

UNIVERSAL HEALTH CARE WORK GROUP

Report Outline (DRAFT)

The purpose of this draft outline is to ensure all Work Group members are on the same page about the scope of the final recommendations to the Legislature. This is a working document and may change somewhat during the course of the Work Group process.

1. Executive Summary

2. Background

- a. Definition of universal health care: This sub-section defines what the Work Group means by universal health care, based on the intent of the budget proviso.
- b. Explanation of the Problem: This sub-section documents the problem statement developed by the Work Group at the December meeting. It includes documentation of divergent perspectives in developing the problem statement. It also describes the root causes, based on the root cause analysis conducted by the Work Group at the December meeting, as well as evidence to support each root cause. It also includes a brief summary of key themes from stakeholder and public input that informed development of the problem statement.
- c. History of health care reform in Washington: To demonstrate what the Work Group had to build on, this section documents the past and present health care reform efforts and work being done on affiliated issues, such as transparency, quality, and/or health equity measures.
- d. Provenance of this Work Group: A brief history of how this Work Group came to be, including the work of the legislature to pass a budget proviso calling for this group.
- e. Work group process: This sub-section is brief, with supporting documentation in the appendix. It includes the roster of Work Group members, a description of how HCA identified Work Group members, and an overview of the Work Group process.

3. Evaluation Criteria: This section describes the evaluation criteria developed by the Work Group at the February meeting, based on the problem statement and root cause analysis. It also provides explanations of where there was dissent or disagreement on criteria. It includes an explanation of why the evaluation criteria are not weighted (given that each Work Group member has different priorities, it would not be realistic to develop weights for the evaluation criteria.) It also includes a brief summary of key themes from stakeholder and public input that informed development of the evaluation criteria.

4. **Models:** This section describes up to three different models for universal health care being used in other countries or states. It explains the Work Group reviewed these models at the April, June, and August meetings and applied the evaluation criteria to each of these models. It also describes how the actuaries developed high-level cost estimates for each of these models. It provides a methodology for the actuarial analyses of costs.

a. **Model 1 Explanation includes:**

- i. Eligibility and Benefits (e.g. who is covered, who is not covered, and what benefits those who are covered receive)
- ii. Financing
- iii. Costs and Feasibility
- iv. Limitations

b. **Model 2 Explanation will include:**

- i. Eligibility and Benefits
- ii. Financing
- iii. Costs and Feasibility
- iv. Limitations

c. **Model 3 Explanation will include:**

- i. Eligibility and Benefits
- ii. Financing
- iii. Costs and Feasibility
- iv. Limitations

5. **Comparison of Models based on Defined Evaluation Criteria:** This section applies the evaluation criteria to each model of health care plus the existing system. The comparisons take the form of a matrix that summarizes the evaluation, plus narrative paragraphs for each evaluation criteria describing how each model measures up.

6. **Workgroup Recommendations:** This section describes recommendations of the Work Group, developed at the September meeting and based on the outcomes of the evaluation of three universal health care models. It also includes a thorough description of disagreement or dissent (with the express permission of the dissenting work group members to identify them).

- a. It clarifies what issues remain to be addressed—including any issues outlined in the budget proviso that the Work Group was not able to tackle at depth—and makes recommendations for how these issues might be worked out.
- b. It identifies near term (one to three years) strategies the legislature, Governor, and other key decision-makers can use to move forward in addressing current problems and support a smooth transition to a universal health care system.
- c. Finally, it includes a brief summary of key themes from stakeholder and public input that informed development of the recommendations.

7. Appendices

- a. Budget proviso
- b. Work Group Charter
- c. Public and stakeholder engagement plan
- d. Meeting summaries

Summary

The following table lists the five directives from the budget proviso authorizing our work group and evaluates the extent to which this report will address each directive. We created this table for informational purposes only.

Budget Proviso Directive	To what extent does this report address this directive?	Notes/Comments
Ideas for increasing coverage and access for uninsured and underinsured populations.		The health care models will describe ways to increase coverage for uninsured populations, as well as some ideas for addressing underinsurance. Because it is not possible to adequately define underinsurance or underinsured populations, however, there are limitations to how well this report will address this directive.
Transparency measures across major health system players—including insurance carriers, hospitals and other health care facilities, pharmaceutical companies, and health care		The evaluation criteria may address transparency, but this depends on the Work Group. The health care models may include some

Budget Proviso Directive	To what extent does this report address this directive?	Notes/Comments
<p>provider groups—that promote understanding and analyses to best manage and lower health care costs.</p>		<p>transparency measures to help address health care costs; the recommendations section will include proposals for how this directive could be further addressed in the future.</p>
<p>Innovations that promote evidence-based practice, health care quality, sustainability, and affordability.</p>		<p>The evaluation criteria may address opportunities for innovation, but this depends on the Work Group. The Recommendations section will include proposals for how this directive could be addressed in the future.</p>
<p>Ways to support transition to a universal health care system for all stakeholders, including but not limited to consumers, businesses, health care providers, and facilities, hospitals, health insurance carriers, state agencies, and entities representing management and labor for these stakeholders.</p>		<p>The evaluation criteria may address transitions, but this depends on the Work Group. The Recommendations section may include some proposals for how to support a smooth transition, but these will be agnostic to the universal health care model; more specific transition measures will depend on the model the legislature chooses to pursue. The Recommendations section will also include proposals for how this directive could be addressed in the future.</p>
<p>Options for revenue and financing mechanisms to fund the universal health care system.</p>		<p>The three health care models will include financing approaches.</p>