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August 25th, 2026
Health Care Entity Registry - Listening Session #2
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>> Good afternoon, sorry for the wait. We are experiencing a couple of technical difficulties just coordinating. We are hoping to find the second Spanish translator just to coordinate between the two. We can set things up on our end just to have all the teams and widgets working together properly and make sure everyone is on the same page.

Once we sort it out, we can get started. Again, we appreciate your patience.

>> Okay, I think we should be sorted in the end. Thank you so much for your patience. I apologize. We can get going and thank you all for being here. All right. Good afternoon and thank you all for being here. My name is Andrew DRUSKUS. I appreciate you all joining me today. I am the current Healthcare Entry. I am here sharing information regarding the Associated Legislative Report and more specifically to receive your feedback.

Before we begin, we have a few housekeeping items regarding the Teams webinar being used today. Today's session will be recorded for transparency and ensure everyone's feedback is captured and no one's input is lost. By remaining in the session, you are consented to being recorded. Today, we'll start a bit of a background as well as a quick review of the Healthcare Entity Registry. Go through some of the agencies The Department of Health we'll be partnering with and as well as resources being reviewed and moving into listening session for your feedback. You should see a control panel along the top of your screen. On the far right, you should see button to mute and unmute yourself. This button should be inactive. If you would please use the raise hand function towards the center of the panel when you would like to speak, you will use the raise hand function when you would like to speak once the listening session is open up, we'll be able to unmute you to do so. On the far left, you will notice the chat button there which you can submit comments or let us know if you have technical issues. Additionally, you may note in the chat, a link has been shared for Communications Accessed Realtime translation. Anyone who wishes to use this feature may click the link to do so. We are providing ASL and Spanish translation for this meeting.

I would like to give a big thank you to those interpreters today.

I am trying my best to do so as well.

When you unmute, please try to pace yourselves as best you can so interpreters can capture your full statements. When the meeting is launched, you may notice an option to select your full language, if you were unable to do so at that time and wish to know, you may click on the "more" icon at the top of the screen. You may select language and speech and click interpretation language. Once done, you are free to select the language you prefer to listen to the webinar.

For those listening in the webinar in English, the original audio may be muted or over laid with translated audio. Only the translator will be speaking the language of your choice. For those wishing to use Teams' Sign Language mode, click on the icon on your screen's top right. Select settings and click on "accessibility," from there switch the sign language mode toggle switch to "on" and select "I am a signer" option. This designated ASL translator should be automatically spotlighted for you.
I also would like to take a mobile for Tribal Land Acknowledgment..
>> I am joining this webinar on the Suquamish and Muckleshoot, I honor and thank their ancestors and leaders when have been stewards of these lands, waters, and skies since time and Memorial and continued to do so today. I acknowledge the history of oppression experienced by native communities and the continued institutional and systematic policies and practices that attempt to erase their histories, stories, and voices today.
I recognize that this land acknowledgment is one small step towards true allyship, I commit to uplifting the voices, experiences, and histories of indigenous people of this land and beyond.
We will discuss some background on this project. To give a broad overview of the legislature assigned the Department of Health the task of developing a plan and recommendations of what a Healthcare Registry will look like. These are to include but are not limited to licenses and unlicensed facilities, providers, provider groups, systems and carriers and healthcare benefit managers. In addition, the report must also identify the information each registrant will report as well as evaluate the fee to be charged to the registering entities which may be tiered in order to support the use. Additionally, your feedback today will inform you of the shape this report takes as well as futures recommended.
I would like to call out specific requirements from the legislature that this report is to consider specifically the final plan and recommendations are to consider opportunities for state agencies to streamline reporting and share information between one another for healthcare entities and providers licensed or certified by state agency.
Second, is required for the strategies to fully understand and monitor the business structure, funding, and relationships of healthcare of Washington including the current status of future changes in direct or in direct ownership. The intended goal of these considerations is to create a registry that's complete and interactive, monitors changes in the healthcare landscape to better understand market consolidation within it and improves access and affordability.
>> Andrew, I am sorry to interrupt.
>> Go ahead. We are still having a little trouble with some of the interpretation and also I am wondering if you can remove him from the position so he can provide more technical support.
>> Sorry about that. Let me see if I can get that taken care of.
>> Apologies everybody for interrupting the meeting. Sounds like I know what the problem is now. I am showing interpreters are muted but I am unable to unmute them.
>> I see.
>> Norma, I am showing that you are muted on your end which may be appropriate right now. Apologies, everybody. All right, looks like we got everything up and running again. Go ahead, Andrew.
>> No, not at all. I am glad we got it sorted. I apologized for moving right along before we had it figured out. Okay. I guess picking up kind of where we transitioned there. The department is going to be, it has been directed to consult with several offices within the state to develop its plans and recommendations. DOH was instructed to collaborate with the Healthcare Authority, the governor's office, the Office of

Financial Management, the Office of the Insurance Commissioner and the Healthcare Cost Transparency Board. In addition to these partners, there are several ongoing initiatives and efforts that DOH is aware of that we'll be consulting with. This will include the office of Financial Management State Health Plans, the Washington Alliance and the Department of Health, Data Strategy and Modernization.

These are the broad sources of potential data of the plan and recommendations. These include but are not limited to resources from partnering agencies and resources and federal resources and comparable work and other states. With all of that said, there are a lot of moving pieces that we just reviewed and we would like to do a quick recap of everything in one place to frame what the legislature is asking. The legislature intent as described in the report states its goals to be establishing a complete and interactive registry to monitor and measure changes in the healthcare landscape in order to better understand trends and healthcare market consolidation with goals of improving access and affordability.

At this stage, the department is looking broadly at the need for such a plan. One starting place would be who would report to the registry especially from those groups listed here and from those groups, who'll be determined to be included or excluded from registration.

Other considerations include what specific data is needed as well as what needs to be known to accurately understand the consolidations and market trends through things like funding, and contracts. We are considering what data is already available and where it is reported and any gaps in that coverage that exists and suggestions on how to streamline any existing reporting.

As this report is in the early stages.

Along with determining collected data, fees were not considered as a primary focus for these specific listening sessions, rather they will likely be the focus of their own sessions once at least a draft of who reports and what data already exists is created and more focus feedback can be solved and more context provided by the department. The main considerations by the department regarding fees will be their amounts and accurately determining them for registrants and as well as what approaches states used to fund.

We do have a few more slides before we begin. Before doing so, I want to ask you to keep a few guidelines in mind. First, please be respectful of all staff. Please use the "raise hand" feature if you would like to speak and please state your name and organization if applicable when beginning to speak. We ask that comments are limited to two minutes and focus on healthcare and related impacts. We may mute or remove individuals who fail to follow these rules. We will not be responding to questions today. Our focus solely on gaining feedback. However, if you do have questions, please do not hesitate to e mail myself and I will give you to the best context to address your questions or concerns.

Before we begin, we do want to talk a little bit more about what things are considered in scope for this project. Those things would include assessing healthcare entities which professions and facilities should be included. Assessing existing data sources and identifying data gaps, as well as incorporating patients and customer perspectives. Things that would be considered out of scope would be the creation of an operational registrant system, procurement of new technology solutions as well as procuring new data systems.

If you do have specific questions, please feel free to e mail them to me and I will direct them to the best person to handle a timely fashion.

To help guide the discussion, a few examples are listed here. Questions DOH would like to see your input on could potentially include who should report, what data should be considered and how the

recommendation accounts for health system purchasing and consolidations. These are not exhausting so please feel encouraged to share any additional relevant information or feedback. To provide a starting point and consider a bit of questioning, here are a few prompts to consider. Please do not feel limited to what's currently on the screen. This is your time so anything that is front of mind and within the scope of this report, please feel free to comment on.

And with all of that said, we are now ready to begin our Listening Session. If you can raise your hand and we will begin to comment shortly. I should also point out that in the hub getting everything started today, I forgot to introduce Corey who'll be helping me manage the comments as well as calling on individuals who raise their hands and I will hand it over to her to introduce herself and get things started.

>> Thank you, Andrew. My name is Corey Tarzwell., I use she/her pronoun, I am the Legislative Affair Manager for the Department of Health. I will be facilitating unmuting or reading comments. If anyone has anything to share, you can raise your hand and I can unmute you. At the moment, I am not seeing any hands raised or anything in the chat to share so, we will just wait a few to see what you will have to share. ADina, it looks like you are muted. Are you able to unmute now? We are still not hearing you ADina. Your mic is enabled but there looks like you are unmuted.

>> Can you hear me okay?

>> There we go. Looks like we got it.

>> Thank you for this opportunity. I am an individual practitioner in achieving her licensure for Washington. I am interested as I move forward with my practice, what things I should be considering on the registry.

>> Thank you, that is actually exactly what we are trying to determine here. There is no existing registry that anyone can be a part of right now. The department was charged with producing a report of what a registry of who maybe it. We are interested in hearing what you should be reporting or other components of registry that we should be considering.

>> Okay. I am a macro practitioner at heart; I am interested in capacity building and starting at the macro level with the single individual. Getting to know other single practitioners but ultimately wanting to understand other agencies and how we are all meeting similar needs. And in communities and businesses and how those needs can be met fundamentally and making sure we are not over-duplicating one area while neglecting another, for example. I do think licensure is difficult.

>> Thank you, ADina.

>> I will leave it there. For now, that is my idea.

>> Anyone else who would like to raise their hand? Yes, Shawn. Let me give you a microphone and you should be able to unmute now, Shawn.

>> Hey, good afternoon. Thank you, Corey. Shawn Graham, representing this state's commission community. I appreciate the opportunity to provide comments and appreciate the grounding at the service of this meeting with information intent from House Bill 1686 from the 2025 session. So, I was able to listen to the first meeting that I was driving to and I was not able to comment. As somebody who was part of those discussions in Olympia during the 2025, legislative session, I want to underscore the high level here that this would be considered the context of healthcare consolidation and I think a lot of the more granular suggestions that were raised are things that can be harmful and really contemplated. I think a high-level suggestion where the department goes through this process of gathering information and start to think about recommendations may be to kind of tier out recommendations, you know, with a

baseline level of core nuts and bolts: Who, what and where and what services are they providing and some of those more granular elements that is a recommendation for future state of a registry. And I know, you noted this is not focused forum. It is not focused on user's fee. I think it is important to keep in mind the interplay with the complexity of the registry and the cost of its operation and likelihood. This is going to be funded by user fee given the implications of the legislation and as well as the state's budget. I know many licenses, including Washington, we pay highly. More complex registries will entail more costs and higher fees.

The focus of the registry be on business entity levels related to healthcare consolidation, and last note that a lot of provider entities and, you know, carriers, other care entities operate in multiple states and it would be burdensome and frankly to track other operations, tracking Washington state, operations and of the impact of our state.

>> I am going to interrupt in a minute that it has been more than two minutes and ask that you can finish up your comment.

>> Yes, thank you. I appreciate it. Like suggestions in future meetings that we are homing in on one element of this issue, it is a big issue area but for today's purposes, I want to give highlights and feedback and appreciate the opportunity to comment.

>> Thank you, Shawn. Next, we have Robin. You should be able to unmute yourself now. Robin, if you are speaking, it shows that you are muted on your end. There should be a button on the control panel at the upper right hand corner.

>> Sorry, I was pushing on it but nothing's changed.

>> We got you now.

>> Thank you, I am Robin Blake. When we saw the registry come out, we were concerned in the sense of we are small practice professions, versus hospitals, we are concerned about expense as well as the amount of detail that may be required to provide. So, many of us have solo practice and we may also work in a clinic. So, there is that aspect of sorry, I am saying "so" a lot, so there is the expense of a small practice profession versus hospitals with expense. We would request that the expense is not based on the number of employees because medical clinics would earn considerably more money than same number of employees with a massage clinic most likely. Then, of course, with the private practice and the number of details that need to be provided and a hospital would have more details to provide than a private practice massage therapist. One thing that occurs to us was this was about consolidation but what about monitoring the level of insurance providers and in professions. There are some providers dropping. It is also an opportunity to monitor that as well. So, thank you very much.

>> Thank you for sharing. Anybody else who would like to raise their hand or put a comment in the chat? You can also use the Q and A box if preferred. I am keeping an eye on that as well.

>> Just to provide a little bit more if folks want more prompting. We do have a few more additional kinds of framing questions. Again, keep in mind these are no way limiting, you can talk about who should be included and data at any point or any concerns that jump to mind.

Just a few additional prompts here are worth considering and what data already reported. Oh, I see another hand. I will yield.

>> Yes. ADina, you can go ahead.

>> Thank you, again. Yes, to the previous individual that sparked my mind, too. I would echo what they are saying and again as an individual, my capacity gathers data and I am also on the edge of being for

profit versus nonprofits or having to create hybrid version of that and having to pay on a registry would be challenging for [] and having extreme citing scale for the new practitioner. That definitely comes up so I will leave it there. Thank you.
>> Thank you. Looks like Gayle is up next. You should be able to unmute.
>> Gayle, if you are speaking, I am showing that you are muted on your end. Seems like the mute button is sticky today. Gayle, we are not hearing you. I am going to try to enable your microphone and able it again. Sometimes that helps. All right, try again. All right, Gayle says she will follow up. Gayle, last week somebody found it helpful and rejoined so their microphone started working again. If you would like to join , feel free. Bonnie, I am going to go ahead and enable your microphone and hopefully, you can unmute yourself.
>> Hi. I hope that everybody can hear me.
>> Yes, I can hear you.
>> Division of vocational. I am wearing glasses and today I have maroon T shirt and blue jeans. I was noticing on the slides Andrew put together and looking at the providers, coming up with many plans. I was wondering is that in book or can we get information about what is being considered?
>> Yes, that's part of our purpose for today's meeting. The department does not have a plan yet for what we are considering. The prompts that Andrew has been showing on the screen are things that we think we need to gather information on and so we are hoping from these meetings that we can get some of that feedback from you all to tell us what we should be considering in this report that we'll produce next year.
>> So, it is not actually set yet. They are still gathering ideas you may say.
>> Yes, that is correct.
>> Okay, thank you.
>> Thank you. Any other hands? Gayle, if you made it back, we could try again. ADina, your hand is up. Go ahead.
>> On the registry, is it about tracking us as providers or interventions or the population we are working on or in terms of those we are looking to collaborate with professionally. Would it be searchable? These are things that is coming up for me now.
>> Yes, some of that is definable by us and what we are doing here. I think Shawn may have been sharing a lot of this discussion with the legislature around healthcare consolidation so we do know that was one intent of the legislature in this. I think we are at a stage where we can make recommendations around what gets included in this registry as it is formed. I think we can get that feedback and any ideas or sort of constraints on the system that we should consider. Gayle, I gave you your microphone again. Are you able to unmute now?
>> Yes. It looks totally different now. It was too light before. Gayle M., I want to reinforce what Shawn said. I did not participate in, you know, how this language was developed or really tracked at that closely. What I am hearing is a tremendous amount of confusion. And while I am not saying the department does not have flexibility, I hope you all have gone back and listened to the hearings, the legislative hears on the legislation, you know, read the bill report and all of the above. So, what you are doing is consistent.
Because it feels light folks are kind of, they are all over the place understandably because there is no road or road map. So, for your future meetings, just an idea maybe to start with an overview of the legislation

to kind of ground the discussion. That is just me. Maybe I am thinking too narrowly. I think it needs a little more structure. Anyway, thank you for hearing me out.
>> Thank you, Gayle, I appreciate it. Looks like next we have sorry, I lost my people. Benjamin has their hands up next.
>> Hi, can you hear me?
>> Yes.
>> My name is Benjamin; I am with the Center for Health Work Studies. I see the main goal stated in the introduction is understanding market consolidation and also improving understanding if efforts improve access and affordability. Thinking of consolidation, based on previous comments, suggestions on healthcare facilities, I think thinking on the effect of healthcare workers are also important. That could involve starting with licensed profession in the state and understanding if consolidations have an effect on where they are working and how many of them are working, their wages etc. I don't think that information is currently collected with license data. That is the source of that type of information. I know there have been a lot of changes with the helms effort but there may be need to do some additional consideration of what needs to be collected during licensure of individual providers to meet the goals. As far as improving access and affordability, that's something that is very difficult to measure so I would be interested in hearing as this process continues what the suggestions about, you know, ways to try to assess that or I don't have any current suggestions but if that's a central goal, I think that's something will take a lot of thought and effort to consider. Thanks for providing some feedback.
>> Thank you for your feedback. Next we have is Leah. I apologize if I mispronounced your name.
>> No, you did not. It was Leah. The legislation would be helpful because I spend a lot of time trying to wrap my mind with intent. With the caveat that I have not read the legislation, there are a couple of things that pop in mind. I work in helping to promote better advocacy and access in managed care for behavioral health and one of the things we have been missing is an accurate source of data showing what providers services are and especially as they change in realtime. If a provider dropping service or doesn’t have the ability to provide service temporarily, that sort of stuff will be helpful in monitoring access for behavioral health if we have a centralized place where we can see all the information. I do not know if it is helpful but it is something that we want on our side and if this could become that would be amazing.
>> Thank you. I do have a comment in the chat on who should report a single health system filing should be efficient where the parent organization can provide ownership, governance, and affiliation information for all covered entities. That approach would provide DOH visibility into consolidation, organizations, and relationships, while minimizing consistency and lowering administrative burden. Multi-care hospitals and affiliates, requiring separate reports from each entity would yield different results.
>> Thank you. At the moment, I am see not seeing any comments or hands raised. Please feel free to put anything in the chat if there is anything you would like to share.
>> Anyone needs anywhere prompting, we have a few more additional prompts to get the creative juices going so to speak.
>> Thank you, Andrew. I am doing work with managed care organization right now similar to this. I do not want to do duplicate work. Would it be possible to connect with someone with DOH? Yes, I think we can do that if you have Andrew's contact information included on the slide. I can paste the link again. I think just reach out to Andrew and we can help connect you with the right folks. At any time if you have a

comment to share, you are welcome to e mail Andrew. After the session is over and anything you would like for us to consider or be aware of, please e mail Andrew.
>> Yes, ADina, go ahead.
>> Thank you, thank you whoever dropped the link for the legislation. I had a chance to grab it and take a peek. Section 1 Part B talks about private equity firms coming to acquire. And I guess part of what may be futures discussions from my perspective is speaking to the legislature about what we as practitioners would like to see happen given what I see happen happening too. What the state is trying to accomplish. If I try to create these relationships maybe to give options to restructure them and the registry may be a little more effective than what they are thinking. Thank you.
>> Thank you. Now, I do see Lisa's comment in the chat. I appreciate that. We will take that and talk about that with our team once the session is over and see if we can make improvements.
>> All right, I am not seeing any more hands or comments. Unless anyone wants to raise their hands here. I will turn it back to Andrew.
>> All right then. I do see in the comments from Lisa that opening this was round one and others will follow. We do have the intent once we have a bit of a focus idea of what resources are available to us and what the community hopes to see from such a registry to create more focus ones, I believe I spoke earlier to the fact that, Focus Sessions specifically for fees is currently in our mindset and probably additional ones as well.
>> And before we move on, we are getting a little bit more here. Leah? Go ahead.
>> Yes, sorry, I had a thought popped into my head that when it comes to healthcare, a lot of people use different terms to say the same things. So, I think depending on what you put into the registry, it may be helpful to come to a consensus and to get feedback on how you should name the services that you put in here and how you should name things. I know especially of behavioral health world that we can say the same words. I just want to put it out there, that may be helpful to have in mind.
>> We do have one more comment in the chat as far as the data. As DOH considers, what information should be collected through futures registry. Under Washington's material healthcare transaction review requirements, parties already provide with extensive information regarding ownership control, organizational structure, affiliation and transaction related changes including practice locations and services. Before creating new reporting categories, it may be helpful to evaluate what information the state is already receiving through those existing processes and whether that information can be shared or leveraged across agencies. Thank you. I am going to pause for hands one more time. I see a hand going up and down a few times. I don't know if that yes? It looks like we have one hand. Let me give you a microphone. I apologize, is it Goliath?
>> Yes, my name is Goliath.
>> Please go ahead.
>> In terms of complications, I had a lot of comments about what should be considered. Registry I think we already have a stretch of data that comes from the clinical side of healthcare. So how are we going to fight that and what would consider of the minimum deficit? Someone mentioning something like social determinants of health, for instance. Housing, people that are struggling with housing, what is considered as helping for housing? I do not know if I am putting myself clearly? Minimum deficit should be defined and constructed the registry. I think that is how I can summarize that.
>> Thank you for that.

>> It looks like ADina would like to share.
>> Thanks again. ADina. Master of social work. Again, having a chance to review the legislation, thank you. I was duplicating my efforts but I will adjust elsewhere. I wonder if there is a way to include in the registry, potential surveys or something that's more population based, based on the legislation if I read it accurately, there is concerns about those who are literally not accessing services or just literally cannot because of the healthcare deserts, I would think that information would not come from providers but also from individuals themselves. I would be curious to see if that could be added to the registry for more details.
>> Yes, thank you for that. Any other hands? I do someone in the chat. If you would like to share, please raise your hand. Okay, I am not seeing any more hands. I saw a comment that somebody is working on the chat. In the interest of time, I will let Andrew continue with the remainder of the presentation.
>> All right. Thank you. Yes, with no further comments coming in until they do, I will move along. In the meantime, I do oh, I do see a comment.
>> Yes, I will read that. For the record, given the concerns of access to public databases these days, I have concerns about how specific details in collected data will be utilized. Thank you, we will definitely take that into consideration.
>> Again, thank you again for taking the time to speak with us today. We really appreciate it. I do want to give a little bit more information regarding Next Steps moving forward. DOH staff and myself will be reviewing all feedback from this Listening Session and others as well as written comments. We will conduct additional analysis as needed and develop potential recommendations. Additional engagement may occur as recommendations are developed, a progress report update is to be presented to the legislature in December 2027 with final recommendations presented in November 2028.
We do have some additional Listening Sessions and links to which you are welcome to share with others as well as attend again yourself. You can see those dates here are scheduled for this week. The next one is tomorrow at 10 a.m.
And again, just to reiterate, my name is Andrew STRUSKA, I am the Program Manager for HSQA. If you have any questions, please feel free to reach out to me. Again, it should be on the website and the slide deck as well. I just want to thank everyone again.
>> We really appreciate it. I think there is one more comment. Sorry, I am having trouble switching over.
>> No worries, Andrew.
Somebody sharing they had concerns about the registry being used by equity firms to target and seek to consolidate them. So, something else we will consider as we discuss all the feedback and how we move forward.
>> Thank you.
>> That's really about it. Thank you all again so much for being here. We really appreciate it. And again, feel free to reach out at any time to me once this session is concluded and we would be happy to take your feedback. With that, have a great rest of your day and take care. Bye.