

# Universal Health Care Commission

---

November 30, 2023

Senate Health & Long Term Care Committee

Washington State  
Health Care Authority

# Commission Members

Member	Title	Agency/Organization
Vicki Lowe, Commission Chair	Executive Director	American Indian Health Commission for Washington State
Senator Ann Rivers	Senator, 18 <sup>th</sup> Legislative District	Washington State Senate Republicans
Bidisha Mandal, Ph.D.	Professor	School of Economic Sciences, Washington State University
David Iseminger, J.D., M.P.H.	Director of Employees and Retirees Benefits	Health Care Authority
Senator Emily Randall	Senator, 26 <sup>th</sup> Legislative District	Washington State Senate Democrats
Estell Williams, M.D.	Executive Director	Center for Workforce Inclusion and Health Care System Equity, University of Washington School of Medicine
Jane Beyer, J.D.	Senior Health Policy Advisor	Washington State Office of the Insurance Commissioner
Joan Altman, J.D., M.P.H.	Director of Government Affairs and Strategic Partnerships	Health Benefit Exchange
Representative Joe Schmick	Representative, 9 <sup>th</sup> District	Washington State House Republicans
Kristin Peterson, J.D.	Deputy Secretary for Policy and Planning	Washington State Department of Health
Representative Marcus Riccelli	Representative, 3 <sup>rd</sup> Legislative District	Washington State House Democrats
Megan Matthews CDE, CDP	Director	Washington State Office of Equity
Mohamed Shidane	Deputy Director	Somali Health Board
Nicole Gomez, M.P.A.	Co-Founder & Board Secretary	Alliance for Healthier Washington
Stella Vasquez	Director of Program Operations	Yakima Valley Farm Workers Clinic

# The Commission's unique charge

---

Senate Bill 5399 (2021) established the Universal Health Care Commission and charged it with the following goals:

1. Create immediate and impactful changes in the health care access and delivery system in Washington.
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 has become available.

# Challenges of the current health care system

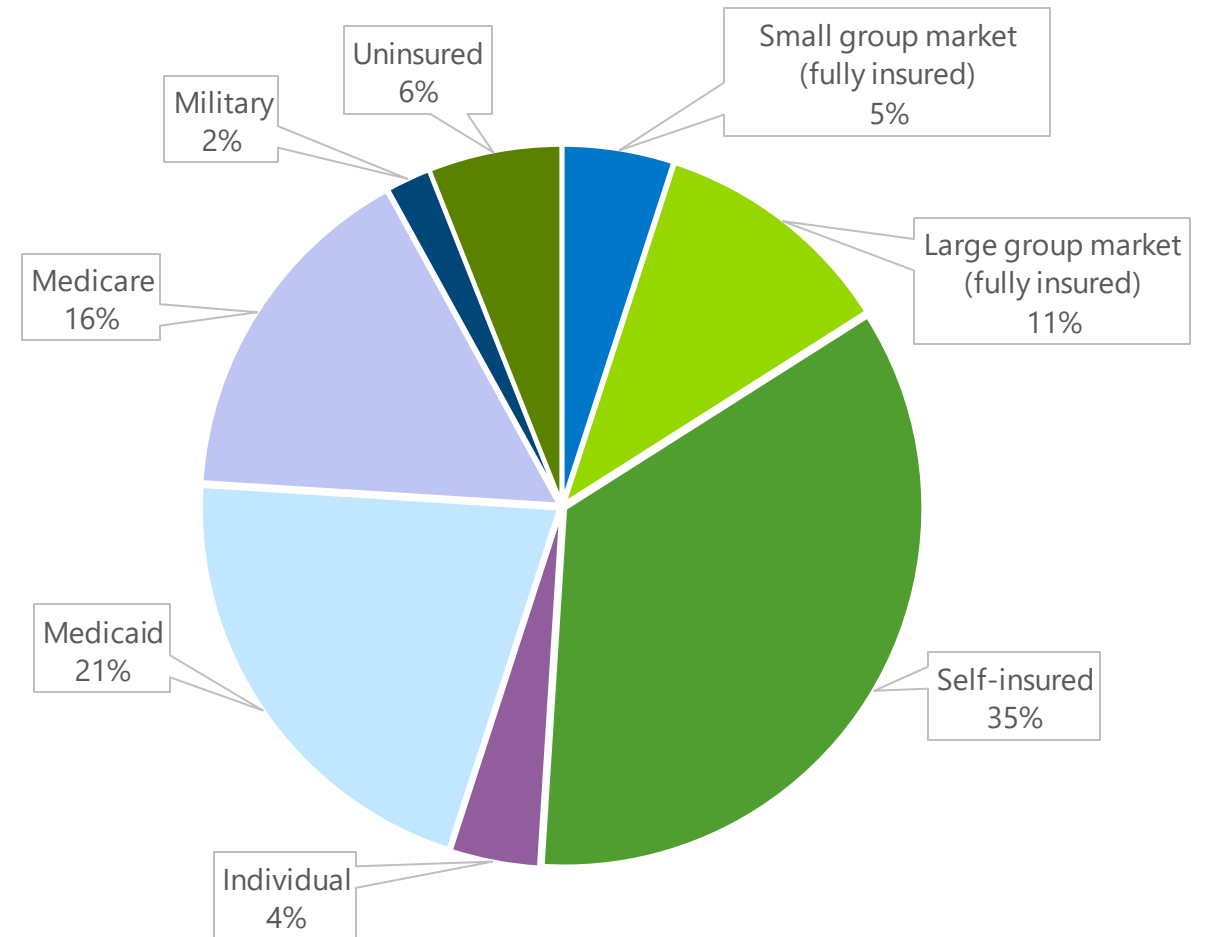
---

- ▶ Growing costs and affordability challenges for consumers, employers and the state
- ▶ Administratively complex
- ▶ Strained workforce
- ▶ Health inequities and health disparities persist
- ▶ Federal, legal, and financial barriers often curb policy and innovation
- ▶ Variation in
  - ▶ Coverage, e.g., depending on age, employment, income level, immigration status, etc.
  - ▶ Access to care, e.g., primary care and behavioral health
  - ▶ Benefits and services
  - ▶ Provider reimbursement
  - ▶ Provider network
  - ▶ Care quality
  - ▶ Cost-sharing

# Washington's multiple coverage sources

## ▶ Significant variation

- ▶ Funding source
- ▶ Administration/governance
- ▶ Benefits and services, e.g., behavioral health, long-term care
- ▶ Cost-sharing
- ▶ Provider network
- ▶ Provider reimbursement
- ▶ Eligibility requirements
- ▶ Federal authority vs. state authority



# Universal coverage vs. single-payer

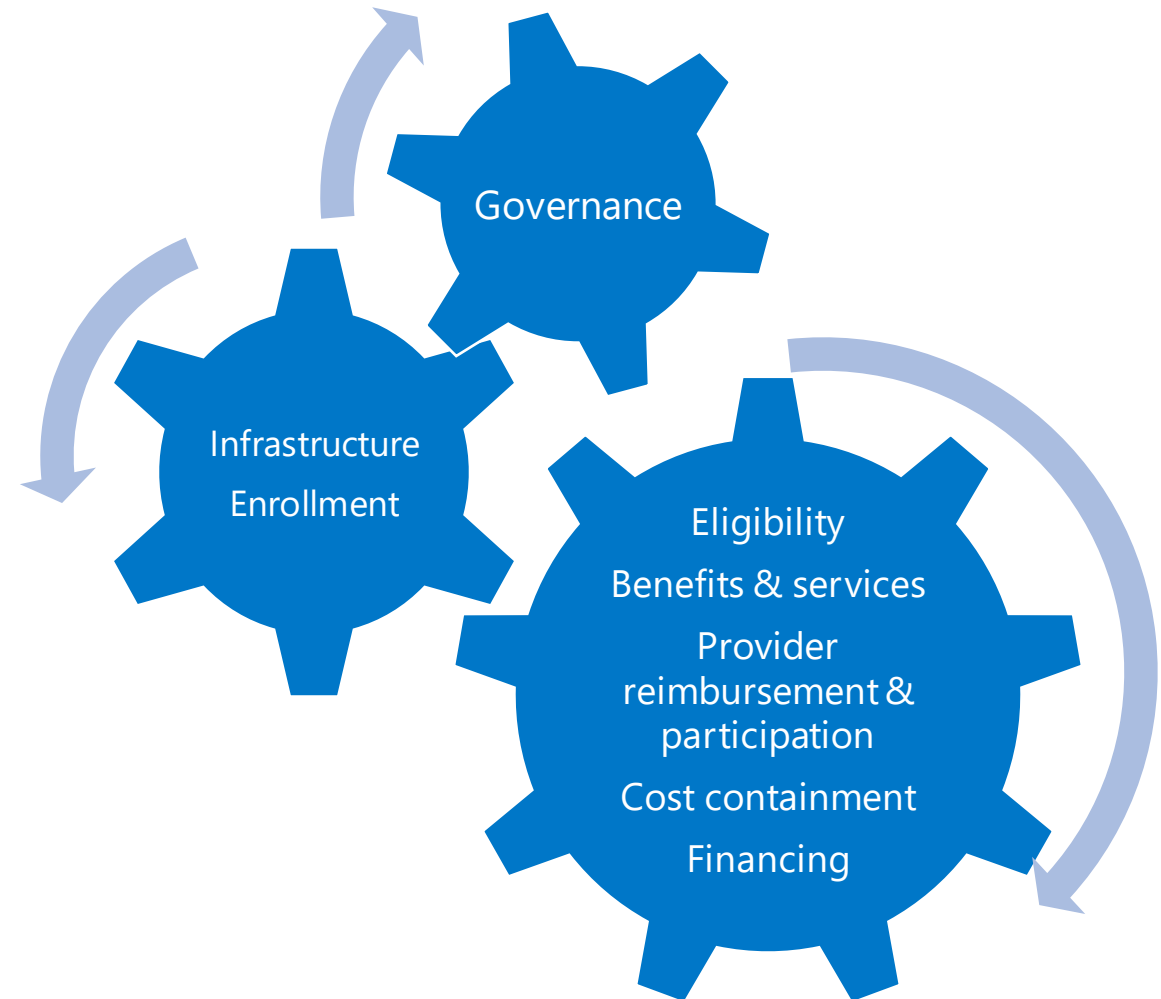
---

- ▶ **Universal coverage** - Aligned benefits across different sources of health coverage to the extent possible supported by multiple payers, e.g., Medicaid, Medicaid, employer plans
- ▶ **Single-payer** - Aligned benefits supported by combined financing from Medicare, Medicaid, employer plans with one delivery system and no variation in reimbursement
- ▶ **Somewhere in the middle or a pathway for transitioning** - Aligned benefits supported by multiple payers, reduced variation in provider payments, and reduced administrative complexity

# Long-term universal health care design

---

- ▶ The Commission has developed a pragmatic and phased approach for tackling long-term system design.
- ▶ The charge to design a universal health care system is only part of the Commission's role.



# More than universal health care

---

- ▶ Transitioning to a unified health care financing system will take some time.
- ▶ The Commission is uniquely positioned to address challenges in the current health care system, including
  - ▶ Access to coverage and care
  - ▶ Administrative simplification
  - ▶ Alignment of state programs
  - ▶ Costs
  - ▶ Health care workforce
  - ▶ Health disparities



# Public engagement and collaboration

---

- ▶ The Commission remains dedicated to its mission to ensure that all Washingtonians have equitable access to culturally appropriate health care and universal coverage, and consistent input from members of the public continues to be a cornerstone of this work.
- ▶ The Commission was recently asked to collaborate with Whole Washington
  - ▶ Advocacy organization with a proposal for universal health care
  - ▶ Identify and assess areas of alignment

# Ensuring Health Equity

---

- ▶ Key principles of health equity:
  - ▶ Bringing the community to the table in designing a universal healthcare system.
  - ▶ Achieving equity will be accomplished by treating everyone justly according to their circumstances, not necessarily by treating everyone equally which may not acknowledge differing needs and situations.
  - ▶ Health inequities have implications including economic costs, health care costs, quality of life, and duration of life.
- ▶ The Commission adopted a health equity framework to evaluate each of its policy proposals and decision points to ensure health equity is at the center of its work.
- ▶ This framework is designed to eliminate the inequities or, at the minimum, mitigate negative outcomes by making policy changes or initiating new policies.

# The Commission's work to date

## 2022

- ▶ Baseline report >>>
- ▶ Community engagement
- ▶ Identified goals of the new health care system
- ▶ Studied health care financing models in WA, nationally, and abroad
- ▶ Reviewed universal health care proposals by other states
- ▶ Discussed health equity considerations

Synthesized analyses on WA's existing health care system

Developed a strategy for implementable changes to the current system

Identified Key design elements of a universal health care system

Assessed WA's preparedness to transition to a universal health care system

Ways to implement increased Medicaid provider rates


Recommendations for coverage expansion

Recommendations for the creation of a finance committee

# The Commission's work to date

---

## ▶ 2023

- ▶ Annual report 
- ▶ Continued stakeholder and community engagement
- ▶ Engagement with state agency leaders to discuss efforts to improve the current system
- ▶ Identified transitional solutions to prioritize
- ▶ Assessed universal coverage programs currently in WA
- ▶ Assessed eligibility for the future system

Launched the Finance Technical Advisory Committee (FTAC)

Determined eligibility for the universal system

Adopted equity principles and framework with which proposals will be evaluated

Incorporated the work to evaluate a universal health care proposal by Whole Washington (advocates)

Identified areas to consider for transitional policy solutions

# Impact

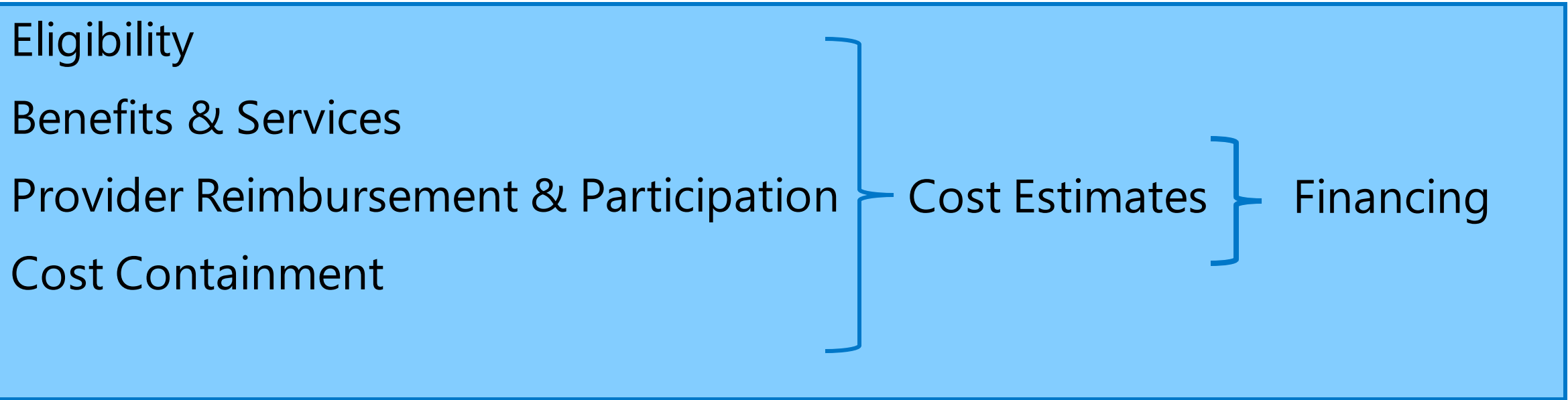
- ▶ Transitional solutions recommended in the baseline report were funded by the Legislature in 2023.
- ▶ The Commission is an important platform to consider and propose solutions that can help improve access, affordability, quality and health equity now.

## The Commission's 2022 transitional solution recommendations funded by the 2023 Legislature

Commission's 2022 recommendation	Action by the 2023 Legislature
Continue funding the <b>Cascade Care Savings</b> program to make coverage more affordable.	Funding provided to continue administering Cascade Care Savings (premium assistance program) for individuals up to 250 percent FPL who purchase a health plan on the Exchange. <sup>1</sup>
Increase Medicaid provider rates for <b>Applied Behavior Analysis</b> to improve access to care for Medicaid enrollees.	Funding provided to increase reimbursement rates by 20 percent for Applied Behavior Analysis (ABA) for individuals with complex behavioral health care needs, and by 15 percent for all other ABA codes. <sup>2</sup>
Increase Medicaid provider rates for <b>Behavioral Health</b> to improve access to care for Medicaid enrollees.	Funding provided to increase behavioral health rates for both Medicaid FFS and managed care providers. <sup>3</sup>
Increase Medicaid provider rates for <b>Children's dental</b> to improve access to care for children enrolled in Medicaid.	Funding provided to increase the children's dental rate <sup>4</sup> by at least 40 percent above the Medicaid FFS rate in effect on January 1, 2023. <sup>5</sup>
Implement the <b>Integrated Enrollment and Eligibility Modernization Roadmap</b> to support Information Technology infrastructure necessary for a universal health care system.	Funding provided for the Integrated Enrollment and Eligibility Modernization Project to create a comprehensive application and benefit status tracker for multiple programs and to establish a foundational platform. <sup>6</sup>
Invest in <b>Apple Health coverage expansion</b> to increase access to coverage and care.	Funding provided to expand coverage to adults ineligible for Medicaid or federal subsidies by reason of immigration status. <sup>7</sup>

# Designing universal health care

---



# Finance Technical Advisory Committee (FTAC)

# Finance expertise

---

- ▶ At the end of their first year of work, the Commission voted to create a committee of health care finance experts.
- ▶ The committee should consider policy and finance options in designing the universal system and offer insights to the Commission in their deliberations.
- ▶ The Commission conducted extensive outreach to state and national experts.



# Finance Technical Advisory Committee (FTAC) Makeup & launch

- ▶ 56 applicants
- ▶ Nine state and national experts were selected.
- ▶ FTAC launched in January 2023.

Name	Organization	Finance expertise
Eddy Rauser*	Washington OFM	State finance agency
Ian Doyle*	Washington Dept. of Revenue	State finance/revenue agency
Pam MacEwan*	CEO, Health Benefit Exchange (Retired)	Consumer representative
Christine Eibner	Senior Economist, RAND Corporation	Microsimulations, approaches to 1115 and 1332 waivers, recouping federal funding for Medicaid, Medicare, Marketplace
David DiGiuseppe	VP, Healthcare Economics, Community Health Plan of Washington (CHPW)	BA in Economics, predictive modeling for case management outreach, financing health-related social needs
Esther Lucero	President and CEO, Seattle Indian Health Board	Federal waivers, pharmaceutical costs and spending, behavioral health financing, Medicaid and Medicare financing, dental benefits costs and financing
Kai Yeung	Senior Healthcare Research Scientist, Amazon, Affiliate Assoc. Prof., UW	PharmD, PhD in Pharmaceutical Economics & Outcomes Research, clinical pharmacist, pharmaceutical cost effectiveness and policy analysis, simulation modeling
Robert Murray	President, Global Health Payment LLC	Former Exec. Dir. of Maryland Health Services Cost Review Commission (hospital rate setting and global budgets), reimbursement systems for health care providers
Roger Gantz	Senior Research Manager (retired), Research & Data Analysis Division, DSHS	BA in economics and finance, federal waivers, caseload and fiscal forecasting, Medicaid Policy Dir. and reimbursement manager

# FTAC's work to date: focus on eligibility

---

- ▶ Recognize that the “north star” is a unified financing system to support universal coverage but understand that federal and legal barriers could take years to overcome.
- ▶ Identifying options to achieve alignment to the extent possible for these federally governed coverage groups such as Medicare, Medicaid, and ERISA (employers) and the pros and cons of those options.

# Eligibility groups and barriers

## ▶ Medicare

- ▶ Federally funded and administered
- ▶ Age or disability-based

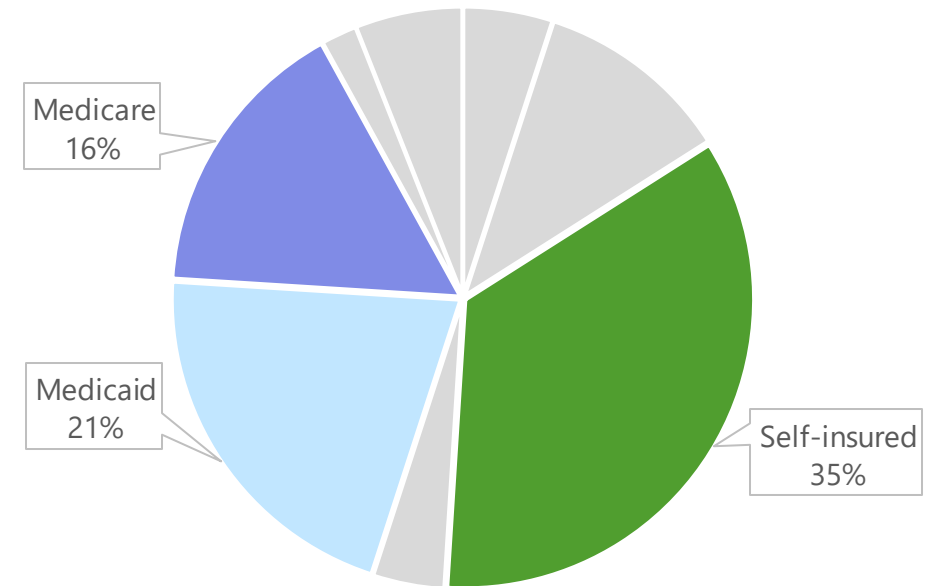
## ▶ Employers

- ▶ Preempted by federal ERISA\* law
- ▶ Employer-based

## ▶ Medicaid

- ▶ Federal rules with some state authority
- ▶ Income-based

Medicare, Medicaid, and employers are significant sources of funding



# Charting a path forward

# A path forward

---

- ▶ Despite barriers, the Commission continues to design the future system while looking at innovative ways to improve the existing one.
- ▶ Decisions made in 2023 reflect a pragmatic approach to long-term design.
  - ▶ Innovation is possible but within state authority
  - ▶ Major eligibility groups present federal barriers, but there may be options to align coverage and benefits.
  - ▶ Financing decisions may come in time.
  - ▶ The goal is to make the greatest and most immediate impact on the most amount of people.

# Legislative support

---

- ▶ The Commission was allocated one additional staff member to support their work and the work of FTAC and received continued funding for contracting support.
- ▶ The 2024 workplan will reflect the funding that is available and will be scaled appropriately.
- ▶ Long-term design topics in 2024
  - ▶ Benefits and services
  - ▶ Provider reimbursement
  - ▶ Cost containment

# Universal Health Care Commission

---

Vicki Lowe, Commission Chair

Executive Director, American Indian Health Commission for Washington State

Pam MacEwan, Finance Technical Advisory Committee Liaison and consumer representative

Chief Executive Officer, Washington Health Benefit Exchange (retired)



**Questions**



# Appendix

# About the Commission

---

**Fifteen members make up the Commission including:**

**Agencies:**

- ▶ Health Care Authority Director (or designee)
- ▶ Department of Health Secretary (or designee)
- ▶ Washington Health Benefit Exchange Chief Executive Officer (or designee)
- ▶ Office of Equity Director (or designee)
- ▶ Insurance Commissioner (or designee)

**Legislative members:**

- ▶ One member from each of the two largest caucuses of the Senate, appointed by the President of the Senate.

**Additional members with subject matter expertise:**

- ▶ Six members appointed by the governor, using an equity lens, with knowledge and experience regarding health care coverage, access, and financing, or other relevant expertise, including at least one consumer representative and at least one invitation to an individual representing tribal governments with knowledge of the Indian health care delivery in the state.

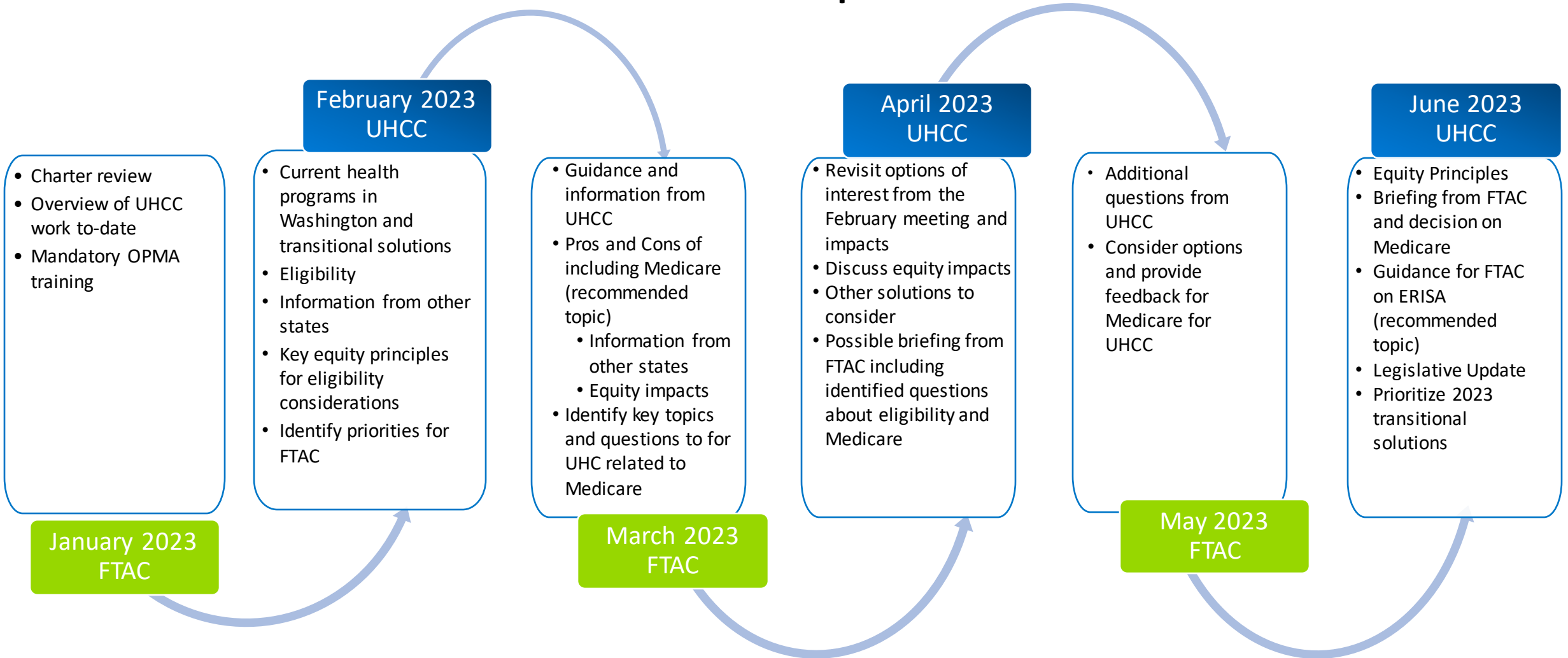
**Advisory Committee: Financial Technical Advisory Committee (FTAC)**

# Background: Universal Health Care Work Group

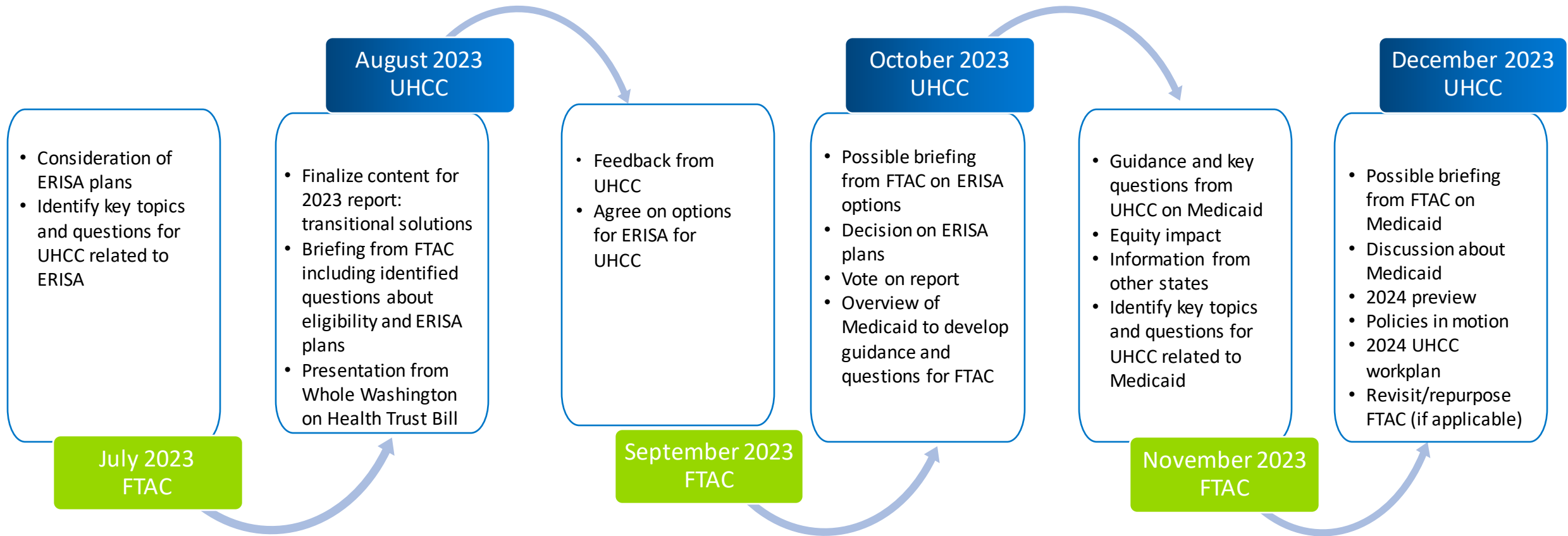
---

- ▶ Preceded the Commission - 2019
- ▶ 36-member work group of advocates, state agencies, and legislators
- ▶ Developed cost estimates and savings associated with universal coverage in Washington
- ▶ Identified three options to achieve universal coverage
- ▶ **Recommended in their final report (2021) the establishment of a permanent universal health care commission to design a universal health care system for Washington.**

# Universal Health Care Commission 2023 Workplan



# Universal Health Care Commission 2023 Workplan





# Contact

---

**Evan Klein** | Special Assistant,  
Legislative & Policy Affairs  
Email: [evan.klein@hca.wa.gov](mailto:evan.klein@hca.wa.gov)

**Shawn O'Neill** | Legislative  
Relations Manager  
Email: [shawn.oneill@hca.wa.gov](mailto:shawn.oneill@hca.wa.gov)