Assistant Director, Government Affairs (5/93-2/94)
10/89-5/93	**California Nurses Association**, Sacramento CA Regulatory Policy Specialist, Department of Government Relations

10/88-10/89	**U.S. Department of Health & Human Services**, Region IX, San Francisco CA Assistant Regional Counsel
6/84- 5/93	**San Francisco General Hospital**, San Francisco CA Registered Nurse (per diem), Psychiatric Emergency Service
12/83-6/84	**St. Luke's/Roosevelt Hospital**, New York, NY Staff Registered Nurse, Roosevelt Hospital Substance Abuse Program
6/83- 2/84	**Bellevue Hospital Center,** New York, NY Registered Nurse, Psychiatric Emergency and Admitting Service
6/82- 6/83	**Mission Community Mental Health Center**, San Francisco CA Registered Nurse, Acute Day Treatment Program
6/81- 6/82	**San Francisco General Hospital**, San Francisco CA Registered Nurse**,** Department of Psychiatry

EDUCATION:

Brandeis University, Heller Graduate School, Waltham MA
Doctor of Philosophy, Social Policy (Health Policy concentration)
Dissertation: *The relationship between clinical outcomes and patient satisfaction in home health care*

University of California, Hastings College of the Law, San Francisco CA
Juris Doctorate

University of California, School of Public Health, Berkeley CA
Master of Public Health

Excelsior College, School of Nursing, Albany NY
Master of Science (Clinical Systems Management track)

University of San Francisco, School of Nursing, San Francisco CA
Bachelor of Science in Nursing, *cum laude*

SELECTED PUBLICATIONS:

Cattoi, B., Alpern, I., Katz, J. S., **Keepnews, D**., & Solanto, M. V. (2021). The Adverse Health Outcomes, Economic Burden, and Public Health Implications of Unmanaged Attention Deficit Hyperactivity Disorder (ADHD): A Call to Action Resulting from CHADD Summit, Washington, DC, October 17, 2019. *Journal of Attention Disorders*, 10870547211036754.

Keepnews, D.M. (2021). The law, the courts and the advanced practice registered nurse. In L.A. Joel (Editor), *Advanced Practice Nursing, 5th Edition*. Philadelphia: FA Davis. (In press; chapters in previous editions: 2018, 2013, 2009, 2003).

Keepnews, D.M. & Betts, V.T. Nursing and the courts: A strategy for shaping public policy. In Mason, D.J., Perez, A., McLemore, M.R. & Dickson, E. L. (Eds.) (2020). Policy & Politics in Nursing and Health Care (8th Edition). Elsevier. (Chapters in previous editions: 2018, 2013, 2009, 2003).

Zollweg, S., Tobin, V., Goldstein, Z., **Keepnews, D.M**. & Chinn, P.L. Improving LGBTQ+ health: Nursing policy can make a difference. In Mason, D.J., Perez, A., McLemore, M.R. & Dickson, E. L. (Eds.) (2020). Policy & Politics in Nursing and Health Care. (8th Edition). Elsevier. (Chapter in previous edition: 2018)

Keepnews, D.M. (2017) Globalizing health policy. (Guest editorial). *International Nursing Review, 64*(4), 457-9.

Redline, S., Baker-Goodwin, S., Bakker, J., Epstein, M., Hanes, S., Hanson, M., Harrington, Z., Johnston, J.C., Kapur, V., **Keepnews, D.M**., Kontos, E., Lowe, A., Owens, J., Page, K., & Rothstein, N. (2016). Patient partnerships transforming sleep medicine research and clinical care: Perspectives from the Sleep Apnea Patient-Centered Outcomes Network. *Journal of Clinical Sleep Medicine, 12*(7): 1053-58.

Keepnews, D.M. (2016). Developing a policy brief. *Policy, Politics & Nursing Practice*, 17(22): 61-65.

Mason, D.J., **Keepnews, D.M.**, Murray, E. & Holmberg, J. (2012). The representation of health professionals on governing boards of health care organizations in New York City. *Journal of Urban Health, 90*(5): 888-901.

Keepnews, D.M. (2014). Medicaid expansion and the victims of partisanship. *Policy, Politics, & Nursing Practice***,** 14(1).

Keepnews D.M. (2012). Protecting and expanding Medicaid. *Policy, Politics, & Nursing Practice***,** 13(2): 71.

Keepnews D.M. (2012). FTC Scrutiny of health professions regulation. *Policy, Politics, & Nursing Practice***,** 13(1): 3-4.

Mason, D. & **Keepnews, D.M.** (2011). Implementing health care reform: a nursing perspective. Nursing *Outlook, 59*(1): 57-8.

Keepnews, D.M. (2011). Lesbian, gay, bisexual and transgender (LGBT) health issues and nursing: Moving toward an agenda. *Advances in Nursing Science, 34*(2), 163-70.

Keepnews, D.M., Brewer, C.S., Kovner, C.T. & Shin, J.H. (2010). Generational differences among newly licensed registered nurses. *Nursing Outlook, 58*(3): 155-63.

Skillman, S.M., Palazzo, L., Hart , L.G., & **Keepnews, D.M.** (2010). The characteristics of registered nurses whose licenses expire: why they leave nursing and implications for retention and re-entry. *Nursing Economic$, 28*(3): 181-189.

Skillman, S.S., Palazzo, L., **Keepnews, D.M.** & Hart, L.G. (2006). Characteristics of registered nurses in rural vs. urban areas: Implications for strategies to alleviate nursing shortages in the United States. *Journal of Rural Health, 22*(2): 151-157.

Keepnews, D.M. (2004). Using patient satisfaction data to improve home health care. *Journal for Healthcare Quality, 26*(3): 4-9.

Keepnews, D.M. & Mitchell, P.H. (2003). Health systems' accountability for patient safety. *Online Journal of Issues in Nursing, 8*(3).

Keepnews, D.M. (1995). State Medicaid waivers: issues for nursing. *The American Nurse, 27*(3), 16- 18.

Monographs:

Keepnews, D.M. (2013; 1st Edition, 2011). *White Paper: Mapping the Economic Value of Nursing.* Seattle, WA: Washington State Nurses Association. (https://www.wsna.org/assets/entry-assets/Nursing-Practice/Publications/economic-value-of-nursing-white-paper.pdf)

American Academy of Nursing (2010). Implementing Health Care Reform: Implications for Nursing. Washington, DC: American Academy of Nursing.

New York Academy of Medicine (2006). (**Keepnews, D.M.**, project director) *Nurse Retention and Workforce Diversity: Two Key Issues in New York City's Nursing Crisis.* New York: New York Academy of Medicine & Jonas Center for Nursing Excellence.

SELECTED FUNDED PROJECTS:

2013 – 2015 Robert Wood Johnson Foundation, Executive Nurse Fellows Program, $35,000
Action Learning Team Project: *Leveraging Partnerships to Build Capacity in the RN Workforce: Meeting the Behavioral Health Needs of the Public*
Individual Leadership Project: *Interprofessional Collaboration to Advance LGBT Health*

2012 Principal Investigator, *Mandatory influenza vaccination for health care workers: Implications for health policy and practice*, Hunter College President's Fund for Faculty Advancement, $1,770.

2011 – 2012	Co-Principal Investigator, *Nursing, media and public policy: An analysis of the profession's response to the ProPublica series on the performance of the California Board of Registered Nursing,* Roosevelt House Associates Research/Travel Grant. (P.I.: D.J. Mason, $1,000).
2005 – 2006	Project Director: Strategies for Improving Nurse Retention in New York City, New York City Department of Health & Mental Hygiene, $170,000

CONSULTATION:

2018	American Nurses Association, Position Statement on Advocacy for LGBTQ+ Populations
2016	Washington State Nurses Association, Multistate Nurse Licensure Compacts
2013, 2011	Washington State Nurses Association, Economic Value of Nursing
2010	American Academy of Nursing, Implementation of Health Reform Legislation
2010	National Federation of Nurses, Models for Regulation of Nurse Staffing
2009	CGFNS International, Editorial Consultation
2007	Washington State Nurses Association, Safe Nurse Staffing Legislation
2006	Washington State Nurses Association, Joint Commission Nurse Staffing Standards
2004	CGFNS International, International Centre on Nurse Migration

PROFESSIONAL SERVICE:

American Academy of Nursing
- Board of Directors (2010-2016; Secretary, Executive Committee, 2014-16)
- Fellow Selection Committee (2008-11; 2018-20; Co-Chair, 2018-19; Chair, 2019-20; Advisor, 2020-21)

American Federation of Teachers, Healthcare Program and Policy Committee (2022 -)

American Journal of Nursing, Journal Oversight Committee (2013-present)

American Medical Association/Specialty Society Relative Value Update Committee (RUC), Health Care Professionals Advisory Committee (2003-04)

Gay & Lesbian Medical Association, LGBT Nursing Summit Steering Committee (2013)

Washington Center on Nursing, Board Member (2021 -)

Washington State Labor Council, Vice-president (2022 -)

CURRENT PROFESSIONAL LICENSURE:

Registered Nurse, WA, DC, VA, NY & CA

Attorney, CA (inactive status) and DC

CURRENT PROFESSIONAL MEMBERSHIPS:

American Academy of Nursing
American Federation of Teachers
American Nurses Association
GLMA, Health Professionals Advancing LGBT Equity
National Association of Hispanic Nurses
National League for Nursing
New York Academy of Medicine
Sigma Theta Tau International
Washington State Labor Council

Washington State Health Care Authority

Universal Health Care Commission

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Please note that boxes outlined in red are required.

Contact information

Information requested	Your information
Name (first and last):	Dave Kimberling
Preferred pronouns (e.g., she/her, he/his, they/their):	he/his
Organization (if applicable):	Washington Managed Imaging
Title or position (if applicable):	Executive Director
Work address (if applicable):	
County of organization/employer (if applicable):	Pierce County
Email:	dkimberling@wmi-radiology.com
Phone:	253.446.7123

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- ☐ Academic/research
- ☐ Community member or advocate
- ☐ Community-based organization
- ☒ Employer/business (private, nonprofit, etc.)
- ☒ Finance
- ☐ Health care association (please describe):
- ☐ Labor union
- ☐ Law
- ☐ Payer: private
- ☐ Payer: public
- ☒ Provider: federally qualified health center

- [x] Provider: hospital and/or health system
- [ ] Provider: other
- [ ] Provider: Tribal health clinic or center
- [ ] Provider/clinic: behavioral health
- [ ] Provider/clinic: oral health
- [x] Provider/clinic: physical health
- [ ] Public health department
- [ ] Social services
- [ ] State agency staff
- [ ] Tribal representative

Areas of experience/expertise

- [ ] Children's health financing
- [ ] Health care advocate[1]
- [x] Coverage and benefits and/or cost sharing and premiums
- [ ] Development or measurement of health-related metrics
- [x] Employer health benefits/costs
- [ ] Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- [ ] Experience with differently abled communities (either as a community member of working with community)
- [ ] Experience with LGBTQ+ community (either as a community member or working with community)
- [ ] Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- [x] Federal financing for health care programs and systems
- [ ] Financing health-related social needs and social determinants of health
- [x] Health care administration
- [x] Health care delivery system
- [x] Health care financing[2]
- [x] Health economics
- [ ] Health information technology and/or electronic medical records
- [x] Health-care costs, value-based payments, alternative payment methodologies
- [ ] Improving health equity and eliminating health disparities
- [x] Provider reimbursement
- [x] Public health financing
- [x] Recruiting, educating, and retaining the health care workforce
- [x] Revenue goals and projections
- [x] State financing for health care programs and systems
- [x] Tax structures, including the impact of tax structures on equity
- [ ] Taxation and other public revenue models
- [ ] The Employee Retirement Income Security Act (ERISA)

[1] The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate 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, 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.

[2] Health care financing expertise may include but is not limited to: 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 payer/provider contracting.

Washington State Health Care Authority

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

   I believe the legislatures directive to "reduce health care costs, reduce health disparities, improve the health and well-being of patients and the health care workforce, improve quality, and prepare for the transition to a unified health care financing system" is one of the most important initiatives in the State. Streamlining access to coverage, reducing fragmentation of health care financing across multiple public and private health insurance entities, reducing unnecessary administrative costs, reducing health disparities, will result in more fair and equitabl

2. Please describe your relevant experience and how it would benefit FTAC.

   I completed my Bachelors and Masters degree in Accounting. I spent the next 8 years working for large accounting firms. This has provided me a strong financial background that would be helpful in serving on a Finance committee. Additionally, I have spent the last 30 years in health care working or supporting Physician Groups, Hospitals, Health Systems, Managed Care Organizations, Health Care Management Consulting Firms, Academic Institutions, and Community Health Care Clinics. The

3. Please describe any other experience serving on a committee, board, or workgroup.

   I have served and led numerous Boards, Committees and work groups over the years including my current Board at WMI. I chaired the Finance Committee at Community Health Care Clinics, served on the Board at Community Health Care, while serving on roughly 10-20 committees / Boards during my 17 years at Franciscan Health System. Additionally, I am currently the President of Hidden Lake Association and a Board member of the Heyburn State Park Association.

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

   ☐ Yes

   ■ No

6. If yes, did you receive any compensation?

   ☐ Yes

   ■ No

Washington State Health Care Authority

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

☐ Yes

☒ No

8. If yes, please explain.

9. Professional licenses held:

None

10. Memberships in professional, civic organizations, or government boards or commissions:

See resume

11. Community service/volunteer activities:

See resume. Additionally, over the years we have built houses in Mexico through our church, and provided local support through St. Francis house and the food bank.

12. Have you ever served in the U.S. Armed Forces?

☐ Yes

☒ No

Washington State Health Care Authority

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

    We all have personal experiences that have shed light on significant inequities especially in health care. My most relevant experience regarding health equity occurred while I served on the Board of Community Health Care for over 10 years and was the Treasurer / Chair of the Finance Committee for over 6 years. This whole organizations purpose is to provide health and dental care to those that don't have access and often can't afford to pay for expensive health care. Time and time

14. Please describe why health equity is important to you.

    Serving at Community Health Care opened my eyes regarding the inequities in health care. I believe that all people have a right to affordable quality health care. We all know people that have had health issues and then been unable financially to recover. It is unfair that some people are devastated by health issues and the financial repercussions while others have better insurance and are largely sheltered from these issues. I believe universal health care offers a key opportunity to

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

    The implementation of universal health care should result in significant improvements towards health equity. The FTAC will face a very complex challenge to reset current health care funding to a unified health care financing system in a manner that is fair and beneficial to each population. The committee will need to be thoughtful in evaluating the impact on each constituancy such as Medicaid, uninsured, under insured, commercial, etc. If the FTAC can provide thoughtful and

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

    White, family originally European decent.

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino/a/x/e
- ☐ Middle Eastern or Northern African
- ☐ Native Hawaiian or Pacific Islander
- ☒ White
- ☐ Other category/categories (please list)
- ☐ Don't want to answer/decline

Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- ☒ Attend regular, bi-monthly FTAC meetings.
- ☒ Review all materials prior to FTAC meetings.
- ☒ Participate to the best of my ability.
- ☒ Participate in good faith in the best interest of FTAC and its charge.
- ☒ Accept the responsibilities to collaborate in developing potential recommendations.
- ☒ Respectfully engage at all times with other FTAC members.

Applicant signature: Dave Kimberling

Date: 11/30/2022

DAVE KIMBERLING

253.224.2951 • dkimberling@comcast.net

MANAGED CARE AND BUSINESS DEVELOPMENT EXECUTIVE

An accomplished health care executive with extensive experience leading managed care initiatives, Physician organizations, payor contracting, strategic planning and business development.

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PROFESSIONAL EXPERIENCE

Washington Managed Imaging (WMI), Washington State **2012- present**
Independent Physician Association (IPA) with 580 Radiologist and 8 Radiology Groups geographically distributed throughout Washington State.

Executive Director
Responsible for WMI's overall operations, strategic planning, payor strategy, health plan negotiation, contract management, and development of value - added services. Report to Board of Directors.

- Doubled the WMI Radiology Physician membership by recruiting 3 of Washington's largest and most highly regarded Radiology groups.
- Negotiated and signed 3 favorable new health plan agreements with-in the first 6 months.
- Finalized double digit rate increase with national carrier.
- Participated on various legislative initiatives, testified at legislative committees and partnered with legislators and Physicians to improve legislation.
- Pursuing several group purchasing opportunities for Health Insurance, Medical Malpractice, and supplies to create significant cost savings.

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Rockwood Health System, Spokane, WA **2011- 2012**
Integrated delivery system comprised of 2 hospitals and the Rockwood Clinic, a 295 physician and provider group. Member of Community Health Systems (CHS), a hospital system of more than 130 hospitals and $14 billion in revenue.

Executive Director, Strategic Planning and Business Development
Responsible for design and development of Integrated Delivery System (IDS) capabilities for a newly forming IDS including: IDS strategic planning, business development, payor strategy, network development and selective service line development. Report to the Chief Executive Officers for Deaconess Hospital, Valley Hospital, and Rockwood Clinics.

- Developed the first strategic plan for the newly formed Rockwood Health System IDS.
- Partnered with Executive Director of Payor Contracting to establish key strategies and principles to guide health plan relationships and financial decisions.
- Developed key recommendations regarding new payment models (shared risk, prepayment for selected services) and funding requests to support development of new IDS capabilities.

Franciscan Medical Group (FMG), Tacoma, WA **2009 – 2011**
Subsidiary of Franciscan Health System.

Executive Director, Business Development
Recruited by FMG President to lead new business development initiatives, medical group strategic planning, physician/practice acquisitions, physician recruiting, marketing and communications, and development of services to increase market share. Managed staff of five Directors and over 20 indirect reports.

- Negotiated and executed successful acquisition of 16 physician practices, 58 physicians and 21 providers, including partnering with legal services to complete the purchase sale agreements, valuation, employment agreements, and other required legal documentation.

- Led ACO committee through evaluation of multiple options including Medicare Shared Savings Program, Pioneer ACO and other developing health plan models.
- Evaluated risk and rewards of early participation in new product offerings including preliminary analysis of health system capabilities and identification of missing capabilities.

Franciscan Health System (FHS), Tacoma, WA **2004 – 2009**
Integrated delivery system; member of Catholic Health Initiatives (CHI).

Director of Business Development & Physician Relations

Partnered with senior leadership to increase physician satisfaction, strategic high margin services, market intelligence, and service improvement by directing health system physician business development function. Reported to Senior Vice President of Medical Affairs / Chief Medical Officer.

- Recommended, developed, and established physician relations and business development program that was recognized as a best practice within Catholic Health Initiatives. Program was presented at 2009 CHI National CEO Conference.
- Supported roll-out of successful new programs including Gamma Knife, robotic surgery, and development of physician alignment / medical staff required to successfully open a new $180 million hospital.
- Enabled tracking of 2,800+ physicians, visits, and market intelligence by developing customized customer relations database (CRM).

Physician Health System Network (PHN), Tacoma, WA **1996 – 2003**
Managed care and physician hospital organization with $83M in annual revenues at peak. Jointly owned by ~ 500 physicians and FHS.

Executive Director 2000 – 2003

Promoted from Director of Managed Care **(1996-1999)** to lead this business including: strategy and business planning, health plan and network contracting, operations, finance, delegated utilization management and claims payment. Collaborated with physician and hospital leadership to define strategy and drive sustainable growth. Contracted with health plans for full risk percent of premium agreements. Reported to PHN Board of Directors and Franciscan Health Systems' CFO.

- Developed and grew this start-up company from one health plan agreement and ~$1.5M in annual revenue to become Washington State's largest physician hospital organization (PHO) with over $83M in annual revenue and 53,000 full risk covered lives.
- Responsible for health plan contracting strategy, full risk negotiation, establishment of risk pools, pmpm review, carve outs / exclusions, financial review, contract language, settlement and issue resolution.
- Created operational infrastructure necessary to manage risk including: health plan delegation for utilization management, credentialing and claims payment.
- Developed, in partnership with Physicians and clinical leadership, medical management, case management and disease management functions to manage cost and utilization.
- Generated ~250% increase in physician membership from ~200 to 500+ through physician relationship building, demonstrating value to physician members, developing engaged membership through committee structure and offering multiple value--added services.
- Achieved profitable/break-even results six of seven years, by using strong financial systems, effective medical management, developing preferred contracts and a strong provider network.

- Saved company over $7M by creating and implementing sophisticated financial modeling tools and audit systems.

Additional Experience

Management Consultant, ECG Management Consultants in Seattle, WA (Health Care Consulting Firm)
Interim Administrator Department of Pediatrics, Stanford University (1 year)

Manager Health Plan Contracting, Medalia Health Care
Negotiated payor (full risk & fee for service) contracts for 200 Primary Care Physicians

Manager, Clark Nuber & Co. Bellevue, WA (Pubic Accounting Firm)

Senior, Deloitte & Touche Boise, ID (Public Accounting Firm)

EDUCATION

Master in Accountancy (MaCC), Brigham Young University in Provo, UT
Bachelor of Science - Accounting, University of Idaho in Moscow, ID
Franciscan Health Systems Inaugural Leadership Development Pool for Future Leaders
Advisory Board, The Academy Fellowship Program

AFFILIATIONS

American College of Health Care Executives
Radiology Benefit Managers Association
Hidden Lake Association, President (2012-present)
Heyburn State Park Association, Board member (2011-present)
Heyburn State Park Association, President (2015-2021)
Community Health Care Board Member (2002-2011)
Community Health Care Treasurer & Chair of Finance Committee (2005-2011)
Community Health Care Executive Committee (2005-2011)