

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?

Universal Single-Payer health care would have kept my family member alive!!! The U.S. has a screwy health care system that makes most people's health care dependent upon their employment. They might get health care if they have a good job with benefits. But if they get laid off from their jobs, they lose health care. In contrast, all other modern industrial nations recognize health care as a basic human right, and their governments fund efficient, high quality health care for every person regardless of employment status. The U.S.'s failure to have Universal Single-Payer health care caused my cousin's son to DIE!!! My cousin's son had a job with medical benefits. He had a serious medical problem that required an expensive prescription. When he was laid off from his job he lost his medical benefits and could not afford to refill his prescription when it ran out. He found a new job that would start on a Monday, but on Saturday he died because his life-saving medication had run out. If my cousin's son had lived in a civilized nation with Universal Single-Payer health care, he would still be alive. We need to push our state governments and the federal government to adopt Universal Single-Payer. The federal government is currently too cruel and dysfunctional to take positive actions, so we must organize and push at the state level. Indeed, this is how many progressive reforms have occurred throughout our history. State governments are closer to the people, so they can take positive steps. Then after a number of states have succeeded, the federal government can see that it is "politically safe" to make these reforms. Support federal level bills and state level bills for Universal Single-Payer health care — and citizen initiatives at the state level. You and your family members' lives are at stake!!!

Companies profiting from the current lack of effective market or regulatory controls are enjoying soaring profits while the cost of having healthcare insurance and using it is now 25-45% of middle class families' household budgets. Even worse, the cost of using healthcare coverage has climbed even higher, putting millions of WA families at risk of losing employer healthcare coverage and even their homes. One serious illness in a family, can put that family in such financial peril that they lose their housing if a parent is too sick to work. If a parent needs to put all their energy into a sick family member or is ill themselves, they often can't work. Hospital systems are suffering because preventable complications become life threatening ER visit with huge costs for end of life, hopeless care. In Washington the selling of medical debt and the interest rates allowed are creating havoc for those without insurance. Hospital based charity care can not solve this problem, as it extends to those suffering the outrageous costs of their medications, wheel chairs, fracture boots and on and on.

Other developed countries have a government managed healthcare system that provides healthcare for all and is based on fair taxation. These systems need 1/2 to 1/3 less money than our country spends on healthcare. In Montana, health care costs are now set by limiting the reimbursement rates for hospital systems based on medicare to 220%. It is working because the hospitals are still making money. <http://fullmeasure.news/news/cover-story/montanas-solution> Other states are following suit. We must legislate straightforward reimbursement rates. Like Montana, all states are facing the inability to pay for their own employee's medical care, run their state hospital systems, fund medicaid programs. Insurance, durable medical devices, other healthcare supplies, and pharmaceuticals costs, based on unregulated profits for the private sector and very complicated reimbursement machinery (that often denies and delays care) are not sustainable and must go. Letting private companies take profits from our medicaid programs is not sustainable. We must have a different model and restore sanity to our healthcare systems. The next economic down turn may very bring this whole house of cards crashing down. Montana moved from a 9 billion dollar deficit in 2015 to a 101 billion surplus in 2019. A good place for all of that savings? Insure more people! Getting control of medical costs is a good start. Taking the limitless profits out of healthcare and turning the administration of claims and funds with the Healthcare Authority is the right thing to do. A new and robust study, released on how much national Medicare for All could save has just been released. There is a great deal of misinformation and outright lying being broad cast about how we can't afford to insure all. We are already paying enough now to insure everyone with permanent healthcare insurance. We just aren't getting our money's worth. https://jacobinmag.com/2018/12/medicare-for-all-study-peri-sanders?fbclid=IwAR2M0NWuhSY13ZpRpWPqTT8UPFIFBKyrQ0hqcpCmHkR3wNn0_AQQ_OaMivg

The lack of truth! Time to know the FACTS about Medicare for All! FACT: M4A costs \$32.6 trillion, doing nothing will cost \$50 trillion; FACT: M4A will cost 4.5% of income and investments, even for the rich. FACT: M4A would give workers biggest take home pay increase in a decade. FACT: M4A will cost 7.5% of income for every employee, even for wealthy corporations. FACT: M4A will save businesses trillions of dollars. FACT: M4A will cut poverty 20%. FACT: Sanders strengthens SSDI and M4A services for 25% of Americans with a Disability. FACT: Sanders proposes \$81 billion in medical debt relief for 71 million people. FACT: Sanders proposes a cap of \$200 a year for pharmaceuticals. FACT: Sanders proposes \$20 billion to save 25% rural hospitals from closure. M4A will stop the government from punishing the people for needing help. Bernie Sanders is the lone Democrat fighting for universal mental health care. Insurance companies employ this tactic to discourage patients from obtaining mental health benefits. 43 million Americans join me in the plight against mental illness and we all deserve quality care without having to jump through endless hoops just so rich executives can line their pockets. <https://medium.com/@kcmilleredu/sanders-is-lone-democrat-fighting-for-universal-mental-health-care-85ad038faf02>

I am extremely disappointed in a full Democratic house and Governorship that will not make the rich and wealthy corporations pay their fair share so we can survive.

I think the most important point that was made was how unaffordable health insurance had become and that more and more costs are shifted to the “insured” and how that cost intersects with American families’ overall financial insecurity

I have had my own small business in Washington for the past 11 years, something I am proud of starting after Microsoft laid me off at the beginning of the recession. I own a home and pay my taxes. I am in the “individual health insurance market” and buy my insurance on the exchange. My daughter is covered by Apple Care. Even with these supports, my healthcare costs more than tripled last year mostly due to high deductibles. My regular medication which used to cost \$10 per month switched to \$300 per month at the beginning of 2019 because my prescription costs were included in the deductible—I paid \$1800 for that prescription last year, a generic. I had no idea until I went to fill my prescription last January that would be the case and was told the two months supply would be \$600 dollars. Midway through this year I lost a few clients that I have not yet replaced and so I am facing another new year with a full deductible to meet and for the first time in a long time, I might not HAVE the money for my prescription. So when people talk about the percentage of those who can’t weather an unexpected \$400 bill, I realize that percentage now includes me. The reason the pharmaceutical companies and the health insurance companies continue to have record profits is because every year they are taking in more from people like me and giving out less...this is not healthy for our state and we need to do something about it

Health insurance and care is becoming more unaffordable all the time leaving more people even with good paying jobs unable to afford Health Insurance.

Like so many others my family does not have health insurance. We feel even if we could afford it the outlandish premiums are not justifiable. ACA tried to force very one to purchase health insurance but it did not factor in the companies would “price” themselves out of business for families making a decent living. Currently premiums for my family of 5 would be 25,000 annually . This exceeds the 10% which exempts us from paying the penalty. They didn’t really think that through. The more frustrating thing is that if our income went down \$30,000 the premium drops to approx. \$6000 annually.. At the lower income it would be difficult to afford living expenses etc. I live on Orcas island and Medical is a big concern. The clinics on the island 1 Nonprofit and 1 UW affiliated struggle with the shortfall of Medicare and insurance payments which fall short of actual costs. Recently a Hospital Distric tax was voted in to Ryan to help implement after hours care but so far all that has happened is subsidy payments for “shortfalls” and wage increases. This tax is of no benefit to nonMedicare residents. I really hope that Universal Healthcare becomes a reality soon. I do have concerns with how it will all play it. How will deduction be calculated? I think a flat rate across would be best. So any income variable formula used has been off balance. How would provider payment work. With current Medicare payment rates that seems to be a concern for providers. In the long term there has to be a shield in place that keeps outside private corporations from trying to “manage” the fund . The percent of every dollar medical payment left for medical care is not acceptable. It would be wonderful if there were some informative public meetings to help get the information out. Thank you for all your efforts.

Before I can answer this, I need to see a written summary of the meeting. I don't have the data allotment, the time or the patience to watch the video.

I decided to retire 3 years before my eligibility for Medicare, because I could no longer tolerate working for the medical industrial complex. This meant I had to find private insurance on the Exchange for myself and my spouse. I wasted many full days just studying the various plans, calculating costs, researching companies, and trying to decide what to do. After 3 months I decided to go with the COBRA plan to continue the reasonably good HMO insurance I had through my employer (and about which I never gave much thought). With just a \$200 per individual deductible and 10% co-insurance it was way better than anything I could find on the Exchange. The monthly premium for 2 was \$1150/mo but it only lasted 18 months. By comparison at the time, a bronze plan with the same HMO would have been \$1002/mo with a \$6000/individual deductible and 20% coinsurance. So it was a choice between very expensive insurance where I might get something in return versus very expensive insurance where I was most likely to get nothing in return. My employer told me to apply for the COBRA after getting an application in the mail, which might not arrive until after my employer coverage ended. But I was not to worry about this, because coverage would be “retroactive.” Well my coverage terminated and the paperwork had not arrived yet so I called HR. They gave me the COBRA managing company’s web address and I was eventually able to submit their application online. Unfortunately while waiting for approval, my spouse got injured and needed immediate medical attention, and all we had was a promise that our insurance was retroactive. We had to self-pay to see the doctor and to make a long story short, it took over 6 months with numerous phone calls and appeals to get the payment mess straightened out, partly because my former employer’s COBRA contractor had changed and the HR personnel did not even know about it. This caused even longer delays in getting the insurance restored than it normally would have. When the COBRA ran out, we still had to arrange for 1 month of individual insurance for my spouse and 19 months for me, and we got a Kaiser bronze plan which was \$548.41 for me with a \$7,150 deductible and no coinsurance in 2017. For 2018, my premium went to \$653.15. For 2019, it jumped to \$818.06 with a \$5,500 deductible and 20% coinsurance. That’s when I called it quits and went without insurance until my Medicare started. For 2018 I had some doctor and physical therapy visits which I paid for out of pocket, not even coming close to the deductible. I could accept this if the policy was strictly sold as a catastrophic policy with a correspondingly low premium, but this was not the case. As they are, these policies constitute under-insurance such that most people can’t afford to use them. These premiums, deductibles, and coinsurance rates are simply outrageous. Nobody, other than our wealthiest 1%, can truly afford them, and even if they could, they are not worth it. If regular people in all other developed countries can receive needed health care for a reasonable tax and with far fewer complications and stress, we should be able to do it too! We need a single-payer system. It’s not a matter of economics, as Uve Reinhardt said, it’s a matter of soul.

The personal story provided by Kelly Powers was all too relatable. Rising premiums create incredible psychological stress that can only be surpassed by the dilemma of actually needing care. Here, we force families to make gambles and take astounding risks. After having 'Cadillac' insurance for over 20 years, I find myself in that same position. Do I go to the doctor and wipe out our savings to fulfill the deductible or do I hope it goes away? These cost-sharing schemes, these barriers to care, force us to make poor, short-sighted decisions about our health that, in turn, end up making healthcare more expensive for everyone.

Before getting into my interpretation of Dec 9th's meeting, I'd like to propose a couple of metrics that might help the work group compare the final proposals. Human Time Spent. I would like to know how much time an average person spends dealing with bureaucracy related to their healthcare, and I'd like to see that amount quantified in dollars. I'm talking about the phone calls, the emails, the research. How much time is spent reviewing options, picking plans, asking for referrals, looking for subsidies, ensuring authorization, fighting denials, reviewing bills, asking for explanations? This is one of the most damning and infuriating aspects of the current system. Our time on this earth is finite and precious, and no one wants to deal with this manufactured nonsense. (PS. The time spent on bureaucracy with single payer? (Close to zero.) Under the Transparency Category: Profit Details. If we're to say that healthcare is an appropriate arena to make profits, the public should be able to access company data that speaks to how the profit is made. In very clear terms, for each specific company and industry-wide, I would like to see: 1) corporate profits 2) executive salaries 3) denials of care, both in number and dollar amount, and 4) out of pocket costs transferred to consumers. Now, back to 12/9. This session's working activity--to get at the root causes of our most pernicious problems with our current system was critical, and I appreciate the effort to truly get under it. The group I observed didn't have enough time to complete the exercise so I'm not sure how it all shook out. However, I did notice that even though the root cause was clearly offered by a participant, there seemed to be a palpable hesitancy in stating it, so I will state it here. The predominant reason we pay so much more, have such poor outcomes, and have so many citizens without care is simply that health insurance is motivated by profit. We have a behemoth industry planted squarely between doctors and patients, and that industry is permitted to make and is INCENTIVIZED BY PROFIT. That's it. That's the reason. So instead of one giant risk pool funded by all of us based on ability to pay, we have small, fractured risk pools. The oldest and sickest are covered by the government and everyone else is at the mercy of a barely regulated marketplace where decisions are made not by medical professionals, but by business, bureaucracy, and profit-motive. And it's not the insurance industry's fault. They're doing what any for-profit corporation would do. It is our fault that we allow it to continue. This is not complicated, but it is indeed difficult. To identify and admit a moral failing in society takes courage, but we can't fix a problem until we get to that point. And once there, the whole world of possibilities opens up. This work group has the opportunity to make history. You have the ability to change people's lives for the better, to even save lives. You have the chance to advance real social justice and offer a genuine freedom most don't even know is possible. By every conceivable metric, single payer is a better solution. The biggest obstacle we face is the fate of insurance companies. And even here, they could play a huge role in the solution. Just imagine if insurance companies transformed to solve the need we'll have for more doctors and nurses. Yes, we'll certainly be trading old problems for new problems but they'll be problems of operation, not finding ways to mitigate negligence or cruelty. I'm deeply grateful for the opportunity to comment, especially at length, but I must be blunt here. Mankind and all living things are facing a potential mass extinction. More and more reports warn that the impacts of the climate crisis will be so much worse and will touch us far sooner than we ever imagined. The choices we'll have to make will be disruptive, maybe even painful, and they'll require everything we have. In comparison, the choice to move to single payer healthcare is a no-brainer. We have a working solution in front of us. I urge everyone to look closely at SB 5222, including its funding and transition plan. People are dying, people are scared, and people are suffering right this very minute. Kindness, justice, and humanity should be what drives us with urgency. Single payer gets us on that path. And for anyone that wants even more info on single payer, I found an excellent book: How Obamacare is Unsustainable - Why We Need a Single Payer Solution for All Americans. It's written by a Washingtonian, Dr. John Geyman, and it is thoroughly documented, sourced, and easy to read. Thank you all for the heart and time you put into this effort, and Happy New Year.

I feel like there was a lot of time missed in the ice breaking session. I was happy to see that there was some dedicated effort in the breakout sessions to outline what type of healthcare program is needed in Washington state to provide comprehensive coverage to all residents. I would like to hear more about the Single Payer healthcare options. The first day outlined Single Payer Plans but I did not here members addressing the topics from those documents.

Fake bomb scare ended the meeting before public comments. These comments won't be public, Why is the health care industry allowed to participate? If the Three Pigs had a work group to figure out how to keep the Big Bad Wolf out, they wouldn't let him in the work group. The answer will they? is SINGLE PAYER.

Providing access to care will require much more than simply providing financial coverage for care. <https://www.icsi.org/wp-content/uploads/2019/03/ICSI-AcceleratingHealthCareAffordabilityWhite-PaperBriefFinal021519.pdf> I am a physician involved in the Kittitas County Health Network. Our Network receives some financial support from the Greater Columbia Accountable Communities of Health for our cross-sector work for integrated Care Coordination for people in need in our County. The link is to work done in Minnesota that I think speaks to some of the ideas bouncing around in the Universal Health Care Work Group. I feel that the issues of access, cost, and quality are easily bogged down by status quo thinking. Simply doing more of the same will not get us any closer to improving equity or quality or cost. This paper invites other ways of thinking about the problems in order to develop more innovative solutions. Please take a few minutes to read it and share it if you think it can further the collective thinking of the group.

I am questioning why you spent a whole meeting day trying to get a "shared understanding" of the problems in our healthcare system? Did you not choose people already who understand what the problems are?

I was surprised when one of the gentlemen in the breakout group I attended said that it's very hard to compare Washington state residents to the populations of other high income countries that have better health outcomes. I wanted to ask, "What makes Washington residents so different from other people all over the world? Certainly you would want to try and figure out what those differences are that gives the residents of those countries such improved outcomes!"

I have been a nurse in Washington for over 30 years working mostly in acute care hospitals. In my career I have never understood how my employer can possibly make a budget for our hospitals with a "best guess" at who will walk through their ER doors and whether and how much we will be paid for the services we provide. I have long understood that we spend too much money and efforts saving people with long term, untreated diseases that are in a crisis. It is past time to change course and take a hard look at truly reforming our healthcare system. It's time to take the profiteers out of healthcare and just pay to take care of our people. When you look at your 3 models to compare, one of those models needs to be a single payer system such as SB5222. When we accomplish providing a non profit, universal system for everyone we will have another dilemma. What shall we do with all the money we save?

I was able to watch the first meeting in full. I'm very happy it was mentioned that there was already a study done by Dr. Gerald Friedman demonstrating that single payer would save Washingtonians billions annually. It's strange you didn't mention the specific bill that he studied: the Whole Washington health trust.

Sb 5222 (The Whole WA health trust) has been vetted by the DOR/ESD and is already in the legislature. While this group completes its own study, and tries to figure out its own path to universal healthcare, more than 400,000 Washingtonians remain without healthcare coverage. Tens of thousands of people die or go bankrupt because of this. I very much hope you speed up the process for our sake. I ask you recommend the bill that was developed with stakeholder input, is supported by the largest universal healthcare grassroots volunteer group in the state, and is endorsed by dozens of elected officials and organizations.

I am disappointed in how little input you have from proponents of health care for all.

a. Currently the "Charge of the Work Group" in the draft charter states that the Work Group is to deliberate on the following: "Ideas for increasing coverage and access for uninsured and under-insured populations, with the goal of improving health equity and reducing health disparities." This is important but it does nothing for the millions that are paying high premiums, deductibles and co-pays. Employer-based coverage is costing over \$20,000 per year plus deductibles and co-payments. 80% of people filing for bankruptcy due to medical bills have insurance and are not included in the statement above. Single payer will provide (not give access) health care for everyone that is affordable and comprehensive. b. Why start from scratch. Whole WA has a bill already written that will work. Rep. Jayapal also has a bill that would be an excellent example. Why not take advantage of systems already developed and vetted?

Providing universal coverage will not ensure universal access to care. The current care model needs a transformation to include other ways of caring for patients, ie community health workers and telemedicine. Perhaps the ACH efforts will produce viable changes that work.

I count 36 members and only one of them is a community member. The community membership should be more vibrant, say 10-15% rather than 3%, in order to truly have community input. And their input should be required for any decision making. Other members may need training in listening. Please consider that.

Currently in the Charge of the Work Group section of the Draft Charter, states: "This Work Group will study and make recommendations to the Legislature on how to create, implement, maintain, and fund a universal health care system that is sustainable and affordable to all Washington residents." It is essential that we include the word "comprehensive". Good vision, dental and mental health care are badly needed.