

Universal Health Care Commission

Presentation to the House Health Care and Wellness Committee

September 23, 2024

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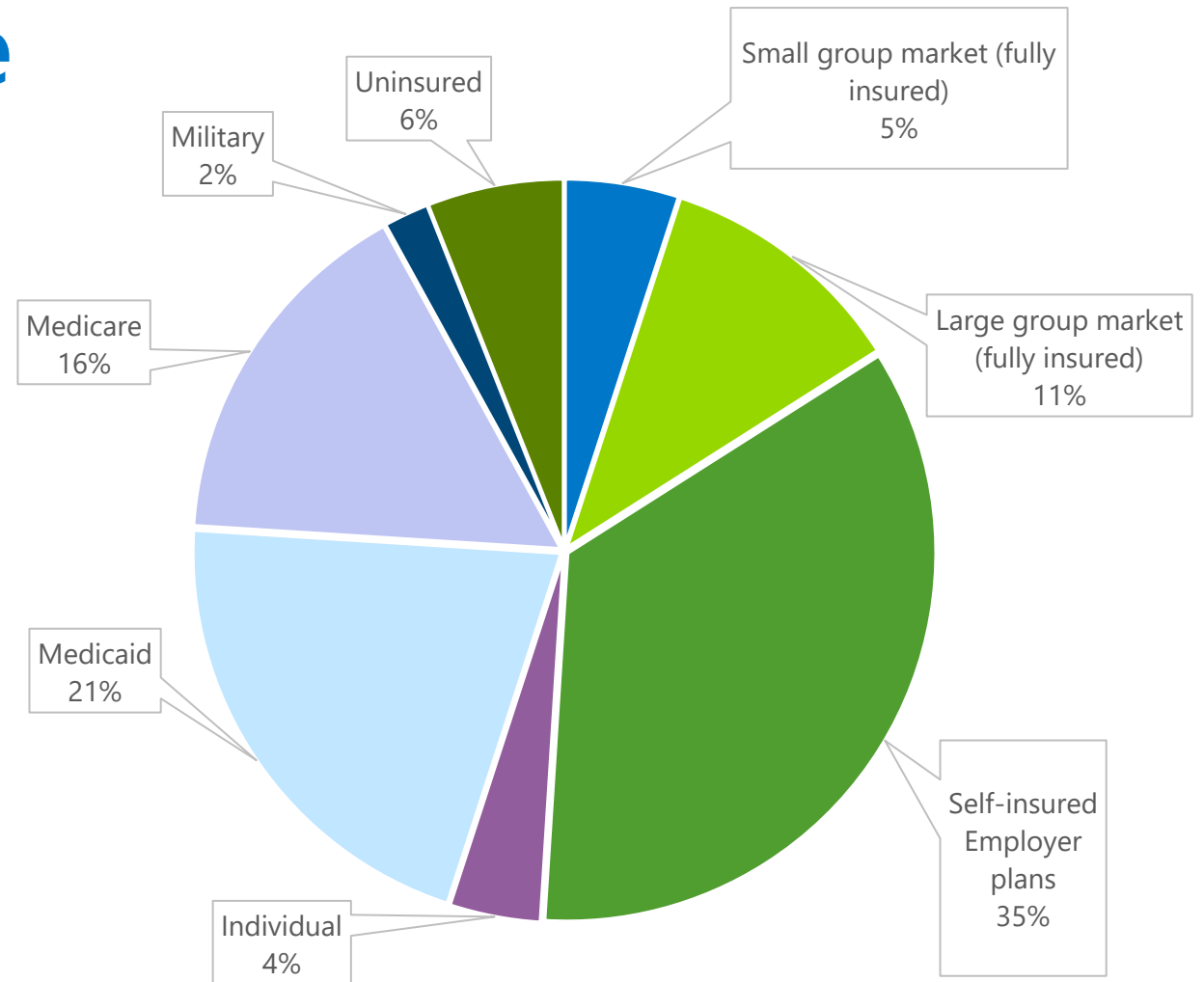
Washington State
Health Care Authority

Universal Health Care Commission

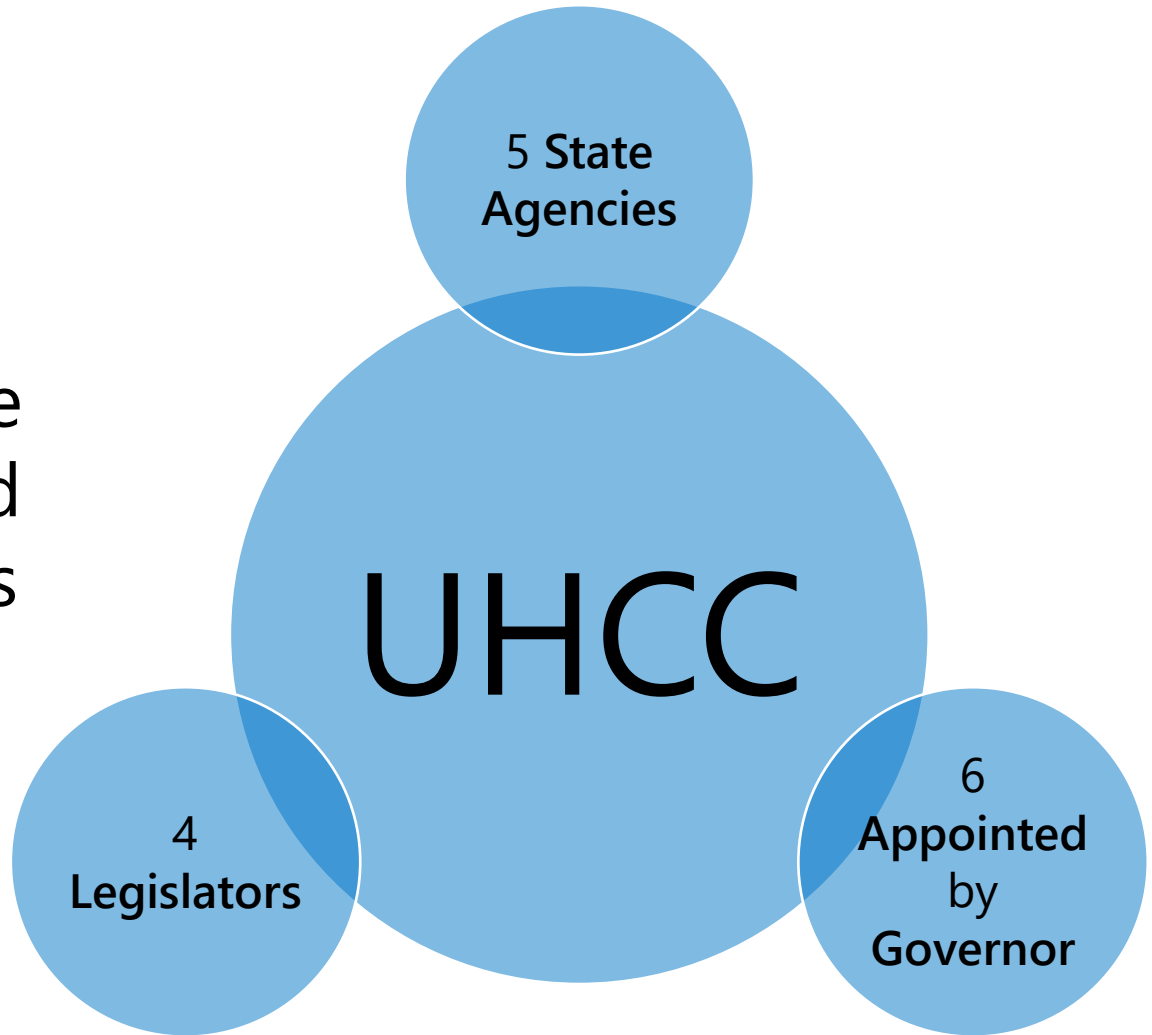
- ▶ In 2021, the Washington Legislature enacted [SB 5399](#)
- ▶ Established a permanent Universal Health Care Commission to:
 - ▶ Create immediate and impactful changes
 - ▶ Prepare for the creation of a health care system that provides coverage and access for all Washington residents through a unified financing system

Washington's multiple coverage sources

Source: Office of the Insurance Commissioner internal carrier enrollment reports for 2021.



The Commission makes immediate and impactful changes by way of informed recommendations to the Legislature, and/or requesting and performing analysis which informs the Legislature, stakeholders and participating Washington State agencies.



Public engagement and health equity

Consistent input from the public continues to be a cornerstone of the Commission's work. Public comments accepted at each meeting.

- ▶ The Commission also heard from a wide range of stakeholders, presenters and subject matter experts in 2024, on topics related to addressing eligibility, benefit design, administrative simplification, provider frustrations, state agency efforts, national efforts, 2024 legislative activity and more.
- ▶ The Commission has expressed interest in expanding opportunities for public comment after completion of the benefits cost analysis.

Finance expertise

- ▶ FTAC's* role is advisory to the Universal Health Care Commission
- ▶ Senate Bill 5399 allows for creation of advisory committees to:
 - ▶ Support stakeholder engagement
 - ▶ Conduct analysis of key design options
- ▶ Nine state and national experts were selected
- ▶ FTAC launched in January 2023

*Finance Technical Advisory Committee (FTAC)

WA Health Trust – SB 5335

- ▶ [SB 5335](#) was introduced in 2023, reintroduced in 2024
- ▶ Legislators requested the Commission review the following:
 - ▶ Alignment with Commission goals and planned activities
 - ▶ Whether the Commission would recommend implementing some, or all, of the bill, considering viability

Review of SB 5335

- ▶ FTAC's SB 5335 analysis report was completed and approved by the Commission - June 2024
- ▶ Future work on administrative design components of a universal system and financing will address whether SB 5335 aligns with Commission goals.
- ▶ Areas of SB 5335 under evaluation included:
 - ▶ Eligibility
 - ▶ Enrollment
 - ▶ Benefit design

Key findings: alignment

- ▶ SB 5335 is aligned with the Commission's goal to provide affordable, quality coverage to all Washingtonians
- ▶ The Commission and SB 5335 are in alignment on establishing a benefits package that prioritizes prevention, comprehensive coverage, and equitable access to appropriate care.
- ▶ The Commission agrees that the existing enrollment processes with the Health Benefit Exchange could be expanded to facilitate enrollment in the future system.
- ▶ The Commission and FTAC will consider additional alignment opportunities with SB 5335 as work on benefits and financing proceeds.

Key findings: differences

- ▶ FTAC and the Commission eligibility analysis determined that federal barriers prevent immediate or foreseeable inclusion of VA, Medicare, and self-insured ERISA employer plans.
- ▶ SB 5335 provides a proposed financing framework, whereas the Commission and FTAC have not begun their financing analysis.

2024 Legislative Report Preview

- ▶ Work conducted 10/2023 through 8/2024 is included.
- ▶ Work, study, design efforts of 2024 will inform future recommendations.
- ▶ 2023 Legislature approved additional funding for 2024 and 2025
 - ▶ Commission voted to expand meetings from 2 to 3 hours
 - ▶ Commission also extended FTAC meetings
 - ▶ Additional HCA staff recently added to support the Commission

Eligibility Analysis

- ▶ The Commission maintains the goal of including all Washingtonians in a unified financing system, while studying transitional eligibility solutions until federal authority is clear.
- ▶ Extensive analysis and review by the Commission and FTAC led to inclusion of the following groups in a transitional unified financing design model:
 - ▶ Medicaid
 - ▶ Individual market plans
 - ▶ Small group market plans
 - ▶ Fully insured large group plans (including PEBB/SEBB)
 - ▶ The uninsured

Benefits modeling to include those eligible or likely eligible now

Payer	Include in transitional modeling?	Percentage of WA population
Small Group Market fully insured	YES	5%
Large Group Market fully insured	YES	11%
Individual	YES	4%
Uninsured	YES	6%
Medicaid	YES – benefits are static	21%
Self Insured	Consider future alignment/ERISA	35%
Military	Consider future alignment/VA	2%
Medicare	Consider future alignment/CMS	16%

Source: Percentages from the Office of the Insurance Commissioner internal carrier enrollment reports for 2021.

FTAC survey on transitional solutions

- ▶ FTAC conducted a survey of its members to gather additional ideas on transitional solutions that might be of interest to the Commission.
- ▶ Survey responses will be included in the 2024 Legislative report.

Interim solutions and integration

- ▶ Recommendations to date include:
 - ▶ Expanding coverage for people with certain immigration status (ex. Apple Health Expansion)
 - ▶ Integrated eligibility systems
 - ▶ Cascade Care savings
 - ▶ Cost growth targets
 - ▶ Efforts to align public programs

Commission focus on transitional solutions

- ▶ The Commission prioritized 3 transitional solutions topic areas to explore in 2024
 - ▶ Administrative simplification and increasing provider participation in public programs
 - ▶ Maximizing, leveraging, and expanding current programs
 - ▶ Solutions addressed elsewhere and identified through agency reporting

Ongoing efforts to contribute to future design

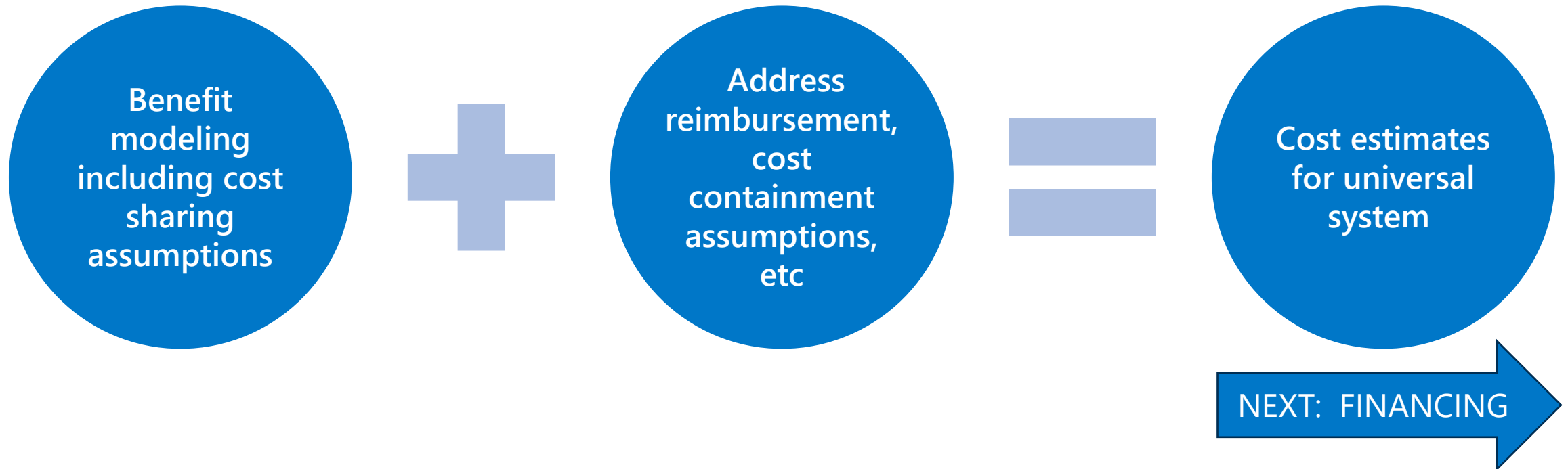
- ▶ Commission members have also expressed interest in exploring:
 - ▶ Understanding administrative burden as it exists in Value Based Purchasing (VBP), especially in rural areas
 - ▶ Communication between clinics and pharmacies
 - ▶ Modeling the savings of reductions in administrative burden
 - ▶ The lack of uniformity in drug formularies and its impact
 - ▶ Clarifying how a universal system helps, hinders, or makes no impact on administrative burden issues

Unified system provides opportunities

- ▶ Administrative simplification is an ongoing and important matter to address with health plans, providers and in the legislature.
- ▶ Ongoing efforts needed to increase provider participation in public programs, reduce provider frustration and increase access.
- ▶ Commission and FTAC agree, however, that price is the greatest contributor to rising costs of benefits and services, not administrative burden.

Estimating the cost of a universal system

- ▶ The Commission and FTAC are currently working to estimate cost of care scenarios, for the selected model population.





Questions?

Vicki Lowe

Commission Chair

Executive Director, American Indian Health
Commission for Washington State

Pam MacEwan

FTAC Liaison and consumer representative
Chief Executive Officer, Washington Health
Benefit Exchange (retired)

**Next Commission Meeting:
Thursday, October 10th, 2024**

**Next FTAC Meeting:
Thursday, November 14th, 2024**

Universal Health Care Commission Members

Member	Title	Agency/Organization
Vicki Lowe, Commission Chair	Executive Director	American Indian Health Commission for Washington State
Senator Ann Rivers	Senator, 18 th Legislative District	Washington State Senate Republicans
Bidisha Mandal, Ph.D.	Professor	School of Economic Sciences, Washington State University
Charles Chima, MD, Dr.P.H., MS	Chief of Health Care Innovation & Strategy	Washington State Department of Health
David Iseminger, J.D., M.P.H.	Director of Employees and Retirees Benefits	Health Care Authority
Senator Emily Randall	Senator, 26 th Legislative District	Washington State Senate Democrats
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 th District	Washington State House Republicans
Representative Marcus Riccelli	Representative, 3 rd Legislative District	Washington State House Democrats
Mohamed Shidane	Deputy Director	Somali Health Board
Nicole Gomez, M.P.A.	Co-Founder & Board Secretary	Alliance for Healthier Washington
Omar Santana-Gomez	Director of Policy & Legislative Affairs	Washington State Office of Equity
Stella Vasquez	Director of Program Operations	Yakima Valley Farm Workers Clinic

FTAC members

Name	Organization	Finance expertise
Pam MacEwan*	CEO (retired), Health Benefit Exchange	Consumer representative
Christine Eibner	Senior Economist, RAND corporation	Microsimulations, approaches to 1115 and 1332 waivers, recouping federal funding for Medicaid, Medicare, and marketplace
Dave DiGiuseppe	Vice President, Healthcare Economics, Community Health Plan of Washington (CHPW)	BA in Economics, predictive modeling for case management outreach, financing health-related social needs
Eddy Rauser	Washington State Office of Financial Management (OFM)	State finance agency
Esther Lucero	President and CEO, Seattle Indian Health Board	Federal waivers, pharmaceutical costs and spending, behavioral health financing, Medicaid and Medicare funding, dental benefits costs and financing
Ian Doyle	Washington State Department of Revenue	State finance/revenue agency
Kai Yeung	Senior Healthcare Research Scientist, Amazon Affiliate Associate Professor, University of Washington (UW)	PharmD, PhD in Pharmaceutical Economics & Outcomes Research, clinical pharmacist, pharmaceutical cost effectiveness and poly analysis, simulation modeling
Robert Murray	President, Global Health Payment LLC	Former Executive Director 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 of the Washington State Department of Social and Health Services (DSHS)	BA in economics and finance, federal waivers, caseload and fiscal forecasting, Medicaid Policy director and reimbursement manager

*Pam MacEwan is the designated Liaison between FTAC and the Commission

Reports and analyses created to date

▶ Legislative reports

- ▶ [2022 Baseline Report](#)
- ▶ [2023 Legislative Report](#)
- ▶ 2024 report to be submitted Nov. 1

▶ [WA Health Trust Analysis](#)