

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?

Your point of the burden of administrative costs is not relevant with the number of insurance companies. Owning my own medical practice, this point is irrelevant. There is no savings to generate with a single payer system in this regard. If you own your own practice and are good at running it this is a very obvious. The idea a single payer will reduce costs defies basic economics. Hence why our country has broken up monopolies and oligopolies in the past. Competition is more important if you want to reduce costs. If you are serious about reducing costs you will go after the hospitals reimbursement. However, their lobby power is substantial. It will take moral fortitude. For instance, they are paid 2-3 x more than a private practice doctor for the same procedure (see the cardiologists being bought up by hospitals and then charging hospital outpatient visits). Furthermore, the hospitals were not included in the new B & O tax increase (surprise!). Go after the hospitals (but I bet most people who advise the legislature are hospital employed).

We need a single payer health care system to cover all Washingtonians.

That any barrier between a person in need of care and the care they need is a BARRIER to care. No copays, coinsurance or Out-of-Pocket expense is warranted or desirable.

Of the three proposed plans, I would recommend Plan "A" as being the better option.

Option A -- I strongly support a publicly funded and administered healthcare system.

My 26-year-old daughter has lost her job due to Covid and therefore does not have healthcare insurance. My husband has a good job with "good" insurance but we cannot afford the knee replacement surgery that he needs. My son was charged over \$300 for a required vaccination at college because the campus infirmary was not covered by his insurance. This is absolutely shameful in the wealthiest country in the history of the world especially during a pandemic.

I am for Plan A. The importance of accessing health care without any 'cost-sharing' devices which have so many limitations. Folks don't have spare cash. We want them to access health care always so they learn to take care of themselves and any health issues can be dealt with in the early stages. If the point is to make us all healthier, we need to make it super easy to access care. Seeing a provider, even if it seems 'unnecessary' for the presenting complaint might just avoid costlier, more dangerous care at later stages. If people go to the doctor because they are lonely, that's a good start. Loneliness is at epidemic levels and a provider could refer that person to appropriate services for what could otherwise develop into a major mental health issue. And, cost-sharing strategies all requires expensive administration -- collecting, crediting, billing, etc. This does not simplify access nor does it reduce overall costs. Cost sharing increases costs, to those who can least afford it AND to the system.

I am for plan A. I have enjoyed excellent health and health care through Group Health and Kaiser for many years. I am fortunate. But, I am not immune to the disaster of seeing my fellow Washingtonians who for the simple lack of accessible, affordable health care have ended up with health complications, expense, crazy amounts in indecipherable paper-work and even bankruptcy. I am healthy, but my community is not. Plan A will provide what I've been able to access and afford to all of us. This one thing could do so much to level the inequalities that we see so plainly now in the time of Covid-19. Whole groups of people, who for lack of access to quality health care at all stages of life are now dependent on systems that cannot keep up. With the boost of good quality, life-long health care, everyone would be better able to help themselves stay healthy through time and be able to work, pay rent, and provide for their families. Without healthcare, the system is stacked against our fellows and that's not good for any of us. The virus shows us, it's important for everyone to be healthy for all of us to be healthy.

Single payer approach best meets the needs of the community.

Please bring WA state in line with every wealthy democratic society on the planet. I don't care if the rest of the USA wants to suffer its private insurance approach. They will follow when they see the great results.

I support Option A!

I support option A - state funded and administered option

Healthcare as it currently exists is NOT serving the needs of WA residents

Universal healthcare/Medicare for All is needed desperately. The COVID-19 pandemic has cost people jobs and their employer healthcare

The United States is the only modern nation which does not take care of its citizens' health by offering them a publicly funded and administered system. The current pandemic is proof that health care delivered primarily through employee benefit is woefully insufficient.

That under access and equity categories, Option A is the best choice.

I support the Universal Health Care Work Group using Option A as the model for health care in our state because I believe it will provide the best access and equity for residents in our state. Also this option would be the most transparent and least cumbersome and would save administrative costs.

The broad expressed agreement that Model A best meets 5 of the 6 key assessment criteria: Access to care; Governance - oversight and assuring patients have a voice in their care; Quality of care; Equity in delivery of care, and Administration - controlling costs, and facilitating data sharing and data portability.

Regarding Feasibility, a comment: The current pandemic is causing disruption across all sectors of our society. There is no reason to expect that the health care sector will be spared. Even though there may be challenges in setting it up, a more sustainable health care system is a prerequisite for getting our lives back to normal and our economy moving again. And some questions: What is the main goal of the Work Group: healthy people or healthy profits for private administrative entities? What are the cost drivers in our current system? Why does the U.S. spend more on health care and get worse health outcomes than most other countries? What do other countries do differently to get better health outcomes than we do in the U.S.? Will the WSIPP study of Single-Payer systems in other countries be utilized in the discussion on feasibility?

The most important point is the fact that public investment must be made in Healthcare in Wa, the details are being flushed out BUT this must happen Healthcare must be a right for every resident of Wa, letting us be an example and case study for the Nation.

Cost sharing As a sole proprietor, I bear 100% of the cost of my healthcare, with no disability insurance, PTO, or FMLA. So when I needed treatment for cancer last year, I had to keep working to pay my medical bills. It was horrific. This is why healthcare must be covered by our taxes, so everyone has access to care, even when they are unable to work.

Option A - COVID has shown that we need universal healthcare NOW

We need a publicly funded healthcare system, so I support option A. With the pandemic, it's really important to put health before profit. Please make the right decision and create a publicly funded healthcare system!

The U.S.'s health care "system" is not a realistic or valid system -- not really a "system" at all. It is FAR TOO COMPLEX AND INEFFICIENT. It FAILS TO COVER EVERYBODY. It values PROFIT instead of valuing people's HEALTH. The federal government keeps REFUSING TO SOLVE THE PROBLEMS. (The ACA is grossly inadequate and is part of the problem because it entrenches private insurance companies.) STATES MUST LEAD THE WAY TO A BETTER SYSTEM that will actually COVER EVERYBODY, CONTROL COSTS, and provide HIGH QUALITY HEALTH CARE. I'm glad the Universal Health Care Work Group exists. I'm frustrated that it seems bureaucratic and progress is slow. But it is a step in the right direction. WASHINGTON STATE MUST MOVE AHEAD BRISKLY AND CREATE GOOD STATEWIDE HEALTH CARE!

The need for universal health coverage has never been greater. As a psych nurse practitioner in Seattle I see the need daily in my practice and in my personal world too. I support the Whole Washington campaign whole-heartedly, but also from a practical standpoint. Providing access to preventive and early care decreases need for access to ER and high- cost interventions later.

The most important point made was the overwhelming need for a publicly funded and administered system. I know and love so make contract employees that are not offered healthcare because they are 1099. Allowing them to have an option for publicly funded, single payer healthcare would allow them to actual receive medical care when they have medical issues.

The idea of a publicly fund and administered healthcare system. I am a psychiatric nurse practitioner in private practice. Our current health insurance system is complicated, cumbersome, and time consuming from my end, and it does not serve the needs of my patients well. We need an alternative to this bureaucratic and profit driven system.

I was happy to see that most of the work group seem to favor Option A. I think it's the only true option. I know that the work group would like to provide the Legislature with more than one option, but that is a mistake. It's my impression that the Legislature, both parties are dead set against an Option A type solution. Especially Sen Cleveland and Rep Cody. If they get an option other than Option A, I believe they will jump on it. I recommend that the work group make it clear that there is really only one choice, Option A. The other options are worthless. Also, the phase in process needs to have a short time span or they will drag it out forever. Option A or nothing.

Cost sharing keeps people from obtaining healthcare and is expensive to administer. There are many studies that look at effectiveness and drawbacks of cost sharing that demonstrate reason to not use this method of paying for healthcare coverage. A recent series of RAND studies showed that cutting prescription co-payments for patients who needed cholesterol-lowering drugs the most could improve their health and save more than \$1 billion annually in medical costs by increasing adherence and reducing the chance of hospitalization.[4] In this instance, reduced cost sharing led to greater savings and improved health

Statements about single payer being unaffordable is the mantra of Partnership for America's Health Care Future (PAHCF). This propaganda organization is "an ad hoc alliance of American hospital, health insurance, and pharmaceutical lobbyists committed to preventing legislation that would lead to single payer healthcare, expanding Medicare, or creating Medicare for All in particular." This group does not mind spending hundreds of millions of US citizens' healthcare dollars to disguise the truth about the high cost of their own complicated system of insurance plans that saddle the American people. The Partners for Americans Healthcare Future (PAHCF) are magicians at stretching the truth, especially on health care wait times <https://www.americanprogress.org/issues/healthcare/reports/2019/10/18/475908/truth-wait-times-universal-coverage-systems/> The US has the most rationed care of any developed country. <https://www.commonwealthfund.org/blog/2019/does-united-states-ration-health-care> Worse, the US is the only developed country where about 10% (27 million, or frequently more) people are not insured. Even insured people often have to pay so much money to get care that they are functionally not insured for anything but catastrophe. All of that money has created large profits for PAHCF companies instead of creating affordable care for people. And worse, many voters and policy makers are blind to the glaring truth that not caring for all of our citizen, especially, failing to provide preventive care, promotes illness and dysfunction. When a "consumer" must bear costs at point of entry and also when they are billed for their co insurance, many cannot have healthcare. Untreated mental and physical conditions cause loss of productivity for millions of Americans. A study compiled before 2008 projected a total cost of approximately \$500 billion each year through decreased productivity and increased costs of crime and health care, nearly 4% of the gross domestic product. Holzer H, Schanzenbach DW, Duncan GJ, Ludwig J. The economic costs of childhood poverty in the United States. *J Child Poverty*. 2008;14(1):41-61 This in turn creates costs for taxpayers and their various governments to pay for care for these disabled, dysfunctional citizens, both with social programs and prisons. Our system lacks equity and justice for people whose wages do not provide enough to purchase food, housing and necessary utilities. Purchasing healthcare coverage is not affordable. Because of lack of access to post-secondary and vocational education, these people can often be people of color, disabled people and poor people in general. Now that COVID has created an 8% unemployment rate, many more families are without healthcare from their employer. It is well known that US employers have chosen to offshore manufacturing and other living wage jobs. This is in part because the high cost of providing employee healthcare coverage, leading to loss of jobs that pay a living wage. States must find ways to get control over the unreasonable hospital billing differences, the "plan benefit managers" and the "sky's the limit" it's-just-taxpayer money for drug costs, medical supply costs and hospital costs. Montana was faced with impossible healthcare costs and they did find an excellent solution that is working well. <https://www.propublica.org/article/in-montana-a-tough-negotiator-proved-employers-do-not-have-to-pay-so-much-for-health-care> If the three West Coast states combined their state expenditures on healthcare expenses into one single Co-op, setting limits or eliminating some of the PAHCF contributors, while they reigned in expenses, they would save millions of dollars compared to the fragmented exorbitantly expensive we now suffer with to have healthcare.

We desperately need single-payer healthcare - comprehensive healthcare that is not tied to any one job.

The meeting pointed out costs and purchasing power. Costs savings and lowering costs will help. But there needs to be a focus on healthcare being a human right and should be universal. What this means is taking healthcare out of the private profit industry and having a nationalized healthcare system that is provided to all who is need it.

Having a nationalized system would be a big boost to small businesses. It would also benefit those who stall prolong retirement dates due to employer-provided healthcare.

Universal single payer health care should be a right for all Americans.

It will be necessary to build or convert existing buildings to be used for healthcare as well as recruit & train many more health care workers if universal single payer healthcare is to succeed. For profit healthcare is not designed to accommodate everyone who exists.

The administrative burden is not an unfortunate bi-product of our current system. It's part of the design. It allows the denial of care by drowning us in bureaucracy. We must focus instead on human outcomes. Please recommend Option A

We must pursue Option A. We have to answer this crisis with radical, equitable change. We'd never voluntarily choose the broken, unfair, costly, cumbersome system that we have now. The pandemic is an opportunity to re-align our values and put people first. No one will fault you for fighting for a single payer plan. History will only judge you if you don't.

The importance of a universal public plan administered publicly

During my years as a Congressional staffer, I worked with hundreds of constituents struggling with access to affordable health care. I was able to help many, but for others the barriers were too great. Here are some challenges I dealt with: Some people had to defer care because the deductibles and copays on employer plans and Exchange plans were unaffordable. Some who were not able to afford prescription drugs went on a mad scramble to get help from Pharma's Patient Assistance Programs - sometimes successfully, sometimes not. Enrollment procedures for health plans - even Medicare - were baffling for some people and easy to screw up. The complexity of meeting income standards for ACA subsidies, especially for people with varying income, created bureaucratic nightmares and on-again/off-again access to care through Exchange plans. I'll never forget one woman's distress when a small Social Security cost of living increase put her \$2/month over Medicaid's income standards so she lost her Medicaid coverage. For me, the moral of the story is clear. We need a Universal plan that is guaranteed and leaves no one out. It must be Simple and user-friendly. And it must be Affordable for everyone - USA healthcare. I believe the best way to get there is to create a public plan that is publicly run. Thank you. P.S. I had signed up to give this comment at the August 25 Work Group meeting. I look forward to the public comment portion of meetings being expanded to accommodate those who have signed up. This is a good problem to have!

That cost-sharing is counter-productive in a robust universal health care system, incurring increased administrative costs and decreased care.

Yes. I was self-employed for many years, where I bought my own medical insurance. The premiums went up so much, I couldn't afford them. The plans were high-deductible, so I wouldn't have been able to afford the deductible and copays, either, so dropped my coverage. I got a job working with the state primarily so I could get good medical coverage. I did get very good coverage, and saw what a large pool could provide. Now I'm on Medicare, and am paying more than when I was employed. We can have excellent health coverage for all that is not dependant on employers. Most other developed countries have this. We can afford it, and need to care for all the people who have lost their insurance with the Covid-19 layoffs. Thank you for your work!

I believe Kevin Wren's comment regarding patient voice and quality of life benefits were the most important points made.

I have been living with type 1 diabetes for the last 13 years. Right now I am privileged to receive my health insurance through my employer, but I remember when that wasn't the case. I have made tough decisions about my insulin dosing because of my access to affordable healthcare and subsequently affordable insulin. No one living with diabetes should have to skip meals, ration insulin or sacrifice long term health because of their access to health insurance and affordable insulin. With the unemployment rate rising, people are losing health insurance at a rapid rate. This will drastically affect all people living with chronic illnesses. The time to push for Universal healthcare is now. I am proud that Healthcare for All Washington is taking steps to ensure that no one is left behind.

Sorry--my computer sound system is out of order. I could watch but not hear. (Better accommodations for the hard of hearing would be appreciated. Closed captioning would be even better.)

I grew up in poverty in the 50s despite the fact that our family had a middle class income. The reason was that both my parents had "pre-existing conditions" (a term that is totally meaningless in the rest of the developed world) and could not get health insurance at any price. Everything was paid for out of pocket (which involved remortgaging the house a couple of times), including care for my father's three heart attacks. Why can't health care be a public good, like the fire department? The odds are good that I will never have to call on the fire department, but I pay property taxes to support it just because I might need them some day. Similarly we should all pay for health care, even though few will ever get expensively sick--in every age demographic 5% of that demographic accounts for 50% of its health care costs. Why would anyone prefer to pay a \$900/month premium to a \$250/month tax?

I think it's important that we all agree and enact a universal healthcare plan for Washington state as soon as possible. It's not sustainable to have jobs linked to our healthcare, it creates an undue burden on the citizens and state. Healthcare is a right not a privilege.

Takeaway 4, that Model A is by far the best choice. True universal healthcare can never be achieved while private insurers are involved; the motivations of a social service and a private company are mutually exclusive.

Comment

Our member, who is a renter in Seattle, has a chronic, life-threatening condition that he has gotten multiple costly surgeries to treat. He needs another surgery this year, that is high-risk and high cost, but is the only treatment that can give him a chance at survival. Unfortunately he lost his job in March, due to the pandemic, and he has had no financial assistance from the federal government because of his documentation status. Now he is nearly \$20,000 in debt in rent, just from missing rent since March, and is afraid he will be evicted from his home after Seattle's eviction moratorium is lifted at the end of the year, because he can't count on the moratorium being extended indefinitely. Unfortunately that doesn't give him time to get this major surgery and then recover. Our member wants to get back to normal, contributing to his community, but he is stuck struggling to afford even the most basic necessities, including food, which of course has exacerbated his health condition. While it's clear that employment or cost should never prohibit someone from getting the care they need, documentation status should also never be a barrier if we are going to put health and human dignity above profit. It's critical that immigrants, regardless of their documentation status, are included in our plans, policy, and vision for how we recover and get through this pandemic and thrive at the other end of it.

I'd like to thank this group for the thoughtful and important work I've observed today. As president of Midwives for Universal Healthcare, a caucus of the American College of Nurse-Midwives, I would like to underscore the reality of this nation's crisis of maternal mortality. This crisis is a social justice and reproductive justice tragedy, disproportionately impacting communities of Black, indigenous, and people of color. Universal access to culturally appropriate healthcare is essential to solving this problem. All of the world's most successful universal healthcare systems fully integrate midwifery care as a key element. The midwifery model of care has been amply demonstrated to improve health outcomes, the appropriate use of technology, and patient satisfaction while decreasing cost. I'm concerned about the composition of this workgroup since, according to the published roster, there is no midwifery representation. I hope you will focus tightly on reproductive health and the needs of childbearing families in all of your discussions and I ask that you consider adding a midwifery voice in this workgroup or to future groups continuing this work.

I serve as a Certified Nurse-Midwife in a rural community hospital in Oregon. I'd like to thank this group for the thoughtful and important work being done to improve our nation's health. As a member of Midwives for Universal Healthcare, a caucus of the American College of Nurse-Midwives, I would like to underscore the reality of this nation's crisis of maternal mortality. This crisis is a social justice and reproductive justice tragedy, disproportionately impacting the communities of Black, indigenous, and people of color. Universal access to culturally appropriate healthcare is essential to solving this problem. The world's most successful universal healthcare systems fully integrate midwifery care as a key element. The midwifery model of care has been amply demonstrated to improve health outcomes, the appropriate use of technology, and patient satisfaction while decreasing cost. I'm concerned about the composition of this workgroup since, according to the published roster, there is no midwifery representation. I hope you will focus tightly on reproductive health and the needs of childbearing families in all of your discussions and I ask that you consider adding a midwifery voice in this workgroup or to future groups continuing this work.

The idea that so-called cost “sharing” by patients has the potential to discourage low value care is simply absurd. While there are undoubtedly a few poorly designed studies which might indicate some merit for this myth invented by the health insurance industry, there is a wealth of evidence and informed opinion that there is none. The idea does not even make sense. People do not seek medical help because they are looking for low value care. They seek it (often too late) because they are worried about a medical issue and they either need reassurance that they are OK, or they need some high value treatment. It is the provider who decides what each individual needs and who has the sole ability to order low value care. So, if anyone should be sharing the costs in an effort to reduce low value care, it should be the physician, not the patient! If physicians somehow paid a price for ordering unnecessary procedures, their incidence would likely drop dramatically. Copays, deductibles, and coinsurance are not equitable financing mechanisms and only serve to discourage and delay utilization so that insurance companies can reduce their medical loss ratio and increase their profits. They do not promote quality care or its appropriate utilization, they cost too much to administer, will make it more difficult to bring everyone in equitably, and they must not be permitted to poison (whether reasonable, transparent, or on a sliding scale,) our universal healthcare system. And because insurance companies will continue to whine about how cost sharing is essential, this issue becomes another in the long list of reasons why Option A is the only real choice. Provider reimbursements need to be standardized, transparent, and negotiated between representative provider organizations and the state. A percentage of Medicare rates is a good place to start, but fairness and buy-in require substantial provider input and justifications for the final rates. Most of the qualitative assessment criteria are too specific to be of much use without having more details about the specific program, but in general, Option A certainly will do a better job of fulfilling them. It is critical though that HR 5010 (The State Based Universal Healthcare Act) passes Congress so that federal funding can support the state’s program. Thanks for the good work so far with the Work Group. I'm looking forward to the final result!

There was some great discussion today in the Universal Healthcare Work Group. The question “should the actuarial modeling include purchasing power of a single payer”, the answer should be yes. My experience in working with rate setting in the Medicaid environment has taught me that some of the plans and payers are much better at contracting than others. If there is a single payer, that single payer will have much more leverage and could focus on contracting better. Please keep this in mind. Thank you!!!

Northwest Health Law Advocates (NoHLA) is a nonprofit health care advocacy organization whose mission is to ensure that all Washington state residents have access to quality, affordable healthcare. We aim to improve access to care in furtherance of health as a human right. We appreciate the in-depth work of the UHC Work Group to evaluate the potential options for universal coverage. Thank you for the opportunity to submit these comments in follow up to the August 25 meeting. Tragically, the COVID-19 pandemic we are now living through has laid bare the inequities in our current health system. It has never been clearer that we need a universal system of coverage - one that provides equitable access and equitable health outcomes for all Washington residents: a system that protects all of us. We wish to share with you the attached letter to key legislators signed by 38 organizations that points out the need for bold action in the current time. We must not only maintain public programs; we must redirect existing resources and make new investments that focus on addressing longstanding inequities. This crisis provides a unique opportunity - and necessity - to adopt a universal coverage system that serves all Washingtonians. We hope the points and citations in this document are helpful in guiding your work. Also attached is a compilation of reports and articles related to the affordability of health coverage that we recommend this workgroup review. We compiled this information for the Health Benefit Exchange's Cascade Care workgroup in which we participate. We hope this information is helpful in understanding the scope of this problem, which must be addressed as part of any universal coverage plan. Thank you for your consideration.

I agree that we should have universal health care.