

## Universal Health Care Commission Meeting Chat

January 4, 2022  
2:00 p.m. – 4:00 p.m.

Time	From	CHAT
14:03:51	AnnaLisa Gellermann	Not near my house. PSE has no cause listed yet.
14:05:55	Kathryn Lewandowsky	Here from the land originally cared for by the Sauk-Suiattle and the Salish tribes.
14:08:03	Sydney Zvara	Here from the land of the Snoqualmie, "Valley of the Moon".
14:10:30	Bevin Mcleod	Here from the land of the Duwamish. Thank you and happy new year to all!
14:12:04	Carolyn Cole	wishing you a speedy recovery
14:12:48	Sarah Weinberg	I'm Sarah Weinberg and would like to make a verbal comment.
14:12:51	Marcia Stedman	Marcia Stedman would like to offer public comments.
14:13:23	Roger Collier	Roger Collier
14:14:43	Jeff Silverman	Jeff Silverman
14:17:03	Kathryn Lewandowsky	I want to mention that myself and several others from Whole Washington had several written comments that were sent after the last meeting that did not appear in today's meeting materials and even in my request last night to speak today my first request was returned as undeliverable and I had to resend it to another address. So maybe the links for sending written comments can be checked going forward.
14:18:08	Kathryn Lewandowsky	<a href="http://www.wsipp.wa.gov/ReportFile/1705/Wsipp_Single-Payer-and-Universal-Coverage-Health-Systems-Final-Report_Report.pdf">http://www.wsipp.wa.gov/ReportFile/1705/Wsipp_Single-Payer-and-Universal-Coverage-Health-Systems-Final-Report_Report.pdf</a> Here is the link to the WIPPS report
14:18:21	Kathryn Lewandowsky	WSIPP report
14:21:21	Kathryn Lewandowsky	I completely agree with Chris's comments!
14:27:11	Kathryn Lewandowsky	And does the cost sharing encourage you NOT to go to the doctor until it is an emergency? This is how we save money and improve outcomes!

14:35:06	Jen Nye	Can the email for public comment be confirmed here please?
14:35:09	Dr. Rice	You can add my vote too in support of Model A.
14:35:30	Devī Bhaktānanda	I appreciate all the hard work you've all put in. I add my vote to support Model A!
14:35:57	Kathryn Lewandowsky	I also add my vote for option A!
14:36:12	Jeff Silverman	I like Model A as well.
14:36:31	Mandy Weeks-Green	Commission address: <a href="mailto:hcauniversalhcc@hca.wa.gov">hcauniversalhcc@hca.wa.gov</a>
14:39:07	Stephanie Lee	<a href="https://www.wsipp.wa.gov/ReportFile/1705/Wsipp_Single-Payer-and-Universal-Coverage-Health-Systems-Final-Report_Report.pdf">https://www.wsipp.wa.gov/ReportFile/1705/Wsipp_Single-Payer-and-Universal-Coverage-Health-Systems-Final-Report_Report.pdf</a>
14:39:32	Mandy Weeks-Green	If there is any problem submitting public comments, anyone is welcome to email me at <a href="mailto:mandy.weeks-green@hca.wa.gov">mandy.weeks-green@hca.wa.gov</a>
14:45:03	Mandy Weeks-Green	The email contact for the Commission can also be found on the Commission webpage here: <a href="https://www.hca.wa.gov/about-hca/universal-health-care-commission/board-members">https://www.hca.wa.gov/about-hca/universal-health-care-commission/board-members</a>
14:45:03	Kathryn Lewandowsky	In Dr. Friedman's most recent review of SB 5204 the assumed tax rates actually brings in 212 billion more per year than is necessary. so the suggested rates in that bill don't need to be that high
14:45:20	Kathryn Lewandowsky	12 billion not 212 billion, sorry!
14:46:13	Kelly Powers	We have rationing of care now.
14:46:56	Kathryn Lewandowsky	Our care is currently rationed by for profit corporations whose alliance falls to their shareholders.
14:50:25	Kathryn Lewandowsky	I am curious whether the reimbursement in Canada is done Nationally or Provincially? Because I think the there are some differences between the taxes and benefits between Provinces. I'm not exactly sure of the answer.
14:53:57	Aaron B Katz	Provider fees are determined in each province. For example, in British Columbia, the provincial government gives physician funds to the BC Medical Association, which then sets fees for various types of physician services.
14:55:35	Kathryn Lewandowsky	I personally feel that this would be an ideal way to establish a National M4A plan by having it be administered more at the state level as each state has individual needs and circumstances that they understand best.

14:55:50	Aaron B Katz	Universal systems internationally provide two types of "outs" for residents: the ability to purchase insurance only for benefits not covered by the universal system (e.g., Canada) or the ability to "buy out of" the universal system entirely (e.g., UK).
14:57:26	Jeff Silverman	Is there comparison of health care outcomes vs expenditures?
14:57:57	Jeff Silverman	infant mortality? life span?
14:58:46	Kathleen Randall	Where is Taiwan in this study?
14:59:18	Jennifer E Robertson	Physician training (med school) is VERY expensive in the USA compared to Europe where 6-year undergrad-level training is still the norm (vs. 4 years post-undergrad grad-level training followed by internships, etc speciality training, in the USA). This reality (and the heavy debt burden of med school) also needs to be addressed in developing a system of universal healthcare. Some aspects of comparisons between the US and national health care systems elsewhere are apples and oranges unless the cost/financial burden of training doctors/medical education, et al is not also factored in as part of the Big Picture). A good review can be found in <a href="http://www.journalofethics.ama-assn.org">www.journalofethics.ama-assn.org</a> (Amer Med Assoc J of Ethics, v.14 n.12 2012).
14:59:37	Jen Nye	Is there more detail in what's included in Healthcare Costs? Does the U.S. amount include what we pay in cost sharing?
15:00:43	Aaron B Katz	Re Jeff Silverman's question, the best international comparisons of outcomes and expenditures is by the Commonwealth Fund, CWF.org I think.
15:01:15	Jeff Silverman	thank you
15:02:05	Aaron B Katz	Re Jen Nye's question, yes, the health expenditure data include all spending regardless of source, so are comparable across countries.
15:02:21	Jen Nye	Thanks, Aaron
15:02:25	Bonnie Morris	What about the cost of insurance companies advertising and marketing?
15:03:41	Aaron B Katz	Yes, generally speaking, health care spending data include all of the costs of so-called insurance overhead (including for public insurance programs).
15:05:05	Kathryn Lewandowsky	Many of the public attendees are healthcare experts in their own right and I appreciate them all being here!

15:05:39	Vicki Lowe	Yes, Kathy. Thank you. We will capture all of this rich conversation.
15:05:57	Jeff Silverman	Stephanie, that was a good presentation. A commendation
15:06:00	Aaron B Katz	In Germany, at least, yes, the insurers and providers know what the resource limitations are under which they are negotiating.
15:06:57	Kelly Powers	Does Germany have a robust small business sector?
15:08:14	Maureen (Mo) Brinck-Lund	USA healthcare costs way more and our outcomes are so much worse! Not such a good deal. (Outcomes weren't covered in the presentation so much, but it's in the materials and anywhere else you might look)
15:08:55	Aaron B Katz	My understanding re Germany is that ALL plans are private. All residents with incomes below a certain amount MUST enroll in one of the regulated "sickness plans." Those with higher incomes must enroll in an alternative, maybe less regulated insurance plan that meets certain standards.
15:09:15	Kelly Powers	What I am getting at is that a large number of workers are not provided employer based insurance.
15:09:58	Jen Nye	I would say the existence of medical debt in and of itself is a huge detriment to our system that isn't accounted for here.
15:10:01	Jeff Silverman	Kelly, I am in that group.
15:10:03	Maureen (Mo) Brinck-Lund	Thank you for the presentation!
15:10:21	Dr. Rice	How are health technology assessment & approval decisions made in current US profit insurers?
15:11:19	Sarah Weinberg	Germany: I think that in order to buy private insurance instead of enrolling in a sickness fund, a citizen has to show adequate wealth to pay for it. If the citizen chooses to go private, they are then barred for life from the sickness fund public system.
15:13:10	Jeff Silverman	7,705,281 people fro 2020 census
15:13:16	Kathryn Lewandowsky	I met a gentleman in the ferry lines who was telling me that his company when he was working in Germany could choose to provide private coverage. It cost his company about \$60 per version to purchase that coverage.
15:13:33	Alan Unell & Vokouhi Hovagimian	2020 Dec. CBO report identified \$400B yearly in overhead that would be removed in any of the 5 single payer systems evaluated

15:14:41	Kathryn Lewandowsky	And in my research about Germany's healthcare system while working on my BSN I found out that the insurance companies are restricted to only a 3% profit margin and if they have more profits than that they must use those funds to reduce people's premiums the next year.
15:15:41	Aaron B Katz	Re Joan's question - just remember that WA state's actions on cost control often aren't or can't be applied to the entire health care system, whereas, for example, when Germany decided to get aggressive on disease management payment years ago, it applied to the entire system.
15:21:29	Kelly Powers	So proud of Washington's history of health care reform!
15:28:26	Bevin Mcleod	Also just as a reminder - the bill for this commission was written to include standing up of advisory committees, so there is significant opportunity for deep diving to be done in categories that need research in order to support the commissioners and the overall mandate of the Commission. Look forward to hearing how and when we can all support that effort.
15:29:28	Jennifer E Robertson	FYI: Cost of med school contributes to US healthcare disparities and spending: <a href="https://sites.tufts.edu/cmph357/2017/04/09/the-price-we-pay-how-the-cost-of-medical-school-contributes-to-us-healthcare-disparities-and-spending/">https://sites.tufts.edu/cmph357/2017/04/09/the-price-we-pay-how-the-cost-of-medical-school-contributes-to-us-healthcare-disparities-and-spending/</a>
15:29:46	Hal Stockbridge MD	Bevin, that's an excellent point! I agree wholeheartedly!
15:36:51	Bevin Mcleod	Another aspect we didn't have time/resources to analyze for was to assess the allocation of the statewide savings.
15:37:40	Bevin Mcleod	Would be nice to be able to dig into that more specifically so we can see where the savings are allocated across sectors
15:38:51	Kathryn Lewandowsky	Everyone will be having a bit of sticker shock at the cost of treating sick COVID patients I fear.
15:45:38	Nicole Gomez	Here's the link to the full Universal Health Care Work Group's Final Report: <a href="https://www.hca.wa.gov/assets/program/final-universal-health-care-work-group-legislative-report.pdf">https://www.hca.wa.gov/assets/program/final-universal-health-care-work-group-legislative-report.pdf</a>
15:46:05	Jeff Silverman	Bevin, do you have a list of things you would like to do that did not have the time/resources to do them?
15:51:10	Kathryn Lewandowsky	Isn't Cascade Care Reimbursement 40% of Medicare reimbursement?
15:51:40	Dr. Rice	The European multi-payer systems all used NON-PROFIT private health insurers - I don't see this in WA state Plan B. In the U.S. the first insurer Blue Cross was initially a non-profit.

15:51:46	Kathryn Lewandowsky	My hospital does not accept Cascade Care as they can't afford to provide care at that reimbursement level.
15:52:38	Joan Altman	WA Health Benefit Exchange : Of possible interest to members, last session the legislature directed the Exchange, in collaboration with HCA and OIC, to look at coverage solutions for folks without a federally recognized immigration status - with the goal of providing coverage to that group by 2024.
15:52:53	Dr. Rice	No - Patricia Rice, Ph.D. WA state psychologist
15:53:36	Kathryn Lewandowsky	Do you know what it is Dr. Rice?
15:54:01	Michele Ritala	King County : European countries may use non-profit health insurers to provide administrative services but provider rates are determined at a national level and there are not proprietary networks that differ by health plan.
15:54:42	Aaron B Katz	Re Dr. Rice's point: the largest three health insurers in WA (Kaiser, Premera/Blue Cross, and Regence/Blue Shield) are not-for-profit entities. To me, the "rules" of the marketplace are more important than the tax code status of the competitors.
15:55:09	Jane Beyer	Here is an evaluation of the Maryland all payer model for hospitals -- <a href="https://downloads.cms.gov/files/MD-allpayer-finalevalrpt.pdf">https://downloads.cms.gov/files/MD-allpayer-finalevalrpt.pdf</a> . It's an example of an all-payer model that applies to Medicare.
15:55:13	Bevin Mcleod	Jeff, I could work on creating a list to share if folks think that would be helpful.
15:55:24	Mich'l Needham	Cascade Care reimbursement requirements aim at 160% of Medicare as an aggregate measure across all payments.
15:55:57	Joan Altman	Additional information on Cascade Care care is available here: <a href="https://www.hca.wa.gov/assets/program/cascade-care-one-pager.pdf">https://www.hca.wa.gov/assets/program/cascade-care-one-pager.pdf</a>
15:56:58	Kelly Powers	Kathryn, it was more challenging this year to find one Cascade Care plan that covered the hospital, providers, etc.
15:58:01	Kathryn Lewandowsky	Thank you Joan!
15:58:07	Kristin Peterson	No questions, helpful information, thank you!
15:58:11	Aruna Bhuta	Bree collaborative's work on healthcare technology effectiveness and govt cost control strategies info will be helpful

16:00:56	Jeff Silverman	Nice presentation, thank you.
16:01:53	Kathryn Lewandowsky	Thank you again for your time and efforts in fulfilling the goals of this commission.
16:02:04	Consuelo Echeverria	I would like to echo Aaron Katz comment that feasibility is a matter of political will. It occurred to me as I was looking at the last slide that redlined feasibility, that at one point in the history of the USA slavery was legal and women were not allowed to vote.