

Universal Health Care Commission Meeting Summary

June 13, 2023

Health Care Authority

Hybrid meeting held electronically (Zoom) and in-person at the Health Care Authority

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

Bidisha Mandal

Dave Iseminger

Senator Emily Randall

Jane Beyer

Joan Altman

Representative Joe Schmick

Representative Marcus Riccelli

Mohamed Shidane

Members absent

Vicki Lowe, Chair

Senator Ann Rivers

Estell Williams

Kristin Peterson

Nicole Gomez

Stella Vasquez

Call to order

Dave Iseminger, substitute Commission Chair, called the meeting to order at 2:03 p.m.

Agenda items

Welcoming remarks

Dave Iseminger provided a land acknowledgement and welcomed members to the twelfth meeting.

Meeting Summary review from the previous meeting

The Commission members present voted by consensus to adopt the April meeting summary.

Public comment

Dave Iseminger called for comments from the public.



Mike Benefiel remarked that [SB 5335](#) has been ignored by the Legislature but will save lives, money, and provide everyone with comprehensive coverage and urged the Commission not to ignore this bill.

Cris Currie suggested that the most logical transitional goal is for the state to consolidate its existing system and convert to a single-payer system such as the primary care case management model with a non-profit Accountable Care Organization (ACO) administration.

Maureen Brinck-Lund cited the Commission's authorizing legislation ([SB 5399](#)), which requires the Commission to submit a baseline report that includes an inventory of the key design elements of a universal health care system and unified financing system including, but not limited to, a single-payer financing system.

Kathryn Lewandowsky clarified that reference to "Medicare Advantage" in SB 5335 has been revised to "Medicare Part C." The intent of the Washington Health Trust is to manage healthcare dollars effectively for Medicare recipients and to create a sustainable healthcare system.

Elizabeth Hovde, Washington Policy Center, urged the Commission to explore ways in which a government-run, taxpayer-financed health care system is causing hardship in other countries and how other states have abandoned their plans for universal health care.

FTAC Updates: Recommendations on Medicare

Pam MacEwan, FTAC Liaison

The Commission directed FTAC to examine pathways to include Medicare in the universal system. Pam MacEwan, FTAC Liaison, outlined the six options examined by FTAC to address coverage gaps for Medicare enrollees. Options were ordered from least feasible to most feasible.

Option 1, an act of Congress or comprehensive waiver, would allow Washington to enroll Medicare enrollees into the universal system and access federal Medicare dollars. Option 1 represents the "North Star" or ideal approach to addressing gaps in affordability and coverage for Medicare enrollees, but FTAC agreed that pursuing this option is not an effective use of resources at this time due to the significant federal barriers.

Option 2, a demonstration waiver, e.g., 1115 a 402b Medicare waiver, would allow Washington to capture Medicare funding but are designed for payment-related reforms. It's unclear how this option could be leveraged to cover premiums, cost-sharing, or additional benefits for Medicare enrollees. This was not seen as a viable option for achieving the goals of the universal system given that the intent of these waivers differs from what the Commission is trying to achieve. FTAC noted that this option could complement other options and could be explored in the future to reduce costs or as a payment model.


In Option 3, Washington would design and implement a Medicare Advantage (MA) plan to provide benefits parity with the universal system. This would be the *only* option for Washington's Medicare enrollees, requiring a federal waiver from the provision that allows for choice and a way to preclude new plans from entering the market. FTAC noted the unlikelihood of obtaining a waiver that would limit freedom of choice, but this option could be a pathway in the future once the value of the universal system has been established.

Option 4, a state-operated MA plan, would compete with other private MA plans, preserve Medicare enrollees' freedom of choice, and allow traditional Medicare to continue. However, the state would face significant

Universal Health Care Commission

Meeting summary

06/13/2023



competition by entering a mature MA plan market, risking Medicare enrollees not choosing the state's plan. FTAC did not recommend this option being taken completely off the table, as it could sit alongside Option 6 in the future.

In Option 5, the state would develop and offer a Medigap plan to fill gaps in benefits between Medicare and the universal system. While this option seems feasible in terms of existing legal authorities and is less administratively burdensome, there were concerns that this option would not achieve benefits parity with the universal system. This option would not recoup federal funds nor be available to MA enrollees. The state would need to compete with other Medigap plans in a mature market. There was some interest in this as a short-term option, potentially paired with Option 1 or 2 in the long-term, but most members did not support Option 5 at this time.

Under Option 6, the state would establish a system to directly reimburse Medicare enrollees for cost-sharing and for services covered by the universal system but not covered by Medicare. This allows the most flexibility to fully address gaps, would not require waivers, nor result in legal challenges. Federal dollars would not fund the additional benefits, placing the financial burden on the state. However, FTAC members agreed that at this time, Option 6 presents the best and most feasible pathway. Revisiting Option 6 with further analysis and decision-making must occur after the benefits/services design for the new system is determined. Until then, further analysis to determine what gaps must be filled between existing Medicare benefits/services and that of the new system is not possible. Additional considerations are noted in the Medicare memo.

Commission member Bidisha Mandal asked whether FTAC ultimately recommends that Option 6 be standalone or be paired with either Option 1 or Option 2 (waivers) in the long-term. Pam MacEwan clarified that FTAC recommends Option 6 as the most feasible and could be explored in conjunction with waivers options, but this requires further analysis. Commission member Jane Beyer made clear that the conversation about how to fill gaps in services, benefits, and cost-sharing for Medicare enrollees will happen after the Commission determines the universal system's benefits and services. Dave Iseminger suggested moving to adopt the guidance provided in FTAC's Medicare Memo. Commission member Joan Altman agreed. Bidisha Mandal agreed on condition that it be clarified that Option 6 be explored in conjunction with one of the waiver options.

Commission member Rep. Joe Schmick expressed concerns with adopting these recommendations given that some questions have not been addressed. Pam MacEwan noted that FTAC's recommendations, not set in stone, are guidance to allow the Commission to move forward and continue to answer these questions. Jane Beyer added that FTAC was directed to examine this topic early in the Commission's design work to identify whether the assumption should be that a Medicare waiver would be obtained. FTAC's guidance, at this time, is to not to begin with that assumption, to determine benefits and services, and come back to this discussion exploring whether pursuing a waiver makes sense. The Commission voted to adopt FTAC's guidance in the Medicare Memo pending clarification that Option 6 be explored in conjunction with one of the waiver options (seven for, one opposed).

Presentation: Guidance to FTAC on Employee Retirement Income Security Act of 1974 (ERISA)

Liz Arjun and Gary Cohen, Health Management and Associates (HMA)


In April, the Commission identified several ERISA questions for FTAC's examination. The Commission was asked for any additional items to take back to FTAC. Rep. Schmick asked how it would work to give employers an option to participate in the universal system given that ERISA is federal law. Commission member Mohamed Shidane noted potential health equity and care quality implications if employers can continue providing coverage to their employees. Gary Cohen (HMA) noted the state could make it optional for employers to participate or incentivize employers to participate in the universal system. Dave Iseminger asked as to the implications regarding employer

Universal Health Care Commission

Meeting summary

06/13/2023





responsibilities required under the Affordable Care Act (ACA). Jane Beyer asked whether the state could require that employers' minimum coverage match the new system's coverage? HMA will take these topics back to FTAC.

Presentation: Equity innovations in state agencies: A potential framework for the Commission

Quyen Huynh, Health Equity Dir., Health Care Authority (HCA)

Quyen Huynh shared HCA's health equity framework and current equity efforts. In its role to purchase health care for millions of Washingtonians, health equity is at the center of HCA's vision, mission, and strategies. Health equity means that everyone has a fair and just opportunity to be as healthy as possible. Equality and equity are different. Equality is when everyone gets the same thing. Equity is when everyone gets what they need. HCA created the Health Equity Toolkit which helps staff apply an equity lens when designing or evaluating policies, programs, and services.

In 2022, HCA created the Pro-Equity Anti Racism Community Advisory Team (PEAR CAT) to hear from community members how HCA's services and programs impact them. HCA centers diversity, equity, inclusion, and belonging at the state Medicaid agency level. HCA continues to engage communities through this lens to ensure that those who are most disenfranchised have a seat at the table.

Sometimes, well-intentioned policies do not achieve pre-determined goals. Communities most impacted are often not involved/elevated, certainly not from the outset. Those with lived experience are the true experts. Our system was built without intentional equity for so long that some existing infrastructure must be dismantled. Re-distributing power and elevating community voices must move at the pace of the community. Quyen asked the Commission to have a consistent equity framework and equity lens each time decisions are made.

Mohamed Shidane appreciated Quyen's presentation as this is not often discussed and is what Washingtonians and Americans dream of. Joan Altman asked as to the level at which each individual Commission member would use this framework. HCA will build in a process to perform health equity analyses for proposals expected to impact health equity. These analyses will occur prior to the Commission taking action. Commission members voted to adopt and apply the health equity framework to their recommendations (seven for, one opposed).

Presentation: Incorporation of the Washington Health Trust bill into the current workplan

Liz Arjun, HMA

In April, the Commission voted to integrate the Washington Health Trust bill ([SB 5335](#)) analysis into the current workplan. In August, Whole Washington will present on SB 5335, after which HMA will compare SB 5335's universal system design and transitional strategies with those being considered by the Commission. Per the Commission's request, SB 5335's foundational design elements were compared with those in the Commission's 2022 legislative report. Beginning in 2025 and until the analysis is complete, each of the Commission's legislative reports will summarize the Washington Health Trust bill and how it would address key design components of a universal system.

Presentation: State agency report out on 2023 legislative session

Evan Klein, Special Asst. for Policy and Legislative Affairs, HCA


Jane Beyer, Senior Policy Advisor, Office of the Insurance Commissioner (OIC)

Joan Altman, Dir. of Gov't Affairs and Strategic Partnerships, Health Benefit Exchange (HBE)

Universal Health Care Commission

Meeting summary

06/13/2023



Evan Klein shared HCA's 2023 legislative session priorities. The 2023 operating budget provided \$46 million to implement Apple Health expansion coverage beginning January 1, 2024. This program will largely mirror Medicaid coverage and will expand coverage to adults ineligible for Medicaid or federal subsidies by reason of immigration status. There were several provider rate increases for services including behavioral health, applied behavior analysis, and children's dental. [SHB 1850](#) establishes a distressed hospital grant program, reenacts and adjusts the hospital safety net program, and directs HCA to implement a Directed Payment to promote equitable distribution of care by increasing payments to Managed Care Organizations (MCO) to increase reimbursement to designated hospitals.

Jane Beyer shared significant legislation relevant to the OIC. [SB 5338](#) directs OIC to update the essential health benefits (EHB) benchmark plan. [SB 5581](#) directs OIC to conduct a large study as to how to reduce or eliminate cost sharing for maternity care services. [HB 1357](#) puts tighter timeframes for prior authorizations by health carriers and directs that criteria used by carriers to determine medical necessity must be evidence-based and sensitive to equity concerns. There is a budget provision for a health care affordability study, e.g., review of insurance rates, examining consolidation across providers as well as vertical integration. There will be more focus on pharmacy benefit manager issues at the state and national level.

Joan Altman shared significant legislation relevant to HBE that passed this session, some of which echoed HCA's and OIC's. The legislature made investments in the Cascade Care Savings program and the launch and implementation of the state's new 1332 waiver. HBE is a key implementation partner in HCA's directive to implement the previously mentioned mirrored Apple Health program. Several cost containment bills were introduced but did not pass. However, bills passed to protect consumer health data and personally identifiable information which is relevant to the Commission's work to design a universal system.

Commission Member Rep. Marcus Riccelli noted that cost containment bills face significant headwinds. These bills are important to this work and should be examined and tracked by the Commission. Jane Beyer added that [HB 1855](#), dropped at the end of session (did not pass but will be reintroduced in 2024), would preserve coverage of preventive services without cost sharing.

Presentation: Continuing transitional solutions discussion

Liz Arjun, HMA

The Commission is charged with identifying transitional solutions. Both the Commission and FTAC were surveyed about potential transitional solutions. The next step is to prioritize transitional solutions for further study. Transitional solutions were grouped into the following categories: affordability/cost containment/pricing; capacity/infrastructure; coverage/enrollment; providers; purchasing; and subsidies. In preparation for the next meeting, the Commission was asked to think about whether any transitional solutions or categories were missing, and which solutions or categories should be focused on and/or prioritized. Jane Beyer offered to share OIC's report/study schedule and content to help the Commission think about categories/ways to prioritize.

Adjournment

Meeting adjourned at 4:00 p.m.


Next meeting

August 10, 2023

Universal Health Care Commission

Meeting summary

06/13/2023



Meeting to be held on Zoom
2:00 p.m. – 4:00 p.m.