

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.

