What do you think was the most important point made during this work group meeting and why?	Do you have anything else you would like to share?
All WA residents need affordable, comprehensive, non-profit coverage and our State can provide that via a state trust	Please pass SB 5222
Not sure if the point was made, but any system created should be non-profit.	Please consider supporting/studying a bill with a study - SB 5222.
Complexity, fragmentation, inefficiency, different levels of care, including no care at all, are the distinguishing characteristics of our system, and at the heart of it all, lies a sinister truth that as a society we've accepted that profit can be made at the expense of human health. Until the profit incentive has been removed, we won't fix anything.	As a public endeavor, it's understandable that a large work group representing diverse factions is necessary. However, policy wonks, insurance industry reps, and financial analysts tend to keep the conversation locked into a frame of commodification. We can't seem to rise above seeing healthcare in terms of cost, plans, coverage, benefits, etc. Yes, there is a State Budget, but we need to to look at healthcare without the oppressive lens of consumerism too. Health is what allows us to be our best selves for the short time we have here on the planet, and if asked to put a price on a loved one's health, we could not do it. It's priceless. Our lives are priceless. Healthcare isn't a line item in a budget. It's us. We are, at the most fundamental level, the State of Washington. And the money to allow us to thrive is there. This is much more an argument of justice, dignity and what government should be fighting for than an argument of affordability. Maybe, throughout the work group's process, the case for single payer will be made as a matter of undeniable facts, and I will remain patient and hopeful, but cautiously skeptical considering the motivating factors for some work group participants. Single Payer truly is the only solution. This isn't drama or hyperbole or political messaging. If we want the best system for the people, it's single payer. But in the meantime, as this process continues, I'm concerned there's a significant voice missing from the discussion, a voice that represents humanity overall. Not just individual stories of consumers that have dealt with the exchange, but a visionary voice that asks us to demand more of ourselves. A voice that will remind us of our legacy and a chance for a real win for humanity. Thanks for the opportunity to add to the discussion.

I was surprised to learn that Arisa (I'm hoping that I'm spelling the name correctly) limits the possibility of single-payer healthcare in any state. Is it possible to work around it? Two housekeeping things that need to be addressed: 1. The moderator needs a microphone at all times for those of us who are watching from home, as well as microphones to be supplied at all times for people whom are speaking. 2. The slides need to be made visible online, so that viewers online can follow what's being discussed.

If state based single-payer healthcare becomes a reality in Washington state, it needs to be able to provide the following, so that disabled people who require caregiver services can live independently: 1. Disabled people need to be able to choose the home health care agency that they wish to use (just like choosing one's own doctor) when selecting an agency to provide them with caregiver services. Currently disabled people who are on Medicaid, must go through agencies that DSHS contracts with.. These agencies provide caregiver services which are in adequate at best and are downright criminal at worst. This needs to change. 2. The cap needs to be raised on durable medical equipment. Example, currently Medicaid will not pay for waterproofed power chairs. In an inclement weather environment like Seattle, not having a waterproofed power chair means the inability to live independently. 3. If a disabled person must live in a long-term care facility, the disabled person shouldn't have most of their income stripped from them. Their income should not have to pay more than 30% of their income to a long-term care facility. 3B. If the disabled person requires a private room, single-payer insurance should cover this cost. Or at least allow the disabled person to pay the difference. 4. Medicaid should allow the disabled person to save more than $2000 in their bank account without having to pay a participation fee for healthcare and related services which allow them to live independently. Thank you for taking the time to read my message. And I would look forward very much to when you would have a meeting in Seattle that I could attend.

Coverage does not always equal access to care. It is important to capture the underinsured and those who have coverage but no providers who can or will provide services to them.

I watched on TVW and didn't have access to the handouts. For the next workgroup meeting, it would be helpful to remind participants to use their mic and, if possible, share the handouts on the HCA website. Data on who has coverage and does not is not as easy to determine as one would hope. I couldn't determine the following coverages based on the conversation: 1. Medicare dual eligible counted in the Medicare coverage population or Medicaid? 2. Children with dual coverage- many have employer coverage through parents and then Medicaid as a secondary. How is that coverage reflected? I think it is important to understand how the expanded coverage for children helps with cost-sharing. 3. Is there data regarding what percent of the individual insurance market prior to QHP coverage was in the high risk pool? 4. Re-iterating comments about the AI/AN population- I.H.S. is not coverage, many AI/AN need coverage or are signed up for coverage through a Tribal health program. AIHC has AI/AN boilerplate language to consider for any universal bill. I ran the health program at Jamestown S'Klallam Tribe that Aaron Katz mentioned. I would love to give you an overview of how we utilized existing coverage for our Tribal Members and purchased coverage where there was no coverage available in order to help them access care all year round.

The health care system is fragmented, Uninsured and underinsured people need easy access to healthcare, we need to understand the barriers to getting healthcare. The new immigrants and refugees need access to healthcare. Also, health is 20% what healthcare can do for you and 80% the social determinants of health.

There is a group called wholewashington.org. They are planning on gathering signatures to get Universal Healthcare on the 2020 ballot in Washington State. Is someone from the workgroup talking or working with them?

The healthcare financing system in this country is completely broken and the many obstacles to care need to be removed, because health care is a human right and far too many people have inadequate or no access.	Given the news (Spokesman-Review 9/24/19) that Kaiser closed the health clinic in Fairfield, WA because it couldn't make enough money, it's very disconcerting that Rep. Joe Schmick was not in attendance at the first meeting, since this is a big problem in his district and, according to the newspaper, he has no idea how to fix it. For the details on the why and how of the best solution, see my new e-book called A Medicare for All Q & A available at https://educationfund-healthcareforallwa.nationbuilder.com/hcfa_ed_fund_ebook_a_medicare_for_all_q_a Thanks for your work!!
Transparency of the Work Group's deliberations and access to referenced materials, so that the public may actively participate.	I note in the budget language, under (ix)(b)(iii), there are references to both: •The Dr. Robert Bree Collaborative (http://www.breecollaborative.org/) and •WA Health Technology Assessment Program (HTAP) (https://www.hca.wa.gov/about-hca/health-technology-assessment) (ix)(b)(iii) “Innovations that will promote quality, evidence-based practices leading to sustainability, and affordability in a universal health care system. When studying innovations under this subsection, the work group must develop recommendations on issues related to covered benefits and quality assurance and consider expanding and supplementing the work of the Robert Bree collaborative and the health technology assessment program;” However, as far as I can ascertain in reviewing the initial draft of the Charter and the Roster, there are no representatives from those bodies participating on the Work Group. That approach may be fine, but at present it remains unclear as to how and at what points in the deliberations the Work Group would interface with those two bodies. Therefore, it would helpful to provide clarification on how that interface will be accomplished. Public Access to Meeting Materials, and Suggestion: Today I watched the TVW recording of the initial meeting: (https://www.tvw.org/watch/?clientID=9375922947&eventID=2019091093) This is a very useful resource. However, the TVW recording stops at time stamp 03:15:28. Therefore, it would be helpful to provide public access to the entire meeting. Also, there were presentations made by the speakers at that meeting, and other referenced materials (e.g. “Glossary”). However, those materials do not appear to be posted on the Health Care Authority’s dedicated webpage for this Work Group. Therefore, it would greatly improve the public’s ability to participate in and comment on these proceedings by making those adjunct materials available via the HCA’s webpage, ideally no later than the time at which the TVW recording is available. Thank you for the opportunity to provide these comments.