Washington State Health Care Authority

Universal Health Care Commission

February 9, 2023

Washington State Health Care Authority

Universal Health Care Commission
Meeting Materials

February 9, 2023
2:00 p.m. – 4:00 p.m.

(Zoom Attendance Only)

Meeting materials

Tab 1

Washington State Health Care Authority

Washington State Health Care Authority

Universal Health Care Commission
AGENDA

February 9, 2023
2:00 p.m. – 4:00 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
2:00-2:05 (5 min)	Welcome and call to order	1	Vicki Lowe, Chair, Executive Director American Indian Health Commission for Washington State
2:05-2:10 (5 min)	Roll call	1	Mandy Weeks-Green, Manager Health Care Authority
2:10-2:15 (5 min)	Approval of Meeting Summary from 12/15/2022	2	Vicki Lowe, Chair, Executive Director American Indian Health Commission for Washington State
2:15-2:20 (5 min)	FTAC Updates	3	Pam MacEwan, FTAC Lead
2:20-2:35 (15 min)	Public comment	4	Vicki Lowe, Chair, Executive Director American Indian Health Commission for Washington State
2:35-2:55 (20 min)	Lessons for Universal Health Care from the Indian Health Delivery System	5	Vicki Lowe, Chair, Executive Director American Indian Health Commission for Washington State
2:55-4:00 (65 min)	• Transitional solutions • FTAC guidelines and adoption of charter • Goals and measuring success	6 & 7	Liz Arjun, Senior Consultant, Jon Kromm, Principal, Gary Cohen, Principal, Health Management Associates
4:00	Adjournment		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.

Tab 2

Washington State Health Care Authority

Universal Health Care Commission Meeting Summary

December 15, 2022
Health Care Authority
Meeting held electronically (Zoom) and telephonically
3:00 p.m. – 5:00 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
Jane Beyer
Joan Altman
Representative Joe Schmick
Karen Johnson
Kristin Peterson
Representative Marcus Riccelli
Mohamed Shindane
Nicole Gomez
Stella Vasquez

Members absent

Senator Ann Rivers
Estell Williams

Call to order

Vicki Lowe, Commission Chair, called the meeting to order at 3:01 p.m.

Agenda items

Welcoming remarks

Chair Lowe began with a land acknowledgement and welcomed Commission Members to the ninth meeting.

Meeting Summary review from the previous meeting

The Members present voted by consensus to adopt the October 2022 Meeting Summary.

Public comment

Chair Lowe called for comments from the public.

Consuelo Echeverria spoke on behalf of Noah White. Noah's health diagnosis and the increasing cost of health care resulted in bankruptcy. Noah supports the immediate implementation of a state-based, single-payer universal health care system in Washington.

Kathryn Lewandowsky, RN, Whole Washington, noted that the Commission supported implementation of the Cascade Care Savings program, promoting Model C (Universal Health Care Workgroup) which was not as favored by Work Group members compared to Model A.

Sarah Weinberg noted that the FTAC applicant recommendations did not include an individual to represent patients, preferably an individual with a chronic disease. It is important to understand the difference between *consumer* and *patient* and to focus on creating a patient-centered health care system.

Liz Murphy, Washington Community Action Network, was diagnosed with Type I diabetes followed by 30+ hospitalizations and a double-organ transplant. Even with employer sponsored health insurance, Liz suffered financial ruin due to medical debt. Liz stressed that Washingtonians are counting on the Commission.

Kelly Powers, Health Care is a Human Right, shared experience with family members encountering gaps in health care coverage due to the structure of the current system and urged that the design and implementation of the universal health care system be patient-centered.

Elizabeth Hovde, Washington Policy Center, stated that a single-payer universal health care system is not the solution to achieving affordable and accessible health care and that competition, innovation, and educated consumers are necessary to lower health care costs in Washington.

Presentation: Oregon's universal health plan design

Bruce Goldberg, MD, Chair, Oregon Joint Task Force on Universal Health Care
John Santa, MD, MPH, Member, Oregon Joint Task Force on Universal Health Care
Daniel Dietz, JD, Policy Analyst, Oregon Legislature

Oregon's Joint Task Force on Universal Health Care (Task Force) worked over two years (plus a one-year extension due to COVID) and were charged with developing a state-based single-payer health care system, known as *the Plan*. The Task Force's final report to the Oregon Legislature, submitted in September 2022, can be found **here**.

Bruce Goldberg shared that the Plan would cover all Oregon residents regardless of job, income, or immigration status. There would be no payment at the point of care and no co-pays or deductibles. The benefit package is based on Oregon's Public Benefits Employee Board (PEBB) benefits and would include a dental and vision benefit. The Plan would eliminate structural inequities and be less expensive than the current system with savings generated from more efficient administration. Providers would be paid directly, eliminating the current system of different reimbursement rates by payer. Private health carriers may offer insurance to cover benefits not covered by the Plan, e.g., long-term care. Long-term care would remain a separate benefit (paid by Medicaid and private payment), though the Task Force recommended this be studied for future inclusion. Social determinants of health (SDOH) would not be a covered benefit. Tribal members could choose to enroll in the Plan.

Mohamed Shidane asked whether the Task Force looked into covering behavioral health. The Task Force did not have the time or expertise to recommend how to change Oregon's fragmented and underfunded mental health

system. However, the Task Force recommended restructuring and enhancing the state's behavioral health benefit and revamping the state's mental health system.

John Santa shared six health equity concepts from the Task Force's recommendations: 1) all Oregon residents are eligible, 2) no payment at the time of service, 3) utilize one benefit plan, 4) normalization of reimbursement, 5) uncouple coverage from employment, and 6) address SDOH with delivery system savings. The Task Force compared the impact/cost of the Plan in 2026 to the status quo. Administrative savings, about 6% of total health expenditures, was a key factor in developing expenditure estimates. The Task Force recommended creating a robust and well-funded non-profit corporation for governance of the Plan. Jane Beyer asked if the status quo commercial conversion rate was based on commercial rates in the aggregate, and it was clarified that it was. Jane Beyer noted that vertical and horizontal consolidation among health care systems presents challenges for rates and asked if the Task Force looked at how reimbursement would be redistributed among providers. The Task Force did examine the redistribution of commercial revenue streams to Medicare and Medicaid. With administrative savings at the provider level, more can be invested in care delivery. The Plan would not reduce funding for provider rates, rather these dollars would be redistributed, e.g., investing in primary care.

Daniel Dietz reviewed the Task Force statute which provided a deadline, framework, and boundaries, and defined a staffing structure, public engagement activities, and inspiration for the Plan. Both Task Force and technical advisory group (TAG) meetings were held at least monthly. TAGs included: Eligibility, Benefits, & Affordability; Provider Reimbursement; Finance & Revenue; Governance; Intermediate Strategies; Expenditure & Revenue Analysis; Communications; Public Engagement; and Consumer Advisory. Jane Beyer asked about the member make-up of the TAGs, and it was clarified that TAGs were comprised mostly of Task Force members with outside expertise as needed. Jane Beyer asked if the Task Force's funding was enough, and it was clarified that the Task Force ran out of resources at the end of their work. Bidisha Mandal asked about provider recruitment and retainment (particularly specialists) and competing with health systems outside of Oregon. The Task Force discussed workforce challenges but there is more work to do. Bidisha Mandal asked whether providers could accept privately insured patients. Self-pay patients could not be charged more for a service covered under the Plan, and private insurers could not sell individual or group policies. There is an assumption that the Plan's payroll tax would disincentivize self-insured businesses from providing their own coverage to employees. Dave Iseminger asked if the Task Force defined the payroll tax. This requires more work, but the Task Force recommended a graduated personal income tax (0-7%) and payroll tax (7-10%). In the aggregate, and compared to the status quo, consumers would pay ~10% less, and businesses would pay ~12% less (small businesses not currently providing coverage for employees would pay more due to the payroll tax).

Bruce Goldberg reviewed the outside consultants and expertise utilized for design choices, including actuarial modeling, revenue estimates, ERISA, and financial analysis. Oregon's Task Force determined that certain decisions should be made now, and some decisions are more operationally focused and can be made by a governing board. Bruce Goldberg suggested that when the Commission reads Oregon's report, focus particularly the executive summary and the section on ERISA. Kristin Peterson asked about next steps. In their report, the Task Force recommended that the Oregon Legislature establish and fund a founding governing board to develop an implementation and financing plan over two years. It's now up to the Legislature to decide on whether to accept this recommendation. Joan Altman asked in what ways the Task Force engaged with stakeholders. Bruce Goldberg noted the discreet listening sessions with consumers and different sectors of the health care marketplace were highlights of this work conducted after completion of the report and that for these efforts was included in the Task Force's budget. Jane Beyer asked if it was helpful to separate the listening sessions from the TAGs, versus including consumer and marketplace stakeholders in the TAGs. Time constraints precluded the Task Force from combining

the TAGs and stakeholders, and the Task Force relied on public input at their meetings to guide their work. Nicole Gomez asked if Oregon had similar efforts in place prior the Task Force, and it was clarified that the Task Force statute was their primary guide.

Presentation:

Liz Arjun and Jon Kromm, Health Management and Associates (HMA)

The Commission voted to extend this meeting past 5:00 p.m. to attend to all business. HMA reviewed the proposed 2023 Legislative report approach: an update to the baseline (2022) report with recommendations for transitional solutions and design decisions. HMA shared the 2023 proposed workplan. Jane Beyer proposed discussing at a future meeting how the Commission can bring public input into the report and workplan processes, and Chair Lowe and Joan Altman agreed. The Commission voted to adopt the 2023 report development approach as amended to incorporate community and stakeholder engagement. The Commission then voted to adopt the 2023 workplan approach as amended to incorporate community and stakeholder engagement (subject to resources). The Commission agreed to move the adoption of the FTAC charter to their February meeting business.

The Commission received over 50 FTAC applicants. Per the Commission's request, HCA and HMA reviewed each applicant's qualifications (resume and application) and provided recommendations of the nine most qualified applicants. Kristin Peterson thanked HMA and HCA for vetting the applications. Jane Beyer proposed that the Commission keep in mind that outside expertise may be necessary to help guide FTAC's work. Chair Lowe reviewed each of the applicants and suggested keeping in mind the applicants not chosen for FTAC appointment for future engagement and expertise. The Commission voted to select the FTAC applicants as recommended.

When asked who should serve as FTAC liaison to the Commission, Joan Altman recommended Pam MacEwan (approved as the FTAC consumer representative) to create an intentional connection between patients, consumers, FTAC, and the Commission. Mohamed Shidane noted the difference between consumers and patient advocacy. Chair Lowe and Nicole Gomez rescinded the motion to allow FTAC to self-nominate the FTAC liaison, and the Commission moved for Chair Lowe to ask Pam MacEwan to consider serving as FTAC liaison.

Adjournment

Meeting adjourned at 5:25 p.m.

Next meeting

February 9, 2023
Meeting to be held on Zoom
2:00 p.m. – 4:00 p.m.

Tab 3

Washington State Health Care Authority

Washington State Health Care Authority

Finance Technical Advisory Committee (FTAC)

January 12, 2023
2:00 p.m. – 4:00 p.m.
Zoom Meeting

AGENDA

Commission Members:					
☐	Pam MacEwan, FTAC Liaison	☐	Esther Lucero	☐	Kai Yeung
☐	Christine Eibner	☐	Eddy Rauser	☐	Robert Murray
☐	David DiGiuseppe	☐	Ian Doyle	☐	Roger Gantz

Time	Agenda Items	Tab	Lead
2:00-2:05 (5 min)	Welcome and call to order	1	Pam MacEwan, FTAC Liaison
2:05-2:20 (15 min)	FTAC member and staff introductions	1	Angela Castro, Senior Health Policy Analyst Health Care Authority
2:20-2:25 (5 min)	Welcome	1	Vicki Lowe, Commission Chair Executive Director, American Indian Health Commission for Washington State
2:25-2:40 (15 min)	Public comments	2	Pam MacEwan, FTAC Liaison
2:40-3:00 (20 min)	Open Public Meetings Act Training	3	Dana Gigler, Assistant Attorney General, Attorney General of Washington
3:00-3:15 (15 min)	Review of the Commission's work in 2022	4	Liz Arjun, Senior Consultant and Jon Kromm, Principal Health Management Associates
3:15-3:35 (20 min)	Public Records Act Training	5	Dana Gigler, Assistant Attorney General, Attorney General of Washington
3:35-3:45 (10 min)	The Commission's approach to work in 2023	6	Liz Arjun, Senior Consultant and Jon Kromm, Principal Health Management Associates
3:45-3:50 (5 min)	Schedule of upcoming meetings	7	Angela Castro, Senior Health Policy Analyst Health Care Authority
3:50-4:00 (10 min)	Q&A		FTAC Members
4:00	Adjournment		Pam MacEwan, FTAC Liaison

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.

Finance Technical Advisory Committee (FTAC) Meeting Summary

January 12, 2023
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 committee is available on the FTAC webpage.

Members present

Pam MacEwan, FTAC Lead and Liaison
Christine Eibner
David
DiGiuseppe
Eddy Rauser
Esther Lucero
Ian Doyle
Robert
Murray
Roger Gantz

Members absent

Kai Yeung

Call to order

Pam MacEwan, FTAC Lead and Liaison, called the meeting to order at 2:02 p.m.

Agenda items

Welcoming remarks

Pam MacEwan welcomed members of FTAC to the first meeting, reviewed the agenda, and shared the goals of the meeting. Vicki Lowe, Universal Health Care Commission (Commission) Chair, also welcomed FTAC Members and provided a land acknowledgement.

Public comment

Cris Currie, retired RN, encouraged committee members to read the **final report** by Oregon's Task Force on Universal Health Care, noting the proposed funding plan on pages 39-45, and urged FTAC to ask the Commission to adopt a similar vision. Cris Currie referenced the **Friedman Financial Analysis (2021) - Whole Washington** which explores the implications of a single-payer health plan in Washington.

Kathryn Lewandowsky, Vice Chair, Whole Washington, noted that Model A as proposed by the Universal Health Care Work Group (2021) is expected to reduce aggregate system wide expenditures by ~$2.5B in the first year and over $5B in successive years and urged FTAC to take note of Oregon's commitment to a single-payer system.

Maureen Brinck-Lund urged FTAC to think and get "out of the box," noting that profit permeates all systems we live in and with, and that U.S. health care costs are off the chart, yet health outcomes in the U.S. fall below other countries that spend less on health care.

Sarah Weinberg, retired pediatrician, was a member of the Universal Health Care Work Group and stressed the importance of the Commission agreeing on a model for the universal health care system, urging that FTAC members read the Work Group's report, and noting that the majority of Work Group members favored Model A.

Marguerite Dekker, retired RN, was in the health care field for 50 years and watched the slow deterioration of the ability to provide good care, and the goal of the Commission should be to provide Washington with a medical system that heals and comforts versus reaping the profits from Washingtonians' illnesses.

Consuelo Eccheveria supported FTAC's work and reminded the committee that the universal health care system should be a "moon shot" project that gathers all of our resources, thinks big, and changes the way that health care is delivered to make every Washingtonian healthy.

Warren George, a member of Oregon's Task Force on Universal Health Care, offered to assist FTAC in their work and stressed the benefits and the importance of Oregon and Washington working together to either work on a regional plan, or to have plans that could dovetail together.

Presentation: Open Public Meeting Act (OPMA) Training

Dana Gigler, Asst. Attorney General, Washington State Attorney General's Office
The Commission is subject to Washington's Open Public Meetings Act (OPMA) of 1971, requiring the governing body of a public agency to be open to the public to make government affairs more open, accessible, and responsive. Advisory committees to the Commission are not subject to OPMA, however FTAC will follow OPMA rules as a best practice. Passive receipt of emails does not constitute participation in a meeting. However, *replying* or *replying all* to an email could be considered participation in a meeting. A governing body that allows public comment has the authority to limit the time of speakers to a uniform amount. There is a requirement to record meeting minutes which must be promptly recorded and made open to public inspection. Violating the OPMA subjects Commission members to penalties including nullification of actions taken, civil penalties, and an award of costs and attorney fees to the person alleging an OPMA violation. Roger Gantz, FTAC Member, asked how, if ever established, FTAC work groups or subcommittees would need to comply with OPMA. Dana Gigler clarified that holding work groups with less than a quorum would not violate OPMA, however meetings with five or more individuals where action (discussion or deliberation of any kind) takes place would violate OPMA when applicable.

Presentation: Review of the Commission's work in 2022

Jon Kromm, Health Management and Associates (HMA)
Jon Kromm reviewed the Commission's charge per Senate Bill 5399: 1) create immediate and impactful changes in Washington's health care access and delivery system, and 2) prepare the state for the creation of a health care system that provides coverage and access for all Washington residents through a unified financing system once the necessary federal authority becomes available. Much of the Commission's work in 2022 focused on the

development of the 2022 Legislative report. Some of the components of the Commission's report include developing recommendations for implementing increased Medicaid reimbursement rates, establishing a finance technical advisory committee, and identifying the core components of a universal health care system. In their report, the Commission made several recommendations to the Legislature, including aligning current state-run coverage programs, enhancing available coverage, and initiating components of necessary infrastructure. In establishing FTAC, the Commission determined that FTAC's work will be directed by the Commission and will provide guidance and options to the Commission on the following: system design framework, ways to reduce the underlying cost of health care, and sources of revenue to replace premiums and co-pays in a universal health care system.

Presentation: Public Records Act (PRA) Training

Dana Gigler, Asst. Attorney General, Washington State Attorney General's Office

FTAC is subject to the Public Records Act (PRA), where "public record" is defined as any writing containing information relating to the conduct of government or the performance of any governmental or proprietary function prepared, owned, used, or retained by any state or local agency regardless of physical form or characteristics. "Public record" also includes records of agency business when they are created or retained in non- agency devices, email accounts or files. Those records must be preserved, searched, and produced, like other public records. Committee members were advised to manage, maintain, and organize records, to review public records requests, to search for records, and to review the records for exemptions to disclosure. There is no general "privacy" exemption in the PRA. Christine Eibner, FTAC Member, asked if it is advisable to create a shared site for committee work to make materials easily accessible in the event of a public records search. Dana Gigler clarified that that method would be possible if the agency or individual has the ability to do so and suggested that in the alternative, Members could create a separate email address to be used specifically for FTAC work.

Presentation: Approach to the Commission's work in 2023

Liz Arjun, HMA

Liz Arjun oriented committee members to the Commission's strategy for 2023 and beyond. The Commission is unique in that it has a two-track focus: 1) propose short-term solutions that help move Washington towards a universal health care system, and 2) design the new system. The Commission's 2023 meetings will also have a two- track focus, where in part, each meeting will be dedicated to developing short-term solutions, and in part focusing on designing the new system, including considerations and discussions of design elements with information from FTAC. The Commission's 2023 report development timeline was outlined: February through April is dedicated to information gathering; June focuses on the Commission's consideration of FTAC recommendations, if any; July and August are reserved for drafting the report content; September is a review period; and in October, the Commission votes to adopt the report to the Legislature due November 1, 2023. The Commission's 2023 workplan was adopted at the December meeting and is contingent upon progress as planned. There are three key focus areas identified by the Commission for FTAC in their work: 1) equity impacts, 2) what can be learned from other states, and 3) what we know about Washington's landscape. HMA also shared the meeting schedule set by the Commission with alternating meetings between the Commission and FTAC. At their February meeting, the Commission plans to discuss and develop structure and direction for FTAC.

FTAC Member Q&A

Roger Gantz asked whether FTAC would receive a charter and it was clarified that Members would receive a charter in their March meeting materials as approved by the Commission. Roger Gantz posited the idea of

establishing FTAC work groups, referring to Oregon's use of work groups in their Task Force on Universal Health Care. Roger Gantz inquired about contracting and staffing dollars available to FTAC. Pam MacEwan, FTAC Lead, noted that HMA, the Commission's consultant, may help connect FTAC to expertise. Roger Gantz stressed the importance of having a conceptual model to work from.

David DiGiuseppe referenced the Commission's 2023 work plan and asked for clarification on the assumption that in 2023, FTAC is not directed to examine whether there a feasible mechanism to finance universal health care. Liz Arjun confirmed the assumption, adding that in 2023, FTAC will focus more on the design elements of the new system, e.g., eligibility. David DiGiuseppe asked if anyone has estimated the cost of universal health care to taxpayers. It was confirmed that the Universal Health Care Work Group that preceded the Commission obtained actuarial analysis which estimated the cost of implementing each of the Work Group's three different universal coverage models. David DiGiuseppe asked that the reports and materials referenced during public comment to be shared with FTAC Members.

Esther Lucero noted that a health care system transformation is dependent upon money. From an Indian Health Service (IHS) system perspective, individuals eligible for IHS services should receive health care as a prepaid benefit due to the cessation of land. However, IHS has never been fully funded, and creating a universal health care system suddenly shifts IHS into a mainstream system for services and care that should have been received anyway. Esther Lucero reminded the committee to be mindful that in discussions about where funding will come from and how that funding will be utilized, IHS is part of a different system that has special resources dedicated to that service. Esther Lucero remarked that individuals served by IHS are unique as native people.

Adjournment

Meeting adjourned at 4:04 p.m.

Next meeting

March 9, 2023
Meeting to be held on Zoom
3:00 p.m. – 5:00 p.m.

Tab 4

Washington State Health Care Authority

Washington State Health Care Authority

Universal Health Care Commission
Written Comments
Received From December 2nd, 2022

Written Comments Submitted by Email

Additional Comments Received at the December Commission Meeting

- The Zoom video recording is available for viewing here: https://www.youtube.com/watch?v=k7Z72WRoP94&feature=youtu.be

Public comments received since (December 2nd) through the deadline for comments for the February meeting (January 26th)

Submitted by Noah White

12/7/2022

To the members of the UHC Commision,

The purpose of this communication is to add my voice to the recourseless victims of the primarily private for-profit American health care insurance system in support of an immediate implementation of a Washington State single-payer universal medical coverage regime.

In 2008 I was diagnosed with a progressively debilitating case of glaucoma and eventually an optical disorder called Hemispatial Agnosia which by 2017 left me legally blind and approved for Social Security Disability and Medicare. In that interim period my family suffered with the increasing cost of eye surgeries and prescription eye drops to treat my symptoms which, together with my wife's own medical problems resulted in bankruptcy and a poor credit rating that left us struggling to find apartments for habitation. This was in spite of the support and protections of the Affordable Care Act.

As a recent New York Times article on California's attempt to implement a single-payer system states: "A recent legislative analysis estimated it could cost between $314 billion and $391 billion annually. Supporters say that price tag, while high, would still be lower than what employers and Californians currently pay for private insurance." (California's Single-Payer HealthCare Proposal faces Crucial Vote, Soumya Karlamangla, 01-31-2022) I believe the supporters wholeheartedly and suggest Washington should follow this brave example.

Thank you,

Noah White

Submitted by Sarah K. Weinberg

12/13/2022

For the Universal Health Care Commission meeting on 12/15/22

Testimony for the Public Testimony Session
Universal Health Care Commission Meeting
December 15, 2022

By Sarah K. Weinberg, MD, Retired Pediatrician

Regarding appointees to the Financial & Technical Advisory Committee

I note that the 9 suggested appointees do not include someone to represent patients, preferably someone living with a chronic disease.

In this context, it's important to understand the difference between "consumer" and "patient". Businesses sell products to consumers; health professionals are consulted by and treat patients. A universal health care system needs to focus on the central role of the relationship between patients and their health professionals. Thus, someone with extensive experience as a patient needs to be included on the FTAC.

In addition, the use of the term "consumer" shifts the focus from the provision of affordable, equitable, professional, personally relevant, high quality health care for patients to the buying of a health insurance policy. The UHCC should not let this shift happen!

Let's keep the focus on creating a health care system that is patient-centered, and to do that there must be a real patient on the FTAC.

Sarah K. Weinberg, MD

weinbergsk@msn.com

Submitted by Kathryn Lewandowsky
1/12/2023

Hello members of the UHCC, My name is Kathryn Lewandowsky . I am a Registered Nurse working here in Washington State for the last 36 years. I work in a small community Hospital near where I live and I am also the Vice-Chair of Whole Washington. We have been very committed to the work of the Universal Healthcare Commission and I thank you for your service.

It is hard to come up with something to say that has not already been said over the course of these last several decades. I was so disappointed to see how many commissions, committees and studies had been completed here in Washington in your report to the legislature. And the overwhelming theme of these commissions has been that a universal, single payer healthcare system saves the most money and covers the most people, essentially, everyone. And so I have to ask, if not now, when?

In your Executive Summary you are even promoting implementing and funding the Cascade Care Savings program. This is a promotion of Option C. 80% of the members of the Universal Healthcare Advisory Workgroup did not want Option C. They preferred Option A. Why? Because regular taxpayers understand that what they need is healthcare; affordable and comprehensive healthcare. And they, as regular taxpayers here in Washington, understand the necessity of offering healthcare to everyone and the importance of saving the most money.

The proponents of Option C though do not understand that. Why? Because their livelihood as they now enjoy it depends on the system staying exactly the way it is. Albeit, let's see if we can skim off a bit more profit for our shareholders. This is understandable. No one wants to lose their business, maybe lose their job, maybe take a cut in pay. Something that is routinely experienced by Americans. The for-profit healthcare industry has been sheltered from this even with the overwhelming objections from the people you serve. They have been sheltered from these inevitabilities because they have the luxury of a pool of healthcare dollars that they can use to encourage our governments to design healthcare systems that continue to allow them to

offer junk policies with huge premium increases even in light of record profits for their industry. Our healthcare dollars! Dollars that should be going to provide healthcare to your people.

These policies are often not accepted by any of our local healthcare providers. Why? Because they have to be able to stay in business; pay the rent, pay their employees, keep their doors open without spending hours upon hours applying for grants.. You all know this. The data is overwhelming. And again I have to ask you, if not now, when?

I really feel that all of you, but especially the elected officials on this board, have to understand that our current healthcare system is failing. Our infrastructure has been slowly eroded by corporate termites over all these decades and it is currently crumbling before our very eyes. Our health institutions, after years of trimming the fat, running with the slimmest of staff to patient ratios, are now not capable of delivering the care that is needed for a very sick society. Most of my nursing staff are contracted agency nurses. Why? Because we are only being offered minimal raises even in light of giving their all to their previous employers. My hospitalist providers at my small hospital who have historically had a patient load of 20-24 patients are being forced to take up to 40 patients. This is in a Hospital who has only 24 Acute Care and 6 Critical Care beds, which we do not have enough critical care nurses to adequately staff those beds.

Why is it so important that we cover everyone and save the most money? Because we will be needing to infuse dollars back into our Healthcare infrastructure. Dollars that for the last 4 decades have been siphoned out in order to create very lavish lifestyles for a few of our planet's residents. It is unsustainable. People will die, are dying. Their assets will be depleted as they fight to survive. You have the power to stop this. I urge you to seriously look at the legislation written by members and volunteers of Whole Washington, assisted by healthcare experts across our country. I hope that it is not too late. Thank you again for your commitment to this Commission and I wish you all a blessed holiday season for you and your families.

Addendum;

And thank you for creating the FTAC in order for you to more quickly complete your objectives. We encouraged many of our volunteers to apply, even when many did not feel that they had the finance expertise. I must say that I was extremely disappointed to see the credentials of the person selected as the consumer advocate. I am sure she is a very dedicated and respected individual, but I fail to see how she meets the objectives of the requirements of that position. I truly feel that in order to add credibility to the committee a true consumer advocate should be chosen from the 15 individuals who applied and who better fit the description of that member of the committee.

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 Mike Benefiel
1/16/2023

Commission,

The basic problems with the current WA health care system are:

1. Insurers are allowed to deny claims, raise prices, choose our doctors and hospitals, all based on a profit motive

2. The system with a dozen insurers and a hundred policies is terribly inefficient and expensive for providers.

3. Insurers are allowed to reap exorbitant profits that would not be necessary with a single-payer system.

4. Legislators are allowed to accept large amounts of money from the health care lobby. This is a massive conflict of interest especially for those that participate on the health care committees.

It's disappointing that the UHCC doesn't acknowledge any of these problems.

As stated, “the role” of the UHCC is to:

“Make the health care system more accessible by increasing access to quality, affordable health care.”

Words are very important. Making health care more “accessible” isn't the same as providing affordable coverage to all WA residence. Subsidizing Cascade Care policies provided access and yet people still can't afford it. It did not provide coverage to all WA residents. Also, CC increased the total cost of WA health care in lieu of lowering it like SB 5335, The Washington Health Trust would.

It is not clear that the UHCC is working toward a single-payer universal health care system. In fact at least one of the members has suggested that universal health care may not be the solution to WA health care crisis.

The work of the UHC Work Group made it clear, as did all the over 20 other similar studies, that the answer is a single-payer UHC. Any members that are not on board with working toward a single-payer UHC are working counter to the purpose of the Commission and should be recused.

A project like developing a single-payer UHC should have a timeline with specific goals including writing and introducing legislation and not be open ended with no set overall goal. The people of WA desperately need affordable health care coverage. Men, women and our children are needlessly suffering every day and many actually dying because the health care industries drive to make more and more money at the expense of our well being and the reluctance of some to change the system.

Those that side with the powerful health care lobby try to tell us that the many band-aid health care bills that are passed by the legislature show we are on the “path” to affordable health care coverage. This isn't at all true. These band-aids are temporary fixes at best, the help a small number of people at a high cost to taxpayers and do nothing to fix the basic problems. In fact these bills enable the profit driven health care industry to continue to raise prices and deny claims to increase their profits.

So how do we fight a system that allows health care insurers the power of life and death, the power to override our doctors decisions, the power to raise costs higher and higher with no control?

We look to our elected representatives to look out for the well being of our families.

Please acknowledge the basic problems of our health care system, confirm your dedication to implementing a single-payer system as soon as possible, and recuse those members that may be working counter to the purpose of the Commission.

Thank you,

Mike Benefiel, LD 23 Democratic PCO

Submitted by Phil Phrog
1/21/2023

Hi,
It appears that the Commission still hasn't decided on which Model to recommend to the legislarture though the work group made it clear that Option A (model A) was the only answer. Model C should not have anything to do with this. It is not a stepping stone toward the system we need. Model B is mentioned as a step toward Model A but Model B isn't much different that the lousey system we have now. If we permit the insurances to continue to control the system, there will never be a good system. Transition directly to Model A as soon as possible.

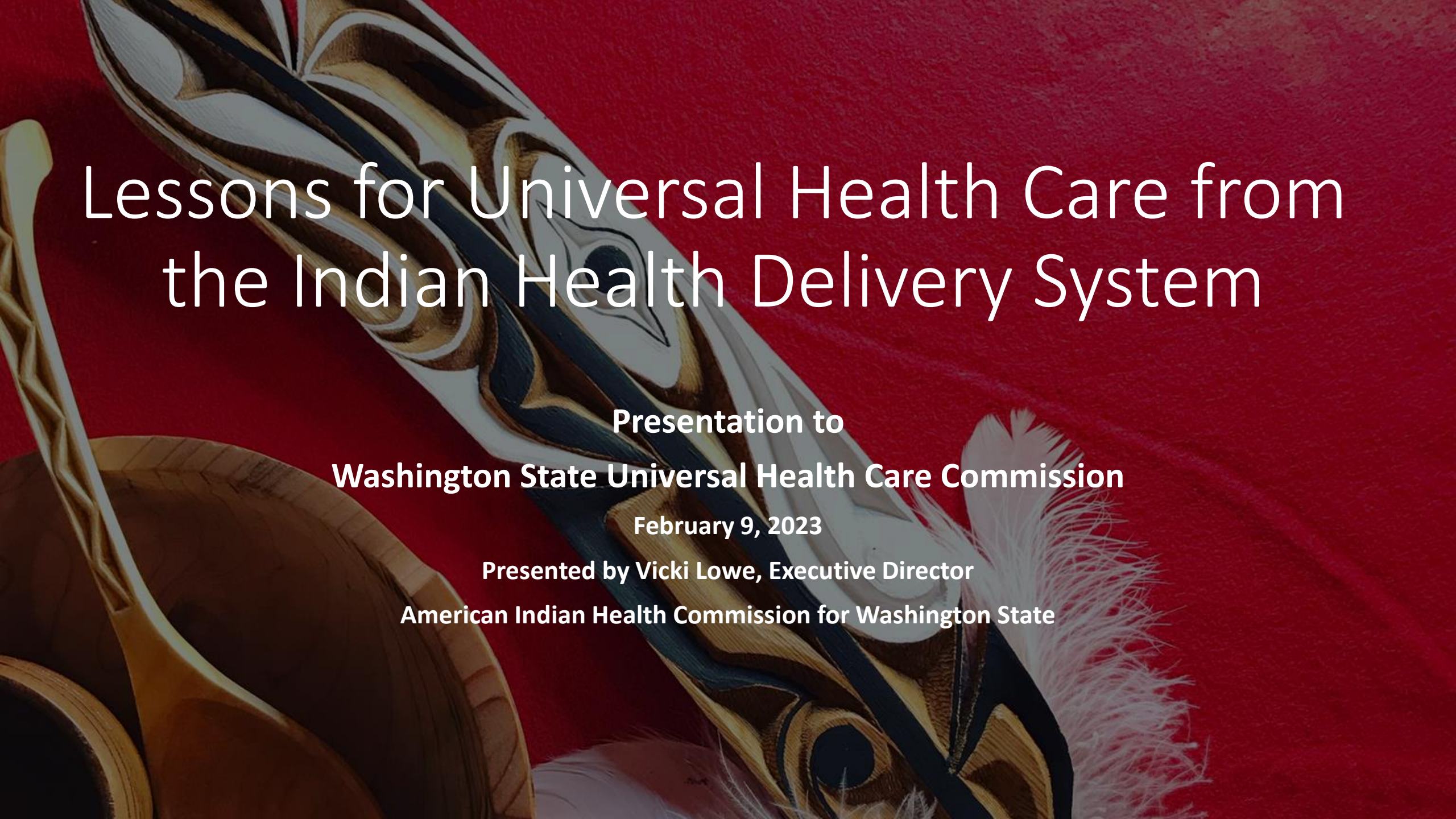
Remember the longer this is delayed the more people will die or go into bankruptsy.

Millions of people are counting on this Commission to help

Phil from Seattle

Tab 5

Washington State Health Care Authority



Lessons for Universal Health Care from the Indian Health Delivery System

Presentation to

Washington State Universal Health Care Commission

February 9, 2023

Presented by Vicki Lowe, Executive Director

American Indian Health Commission for Washington State

Objectives

- Differentiate Between System of Care and Coverage
- Understanding Direct Care and Purchase and Referred Care
- Learn About The Jamestown S’Klallam Tribal Health Benefit Program

Indian Health Services is a System of Care

- Three types of facilities- Indian Health Service, Tribal facilities and Urban Indian Health Programs
- Providers and facilities are funded on an annual basis
  - Funded is based on agreed upon services and user population
- Tribal compacts/contracts with I.H.S by entering into an annual funding agreement
  - Line items are chosen out of the I.H.S. budget
  - Three year look back period for services provided to include patient as an I.H.S. user of the clinic

Differences Between System of Care and Coverages

System of Care

- Covered based on geography
  - Must live near clinic
- Facility or provider payments based on per person/per year calculation
- Less administrative burden for providing care
- I.H.S. funding happens after services received
- Prior authorization for referred services, based on need and availability of funding

Coverage

- More portable, based on finding a contracted provided
- Two Types of Payment:
  - Fee for service (FFS) payments
  - Per Member/Per Monthly (PMPM) payments
- FFS= payment after service provided
- PM/PM- payment prior to providing services
- Prior authorization for referred services are different based on coverage

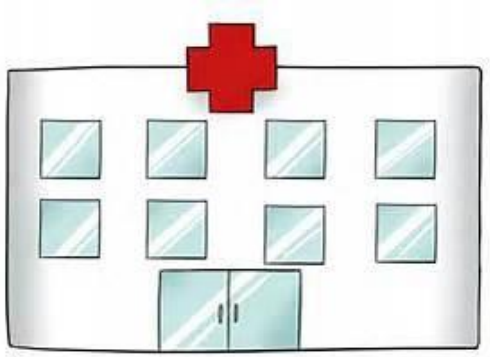
PURCHASED AND REFERRED CARE
PAYING FOR CARE REFERRED OUTSIDE THE INDIAN HEALTH CARE SYSTEM

Indian Health Care Provider

- Health Care
- Mental Health
- Substance Use
- Dental

Referral & Coordination

Non-Indian Health Care Provider

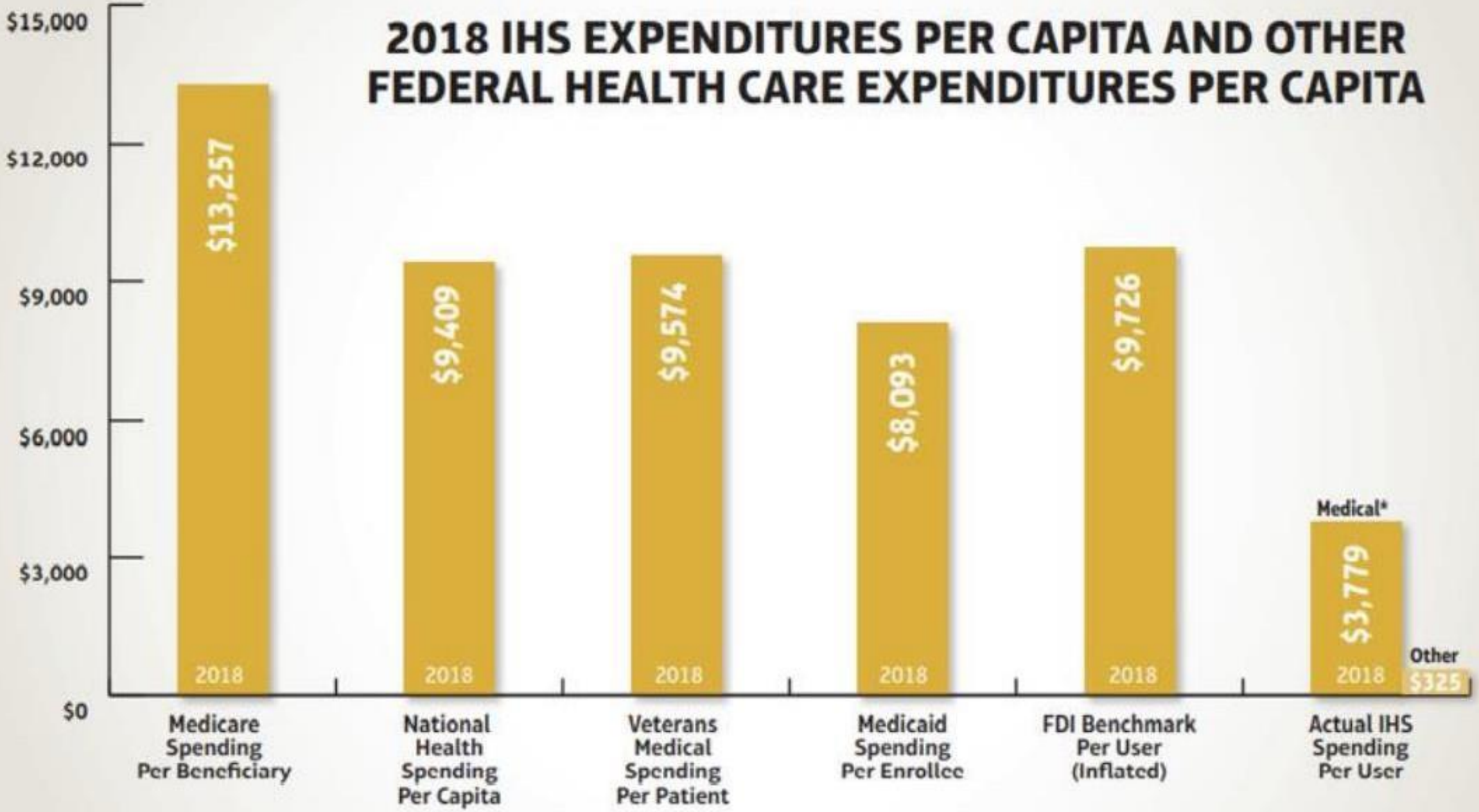


- Specialty Care
- Inpatient Care

Purchased and Referred Care

- Care received outside the Indian Health Delivery System
- Paid at “Medicare Like Rates”
- Limited funding for these services
- Appropriated funds not Entitlement funds
- Eligibility for Catastrophic Health Emergency Funds (CHEF)- stoploss coverage at $25k per episode of care

2018 IHS EXPENDITURES PER CAPITA AND OTHER FEDERAL HEALTH CARE EXPENDITURES PER CAPITA



*Payments by other sources for medical services provided to AIANs outside IHS is unknown. 4/6/2020

Jamestown Tribal Health Benefits

- Insurance based program
- Coverage based on all Tribal Citizens having the same level of coverage regardless of eligibility for insurance coverage
- Program wraps around Medicaid, Medicare, Private and Employer Insurance to bring each person to the same level of benefits.
- If benefits are changed, they are changed for everyone
- Income does not impact coverage

Thank you

American Indian Health Commission for Washington State

Vicki Lowe

Executive Director

vicki.lowe.aihc@outlook.com

Dragonfly baskets by Bobbie Bush, Chehalis

Tab 6

Washington State Health Care Authority

Washington Universal Health Care Commission

Liz Arjun, Jon Kromm, Gary Cohen - HMA

Presentation to the Washington Universal Health Care Commission

Feb. 9, 2023

Objectives

- Discuss findings from Commission Member interviews on transitional solutions and agree on next steps to refine them
- Develop expectations and guidance for FTAC for the upcoming months
- Continue creating a framework for the Commission's evaluation of design elements for new system and transitional solutions

Transitional Solutions

As part of its mission to ensure that all Washingtonians have equitable access to culturally appropriate health care and universal coverage, the Commission is tasked with developing recommendations for transitional solutions that advance universal healthcare goals.

Transitional Solutions: 2022 Recommendations

In the Commission's 2022 Report to the Legislature, the Commission outlined broad priorities for transitional solutions:

- Establish sustained funding sources for coverage solutions that ensure long-term coverage for uninsured populations
- Implement and continue funding the Cascade Care Savings program
- Further align existing public coverage programs
- Leverage the work of cost transparency initiatives to develop a broader set of health care cost targets
- Implement the Integrated Eligibility and Enrollment Modernization Roadmap

Transitional Solutions: 2023 Recommendations

In January, Commission Members provided additional transitional solutions to refine and build upon the 2022 recommendations. Solutions included the following:

- Develop standard benefits across payers
- Create a “buy-in” option for employers to leverage PEBB/SEBB networks
- Align value-based payment strategies across markets
- Address workforce shortages to help address system costs
- Promote transparency initiatives about health care costs
- Establish initiatives to reduce costs for Cascade Select plans
- Streamline eligibility and enrollment processes to improve continuity of coverage
- Increase the role of consumer/patient engagement

Transitional Solutions: Next Steps

Proposed next steps include the following:

- In March, staff produce a presentation detailing discussed transitional solutions for the Commission's consideration.
- Should FTAC be surveyed for additional transitional solutions?

Reactions and Discussion

Transitional Solutions Next Steps

Commission Member Vote:

Surveying FTAC Members on additional transitional solutions?

Vicki Lowe, Chair

Adopt FTAC Charter

Commission Member Vote:

Adopt FTAC Charter

Vicki Lowe, Chair

Universal health care long-term planning

Eligibility: Medicare

At the December meeting, the Commission approved a workplan that identified Eligibility as the first foundational topic to address with an initial focus on considerations for Medicare with support from the FTAC.

What guidance would the Commission like to provide to FTAC for evaluating Medicare eligibility for the new system?

Medicare considerations by other states

"There is no precedent for a Medicare waiver that gives a state control over Medicare funds and program administration. Vermont's ultimately unsuccessful effort to implement a single payer program ended, in part, because of CMS's clear indications that it does not intend to give up control of Medicare program administration."

A Comprehensive Assessment of Four Options for Financing Health Care Delivery in Oregon

"There is no single federal waiver authority that would allow the federal Department of Health and Human Services (HHS) to redirect federal funds for Medicare, Medicaid (Medi-Cal), and Affordable Care Act (ACA) advance premium tax credits."

Key Design Considerations for a Unified Health Care Financing System in California

Both the Oregon and California reports consider alternative approaches to including Medicare beneficiaries in a uniform financing system, such as seeking authority from the CMS Innovation Center (CMMI) to establish the state as an Accountable Care Organization or Medicare Advantage Plan to provide services to Medicare beneficiaries.

Sources: https://www.oregon.gov/OHA/HPA/Documents/Four-Options-Financing-Health-Care-Delivery-Report.pdf. https://www.chhs.ca.gov/wp-content/uploads/2022/05/Key-Design-Considerations-for-a-Unified-Health-Care-System-in-California-Final-Report.pdf

Medicare: Proposed Areas of Focus for FTAC

- What is the authority for and feasibility of including Medicare beneficiaries in the uniform financing system?
- What are pros and cons of including Medicare beneficiaries in the uniform financing system?
- What information would be needed to begin negotiations with CMMI, e.g., a legal opinion with respect to various options?
- What are some alternatives if Medicare beneficiaries cannot be covered by the uniform financing system, e.g., funding wraparound benefits for Medicare beneficiaries, such as long-term services and supports (LTSS)?
- What/are there ways to align Medicare and current coverage sources to improve coverage through demonstration projects?
- How can the Commission align other markets with Medicare?

Discussion

- What are pros and cons of including Medicare beneficiaries in the uniform financing system?
- How can the Commission best determine the authority for and feasibility of including Medicare beneficiaries in the uniform financing system?
- What information would be needed to begin negotiations with CMMI, e.g., a legal opinion with respect to various options?
- What are some alternatives if Medicare beneficiaries cannot be covered by the uniform financing system, e.g., funding wraparound benefits for Medicare beneficiaries, such as long-term services and supports (LTSS)?
- What/are there ways to align Medicare and current coverage sources to improve coverage through demonstration projects?
- How can the Commission align other markets with Medicare?
- Other thoughts or considerations?

Developing a Framework for Evaluating Transitional Solutions and Design Decisions

In 2023, the Commission will focus on health care system design choices (with support from FTAC at their direction) AND transitional solutions that will move the state towards a universal system.

The Commission may benefit from creating a framework by which to consider and evaluate these proposals.

Potential Goals and How Success will be Measured

- Equity
- Access
- Affordability
- Transparency
- Patient-Centeredness
- Quality

Do Commission Members agree that these are the broad goals for the universal system?

Are there others?

How will each of these goals be measured for success?

Evaluation Framework Next Steps

Commission Member Vote:

Staff to develop a framework for evaluation of design decisions and transitional solutions

Vicki Lowe, Chair

Tab 7

Washington State Health Care Authority

Universal Health Care Commission's
Finance Technical Advisory Committee

Draft Charter and Operating
Procedures Draft 2.9.2023

The purpose of this charter is to clarify the charge and responsibilities of, and expectations for the finance technical advisory committee (FTAC) as established by the Universal Health Care Commission (Commission).

I. Vision and Mission

A. Vision

To provide guidance for consideration of the Commission in development of a financially feasible model to implement universal health care coverage in Washington.

B. Mission

FTAC serves at the direction of the Commission. The goal of FTAC is to provide guidance to the Commission on financially feasible model options to implement universal health care coverage in Washington. FTAC members will investigate strategies to develop unified health care financing options for the Commission and as directed by the Commission, including but not limited to a single-payer system. In their work, FTAC is directed by the Commission to carefully consider the interdependencies between necessary components of a unified financing system and other considerations before the Commission. FTAC may be asked to provide the Commission pros and cons of each option while keeping in mind the impact of those options on patients. Finally, FTAC will provide guidance and options related to entities responsible for implementation and administration of a proposed unified health care financing system.

II. FTAC Charge

Per the Commission's authorizing legislation, and in its 2022 report to the Legislature, the Commission established a finance technical advisory committee. The Commission directs FTAC to provide option-based guidance for the development of a financially feasible model to implement universal health care coverage using state and federal funds.

In their annual report to the Legislature and Governor, the Commission will detail their work, including FTAC's directives, discussions, and provided options with continued strategy development regarding a unified health care financing system, and implementation, if possible. The report due annually on **November 1,** will detail the opportunities identified by the Commission and FTAC to advance the Commission's goals, including those identified in the legislation and annual reporting requirements.

III. FTAC Duties and Responsibilities

A. Membership and Term

The Commission will appoint nine FTAC members, which includes one consumer representative, and if possible, reserving at least two spots for two state agencies which include the Department of Revenue and the Office of Financial Management.

For the near future, and unless changed by the Commission, FTAC will meet between Commission meetings on a bimonthly basis. This schedule will continue until the Commission deems it appropriate to revise FTAC's meeting schedule, or FTAC completes its goals. FTAC members should review materials before meetings and attend meetings.

FTAC will convene beginning in 2023.

B. FTAC Member Responsibilities

Members of FTAC agree to fulfill their responsibilities by serving at the direction of the Commission, attending and participating in FTAC meetings, and studying the available information. Also as directed by the Commission, FTAC members agree to participate in the development of the Commission's required reports, including the November 1, 2023 report to the Legislature and Governor and annual reports thereafter until FTAC's sunset.

FTAC members provide option-based guidance to the Commission. The Commission will consider FTAC guidance in its decision making for transitioning Washington to a universal health care system supported by a unified financing system, and/or transitional solutions to make immediate and impactful changes to improve the current health care delivery and/or financing system. Outside subject matter experts may be invited to present to FTAC at their meetings on a singular or recurring basis. However, outside subject matter experts will not be official members of FTAC.

Members of FTAC agree to participate in good faith and to act in the best interests of the Commission and its charge. To this end, FTAC members agree to place the interests of the Commission and the state above any political or organizational affiliations or other interests. FTAC members accept the responsibility to collaborate in developing option-based guidance and pros and cons of those options to the Commission that are fair and constructive for the Commission. FTAC members are expected to consider a range of issues and options to address them, discuss the pros and cons of the issues or options, and present them to the Commission, while keeping in mind the impact of those options on patients. FTAC will include the rationale behind each option provided to the Commission.

Specific FTAC member responsibilities include:

1. Attending FTAC meetings and reviewing materials provided in advance of the meeting.
2. Reviewing background materials, including:
    - the Commission's November 1, 2022 report to the Legislature and Governor to understand issues under consideration by the Commission and the Commission's recommendations to the

Legislature.

- the Universal Health Care Work Group's final report to the Legislature (January 2021), particularly the revenue and financing modeling for Models A and B as proposed by the Work Group.

3. Working collaboratively with one another to explore issues as directed by the Commission.
4. Hearing from invited outside subject matter experts, as needed.
5. Developing option-based guidance to the Commission with pros and cons of each option, while keeping in mind the impact of those options on patients.
6. Some of the following areas could be assigned by the Commission for guidance, including but not limited to:
    - Revenue goals and projections
    - Scope of coverage, benefits, and cost-sharing, including dental and vision
    - Development of fee schedule
    - Securing federal funds
    - Employee Retirement Income Security Act (ERISA)
    - Tax structure, including the impact of the tax structure on equity
    - Assessing how to include Medicare beneficiaries
    - Administrative cost reduction
    - Risk management
    - Model development process
    - Health equity in financing
    - Level of reserves and methods of funding
    - Cost sharing
    - Health care and administrative workforce
    - Provider reimbursement
    - Impact of payment model on care quality and equity
    - Economic impacts of new taxes
    - Care investments, including primary care, behavioral health, community health, and health-related social needs
    - Funding for culturally appropriate health care models
    - Assessing how federally funded health systems, VHA, and IHS will be included or intersect with the universal health care system
    - Financial forecast of changes in demand/utilization, etc.
    - Authority and analytic capacity within a new or existing administering agency

C. Vacancies Among FTAC Members

Vacancies among FTAC members will be filled by the Commission.

D. Role of the Washington Health Care Authority (HCA)

HCA assists the Commission and shall assist FTAC by facilitating meetings, conducting research, distributing information, drafting reports, and advising FTAC members.

E. FTAC Lead's Role

The FTAC lead will be designated by the Commission. The FTAC lead will encourage full and safe participation by FTAC members in all aspects of the process, assist in the process of building options-based guidance for the Commission, and ensure all participants abide by the expectations for discussion processes and behavior defined herein.

The FTAC lead will develop meeting agendas, share with the Commission FTAC's proposed options for outside expertise, organize invitations from outside expertise, and otherwise ensure an efficient decision-making process. The FTAC lead will also serve as the liaison between FTAC and the Commission, including presenting to the Commission FTAC's option-based guidance with pros and cons.

F. FTAC Principles

The principles listed below are to guide FTAC's process to provide guidance to the Commission. The principles have been established by the Commission and can be revised if proposed by the FTAC lead or by majority of Commission members. FTAC's guidance will:

1. Support the development of the report due annually by November 1, and all subsequent reports until FTAC's sunset, to the Legislature and Governor.
2. Provide options to the Commission that increase access to health care services and universal health coverage, reduce health care costs, reduce health disparities, and improve quality.
3. Be inclusive of all populations and all categories of spending.
4. Be sensitive to the impact that high health care spending growth has on Washingtonians.
5. Align guidance to the Commission with other state health reform initiatives to lower the rate of growth of health care costs.
6. Be mindful of state financial and staff resources required to implement options.

IV. Operating Procedures

A. Protocols

All participants agree to act in good faith in all aspects of FTAC's discussions. This includes being honest and refraining from undertaking any actions that will undermine or threaten the deliberative process. It also includes behavior outside of meetings. Expectations include the following:

1. Members should attend and participate actively in all meetings. If members cannot attend a meeting, they are requested to advise HCA staff. After missing a meeting, the member should contact staff for a recording of the meeting, or if not available, then a meeting summary and any available notes from the meeting.
2. Members agree to be respectful at all times of other FTAC members, Commission members, staff, and audience members. They will listen to each other and seek to understand the other's perspectives, even if they disagree.
3. Members agree to make every effort to bring all aspects of their concerns about these issues into this process.
4. Members agree to refrain from personal attacks, undermining the process of FTAC or the Commission, and publicly criticizing or misstating the positions taken by any other participants during the process.
5. Any written communications, including emails, blogs, and other social networking media, will be mindful of these procedural ground rules and will maintain a respectful tone even if highlighting different perspectives.
6. Members are advised that email, blogs, and other social networking media related to the business of FTAC or the Commission are considered public documents. Emails and social networking messages meant for the entire group must be distributed via HCA staff.
7. Requests for information made outside of meetings will be directed to HCA staff. Responses to such requests will be limited to items that can be provided within a reasonable amount of time.

B. Communications

1) Written Communications

Members agree that transparency is essential to FTAC's discussions and the Commission's deliberations. In that regard, members are requested to include both the FTAC lead and HCA staff in written communications commenting on FTAC's discussions or the Commission's deliberations from/to interest groups (other than a group specifically represented by a member); these communications will be included in the public record as detailed below and copied to FTAC and the full Commission as appropriate.

Written comments to FTAC, from both individual FTAC members and from agency representatives and the public, should be 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

related to FTAC or the Commission's process and its work. FTAC members agree not to negotiate through the media, nor use the media to undermine FTAC or the Commission's work.

FTAC members agree to raise all their concerns, especially those being raised for the first time, at an FTAC meeting or to the FTAC lead and not in or through the media.

C. Conduct of FTAC Meetings

1) Conduct of FTAC Meetings

For the near future, FTAC will meet by videoconference bi-monthly unless changed by the Commission. An FTAC member may participate by telephone,videoconference, or in person for purposes of a quorum.

Meetings will be conducted in a manner deemed appropriate by the Commission and FTAC lead to foster collaborative discussion. Robert's Rules of Order will be applied when deemed appropriate.

2) Conflict of Interest

In the event that an FTAC member has a conflict of interest, an FTAC member must disclose the interest to HCA staff and will be ineligible to vote on guidance to the Commission.

3) Documentation

All FTAC meetings shall be recorded, and written summaries prepared. The meeting recordings shall be posted on the Commission's public webpage in accordance with Washington law. Meeting agendas, summaries,and supporting materials will also be posted to the Commission's webpage. Interested parties may receive notice of FTAC meetings and access FTAC materials on the website, or via GovDelivery.

D. Public Status of FTAC Meetings and Records

The Universal Health Care Commission meetings are conducted under the provisions of Washington's Open Public Meetings Act (Chapter 42.30). Though FTAC meetings are open to the public, meetings are not conducted under the provisions of Washington's Open Public Meetings Act (Chapter 42.30). Members of the public and legislators may testify before FTAC at the time designated for public testimony. In the absence of a quorum, FTAC may still receive public testimony.

Any meeting held outside the Capitol or by videoconference shall adhere to the notice provisions of a regular meeting. Recordings will be made in the same manner as a regular meeting and posted on the Commission's webpage. Written summaries will be prepared noting attendance and any subject matter discussed.

FTAC records, including formal documents, discussion drafts, meeting summaries and exhibits, are public records. Communications of FTAC members are not confidential because the meetings and records of FTAC are open to the public. "Communications" refers to all statements and votes made during the meetings, memoranda, work products, records, documents, or 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.