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?
The most important point made is the need for an inclusive accessible healthcare program, as the ACA premiums remain unaffordable since premiums and deductibles continue to increase, but policies do not provide adequate coverage for dental and hearing.	I encourage the work group to review SB 5222, The Washington Health Trust sponsored by Senator Bob Hasegawa. It has been a ten year effort by Whole Eashington to provide an option of single payer healthcare for Washingtonians. Please consider meeting with representatives from Whole Washington. They can present the details readily and considerately, saving precious time on a crucial piece of security that benefits all Washingtonians. I urge you to meet with them, and learn their efforts in providing an option which Mike Kreisler describes in his 2019 presentation in support of single payer. The financial savings will significantly benefit the state at a time when we face unique financial challenges due to the continuing Pandemic. Thank you for your time and attention to my request for this work group.
	I'm writing in support of plan A. Between 2013 and 2018 I had the misfortune to need three hip replacement surgeries, and our daughter had a medical emergency requiring hospitalization. Paying the co-pays ,deductibles and hospital and Dr. fees not covered has been really difficult.
The need for universal health care without pre-existing disease, particularly when we are on the verge of a new pre-existing disease in covid survivors, the numbers of which climb by the thousands every day	VOTE, VOTE, VOTE!!
we need health care for all	we need to remove health insurance companies and hospitals that make profits from the mix

That Option A is the best, the only one that will make the kind of improvements in coverage that is needed.

Looking at the Johns Hopkins Covid-19 map, it is so clear that just north of us, in Canada, their rate of infection and deaths is so much less! In Canada there are hardly any red dots. In the USA it's thick with Covid-19 dots. Is it something in the water? NO. A huge factor in Canada's ability to control Covid is that everyone in Canada -- everyone -- can go to the doctor without worrying about what it will cost. Everyone. Nothing stands in the way. They don't need to think about their deductibles or co-pays. Whether they have a job that offers them health insurance of they don't. They go to the doctor, they can get tested, they can protect themselves, their family and their community by simply having the ability to access health care. If the system is intended to deliver individual and community-wide health, it needs to be accessible to everyone, no barriers. This is what is missing in USA. Canada's system started with one province. Washington stands poised to show how it can be done here. Sadly, we should have been prepared for Covid-19. But, this is not the only virus or emergency we'll be facing. Being prepared will serve us well. Canada's system is only one of many, many variations on the theme of universal coverage in our peer countries. See T.R. Reid's "Healing of America" for descriptions, examples and interviews with systems administrators, health care providers, and people in these various systems. (Readily available at libraries and in paperback!)

I would like to reinforce Lynnette's comment that labor is no longer resistant to single payer financing. Some of the largest unions, including the International Association of Machinists and Aerospace Workers, United Auto Workers, and United Steelworkers, are now very supportive of single-payer, (see https://www.laborforsinglepayer.org and https://unionsforsinglepayer.org/) because with out-of-control healthcare costs, unions are having to struggle much too hard just trying to maintain the benefits that they have without oppressive cost sharing. Even in the rare cases where they are successful, most unions will stand in solidarity with those who are not. Self-insured employers are not likely to mount an ERISA challenge if they know their unionized employees are supportive of single-payer, because virtually all would like to be out of the health insurance business in order to maximize their bottom lines, have happier/healthier employees, and devote more energy to their primary function. But just in case the state needs protection, HR 5010, the State Based Universal Health Care Act (formerly HR 6097) as proposed by Representative Jayapal of Washington would allow states to apply for an ERISA waiver so that self-insured employers could not opt out of the state plan. It will also permit the state to combine several funding streams including Medicare, Medicaid, CHIP, FEHBP, and TRICARE, while exempting IHS, VA and DoD. This legislation is highly likely to pass quickly under a Biden/Harris administration so that the federal government can create some breathing room while states experiment with the first universal programs. Once it does pass, then our state needs to be ready to fully utilize it by implementing a full single-payer system with no cost sharing. I am also concerned about the statement in the RAND study that lower average provider rates will lead to fewer services being offered. I doubt this will be the case, but it is critical that providers are satisfied with whatever reimbursement rates are established and negotiations between provider groups and the state need to start well before finalization of the program. The main take-away I have from the actuarial presentation is that we have all had unrealistic expectations with regard to what a quantitative analysis can provide. The data gaps are truly huge and most are not likely to be meaningfully filled any time soon. Unverifiable assumptions are scattered throughout and could easily derail any conclusion if later proved false. No other country in the world has adopted universal healthcare because of an actuarial analysis, and we should not try to be the first. So, to echo Cindi Laws, we should adopt it because it is the right thing to do, use the pandemic to our advantage, be as prudent and cautious as we can, and allow for adjustments to be made along the path. We have been forced to tinker with the existing chaotic system for some 60 years, but it was the wrong system. We can certainly afford to spend a few years tinkering with the right system. I have made numerous updates and added several chapters to my ebook called A Medicare for All Q&A. The latest version is now available in 3 different formats for free download at www.healthcareforallwa.org/resources. Thanks for your hard work on this critically important subject. And please resist the feeling of being overwhelmed. We can do this!

Emailed comments

I much appreciate the persistent efforts of many of the members of this work group. I am a retired Spokane psychologist and spent the majority of my career working in medical settings, in coordination with practitioners with many specialties. I support the implementation of a single payer health care system in WA for many of the reasons specified by others. In brief: high costs, including premiums, deductibles, co-payments. Variable, non-standardized reimbursement schedules, with surprise billing. Bankruptcy related to medical expenses. $ going for things that don't improve health: e.g, marketing, advertising, expensive profit-making facilities, cumbersome and confusing communications with insurance companies (for patients and practitioners alike), excessive costs for pharmaceuticals and medical supplies...I could go on. Some considerations for the committee: Look carefully at Vermont, as I am sure some folks are doing. As I understand the situation, they were on the verge of universal coverage of all citizens with some things such as long-term care, adult dental, etc. not included. They, however, concluded that the costs were not predictable enough, and there were some other complications. So they have gone to an all payer accountable system emphasizing population based outcomes and with an effort to move away from a fee for service model. Early but worth keeping an eye on. We should cover things that have been shown to improve health outcomes, based on science-based medicine, for all WA residents. We should have some utilization management/review but it should not be so cumbersome that practitioners don't think it is worth dealing with. Reimbursement rates should be standardized so that there is not the current discrepancy between 'good insurance' and things like Medicare and Medicaid. These discrepancies mean that lower income and often more needy people don't get the same services as those that are more affluent, or any at all. These are some of my key ideas. I attended your last meeting via Zoom and have read most of your materials, and some of the Oregon Rand study. Extremely complicated, with multi-layered, interlocking and disconnected elements, but absolutely worth working toward the ultimate goal. Thanks again for all the efforts and for soliciting public comment.

I want to thank the Work Group and acknowledge its members for their wealth of expertise and willingness to do this work. Your efforts are truly appreciated! On Wed, I was the 28th person scheduled to speak, and although I love the new format with the public comments first, I'm glad I could digest a little and wait to submit. I could so relate to the sentiment of the breakout group we watched. There was a genuine drive to do the right thing but the hurdles are paralyzing. Sometimes it feels like the complexity is so impenetrable we should just try for the wins we can get and wait for a Federal solution. But I believe this state level fight is critical and what's important at this time, maybe even more than a fully-realized plan, is clarity on what we're trying to do. Maybe it's not just picking Option A, B, or C but a chance to correct some harmful moments in history and build the healthcare we deserve. The below guiding principles would be the justification for the recommendations made:Remove the profit motive. We may walk gingerly around this one, because the insurance industry is represented in the Work Group, but this is absolutely where we must land. The commodification of our healthcare, a backroom deal from the Nixon administration is where we went off the rails, and we've never, ever corrected it. We must be very clear on this point. The end goal is a complete and thorough end to health insurance as we know it. Decouple healthcare from employment. Healthcare benefits were an enticement to WW2 soldiers, the concept mushroomed, and it never died. We should have stopped this long ago. (Employers would still contribute to the system. It would just be cheaper). Forbid Industry Donations. Anyone working on health care policy should be forbidden from accepting donations from the health insurance / pharma industry. A simple on-the-record pledge would be a start. As you continue to slog through the brutal necessary details, I also wanted to offer up the collective experience of our Initiative Writing Committee. There may be some insight or brainstorming that's of value to you. This moment in time has changed everything, and no one will fault you for acting with bold urgency. These are disaster times, and our current system has failed us miserably--by every metric. If this group goes with #Option A, it will be our responsibility to get the whole state to rally behind you! Thanks for the opportunity to comment, and thank you for your work.

I would like to reinforce Lynnette's comment that labor is no longer resistant to single payer financing. Some of the largest unions, including the International Association of Machinists and Aerospace Workers, United Auto Workers, and United Steelworkers, are now very supportive of single-payer, (see https://www.laborforsinglepayer.org and https://unionsforsinglepayer.org/) because with out-of-control healthcare costs, unions are having to struggle much too hard just trying to maintain the benefits that they have without oppressive cost sharing. Even in the rare cases where they are successful, most unions will stand in solidarity with those who are not. Self-insured employers are not likely to mount an ERISA challenge if they know their unionized employees are supportive of single-payer, because virtually all would like to be out of the health insurance business in order to maximize their bottom lines, have happier/healthier employees, and devote more energy to their primary function. But just in case the state needs protection, HR 5010, the State Based Universal Health Care Act (formerly HR 6097) as proposed by Representative Jayapal of Washington would allow states to apply for an ERISA waiver so that self-insured employers could not opt out of the state plan. It will also permit the state to combine several funding streams including Medicare, Medicaid, CHIP, FEHBP, and TRICARE, while exempting IHS, VA and DoD. This legislation is highly likely to pass quickly under a Biden/Harris administration so that the federal government can create some breathing room while states experiment with the first universal programs. Once it does pass, then our state needs to be ready to fully utilize it by implementing a full single-payer system with no cost sharing. I am also concerned about the statement in the RAND study that lower average provider rates will lead to fewer services being offered. I doubt this will be the case, but it is critical that providers are satisfied with whatever reimbursement rates are established and negotiations between provider groups and the state need to start well before finalization of the program. The main take-away I have from the actuarial presentation is that we have all had unrealistic expectations with regard to what a quantitative analysis can provide. The data gaps are truly huge and most are not likely to be meaningfully filled any time soon. Unverifiable assumptions are scattered throughout and could easily derail any conclusion if later proved false. No other country in the world has adopted universal healthcare because of an actuarial analysis, and we should not try to be the first. So, to echo Cindi Laws, we should adopt it because it is the right thing to do, use the pandemic to our advantage, be as prudent and cautious as we can, and allow for adjustments to be made along the path. We have been forced to tinker with the existing chaotic system for some 60 years, but it was the wrong system. We can certainly afford to spend a few years tinkering with the right system. I have made numerous updates and added several chapters to my ebook called A Medicare for All Q&A. The latest version is now available in 3 different formats for free download at www.healthcareforallwa.org/resources. Thanks for your hard work on this critically important subject. And please resist the feeling of being overwhelmed. We can do this!