

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?
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The most important thing is to keep our health care coverage.

I prefer and support the universal support plan developed and administered by the state.

Yes, We need to keep our health care coverage to help the disabled and elderly and also the people with underlying health issues with out this coverage they rely on there is no help for them they may not have any family member to help them or their family member maybe in a financial strain themselves the out-of-pocket costs will exceed their financial limits and it also leaves a big strain on low income people as well with bills and medication costs that they can not afford and this could result in many deaths we need this affordable health care to make sure our death tolls do not rise as they are exceeding now due to Covid-19 everyday.

My take away was that the majority favored an upgrade to our existing health insurance system, with most preferring universal single payer. I too believe that this is the single best response we can make to recover from the current COVID crisis, and mitigate other public health crises (because there will be more. This will also take us a long way toward racial and cultural equity in this country.

I understand that there is a move afoot to close down the UHC Work Group. THIS MUST NOT HAPPEN! You are performing the biggest public service in the country, and WE NEED YOU!

That what we have is not working and that Option A makes the only real sense. Please be bold. We'll support you! We must remove the profit incentive and have genuine care like other countries. We can do this.

We've never needed it more.

I've read the meeting summary, and first want to thank the work group for having this discussion and making the details available to the public. The point of accessible healthcare cannot be stressed enough as it should be the right of every human being in this country to be able to receive/pursue quality healthcare. Bold step. I also agree with conducting an equity analysis of all three models in order to better understand how each model would impact different communities and demographic groups across the state. This data will be invaluable in driving the most beneficial solutions, to ensure that the correct populations are being served in scalable and sustainable ways and also to advance funding efforts.

Again, thank you! I look forward to seeing what the work group's next steps will be.

I would like to urge the members of the Work Group to endorse the first option of Universal coverage administered by the state – State government sets the benefits package, contracts directly with all providers, and pays for all care. I do not believe that depending on insurance companies, regardless of state oversight, is affordable nor is it in the best interests of the people of Washington State. We must establish health care as a right, not a privilege. It should be apparent that health care must not be driven by profit, but rather by improving the health of the population.

I did not attend on the day, tried to watch the videos of the meeting and breakout sessions.

I would urge the work group to support the WA Health Security Trust as written in HB 1104. My preference is for our state and the nation to abandon all private insurance and move to government funded, privately delivered health services.

The most important point made during this meeting was the fact that if we do not do something bold, we will end up with a strange hybrid system that may take years to get to universal healthcare for everyone.

It's important to consider a possible multi-state options with the recommendations to WALEG. Collaboration with a coalition of nearby states would significantly reduce the cost of care due to better negotiated rates from a larger pool of individuals. I like Option A, B, and C for the actuarial analysis - a side by side comparison of the three is nice. My preference is Option A because it is the boldest plan with universal coverage.

further clarification of the models, plans for moving forward

First, thanks to all the members of the Work Group team for their efforts. My comments on the June meeting proposal: Option C "Fill the Gaps". I concur with comments during the session suggesting that this is the least promising alternative for providing universal care. Option A, Universal Coverage, State Administered. This proposal has many advocates but is also the most disruptive and most likely to evoke vigorous opposition from the stakeholders if Medicare reimbursement levels are used (as with the original Cascade Care plan). It is also likely to create resistance to perceived "new taxes". Notably, similar legislation has been introduced in each of the last 9 years, and has not emerged from committee, suggesting that (despite its strong appeal) this measure may not meet the test of political feasibility. Option B, Universal Coverage, Delegated Administration. This option most closely resembles the successful models currently working in several European social democracies. Its adoption could be least disruptive (especially assuming Option 2.5, continuing Medicare, Medicaid and VA systems in place). Modifications could potentially improve its appeal, including a) requiring the State to set the premium costs and reimbursement levels, rather than relying on negotiations between stakeholders b) ensuring that reimbursement is at an "all payer rate" to avoid reimbursement driven access limitations c) limiting the private insurance industry to serving as a conduit for collection and reimbursement at a 3-5% operating margin, as Medicare does (eliminating the need for a new administrative system for the State). d) continuing employer paid premiums for the required minimum universal policy (but also allowing employers to provide additional insurance policies from private companies for uncovered costs), and e) providing that anyone who loses employment coverage (or is not covered by any other plan) is automatically enrolled in the State program with State subsidization of their premiums. f) leave an option that employer premiums could also provide a small surplus that would assist the state in covering the costs of the uninsured. Systems resembling this have worked well in Europe; we might profit from those experiences. Thank you for the opportunity to comment.

We support the request that Options A, B and C be put forward for financial and actuarial analysis so it is possible to compare these approaches to reforming our health care system. Because health care is a human right, we support universal coverage and envision a fully publicly funded system (option A). However, we recognize the need to explore shorter-term solutions given the tremendous need for people to access health care especially in the present time, budgetary constraints at the state level, and a lack of federal financing options. It is urgent that we preserve and strengthen the health care safety net to ensure that all residents have equitable, affordable access to needed health care services. Worsening health disparities during the pandemic magnify the need to evaluate the options with a racial equity lens and address gaps in coverage that particularly affect immigrants and others who are underserved. As a member of the Cascade Care Workgroup currently advising the Health Benefit Exchange on its affordability study, we consider it essential to make health insurance more affordable through significant reductions premiums and cost-sharing. We recommend coordination of the two workgroups to jointly consider options for revenue and financing. We are interested in evaluating potential multi-state solutions as well.

Thank you for your consideration.

This pandemic demonstrates clearly the need for a universal coverage approach. The cost may be high, but it is a great investment. This issue intersects with every crisis we are currently facing - Covid, homelessness, inappropriate utilization of police forces, unemployment, lack of ability to start a business or change employment.

I'm tired of living in a country that doesn't take care of one another. It's disgusting and look where it's gotten us? We're the worst in the world at managing an epidemic but we spend the most on medical care. It's humiliating and it should change yesterday.

Universal coverage administered by the state is the ONLY option that has a fighting chance of ending the waste, greed and manipulation in our current health care environment

Essentialness of Universal Healthcare now.

Years ago I was a high school principal and I had a student who had an inherited disease. His father lost his insurance and they ended up without any health care whatsoever. This young man was a summer intern at the submarine base in Kitsap County. When they interviewed the students for this position he was the first time the engineers ever agreed. He died the fall after his internship there. At his funeral the engineers cried when they spoke about what an incredible asset he was to this country. His death was not necessary. If we had Universal Health Care Laura Fielding bases in the United States would have been places he might have worked. He was a genius and now he's dead because of the lack of Universal Health Care

I am in favor of the universal plan without involving private insurers (plan A or plan 1) because I believe that is both the most efficient and most equitable option.

From a self-interest standpoint, under a universal plan, I would like private insurance to continue to be available as a supplement to the public coverage for those employers who wish to include it in their benefits packages.

The models of each of the three plans. So we can see clearly what the options are.

I would like to say I much prefer to see us enact the first plan, the one that guarantees health coverage for everyone living in the State of Washington with no involvement on the part of the private insurers. Coverage needs to be affordable, no co-pays and accessible anywhere. No need to pay attention to whether it is an in-network or out-of-network provider.

I listened to the recording of the 6/24 meeting and appreciated your study of the 3 different models of providing universal health care to Washington state. I believe that with the COVID-19 crisis, with people of color being disproportionately affected, and the protests involving police brutality towards people of color, we need to look at which model would be most equitable, the least cumbersome to access, and the least expensive way to provide high quality care. As I see it, now more than ever, the first model where the state system manages health care provided by private and public providers is the best option and the one I hope the group recommends our state pursue. Whenever insurance companies are used to manage health care, they are thinking about their bottom line. Just because premiums, co-pays, and deductibles may be reasonable one year, the next year can be drastically different. Programs like public options that rely on management by insurance companies and increase coverage in increments to people are subject to the whims of the insurance company. Since insurance companies are profit driven, vs health outcome driven, we see little done by insurance companies to promote health. I have read that despite the pandemic, because of the cancelled elective surgeries and patients staying away from doctors, insurance companies are turning profits. Yet they have done nothing to help with COVID prevention, like supplying cloth masks to their consumers, or subsidizing some of the COBRA costs of their consumers that have lost jobs. Also health insurance companies have no overarching desire to ensure that all people stay healthy. Countries like South Korea, with their universal health care system, had a better response to securing testing for COVID. In addition a state managed universal health care system would provide benefits of lowering pharmaceutical, medical devices, and hospital costs. I believe if we use a model for universal health care like the first one, our response to a pandemic crisis would be much more coordinated and equitable than our present system.

Employer provided insurance is a disaster, with only about 50% of US employees offered insurance through their employers. Insurance companies make this worse by denying and delaying care, charging very high deductibles and copayments. At the same time their own executive pay and "reserves" grow by billions. They are allowed by law to put these reserves into "Partnership for America's Health Care Future", a multi-million-dollar cooperative designed to overwhelm not just the swelling Medicare for All movement, but every single proposal that would significantly expand the government's role in health care. * Now during this COVID 19 pandemic, employer-based insurance has been further exposed as a fraudulent claim of "protection" through private insurance coverage. * Politico 11/25/2019 by Adam Cancryn

Employee supplied Healthcare insurance is a model that has been a primary driver of large companies off-shoring jobs, putting United States and Washington State employees into a much less secure employment situation. This is especially true of manufacturing jobs. In a cascade effect, there is less work in service industries. Employees with employer healthcare insurance are very vulnerable to economic downturns, especially obvious in the current COVID pandemic. Often the coverage requires an ever-increasing burden of cost to use this insurance. Workers and also those that can't buy their own health insurance suffer the losses of preventive care, maintenance healthcare for chronic diseases and the repair of injuries and disease processes. Those that are ill and unable to work inflict a heavy societal burden in loss of productivity, and the need to increase local and state budget for Medicaid, policing, addiction care, foster care and so much more. Since ACA and especially since the Trump administration healthcare industry has been saving billions of dollars for themselves, limiting healthcare that they allow their customers to access. "Insurance" companies use such tactics as charging high deductibles, co pays and co insurance amounts. Huge profits are now the norm for insurers, pharmaceutical companies, big hospital corporations and durable medical supplies. We can certainly no longer afford to use this complicated system of multiple payers. Hospitals and doctors pass the high cost of billing this complicated system to the people that need care. People of color, trapped by centuries of institutional racism, are disproportionately without good medical care. The murder of George Floyd has brought awareness and longing for change all the over USA and WA State. The model of heavy-handed policing is doing nothing to prevent crime, addiction, depression, homelessness and hunger. The COVID-19 has likewise shown an even stronger light on the way Black and Latinx peoples are disproportionately in need of state services. Thanks to the continued rise of COVID Cases, which in part is due to the lack of good information and resources. Lack of education that resonates with minorities and all young people, has created perfect storm. A shortage of state funds to support people that suffer from lack of jobs and healthcare is going to worsen. Spending millions on policing while lacking resources to help people be well (physical and mental healthcare) does really highlights that we have the cart before the horse and the horse is kicking the cart to pieces. This workgroup is asking the right questions. The answers are really that we can no longer afford to have 30% of our dollars going to a myriad of private companies that add complexity and deny and delay a lot of necessary care. A two-tiered system that will bring state aid to help those in the bottom "half" of the economy woefully forgets these realities. The top half has now become the top 1/3-to 1/5 in a shutdown economy. The bottom is now 2/3 heading toward 4/5 of the people in our state. The pandemic job losses add to the need to supply more state Medicaid dollars to get all people healthcare. Continuing to pay for administration by these expensive private companies that add no value, further enriches healthcare companies. As people get more stressed and sicker, states are less able to manage crime, mental health dysfunction, addiction care, and many other dire circumstances that come to people without meaningful work and the means to build generational financial cushions. The Workgroup has identified the need to simplify the way our society gets care. We need a plan where everyone pays into a single payer plan according to ability to pay. A single payer state entity can save money on every aspect of paying for care. The savings is much bigger if there is economy of scale. This could be achieved with a multistate or country wide approach. Doctors are paid a stable fee, hospitals can stay open with certain and sure budgets, and the days of getting care at the end of your life by showing up in an emergency rooms are over. By that time a \$100,000 uncompensated stay and a ventilator can no longer save people from advanced diseases that went unprevented and untreated. Over time, all of society would get preventative care, children would have healthy parents who can work and take care of them. Crime goes down because jobs come back and people have self-esteem. The kind of help they need for high blood pressure, diabetes, depression, and other very costly and sneaky diseases is much less because of early discovery and adequate care to prevent the ravages of these unchecked conditions. Happiest of all will be our employers, who can lower the cost of their products, compete in world markets. Hospitals and doctors will lose the need to spend large share of their revenue on billing problems. New employers could afford to add jobs. More employees allow state government less remedial cost. Schools will be better funded; welfare costs will be lowered. When all races of people have equal access to quality health systems, they will have the energy for making our country strong, free and equitable. Where does this all begin? A single payer healthcare system for everyone, paid for on "ability to pay". As people rise in income, they can pay more and our government can pay much less. If this sounds too good to be true, take a look at other nations that make healthcare available to all of their peoples. They use a variety of provider models, but all of them are regulated and nonprofit. This is where we must go because the pandemic and the inability of people to afford the treatment and prevention, really can take our democracy down.

Universal coverage is a key principle, and I favor the first option you presented: universal coverage administered by the state.

The plan should cover everyone because healthcare is a human right

Universal healthcare is necessary and it is the right thing to do.

Discussing and defining the three draft models for proposal to cover all WA State residents.

All residents not only in WA, but across the entire country should have access to healthcare services. Those that are not covered risk uncontrolled disease states and increased chronic disease. Chronic disease impacts everyone: the financial risk to the individual, the financial risk to the economy, the workforce, increase social inequalities and overall those that live in poverty.

I think that we should focus on developing models A because I don't think fill in the gap coverage does enough. Or if fill in the gap coverage is used it should include individuals who make less than 50K a year because I made less than that and I can't afford healthcare. Please take into consideration millennials and full time working people who don't meet poverty requirements but also can barely afford to eat, pay rent and have healthcare.

All medications need to be affordable and hospitals and medical businesses shouldn't be allowed to set high prices. Please think about the lower income American making 30k-50k a year and how they don't fit into many support systems but are barely making ends meet.

Everybody needs to be covered, including non-citizens.

My brother-in-law received free health care treatment when he had accidents in Greece and Germany. I had a student who needed treatment on a tour I was guiding in Greece and was given it free. It is embarrassing that we can't even do this for our own citizens, when one of the poorest countries in Europe can do it as a courtesy for visitors.

Americans must catch up with 33 of 34 industrialized countries on health care

The status-quo “fill in the gaps” model (Option C) of healthcare was generally viewed unfavorably, although it was also seen as potentially the most politically feasible at this time, given the state’s pandemic-caused \$9 billion budget shortfall. There was general agreement that if this “incremental” model were the recommended one, it would be desirable to include a “next steps” scenario explicitly stating the intention to move toward universal coverage in the future, whether that be administered by the state (Model A) or by private coverage plans (Model B). I believe that Universal Healthcare is necessary but also feel that implementation should be based on the realities of current conditions (eg, covid-related budget imbalances and individual's preferences for employer provided healthcare insurance as well as realities of the politics of healthcare at the Federal level).

That the 3rd model won't lead to universal coverage. Too many politicians think it could and will want to waste energy continuing to add more bandaids which won't solve the problems.

Getting rid of insurance companies

Possibly accepting the Universal coverage administered by the State. This eliminates some paper work (and extra cost) is most efficient and cost effective

The importance of covering those who are vulnerable at this point
Consensus (more or less) that a “fill in the gaps” approach would likely be a measure mostly for show---that it could gain traction with the legislature but, chances are good, would not meet the objective that the Work Group is supposed to be pursuing:
universal health care for Washingtonians. Stay the course!

In general, the preferred plan of the Work Group members would be truly universal and cover everyone, including immigrants and undocumented state residents, because this demonstrates that the WG members understand the gravity of our current dual health and economic crises, and the need to address them in a transformative way.

The profit-based healthcare insurance system needs to be changed to a health-based system. Insurance companies share the cost of healthcare with consumers but do not share the profits of healthcare. Taking away the profit-motive will allow insurance companies to operate within care and reimbursement requirements set by the state while still allowing insurance companies to be viable companies that serve as a conduit between providers and patients, thus providing a valuable service rather than a price-gouging, exclusionary role. Education of Americans as to the benefits of Universal Healthcare is needed to encourage their support.

Nearly every older, ill, or injured American has stories about their fights with corporate health insurance. Here is one of mine regarding the inadequacies of the COBRA program. When I retired at the end of 2015, I was told that I could continue my employer sponsored Group Health Cooperative (GHC) health insurance plan for a maximum of 18 months under COBRA (Consolidated Omnibus Budget Reconciliation Act) <https://www.dol.gov/general/topic/health-plans/cobra> if I paid the full premiums myself after December 31. I could only apply for this coverage after receiving paperwork from my employer shortly before I stopped working. I had been a loyal GHC policy holder for all of my employment years and decided to continue it even though it was going to cost \$150 more per month than the cheapest Bronze plan on the state Exchange, because the coverage was far better. For the first year, the monthly premium for two people was \$1,105.74. Even though the paperwork did not arrive, I was assured on January 4th that coverage would be “retroactive” to January 1. As luck would have it, my wife had a rather severe injury on January 3rd and needed an orthopedic specialist visit, X-rays, and an MRI. So, on the 4th, I was told by my employer that Ceridian Corporation was the COBRA manager. I filled out their paperwork online and received a confirmation and ID number. When I didn’t receive the expected invoice, I called Ceridian on the 8th and was told that they were no longer my COBRA manager and that BenefitConnect was the new manager as of January 1, and I needed to fill out their paperwork. Apparently, my employer did not even know who their COBRA provider was. I repeated the process with the new company and mailed an overnight premium check. I was also told to self-pay any current medical bills and seek reimbursement from the carrier. We made a doctor’s appointment for the 11th but were told that we had no insurance coverage. After calling GHC customer service, I was told that GHC could not provide retroactive referrals to specialists, and that our only option was to self-pay whatever bills were to come and then file an appeal after the claim was denied. BenefitConnect notified me on the 13th that the payment was received but that they were unable to do an emergency activation without my former employer’s approval. I called Human Resources and the representative could not understand what I needed, but ultimately coverage was restored January 19th. However, it was not retroactive as promised. I paid for the visit and filed a claim for reimbursement. A month later I received the denial and filed an appeal. In May, I received an incomprehensible letter from GHC Member Appeals. After calling the appeals department I was told to call Customer Service for an explanation of “balance billing.” After a very confusing conversation the representative said she would contact the Provider Assistance Unit on my behalf to work out some kind of reimbursement from the orthopedist’s office. After hearing nothing else for nine months, I finally received word from GHC that they had paid the physician and that I was due a refund. On March 11, 2017, I received the refund, completing the retroactive coverage! Aside from the utter frustration of having to waste time dealing with all of these stressful, confusing, and completely unnecessary complications, I can’t even imagine the high costs involved for the system, since this kind of thing happens routinely to discourage watchful consumers. With the government as single-payer, the system can be seriously streamlined and divorced from employment so that this kind of headache should become a thing of the past.

Like your commitment to immigrants and those who have lost their insurance

I support option number one with State as the payer. If we keep all the insurance companies involved, then all the overhead continues in managing that.
Yes. The pandemic is making it abundantly clear that our health care system is fractured and rudderless. Obamacare, like the Massachusetts model, left too much power with private insurers to achieve the aim of full coverage.
Equity of coverage can only happen with a universal system.

Plan C might be tempting, given our current budget shortfall, but it is a continuation of the status quo, and not the universal plan that was specified in the Budget Proviso's charge to the Work Group. However, it's important to consider this model alongside the universal models, as a point of comparison. It is also desirable to use the data generated by the Cascade Care Work Group, rather than duplicate their efforts by doing another study for the UHC Work Group. And finally, when healthcare is understood to be a public good that is necessary for the protection of the public health, the concerns about an "individual mandate" go away. If cost were not a burden, who wouldn't want to have access to high-quality, comprehensive, affordable health care from their free choice of provider?