

Applying for an advisory committee position with the Health Care Cost Transparency Board

Updated June 2024

Based on direction from SSHB 2457 passed during the 2020 legislative session and updated in 2024 by the legislature in 2ESHB 1508, the Health Care Cost Transparency Board (Cost Board) is required to establish the following advisory committees (Committee) to advise and make recommendations as requested to the Cost Board on technical and policy issues.

The Cost Board's Advisory Committee on Data Issues is open to those who have experience and knowledge in health care data and is open to self-nomination. The Health Care Stakeholder Committee, with a few exceptions, are nominated by associations or groups that are called specified in the legislation below.

Introduction

Any person may nominate a qualified candidate(s) for one or more of the Cost Board committees. Self-nominations are also accepted. All nominations will be forwarded to the appropriate nominating body if required by law. HCA seeks nominees from various stakeholder and tribal perspectives, including but not limited to those with experience in the health care ecosystem by being a patient, consumer, provider/clinician, data professional, small or large group business purchaser, union trust, community-based organization, carrier, tribal entity and other groups that represent health care or the health care industry.

Nominee qualifications

Nominees should have subject matter expertise in their field and must have experience and/or professional perspectives related to the specific topics assigned to the Committee for deliberation.

Nominations of qualified individuals must be emailed to HCAHCCTBoard@hca.wa.gov and include the following information and shouldn't be longer than one page, double spaced, 11 point size font:

- Short biography
- Short statement on how the nominee's experience and/or professional perspective relates to the committee for which the nominee is applying
- Details of expertise (for Data Committee) or which area of membership based on membership list (for Stakeholder Advisory Committee)
- Reason for interest in serving
- Geographical location
- Represent Washington's diversity

For more information about the Cost Board

The Cost Board will solicit nominations on a quarterly basis when there is a need to replace vacancies. To learn more information about the Cost Board, or to receive email notifications, please sign-up to be included on the mailing list at hca.wa.gov/costboard.

Health Care Stakeholder Advisory Committee requirements

As indicated in House Bill 2457, section 4 and related RCWs, and updated House Bill 1508, the Health Care Stakeholders Advisory Committee will be appointed by the Cost Board. What follows is the language called out in both bills.

Appointments to the Health Care Stakeholders Advisory Committee must include the following membership:

- i. One member representing hospitals and hospital systems, selected from a list of three nominees submitted by the Washington State Hospital Association;
- ii. One member representing federally qualified health centers, selected from a list of three nominees submitted by the Washington Association of Community Health Centers;
- iii. One physician, selected from a list of three nominees submitted by the Washington State Medical Association;
- iv. One primary care physician, selected from a list of three nominees submitted by the Washington State Academy of Family Physicians;
- v. One member representing behavioral health providers, selected from a list of three nominees submitted by the Washington Council for Behavioral Health;
- vi. One member representing pharmacists and pharmacies, selected from a list of three nominees submitted by the Washington State Pharmacy Association;
- vii. One member representing advanced registered nurse practitioners, selected from a list of three nominees submitted by ARNPs United of Washington State;
- viii. One member representing tribal health providers, selected from a list of three nominees submitted by the American Indian Health Commission;
- ix. One member representing a health maintenance organization, selected from a list of three nominees submitted by the Association of Washington Health Care Plans;
- x. One member representing a managed care organization that contracts with the Health Care Authority to serve medical assistance enrollees, selected from a list of three nominees submitted by the Association of Washington Health Care Plans;
- xi. One member representing a health care service contractor, selected from a list of three nominees submitted by the Association of Washington Health Care Plans;
- xii. One member representing an ambulatory surgery center selected from a list of three nominees submitted by the Ambulatory Surgery Center Association; and
- xiii. Three members, at least one of whom represents a disability insurer, selected from a list of six nominees submitted by America's Health Insurance Plans.

As indicated in House Bill 1508, the Advisory Committee of Health Care Stakeholders shall also have the additional members:

- i. At least two members representing the interests of consumers, selected from a list of nominees submitted by consumer organizations;
- ii. At least two members representing the interests of labor purchasers, selected from a list of nominees submitted by the Washington state labor council; and
- iii. At least two members representing the interests of employer purchasers, including at least one small business representative, selected from a list of nominees submitted by business organizations. The members appointed under this subsection (3)(p) may not be directly or indirectly affiliated with an employer which has income from health care services, health care products, health insurance, or other health care sector-related activities as its primary source of revenue.

Advisory Committee on Data Issues requirements

Relevant experience and expertise in one or more of the following areas for the Data Issues Advisory Committee:

- i. Knowledge and understanding of the health care industry, including the commercial insurance market, Medicaid, and other health care delivery systems
- ii. Thorough knowledge and understanding of cost growth, data systems, and the different entities and complexities that make up the health care ecosystem.
- iii. Understanding of means and methods for gathering data to annually calculate total health care expenditures and health care cost growth, and to establish the health care cost growth benchmark.
- iv. Consumer perspectives and experiences with the high cost of health care.
- v. Health equity