Washington Universal Health Care Work Group

Meeting #9 Summary

December 9, 2020, 1 pm to 4 pm

ATTENDEES

Work Group Member

Aaron Katz, Principal Lecturer Emeritus, UW School of Public Health
Beth Johnson, CEO and President, Coordinated Care Health
Bevin McLeod, Co-Founder, Alliance for a Healthy Washington
Brenda Snyder, Office of the State Treasurer
Carrie McKenzie, Chief Executive Officer, Goldcore Innovations, LLC
Chris Bandoli, Executive Director, Association of Washington Healthcare Plans
Dennis Dellwo, Retired attorney, former State Representative, Health Care Committee Chair
Dean Carlson, Washington State Department of Revenue
Don Hinman, Founder, Mid-Valley Insurance, Inc.
Dr. Barbara Detering, Medical Director, Washington State Medical Association
Dr. Peter McGough, Medical Director, UW Neighborhood Clinics
Dr. Richard Kovar, Medical Director Emeritus, Country Doctor Community Health Center
Dr. Rod Trytko, Washington State Medical Association
Dr. Sherry Weinberg, Physicians for a National Health Care Plan
Jane Beyer, Senior Health Policy Advisor, Office of the Insurance Commissioner
Lynnette Vehrs, President, Washington State Nurses Association
Kelly Powers, Healthcare Consumer
Kerstin Powell, Health Center Business Office Manager, Port Gamble S'Klallam Tribe
Mary Beth Brown for John Wiesman, Secretary, Department of Health
Mohamed Shidane, Somali Health Board
Pam MacEwan, Chief Executive Officer, Health Benefit Exchange
Patrick Connor, NFIB Washington State Director, National Federation of Independent Business
Randy Scott, Pacific Health Coalition
Representative Nicole Macri, House of Representatives
Representative Joe Schmick, House of Representatives
Ronnie Shure, Pharm BS
Senator Emily Randall, Washington State Senate
Sue Birch, Director, Health Care Authority
Sybill Hyppolite, Washington State Labor Council
Vicki Lowe, Executive Director, American Indian Health Commission

HCA Staff

Tamarra Henshaw
Dennis Martin
Mia Nafziger
Mich'l Needham
Shawn O'Neill

Consultants

Betsy Jones, HMA

Jamie Strausz-Clark, 3Si
Jared Nason, Optumas
Jeanene Smith, HMA
Liz Arjun, HMA
Nora Leibowitz, HMA
Shane Mofford, Optumas

NOT ATTENDING

Work Group Members
Amy Anderson, Government Affairs Director, Association of Washington Business
Carrie Glover, Policy Consultant, Dziedzic Public Affairs
Jason Brown, Washington State Office of Financial Management
Lisa Humes-Schulz, Director of Strategic Initiatives, Planned Parenthood Votes NW and Hawaii
Senator John Braun
Shirley Prasad, Policy Director, Government Affairs, Washington State Hospital Association

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MEETING OBJECTIVES AND AGENDA

The ninth and final meeting of the Washington Universal Health Care Work Group (WG) had four objectives:

1. Hear public comment on universal health care.
2. Discuss Work Group feedback on report and agree upon refinements as needed.
3. Provide Work Group members with an opportunity to share with each other how they plan to carry on with this work.
4. Confirm action items and next steps.

WELCOME, INTRODUCTIONS, AND CONFIRM AGENDA

Jamie Strausz-Clark (3Si) convened the meeting and reviewed the "Zoom etiquette" protocols for the meeting. Jamie introduced Chair Sue Birch, who welcomed Work Group members and expressed excitement that the Work Group has achieved its objectives and is passing the baton to the state Legislature for their deliberations. She thanked the Work Group, the HCA team, and the consultants for their work over the past year and a half to get here. Jamie reviewed the agenda, which included time to discuss report refinements and a breakout session where Work Group members will have their own unstructured time to discuss and strategize about how to move the work forward when the Work Group concludes.

PUBLIC COMMENT

Jamie Strausz-Clark (3Si) opened the public comment period. Fifty-seven people signed up for public comment; because so many individuals signed up to offer comment, Jamie elected to shorten the time for comment to 90 seconds rather than two minutes. Fourteen members of the public commented. Due to the limited time for public comment (20 minutes), not all who signed up were able to comment

during the meeting. Jamie provided other options for members of the public to share their feedback in addition to commenting during the meeting.

WORK GROUP FEEDBACK ON THE REPORT

Liz Arjun (HMA) described feedback from the Work Group on the draft report. Seven Work Group members provided comments that fell into two buckets: 1) editorial comments that could be addressed through revisions and 2) comments that required more clarity and discussion at the final meeting. The second group of comments included:

- Request for more detail in the report about Work Group member perspectives on the key topics and each of the models.
- Clarification about the nature and outcomes of the individual meetings some Work Group members had with the meeting facilitator.
- Request for more discussion about Model C.

Work Group Perspectives

Feedback on the report included a request that it address Work Group perspectives on topics such as covered populations, benefits, and cost sharing. Work Group members also requested that the report document the perspectives of each Work Group member on the three models that were considered.

The Project Team is addressing this feedback by reviewing meeting summaries and adding more details about Work Group member feedback on covered populations, benefits, cost sharing, and other key topics and conducting a survey of Work Group asking them to rank the three models. The survey has an option to abstain and an option to respond, "I don't have enough information about this model." Work Group members expressed appreciation for these measures and asked that the Executive Summary include a summary of the survey outcomes.

Individual Facilitator Meetings

Jamie Strausz-Clark (3Si) addressed concerns about individual meetings she held with Work Group members. She reminded the Work Group that since the Work Group was launched in 2019, she has offered to meet with any Work Group member at any time throughout the process. She explained that the private conversations she had with Work Group members were focused on providing clarity about various issues or encouraging Work Group members to share their opinions in Work Group meetings. Most importantly, Jamie noted that nothing in the report reflected information shared privately during the individual meetings; the report content is derived from the outcomes of the Work Group meetings.

MODEL C DISCUSSION

Work Group members asked to discuss the details of Model C or "Fill in the Gaps."

Impacts of Model C

Unlike Models A and B, which would create an entirely new system, Model C builds on the existing system by covering populations who currently do not have an option for affordable coverage. A Cascade Care Subsidy Work Group, which developed recommendations for expanding health care coverage in Washington concluded its work in November. The project team has since evaluated their recommendations along with the costs of providing coverage to the largest subset of the remaining uncovered population, undocumented immigrants.

Jared Nason (Optumas) described the costs and impacts of Model C after incorporating the outcomes of the Cascade Care Subsidy Work Group. The adoption of the Cascade Care subsidies (at the high end) would cost $200 million and allow access to an addition 24,000 uninsured individuals. The project team evaluated the costs and impacts of covering the largest subset of individuals without coverage—undocumented immigrants. Because of federal restrictions, this program would have to be state funded with some small offsets for services that qualify as emergency services and are eligible for federal support. The total cost for covering this population is estimated at $617 million and would provide care for 124,000 individuals.

Additional Policy Options to Consider for Model C

Nora Leibowitz (HMA) outlined some additional policies that could be considered as part of Model C, including (these are in addition to adoptions of additional subsidies proposed by the Cascade Care Work Group):

- **Expanding entry into existing state programs**
    - **Medicaid buy-in**: this would allow individuals to purchase Medicaid coverage from the state.
    - **Medicaid expansion to 26**: this would expand eligibility for Medicaid up to 138% of the Federal Poverty Level for young adults aged 26 regardless of immigration status using state funds. Washington currently provides Medicaid using state funds to all children regardless of immigration status.
    - **Option to buy-in to public employee coverage**: similar to a Medicaid buy- this would allow individuals to purchase coverage offered to public employees in the state (either the Public Employees Benefits or the School Employee Benefits) from the state.
- **Legislation limiting out-of-pocket costs for lower income people who are have private insurance that meets the requirements of the Affordable Care Act of being considered "fully insured products"**: the Affordable Care Act sets the standard of what is considered "affordable coverage" and limits the amount of out-of-pocket expenses an individual pays. Washington could improve on this affordability standard and further limit the out-of-pocket costs for individuals with lower incomes above what is already required through the Affordable Care Act.

- **Legislation to address health care system costs**
    - Implement global budgeting and/or a rate-setting group for hospitals or other providers, similar to what Maryland has done.
    - Delivery system changes that increase focus on quality and value, constrain costs, through incentives such as value-based payments or bundled payments for providers.

Comments and Questions

Q: Would Model C options be run by private insurance companies or publicly administered?
A: That depend on whether Model C is a pathway to Model A or B or an end state. If it is a pathway to restructuring the system, it is less likely to rely on private insurers. If it is Model C as an end state that is built upon the existing system, it would likely rely on private insurers.

Q: Are there cost estimates for each of the policy options?
A: Identifying costs for each of these policies is a discreet modeling exercise and there aren't resources to undertake those analyses.

Q: Who comprises the remaining uninsured population who would not benefit from Cascade Care subsidies or the state-funded program for undocumented individuals?
A: Generally people who are eligible for coverage who choose not to enroll, due to cost or other reasons.

Work Group members grappled with the tension between achieving the bigger goal of a single-payer system and the urgency of doing something in the next legislative session despite the budget crisis.
Work Group members had the following comments on this topic:

- Consider Model C as the preferred option because it is the only realistic option to get more people covered sooner.
- Model C does not do enough to address the issues of affordability.

Work Group members also discussed the idea of Model C being a pathway to achieving Model A or B.
Work Group members had the following comments on this topic:

- Representative Nicole Macri—a key sponsor of the budget proviso that created the Work Group—indicated that due to budget constraints there would be limitations to what could be accomplished in the next session, but over the long-term, Model C should be on the pathway to the goal of universal health care. She added that the draft report identifies actionable steps for policymakers, including costs and savings associated with a single payer system and a detailed transition. She encouraged advocates to begin building coalitions, public support, and urgency for the Legislature to move forward on universal coverage.
- Among those who agreed with the approach of Model C as a strategic step on the pathway to universal coverage through Model A or Model B, there were cautions that there needs to be explicit commitment to achieving universal coverage by a specified date.
- If Model C is a pathway to Model A or B, it is imperative that this pathway includes building the capacity and infrastructure to administer the Model A or B in the future; addressing unsustainable

costs; and engaging large employers who provide benefits to their employees, since they will need to participate in the universal health care system.

Other comments:

- The Legislature had passed legislation in 2019 related to transparency and the cost of care; it is important to ensure Work Group recommendations focused on transparency and costs account for and/or align with that legislation.

WORK GROUP SURVEY

Work Group members were given time during the meeting to complete a brief survey asking them to rank Models A, B or C. The survey was also sent to Work Group members who were not in attendance. The responses to the survey, along with individual's names and organizations will be included in the final report.

BREAKOUT GROUPS: WHAT'S NEXT

Work Group members were sent to unfacilitated breakout rooms to discuss how they plan to continue this work after the Work Group concludes. To watch these breakout rooms please go to: https://www.hca.wa.gov/about-hca/healthier-washington/universal-health-care-work-group

NEXT STEPS

Jamie welcomed Work Group members back to the main room following their breakout group discussions and outlined the next steps for the Work Group:

- The Project Team will incorporate the feedback from the 12/9 meeting (including the survey results) into the next draft of the report
- The Work Group will receive the next draft of the report from the project team by 12/18
- The Work Group will send comments back to the project team by 12/22
- The Project Team will finalize and review and send to the Legislature in early January

Chair Sue Birch and Jamie Strausz-Clark (3Si) thanked the Work Group and the Project Team for their time and service in the effort to develop the report over the last sixteen months. The final meeting of the Universal Health Care Work Group was adjourned.