Universal Health Care Commission
Charter and Operating Procedures
Adopted 02.25.2022

The purpose of this charter is to clarify the charge and responsibilities of, and expectations for the Universal Health Care Commission (Commission).

I. Vision and Mission

A. Vision
To increase access to quality, affordable health care by streamlining access to universal health coverage.

B. Mission
The Commission's primary objective is to develop a strategy for implementable changes to the state's health care financing and delivery system to increase access to health care and universal coverage, reduce health care costs, reduce health disparities, improve the health and well-being of patients and the health workforce, improve quality, and prepare for the transition to a unified health care financing system. The Commission aims to achieve this objective by: (1) examining data and reports from sources that are monitoring the health care system; (2) assessing the state's current preparedness for a unified health care financing system; (3) developing recommendations to increase access to health care services and healthcoverage, reduce health care costs, reduce health disparities, improve quality, and (4)preparing for the transition to a unified health care financing system.

II. Universal Health Care Commission Charge
Engrossed Second Substitute Senate Bill 5399, which passed during the 2021 Washington State Legislative Session, established the Universal Health Care Commission (Commission) to develop a strategy for implementable changes to the state's health care financing and delivery system to increase access to health care services and universal health coverage, reduce health care costs, reduce health disparities, improve quality, and preparefor the transition to a unified health care financing system. The Commission's work is primarily broken into two stages:

1. **By November 1, 2022**, the Commission must submit a baseline report to the Legislature, the Governor, and post the report on the Health Care Authority's website. The report must include:
    a. A complete synthesis of analyses done on Washington's existing health care finance and delivery system, including cost, quality, workforce, and provider consolidation trends and how they impact the state's ability to provide all Washingtonians with timely access to high quality, affordable health care.
    b. A strategy for developing implementable changes to the state's health care financing and delivery system to increase access to health care services and universal health coverage, reduce health care costs, reduce health disparities, improve quality, and prepare for the

transition to a unified health care financing system by actively examining data and reports fromsources that are monitoring the health care system.

c. An inventory of the key design elements of a universal health care system including: (i) a unified financing system including, but not limited to, a single-payer financing system; (ii) eligibility and enrollment processes and requirements; (iii) covered benefits and services; (iv) provider participation; (v) effective and efficient provider payments, including consideration of global budgets and health plan payments; (vi)cost containment and savings strategies that are designed to assure that total health care expenditures do not exceed the health care cost growth benchmark established under chapter 70.390 RCW; (vii) quality improvement strategies; (viii) participant cost sharing, if appropriate; (ix) quality monitoring and disparities reduction; (x) initiatives for improving culturally appropriate health services within public and private health-related agencies; (xi) strategies to reduce health disparitiesincluding, but not limited to, mitigating structural racism and other determinants of health as set forth by the office of equity; (xii) information technology systems and financial management systems; (xiii) data sharing and transparency; and (xiv) governance and administration structure, including integration of federal fundingsources.

d. An assessment of the state's current level of preparedness to meet the key design elements of a universal health care system (immediately above) and steps Washington should take to prepare for a just transition to a unified health care financing system, including a single-payer financing system. Recommendations must include, but are not limited to, administrative changes, reorganization of state programs, retraining programs for displaced workers, federal waivers, and statutory and constitutional changes.

e. Recommendations for implementing reimbursement rates for health care providers serving medical assistance clients who are enrolled in programs under chapter 74.09 RCW at a rate that is no less than 80 percent of the rate paid by Medicare for similar services.

f. Recommendations for coverage expansions to be implemented prior to and consistent with a universal health care system, including potential funding sources; and

g. Recommendations for the creation of a finance committee to develop a financially feasible model to implement universal health care coverage using state and federal funds.

2. **Following the submission of the baseline report on November 1, 2022**, the Commission will submit annual reports to the Legislature and Governor reviewing the work of the Commission, continue strategy development regarding a unified health care financing system, and begin implementation, if possible.

a. The Commission will continue developing implementable changes to the state's health care financing and delivery system to increase access to health care services and universal health coverage, reduce health care costs, reduce health disparities, improve quality, and prepare for the transition to a unified health care financing system and implement structural changes toprepare the state for a transition to a unified health care financing systemas well continuing to further identify opportunities to implement reformsconsistent with these goals.
b. Subsequent annual reports beginning on November 1, 2023. The report will detail the work of the Commission, the opportunities identified to advance the Commission's goals, which, if any, of the opportunities a state agency is implementing, which, if any, opportunities should be pursued with legislative policy or fiscal authority, and which opportunities have been identified as beneficial, but lack federal authority to implement.

III. Commission Duties and Responsibilities

A. Membership and Term

There are a total of fifteen commission members. Six members are 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. One member from each of the two largest caucuses of the House of Representatives, appointed by the Speaker of the House of Representatives. One member from each of the two largest caucuses of the Senate, appointed by the President of the Senate. Additional members include the Secretary of the Department of Health, Administrator of the Health Care Authority, the Chief Executive Officer of the Washington Health Benefit Exchange, Insurance Commissioner, and the Director of the Office of Equity, or their designee. The Governor shall also appoint a chairperson from the members for a term of no more than three years.

The Commission will convene beginning in 2021.

B. Commission Member Responsibilities

Members of the Commission agree to fulfill their responsibilities by attending and participating in Commission meetings, studying the available information, directing the work of advisory committees if any are created, and participating in the development of the required reports, including the November 1, 2022, report to the Legislature and Governor as well as the annual reports thereafter.

Members agree to participate in good faith and to act in the best interests of the Commission and its charge. To this end, members agree to place the interests of the state above any political or organizational affiliations or other interests. Members accept the responsibility to collaborate in developing potential recommendations

that are fair and constructive for the state. Members are expected to consider a range of issues and options to address them, discuss the pros and cons of the issues or options presented, and deliver a set of recommendations with key conclusions. The Commission should include the rationale behind each recommendation adopted.

Specific Commission member responsibilities include:

1. Reviewing background materials and analysis to understand the issues to be addressed in the review and recommendation processes.
2. Working collaboratively with one another to explore issues and develop recommendations.
3. Attending Commission meetings; and
4. Considering and integrating advisory committee recommendations, if any advisory committees are established, and public input into Commission recommendations as appropriate.

C. Vacancies Among Governor-appointed Commission Members

Vacancies among Governor-appointed Commission members for any cause will be filled by an appointment of the Governor. Upon the expiration of a member's term, the member shall continue to serve until a successor has been appointed and has assumed office. If the member to be replaced is the chairperson, the Governor shall appoint a new chair within thirty days after the vacancy occurs.

D. Role of the Washington Health Care Authority (HCA)

HCA shall assist the Commission and, if created, any advisory committees by facilitating meetings, conducting research, distributing information, draft the reports, and advising the members.

E. Chairperson's Role

The chair will encourage full and safe participation by members in all aspects of the process, assist in the process of building consensus, and ensure all participants abide by the expectations for the decision-making process and behavior defined herein. The chair will develop meeting agendas, establish subcommittees if needed, and otherwise ensure an efficient decision-making process. The chair will also serve as the liaison between the Commission and the Legislature, including presenting the report and recommendations of the Commission to legislative committees.

F. Commission Principles

The principles, listed below, are to guide decision-making during the development and adoption of recommendations by the Commission. The principles can be revised if proposed by the chairperson or by majority of members. The Commission's recommendations will:

1. Support the development of the report due by November 1, 2022, and all subsequent reports, to theLegislature and Governor.
2. Increase access to health care services and universal health coverage, reduce health carecosts, reduce health disparities, and improve quality.

3. Be inclusive of all populations and all categories ofspending.
4. Be sensitive to the impact that high health care spending growth has on Washingtonians.
5. Align recommendations with other state health reform initiatives to lower therate of growth of health care costs, and
6. Be mindful of state financial and staff resources required to implement recommendations.

IV. Operating Procedures

A. Protocols

All participants agree to act in good faith in all aspects of the Commission's deliberations. This includes being honest and refraining from undertaking any actions that will undermine or threaten the deliberative process. It also includes behavior outside of meetings. Expectations include the following:

1. Members should try to attend and participate actively in all meetings. If members cannot attend a meeting, they are requested to advise HCA staff. After missing a meeting, the member should contact staff for a recording of the meeting, or if not available, then a meeting summary and any available notes from the meeting.
2. Members agree to be respectful at all times of other Commission members, staff, and audience members. They will listen to each other and seek to understand the other's perspectives, even if they disagree.
3. Members agree to make every effort to bring all aspects of their concerns about these issues into this process to be addressed.
4. Members agree to refrain from personal attacks, undermining the process or Commission, and publicly criticizing or misstating the positions taken by any other participants during the process.
5. Any written communications, including emails, blogs, and other social networking media, will be mindful of these procedural ground rules and will maintain a respectful tone even if highlighting different perspectives.
6. Members are advised that email, blogs, and other social networking media related to the business of the Commission are considered public documents. Emails and social networking messages meant for the entire group must be distributed via a Commission facilitator.
7. Requests for information made outside of meetings will be directed to HCA staff. Responses to such requests will be limited to items that can be provided within a reasonable amount of time.

B. Communications

1) Written Communications

Members agree that transparency is essential to the Commission's deliberations. In that regard, members are requested to include both the chair and Commission staff in written communications commenting on the Commission's deliberations from/to interest groups (other than a group specifically represented by a member); these communications will be included in the public record as detailed below and copied to the full Commission as appropriate.

Written comments to the Commission, from both individual Commission members and from agency representatives and the public, should be directed to HCA staff. Written comments will be distributed by HCA staff to the full Commission in conjunction with distribution of meeting materials or at other times at the chair's discretion. Written comments will be posted to the Commission webpage.

2) Media

While not precluded from communicating with the media, Commission members agree to generally defer to the chair for all media communications related to the Commission process and its recommendations. Commission members agree not to negotiate through the media, nor use the media to undermine the Commission's work.

Commission members agree to raise all their concerns, especially those being raised for the first time, at a Commission meeting and not in or through the media.

C. Conduct of Commission Meetings

1) Conduct of Commission Meetings

The Commission will meet by videoconference or in person at times proposed by the chair or by most voting members.

Most voting members constitutes a quorum for the transaction of Commission business. A Commission member may participate by telephone, videoconference, or in person for purposes of a quorum.

Meetings will be conducted in a manner deemed appropriate by the chair to foster collaborative decision-making and consensus building. Robert's Rules of Order will be applied when deemed appropriate.

2) Establishment of Advisory Committees

The Commission may establish advisory committees that include members of the public with knowledge and experience in health care, to support stakeholder engagement and an analytical process by which key design

options are developed. A member of an advisory committee need not be a member of the commission.

Meetings of advisory committees will be conducted in accordance with the operating procedures in Section V.

3) **Consensus Process/Voting**
A consensus decision-making model will be used to facilitate the Commission's deliberations and to ensure the Commission receives the collective benefit of the individual views, experience, background, training, and expertise of its members. Consensus is a participatory process whereby, on matters of substance, the representatives strive for agreements that they can accept, support, live with, or agree not to oppose.

Members agree that consensus has a high value and that the Commission should strive to achieve it. As such, decisions on Commission recommendations will be made by consensus of all present members unless voting is requested by a Commission member. Voting shall be by roll call. Final action on Commission recommendations requires an affirmative vote of a majority of the present Commission members. A Commission member may vote by videoconference, telephone, or in person.

Members will honor decisions made and avoid re-opening issues once resolved.

4) **Documentation**
All meetings of the Commission shall be recorded, and written summaries prepared. The audio records shall be posted on the Commission's public webpage in accordance with Washington law. Meeting agendas, summaries, and supporting materials will also be posted to the Commission's webpage.

Interested parties may receive notice of the Commission meetings and access Commission materials on the website, or via GovDelivery.

At the end of the process, HCA staff will draft recommendations for which there is consensus and any remaining issues on which the Commission did not reach consensus.

D. Public Status of Commission and Advisory Committee Meetings and Records
The Commission and any advisory committee meetings are open to the public and will be conducted under the provisions of Washington's Open Public Meetings Act (Chapter 42.30). Members of the public and legislators may testify before the Commission upon the invitation of the chair or at the invitation of most of the members of the Commission. In the absence of a quorum, the Commission may still receive public testimony.

Any meeting held outside the Capitol or by videoconference shall adhere to the notice provisions of a regular meeting. Recordings will be made in the same manner as a regular meeting and posted on the Commission webpage. Written summaries will be prepared noting attendance and any subject matter discussed.

Committee records, including formal documents, discussion drafts, meeting summaries and exhibits, are public records. Communications of Commission members are not confidential because the meetings and records of the Commission are open to the public. "Communications" refers to all statements and votes made during the meetings, memoranda, work products, records, documents, or materials developed to fulfill the charge, including electronic mail correspondence. The personal notes of individual members will be public to the extent they relate to the business of the Commission.

E. Amendment of Operating Procedures

These procedures may be changed by an affirmative vote of most of the Commission members, but at least one day's notice of any proposed change shall be given in writing, which can be by electronic communication, to each Commission member.