

Universal Health Care Commission Meeting Summary

February 25, 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
Estell Williams
Jane Beyer
Joan Altman
Kristin Peterson
Representative Marcus Riccelli
Mohamed Shindane
Nicole Gomez
Stella Vasquez

Members absent

Senator Ann Rivers
Senator Emily Randall
Representative Joe Schmick
Karen Johnson

Call to order

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

Agenda items

Welcoming remarks

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

Review schedule of upcoming meetings

Mandy Weeks-Green, Coverage and Market Strategies Manager, Health Care Authority shared with the Commission the updated meeting schedule. To ensure there is enough time for discussion on each of the topics required by the Legislature, at this time, it appears necessary to add a meeting in in July. HCA staff will update the public meeting



notice with the Code Reviser to add a meeting in July and will send out meeting invitations to Members once the date and time for the meeting is selected.

Public comment

Ms. Lowe called for verbal and written (via the Zoom chat) comments from the public.

Mike Benefiel asked how to justify moving cautiously otherwise delaying the implementation of universal health care in this time of crisis. He urged that the Commission reconsider and acknowledge the work done in SB 5204, which includes a transition plan and that does not require federal waivers. (Verbal)

Roxanne Thayer shared that her daughter was unable to receive treatment for her health condition because her providers no longer accepted her insurance. She urged the Commission to immediately implement the Universal Health Care Work Group's Model A option for a universal health care system. (Verbal)

Jeff Silverman asked that the proper E-mail address to which public comments should be sent be noted. (Written)

Michael Mulroy spoke in support of a modified version of Model A. He urged the Commission to review the WSIPP report from the January meeting for roles of private health insurers and employer-provided premiums that work well in other social democracies for a modified and more feasible version of Model A. (Verbal)

Deana Knutsen stressed the importance of having a universal health care system that eliminates the current tiered system and works toward a system that provides equitable, affordable care for *all* Washingtonians. She offered her assistance in moving this work forward. (Verbal)

Consuelo Echeverria spoke to the urgency of the Commission to create advisory committees. She also shared that in her time living in Turkey, the annual cost of medications for her and her mother was affordable. Moving to the US, the cost of her and her mother's medications rose by 450%. (Verbal)

Roger Collier shared three points from his critique of the final report by the Universal Healthcare Workgroup. He suggests that the Commission not let perfect be the enemy of the good in choosing a model to implement. He urged that the Commission to review his critique for steps and recommendations for a phased approach to achieving universal healthcare. (Verbal)

Roxanne Thayer shared, "The Case for Universal Health Care" US News & World Report <https://health.usnews.com/health-care/for-better/articles/the-case-for-universal-health-care>. (Written)

Jim Howe stressed the importance of Labor Unions having a voice in the Commission's advisory committees. There has been significant support among unions for universal healthcare and Medicare for all and great efforts to work towards labor unity on healthcare policy. (Verbal)

Roxanne Thayer shared, "On average, residents of Germany, France, UK, Australia, and the Netherlands reported shorter wait times relative to the U.S." (<https://health.usnews.com/health-care/for-better/articles/the-case-for-universal-health-care>) (Written)

John Kim encouraged the Commission to always have equity (which is not the same as equality) in mind. There is a need for a differentiated approach to reach folks who have been historically underserved. With equity at the



forefront of all decisions, there is a greater chance that universal health care and universal access for all Washington residents will be the result. (Verbal)

Rosie Anderson shared her experience having no access to affordable health insurance as a temporary worker. She made the decision to forgo health insurance because of cost at an age where she had increased health risks. She also shared her appreciation for the Commission's work. (Verbal)

Mandy Weeks Green, Coverage and Market Strategy Manager, HCA, shared the link to the Commission's webpage to provide more information about the Commission, including contact information: <https://www.hca.wa.gov/about-hca/universal-health-care-commission> (Written)

Roxanne Thayer shared information to address the inaccuracies of slide #25 of Re: the PowerPoint slide #25 presented, at your meeting, on Jan. 4th: "I sold Americans a lie about Canadian medicine. Now we're paying the price." -Wendell Potter, Health Insurance CEO and Whistleblower.
(<https://www.washingtonpost.com/outlook/2020/08/06/health-insurance-canada-lie/>) (Written)

Meeting summary review from prior meeting

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

Presentation: Health Coverage Changes in Washington State since the COVID-19 Pandemic

Wei Yen, Director, Senior Forecast and Research Analyst, Office of Financial Management (OFM) shared the OFM microsimulation model of Washington's unemployment claims during the COVID-19 pandemic and associated health coverage changes.

OFM developed a microsimulation model to quantify the impact of the COVID-19 pandemic on health coverage. The project simulated; 1) job loss by occupation by county, 2) changes in employment-based insurance (EBI), 3) family members' coverage changes related to the worker's EBI change, and 4) Medicaid and Exchange enrollment changes. The project product included a weekly report from April to August 2020, as well as a monthly report from September 2020 and internal monitoring thereafter.

Just before the pandemic, the total uninsured rate in Washington State was 6.2%. The total uninsured rate rapidly increased during the pandemic shut down and reached 11.8% by the end of May 2020. The uninsured rate has gradually declined since October 2020, where the current rate is lower than the pre-pandemic rate at 4.7%. Adults 18-64 accounted for most of the changes in the uninsured rates.

Uninsured rates across all occupations were affected in the first few months of the pandemic, though food services, personal care and service, and management had the highest rates of insurance at close to 40%.

All counties had higher uninsured rates at the height of unemployment in 2020, with King and Grays Harbor having the largest changes proportionately. All counties currently have rates lower than their pre-pandemic rates with San Juan, Lincoln, and Garfield's rates more than 50% lower. Franklin has the highest uninsured rate.

During the 2020 shutdown, the decrease in employment-based coverage was the sole driver in the increase of the uninsured. Currently, the temporary suspension of Medicaid eligibility redetermination under the Public Health



Emergency is the main driver of the uninsured rate being lower than the rate before the pandemic. An end to the PHE could potentially increase the state's uninsured rate to the pre-pandemic level.

Public Comment on draft charter

Ms. Lowe called for verbal and written (via the Zoom chat) comments from the public regarding the Commission's draft charter.

David Loud remarked that he was happy to see that equity language was incorporated into the value statement in the charter. (Verbal)

Jeff Silverman asked that Dr. Yen's address be reposted. (Written)

Kathryn Lewandowsky stated that she was curious as to the risk people are in financially during movements between employed, unemployed and losses of health insurance. (Written)

Consuelo Echeverria asked that the public comment sign up could be made clearer. (Written)

Jeff Silverman agreed that Ms. Lewandowsky's question regarding folks' financial risk of losing employment and employment-based coverage was a good one. (Written)

Kathryn Lewandowsky remarked that the question of the cost to provide coverage to everyone was calculated with the work of the Universal Healthcare workgroup. (Written)

Vote on draft charter

The Commission Members present voted by consensus to adopt the draft charter.

Presentation: Washington's Health Care Cost Transparency Board

AnnaLisa Gellermann, Board Manager, Health Care Authority shared an overview of HCA's Health Care Cost Transparency Board.

A cost growth benchmark is a per annum rate-of-growth benchmark for health care costs for a given state. The goal of pursuing a cost growth benchmark is to increase affordability for Washingtonians through lowering the growth of health care costs to a sustainable rate. The Board's goal is to lower costs without sacrificing quality, access, and spending on health-related social needs.

The Board is made up of 14 members, mostly purchasers. Two advisory committees support the Board: Health Care Providers and Carriers, and an advisory committee on Data issues.

The Board is focused on the problem of high cost. In 2017, the US spent 17.9% of gross domestic product (GDP) on health care services. Switzerland, the country with the second highest share, spent only 12%. Nationally in 2019, total health spending was \$1.4 trillion. Government represents roughly 45% of spending. Additionally, health services spending outpaces wage growth. Also in 2017, roughly 7% of insured adults and 28% of uninsured adults said they delayed or did not receive medical care due to cost.



The legislative charge under House Bill 2457 (2020) is for the Board to; 1) establish a health care cost growth benchmark and target percentage to limit growth, 2) annually collect payer spending data, 3) determine total health care expenditures annually and trends in growth, 4) analyze Washington specific cost drivers, and 5) provide annual reports and recommendations to the Legislature.

The Board has set the following cost growth benchmarks: 3.2% for 2022-2023; 3.0% for 2023-2025; and 2.8% for 2026.

Washington has received a grant to be part of the Peterson-Milbank Program for Sustainable Health Care Costs, whose goal it is to advance state-based efforts to make health care more affordable. The grant includes assistance for IT and data development and to organize interstate cooperation and education. This work will allow a better state-to-state comparison of health care costs.

The Board will collect data from the following sources for total health care expenditures: Medicare, Medicaid, Medicare-Medicaid “duals,” commercial, L&I’s worker’s compensation, and Department of Corrections.

Adjournment

Meeting adjourned at 4:03 p.m.

Next meeting

Thursday, April 14, 2022
Meeting to be held on Zoom
3:00 p.m. – 5:00 p.m.