

Please note: the format of these responses are different from the other public comment documents. At the time of this public comment opportunity, Health Care Authority was moving to an updated version of Survey Monkey, the platform we used for all Universal Health Care Work Group public comment surveys.

What do you think was the most important point made during this work group meeting and why?

The system we have is inequitable and unsustainable. Other models around the developed world work for all. No where in the US are all people insured. The insurance and other for-profit medical industries are too expensive, don't allow enough choices or even adequate choices of health care provided. Care is rationed based on profits not on what a health care provider decides should be done.

I did not attend the work group but I read details about the meeting.

I listened to the first hour of the meeting. The most important point shared was that the criteria for choosing models should include thresholds for affordability. The quality of health care is obviously important, but if it isn't affordable, people will delay in using the care, until their health is greatly compromised. Or alternatively, people will be forced into financial ruin.

It is very important that a single payer option is used in your analysis

The need for Universal Care

Study on Major International models. It is clear to me that the members of the UHC Work Group are very knowledgeable. The upcoming meetings and the outcome are invaluable.

Looks like it's going very slow.

Establishing the criteria by which to analyze an appropriate healthcare model for the state.

There was broad agreement in the "orange" group I sat in on that universal health care means similar things to most of the group: anything you need should be in-network, copays and deductibles are a barrier to access, it's important to share data and have a platform that promotes this, primary care is critical, include social determinants of health as this has cost benefits, coverage should be as broad as possible, portability of care, transparency in health care systems (concern with consolidation of hospitals), important to capture patient input, consider the perspectives of patients as well as doctors. As for benefits, could begin with the '93-'94 health reform benefits package and move forward. Evidence-based care, sensitivity to cultural differences, and quality across communities also were mentioned as important. Overall, I was very impressed with the general agreement on these attributes of a universal health care system, regardless of profession or politics. I am optimistic, at this point, that the Work Group will most likely be able to fulfill its charge of recommending 2 or 3 universal health care models to the Legislature.

Do you have anything else you would like to share?

Workgroup for Universal HealthCare.

Dear Pathway to Universal work Group Members,

Thank you so much for your admirable work on the matter of the best system to bring universal care to WA State.

Our state needs:

1.Equitable affordable coverage for every person in our state.

2.To put an end to the extremely high cost of unregulated for-profit companies that provide healthcare products and services.

3.Hospital systems that won't be closed down by "non-profit" profitable companies and consolidated in only profitable areas.

4.To control the budget for healthcare with efficiencies of administration

5.Stop paying insurance companies to administer Medicaid.

6.Stop allowing pharmaceutical and medical supply industries to gouge people who are ill or hurt.

7.Stop allowing the system of small care networks with approvals and denials eating up time and funds, and quick proactive care/

I include some links to help you quickly understand why changing the insurance based model of healthcare in WA is so urgent to our people, our hospitals and healthcare workers, and our state financial situation. Functional systems and financial stability will even help our ability to respond to pandemic events such as we are seeing with novel corona virus-19

Consider these instances:

1. In Yakima, a private company's financial decision closed one of the two hospitals, the impact on the residents has been immediate and troubling. <https://kimatv.com/news/local/astrias-yakima-hospitals-closing-may-be-a-symptom-of-a-bigger-crisis>

2. In Montana the state was on the brink of bankruptcy because of the costs of paying for hospital care for their state employees, Medicaid patients needing hospitalization, etc. Montanans were able to control costs by using a model that Montanan hospitals now saying is working well. The hospitals are paid about 234% of Medicare rates. <https://www.propublica.org/article/in-montana-a-tough-negotiator-proved-employers-do-not-have-to-pay-so-much-for-health-care>

And no wonder hospital systems make such terrible consolidation decisions. People who administer these hospitals are used to making millions of dollars. The system we are stuck with now does not help smaller and more rural hospitals financial problems. The American pastime of gobbling up the competition and closing down the unprofitable "business" is making it difficult for the communities to have care anywhere close to home. Please see the healthcare deserts detailed in these maps. https://www.marchofdimes.org/materials/Nowhere_to_Go_Final.pdf

Some of the current challenger to hospital survival:

1.Reimbursement rates of 10-20% of the billed amounts paid by insurance companies and poor reimbursement rates by other entities like Medicaid or current Medicare rates. <https://www.cnn.com/2019/02/11/this-is-the-real-reason-most-americans-file-for-bankruptcy.html>

Therefore, hospitals suffer deep discounts even when insurance companies pay them which of course hurts their ability to stay solvent.

2.The constant negotiations with the myriads of insurance companies are costly.

Many of our residents are under-insured or even worse, playing the Russian Roulette of not having insurance. Bankruptcy and homelessness can be the result. <https://www.cnn.com/2019/02/11/this-is-the-real-reason-most-americans-file-for-bankruptcy.html>

In fact in the U.S. 2/3 of bankruptcy may be due to medical bills. Also three-quarters of the one million American families experiencing medical bankruptcy annually have coverage when they fall sick. This increases the number of people in poverty and homelessness and leads to increasing numbers of people in our state on welfare. A growing number of the homeless have one or more jobs. <https://parade.com/643064/beckyhughes/working-homeless-population-grows-in-cities-across-the-u-s/> Health conditions are very rough and stress is very high in these situations, leading to more dependence on the state and hospitals for medical emergencies when their neglect of a manageable health program becomes life threatening or too painful to tolerate.

This round robin of dysfunction is already disrupting.

1. Individual families

2.Hospitals

3.Local and state governments,

Even before the terrible costs occurring with COVID-19, many local jurisdictions suffer from neglected infrastructure maintenance. Rising healthcare costs show no slowing, rising by double digits for the last 5 years. human price that costs the state so much in welfare care! Now with the economy in free fall because of a novel virus that our gutted CDC could not prepare for quickly the 30% of healthcare dollars that go to the medical industries such as insurance, pharmaceutical, manufacturers and middle men had already hamstrung efficient affordable care.

Please do not dither about whether we can sustain the current model. No we can't!! We must quickly create a system where the citizens are defended and the private industries are brought under control.

In fact, insurance companies are severely regulated or not even used around the world. A simplified payment system through the state health care authority is a must. Doctors and hospital workers and administrations must have adequate budgets. Redistributing the money leaking out of the system in a flood must be done. Hospitals and clinics should not have to make profits, they should be given adequate, guaranteed sure budgets so the energy and money can be spent on health care. We must wake up! Distribute care evenly. All people need adequate care. As it is poor people, people of color, rural people and even the shrinking middle class are faced with the probability they will be unable to afford care and for many find a place to be receive that care.

When my son graduated with a masters degree he was unable to find a job in the US so he found a job abroad and five years later brought back a wife. They lived with my husband and me because they were unable to afford rent or healthcare. So they went without healthcare until they found jobs. If we had not been willing to take them in, they would have been homeless. Not every family can do this so we need affordable equitable healthcare coverage for every person in our state. We need to end the high cost of for-profit healthcare companies by regulating them and and taking aback the administration of medicaid.

I consider these criteria most important in choosing 3 models to study : 1. Access needs to include all residents, including undocumented immigrants. 2.All treatments, procedures, etc. need to be equitably priced 3. The source of the coverage (state government, insurance company should not interfere with clinical decision making. 4.Thresholds for affordability need to be used so that medical bankruptcy is avoided. I ask that the WHIST be used as one of the models considered.

Whatever recommendations you end up making, I urge you to very strongly consider MINIMIZING or REMOVING the option of private insurance and profit incentive. This is destroying our health care, driving individuals needing care into bankruptcy (or just skipping care altogether) while making a few very wealthy. This is outrageous, inhumane, and antithetical to the task of providing health care! Removing health insurance companies from the mix leads to big savings. Yes, it is probably challenging to imagine a different system and to understand how to transition to a different system (e.g., how might we help insurance company workers transition to other jobs), but let's be bold, learn from others, and SERVE THE PEOPLE.

Thank you for your time and energy.

Thank you for including the WHST bill in your analysis of the 3 different health care models. It would be an incomplete comparison if that bill was not one of the chosen models to compare. I am sure you would not want your work to be considered incomplete by leaving out this plan which has been presented to our legislatures since 2013 and never received a hearing. Around the world a single payer option has proven to be the most cost effective. We should not try and hide this fact from our citizens.

We as a state need this

I don't see eliminating the dependence on employers for insurance as one of your goals or charges. The current system is horrible. No one is happy depending on their employer as to which insurance and how much they get.

Required reading: "Taking into account both the costs of coverage expansion and the savings that would be achieved through the Medicare for All Act, we calculate that a single-payer, universal health-care system is likely to lead to a 13% savings in national health-care expenditure, equivalent to more than US\$450 billion annually. The entire system could be funded with less financial outlay than is incurred by employers and households paying for health-care premiums combined with existing government allocations." from The Lancet Feb. 15, 2020

I don't see that you are addressing the following:□

> Employer-Based coverage is too expensive (upwards of \$20,000 per year plus deductibles and copays). Also it's provided at the whim of the employer that can reduce the coverage, eliminate the coverage and/or lay the employee off. Also, you lose your coverage if you lose your job or change jobs, etc.

>All private run health care coverage is provided at the whim of the insurance company. They raise premium costs, control treatment options, and deny coverage.

You need to address these issues. Looks like you are only looking to give "access" to those that currently don't have coverage. We all need help. And for some the need is dire.□

People are suffering while we try to reinvent the wheel. Single payer systems have been proven around the world. Seems the health care lobby has too much influence in our government. This is a matter of life and death. Why isn't SB5222 being considered? Why isn't anyone from Whole Washington on the Work Group? They applied.

The work group charge or mission is very weak. It needs definitions for "increased coverage". Is the goal 100% coverage or something less?

And "under-insured" Almost all WA residents are under-insured.□

Also, What are "health equity" and "health disparities"?□

The charge should be to seek a system that will PROVIDE COMPREHENSIVE coverage to ALL at an AFFORDABLE cost and not be under control of employers and insurance companies.

"Access" isn't definitive enough. People have access to coverage via the ACA but many can't afford it. □

It looks to me like the Work Group is making good progress with the establishment of important criteria and the outlines of other models.□

The guiding principal for Washington's healthcare model needs to be that every resident will have equal, affordable access to medical care whenever needed. This should include undocumented immigrants, at least with regard to primary care.

Providers need to remain private, but private insurers are far too resistant to the kind of change that is necessary to have any significant role, other than for possible supplemental coverage. Because the U.S. has already demonstrated success with its Medicare, single-payer, national health insurance model for those over 65, that model should be the one chosen and improved upon by each state. Once a federal program is approved (along the lines of the Canada Health Act of 1984), each state that has already created a universal system can then be easily integrated. The state should define the benefits package and negotiate transparent prices for all services and products which might vary according to the local costs of living. Benefits could initially be conservatively set (as they were in Canada), but they should eventually include the full gamut of primary care, hospital care, prescription medication, dental, vision, hearing, reproductive, mental health, and long-term care (unlike Canada).

There should be no point of service costs for consumers. Funding will be established through payroll deductions as a percent of salary, via the state tax system and a merger with the state Medicaid system and possibly the IHS and contributions from the VA. Benefits need to be evidence-based and set by a panel of medical professionals to promote maximum health for all residents.□

The latest version of my e-book called A Medicare for All Q & A was just published in a variety of formats at https://educationfund-healthcareforallwa.nationbuilder.com/hcfa_ed_fund_ebook_a_medicare_for_all_q_a□

Yes. I was impressed by the variety of coverage models presented by the Economics Group. However, the Washington Health Security Trust (WHST) was described incorrectly. Rather than overseeing private plans, the WHST IS the plan, a public plan that covers all Washington residents for benefits that are deemed medically necessary by the Trustees.

Comment

What is the current plan to get this moving again? We need a single payer health care coverage now more than ever. Note: SB5222 is exactly what we need, why is the Work Group ignoring it?