

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?
No comment	Thanks for your good work
The health care industry wields a lot of power over the Democratic party	Everyone knows that a single payer system is the only way to provide affordable and comprehensive health care for all. Any other recommendation will reflect on the corruption of the system by the big money of the health care lobby.
The public commenter David made the point that health care coverage needs to be de-linked from employment. Employer-based health insurance is a failed experiment.	I urge you to pursue option A.
Everyone should have equal access to health care.	All people deserve good health care regardless of the ability to pay.
I gather that Option A will provide the most equitable coverage for all people in our state. I think we should move forward with this option as a focus.	<p>As a low-income single mom, I am keen to have a larger medical safety net for my family, and the peace of mind knowing we are covered. I am so glad we live in WA State, where healthcare is put on the front burner.</p> <p>I support Option A, the government-funded and administered proposal.</p>
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option A, government funded is the best option	I support Option A, the government-funded and administered proposal. My husband became disabled and unable to work at the young age of 49 due to Frontal Temporal Dementia (the most commonly diagnosed dementia under age 60). As a mom to school-age kids, myself only 54 currently, maintaining health insurance for our family has been challenging. My husband cannot take care of everyday life and I have to take care of everything. While he receives medicare insurance, it will be more than 10 years before I am old enough. In the meantime, my family maintains 3 different insurers and I spend upwards of 40 hours each year signing up for those. My annual out of pocket costs have been over \$20,000 for the past ten years. Please consider a universal option to fill the many gaps that exist in our current system.

Consider a sweeping approach by looking at all the health care plans of Washington state. Consider L&I payments and programs when looking at this formula.

As an individual health subscriber and business owner, I am curious if you have looked at the amount of money paid into L&I to health claims and how this relates to Universal Health Care in Washington. It seems to me that we could save a significant amount of funds if we rolled the L&I healthcare costs due to injuries. Funds that go to L&I are extraordinary! It seems that there could be some incentive for businesses to have universal health care in hopes to transition this very clunky, bureaucratic, program to end in place of total health care for Washingtonians.

The need for this plan.

Please support option A of this proposal to develop a government-run and administered state health care program. Healthcare is a human right. The level of care a person gets should not be determined by money, but by need. Health care practitioners today cannot practice medicine effectively, because most of their time is spent trying to justify getting paid. That is ridiculous. When I was a kid, my doctor did yearly health exams, looking in my ears, nose and throat, judging skin tone and mental status, talking to me about how I felt, and looking at my joints and reflexes. Now, my doctors spend all their time typing into the computer and barely even look at me. I don't blame them--that's what the system requires to stay in business, but the system should allow them to go back to focusing on actual medical care. The current payment system also forces people to get treatments they don't need, or the wrong treatment, because the financial structure dictates treatment more than medical judgement and common sense. A new focus on care would save money and lower health care costs, because more effective treatment would mean better prevention, and we know that good prevention is cheaper than the current crisis-driven health care we have now. We only have to compare our health care costs to those of other countries to see that this is true. Please support this government-run and administered health care program for our state.

EVERYONE deserves health care. Done, end of story. The world has shown us that a public, inclusive program is cost effective and life changing. This shouldn't even be a discussion it just needs to get done. It effects everything from ability for students to learn to maintaining jobs to home stability and peace of mind. And as was said before in a different context, "it's the economy, stupid." We are stronger when we are healthier.

I support the option A proposal or a number of reasons, top among them being to provide equal access to healthcare to all Washington State citizens.

General consensus on the model to implement. I agree, as a retired psychologist who worked in medical settings most of my career.

There are underlying values issues here; some of us believe that health care is a right. There are many ways to improve our current 'system,' which has many inequities, grossly inadequate cost control measures, and too much spent on things that don't improve health: marketing, advertising, processing approval and claims forms. Could be done much more efficiently.

Supporting Option A, the government-funded and administered proposal.

A universal health care system would decouple coverage from employment which is very important for those of us who are self employed.

I support Option A. Washington has the potential to lead the country on health care reform. By creating a single risk pool and severing coverage from the employer we will make Washington a more attractive place to start and operate businesses.

I support universal health care because i am brother to all in my community.

People need help, right now.

Universal healthcare saves lives. And if that costs me, and everyone else a few more, \$50 more, \$100, \$1000 more bucks in taxes, then so be it. We're all in this together, and it would be nice if we could all start acting,, AND legislating as such. Thank you.

Discussion of option A, government supported angle.

I support option A. Healthcare is a human right and we should be working towards providing it equitably to all people in Washington state. I truly believe that this will be better for the health of our residents and for the economy of our state. Before the ACA my family went through a challenging healthcare situation while uninsured, which meant no access to quality care, relying on the ED, and eventually going on Medicaid. So much of this could have been avoided and sped up with better quality with universal coverage. I am now pursuing a PhD in Health Services at UW and am still convinced this is the best next step for Washington State.

I fully support Option A, govt funded and managed option.

That there are too many people without healthcare coverage in WA. It causes unnecessary suffering and increases the spread of disease.

In 2000 I had public healthcare and felt something was wrong with me. Since I had the coverage I promptly went to the Doctor and got a diagnosis-cancer stage 1. After surgery and radiation treatment I was able to go back to work just a few weeks later. Providing universal health care makes both moral and economic sense.

I did not attend the meeting

I'm in support of Option A, the government-funded and administered proposal.

Option A is the best solution.

We need to address the claims that M4A restricts citizens' "freedoms." Instead we must promote the fact that a Medicare for All solution is a move toward greater, not less, freedom for all citizens: Freedom to move from job to job without worrying about health coverage. Freedom to be self-employed. Freedom to start and own a new business with the knowledge that your employees will have the health care they need. Freedom from medical bankruptcy. Freedom to seek and get preventive health care without worrying about the cost. And freedom from the stress, anxiety, and pain of worry about how you or your family will pay for costly procedures.

The importance of fulfilling the Legislature's charge to the Work Group: to make recommendations on how to create, implement, maintain and fund a universal health care system.

Change is difficult, especially when the true cost of healthcare is hidden by the very nature of the system whose gatekeepers profit from keeping prices high. Hard times like the severe recession caused by the pandemic call for hard choices. The United Kingdom set up their system out of the disruption and ruin in the aftermath of World War II. When Canada set up their healthcare system a bit later, the doctors went on strike and moved to the U.S. to practice. When they figured out that they would make more money by not having to pay bookkeepers and office staff to handle payments and treatment denials, they returned to practice in Canada. In the middle of a pandemic and economic meltdown, we must invest in the health of people, in the most cost-effective way possible. The modelling is clear: the only option that would actually save money in the first year - \$3 billion, as estimated by the actuaries - is Model A: universal healthcare that is publicly funded and publicly administered. Former Rep. and healthcare policy veteran Dennis Dellwo said it best: "We need to recommend the goal because the system is stopping us now." He also urged us to consider the costs of implementing such a system in the context of current costs. Is our current system sustainable? Is it affordable? Even retired M.D.'s are worried about how they can afford an individual plan sold through the Health Benefit Exchange. Thank you for reading this.

Julia Buck's comment was the best. Only Option A will prevent the health insurance runarounds that have caused financial ruin for so many families.

We have to de-link health care access and employment. The vast number of people who have recently lost their jobs and their health care shows the insanity of our current arrangement.

We must find a pathway to universal healthcare coverage. If the pandemic has taught us anything, it has demonstrated the essential nature of universal quality, affordable healthcare.

A public system is the most efficient, least expensive way to achieve universal coverage. The private sector will deliver the health care by financing should be handled by the public sector. If Saskatchewan could do it, so can WA.

I hope during this process someone is looking at work that took place 25- 30 years ago to try to establish a health care program for the State. I served on the "Care Classification Committee", working with actuaries. We came up with three options, each with a different cost. All three were then rejected by the Governor as too expensive. What did come out of that eventually was the "Basic Health Plan" for the State. I hope those records have informed your deliberations - if they are still around.

My impression was members of the committee were quite divided over what was the best Option to recommend to the committee. Also members that supported Option A, were not in attendance. I found this most disturbing, because their attendance is crucial to formulating an recommendation to submit to the legislature! I hope that those committee members will be able to submit their recommendations for the final report.

In the last few times that I've appeared in front of your committee, I've stated my support for Option A. And I still do support Option A. However before I continue with my remarks, I must correct an mistake that I made promoting Hawaiian healthcare. I supplied written documentation after the last meeting of your committee, that Hawaiian healthcare was near universal healthcare, without personally verifying the accuracy of the comment that I had read. And after reviewing information online concerning Hawaiian healthcare, I have concluded that Hawaiian healthcare is not anywhere close to near universal healthcare. And therefore I respectfully request that the committee disregard any information that I previously provided to the committee in stating that Hawaiian healthcare provided near universal healthcare, for which it clearly does not provide! I apologize to the committee for making this mistake. I've heard it stated in your last committee meeting, that the final report from your committee, is supposed to reflect different Options for the legislature to consider in its deliberations. However I believe the purpose of this committee should be to recommend a particular path forward. And by not giving preference to a specific Option, nullifies the effectiveness of this committee. And I request that your committee recommend Option A to the legislature as the only Option that the legislature should consider in its plan to provide universal healthcare for all Washingtonians. Another point that I previously stated in support of Option A, is that when listening to this committee when last it met, I came away with the impression that the committee could not figure out how to fund Option A. An organization called Whole Washington funded a study to answer that very question. The study was performed by the same person that did the study for Bernie Sanders national proposal for Medicare For All. The study concluded that the Washington State Constitution allowed for no more than a 1% state income tax which would provide the necessary funding for a Washington State Medicare For All Program, which I believe is the same as Option A. If this is correct, someone from your committee should contact Whole Washington to learn more about the details of that study. To contact Whole Washington, just type in their URL: wholewashington.org The website will provide you with the ways that you may contact their organization. Lastly, I want to raise an issue of a service to disabled people that rely on personal caregivers. As I stated earlier in this message, my name is Joseph St. Aubin. I am a physically disabled person that relies on caregiver services to be able to live independently. Currently I reside in a two-bedroom apartment with a live in caregiver. I have Medicare/Medicaid for funding of caregivers. I have found the job of recruiting and hiring and firing and replacing caregivers is a job I'm not up to. I have had my current caregiver for numerous years. And yet when she leaves this job, I will once again have to consider whether I try to find someone myself or turn to various agencies that DSHS contracts with to provide personal caregivers. Unfortunately the agencies that DSHS contracts with are woefully inadequate to meet the task of providing qualified personal caregivers that a physically disabled person can rely on. The agencies that DSHS uses fail in 2 categories: 1. Guaranteed Service. There is no guarantee from one of these agencies that a caregiver will show up for their shift. I've had a few instances where my sister had to suddenly take off from her job in order to rescue me because a caregiver never showed up to help me. 2. A lot of these caregivers have never been properly trained, not even having a NAC license. Consequently these caregivers do not understand the type of personal care assistance a disabled person requires in order to be able to function. This leads to all types of horrible scenarios for which I won't list in this message due to which might upset the sensibilities of some of the members of this committee. For these reasons the solution is to allow the disabled person to select the home health care agency of their choice, much like selecting one's own doctor. A competent home healthcare agency will guarantee that a caregiver will show up when needed. And that the caregiver will have been properly vetted (making sure that the caregiver has an NAC license, understands the type of personal care assistance a disabled person requires in order for a disabled person to be able to live independently). The problem is that these agencies are usually for profit agencies which charge a lot of money for their services. Yet these agencies can make the difference between a disabled person's ability to live independently or end up in a nursing home. Please consider providing funds to allow disabled persons that require home health personal caregivers to access services from for-profit home healthcare agencies, so that disabled people can finally have guaranteed personal care services from qualified personal caregivers. In the richest country in the world, guaranteeing qualified personal home healthcare caregivers to physically disabled people should be a right, not a privilege for those who can afford it! Whether you are able to adequately address this issue or not, please list this issue as an issue that a disabled person has raised.

That we will never get decent health coverage as long as the legislature listens to the health-care industry in lieu of the residents of the state.

The ACA failed because the health care industry participated in its development. This Work Group is failing for the same reason. You were set up to fail by a legislature that puts profits over our lives.

A single payer system is the only way to get healthcare affordable and comprehensive provided (not just accessible) to every WA resident.

The Governor and Legislature needs to provide for the people and not the big money of the health care lobby.

N/A

However sincere the initial intent, this Work Group is failing to meet its Mission Statement. There are no on-line "Meeting summaries" for the last 3 meetings despite paid facilitators and summaries for the 5 previous meetings. There is no or minimal focus on altered delivery models by caregivers. Instead, the focus is on finance in a work group dominated by actively profitable entities, including those providing services to the indigent. Recently, HCA announced Cascade Care contracts including one to Community Health Network of WA, which maintains expensive office space in downtown Seattle and increased its non-physician CEO's compensation by 31% to \$800,383 in a single year. The actuaries predict merely a 4% saving for Model A, undoubtedly hampered by the work group's failure to address how care delivery could change. With a report due shortly, the work group should be honest that Model A is most favored but its implementation plan has no bones and its financial estimates for expense categories cannot be relied upon. A final suggestion : Be explicit that drugs are included within the WA EHB.

Although it presents the greatest challenges in terms of implementation, Model A (a state-administered system) is better both in terms of coverage and cost than either of the other two possible approaches, and better than the current systems.

I would anticipate that Washington State would find in a Biden administration a willing partner in helping to make a state-administered system feasible.

That we cannot afford to lower our expectations or fail to fulfill the legislative mandate of the UHC Work Group to recommend a pathway to truly universal health care. It will take interim, smaller steps to get there, and federal support we do not yet have, but the goal should be clear and reaffirmed emphatically.

COVID has inflicted the double punishment of unemployment and loss of health coverage on tens of millions of workers and their families nationwide. In our state, nearly 100,000 workers laid off during COVID remain uninsured as of last month. Establishing a universal public plan and delinking health care from employment is the most important step we can take to guarantee health care for all and to control healthcare costs. As Lynette Vehrs reminded us last time, Labor is on board with universal health care. At the WA State Labor Council convention last month, delegates representing 550,000 union members adopted a universal health care resolution by a vote of 202-0. This resolution reaffirms Labor's support for national Medicare for All proposals which include a benefit package equal to or better than existing plans won by workers. The resolution also stresses the importance of a universal plan to overcome COVID and to address racial inequities. We must make sure that a universal plan in our State will provide robust vision, hearing, dental and mental health benefits so that workers now covered by employer plans will not lose anything. Thank you. Attachments: Economic Policy Institute report, 08/26/20 <https://www.epi.org/publication/health-insurance-and-the-covid-19-shock/> WSLC 2020 healthcare resolution: <http://bit.ly/WSLCuhcResolution>

Affordable, accessible, appropriate healthcare services that are culturally appropriate and equitable and available to all residents is the goal of the Universal Healthcare workgroup. This workgroup was mandated by the legislature because the price of using healthcare, even with insurance has gone out of the reach of even those with a tenuous hold on the middle class. The rising cost of healthcare expenses and system complexities has resulted in a huge profit base for medical for-profit entities such as insurance companies, pharmaceutical and shrinking medical care for WA state residents with resultant decrease in the health of residents, including mental health and programs for addiction care.

I am a registered nurse. 1. Thank you to our 2019 Session legislature for creating this Workgroup and the Work Group members that have come to every meeting and presented their expert views and concerns in a public way. The goal is to provide every person in WA with comprehensive healthcare by examining the barriers that prevent this goal. 2. I want to point out for the public record that a sector of Work Group members have chosen to skip many meetings, sharing their views through the backdoor to Optamus, the Work Group Coordinators. This month they reappeared to derail the planning for Option A, which will create and deliver good care to all Washingtonians without creating extra costs to the patient beyond the premiums. 3. I am very concerned that these Industry Work Group Members' lack of transparency echoes much of their business dealings with the American taxpayer. 4. These same healthcare corporations, and their umbrella organizations -- such as the American Hospital Association -- have a lobbyist organization called the Partnership for America's Healthcare Future, that has used hundreds of millions of dollars over its existence from our healthcare funds, paid for by taxpayers, employers and workers for actual health care. Instead this money is used for lobbying, advertising and scare tactics to hide their secret price structures, their secret plan benefit manager "spreads", and record profits, even in this time of COVID. 5. Their purpose is to perpetuate this system of lucrative profits which results in the waste of literally billions of our healthcare dollars: In complex billing systems Controlling referrals to needed specialists, Diagnostic procedure delays with requests for further documentation Plan coverage denials for treatments Making sure Congress does not institute meaningful cost control measures. 6. To create an excellent and profit free system, we must first work vigorously and in a bipartisan manner to create cost controls by following the lead of Montana. In 2016 they set generous caps on the amount every hospital collected in billing, paying almost 300% of medicare rates to any hospital or hospital corporation that could be allowed to still be state plan providers. Montana also replaced their uncooperative contracted Insurance Provider and also the Pharmacy Plan Manager with companies that agreed to transparency and lower compensation, saving a million dollars a month to their state budget. 7. Putting into place Montana style reforms would be a stepping stone measure on our path to Options A healthcare for WA state. Option A is achievable by creating a single payer system free of profit motives. Making billing a simple matter would save a lot of money for the state and for the client, because Option A does not include each healthcare user paying thousands of dollars in additional fees to access care. Providers and hospitals are now also collectively to spend millions on the expensive system of requesting permissions and billing complexities. 8.. States cannot continue to pay these prices. Even the federal government cannot print enough money to sustain these enormous costs and low returns. After 2008 the recession caused states and localities to cut social safety net programs. Such programs contribute to our public safety and even now we are surrounded by growing homeless encampments. Wages never caught up to housing prices and the amount of people needing a hand up increased dramatically. We must avoid devastating cuts in the face of COVID costs. In large part, cutting the medical industry profits would close our budget gap for 21-23 budgets in WA and save a multitude of lives, preventing bankruptcies and further numbers of homeless residents.

Unions are supporting universal healthcare. I truly believe that healthcare should not be tied to one's job. It makes the stress of losing work even more stressful. As we are seeing with COVID and the amount of people who have lost work and their healthcare, this is a serious public health issue. Universal healthcare will help to keep our communities healthy and strong by not tying healthcare to someone's job.

I liked the point that hearing coverage is an essential health benefit. There are many aspects of healthcare besides primary care that need to be considered and covered as essential. We need to ensure that our healthcare system is comprehensive: primary care, vision, dental, mental health (it is hard to find a good provider and it is pricey and medication is very expensive), specialties (I have petit mal epilepsy and medication and visits to neurologists are expensive), reproductive health, prenatal care and birth, transgender care (this is vital and life-giving to people who are transgender and/or nonbinary and reproductive care needs to be a part of this - for example, the freezing of gametes for a possible family down the line and inclusive wording and care at reproductive healthcare facilities), etc. It is also incredibly important that we push for a healthcare system that is culturally aware. We have many different cultures in Washington State - Native people, Jewish people, Muslim people, Sikh people, Hindu people, etc. All deserve to have the right and the ability to choose a provider from their own cultural background, and we need to push for scholarships and training programs to help bridge any gaps. It is also important that everyone is able to receive care that fits within their culture and that they are comfortable in the healthcare setting. It is also critically important to recognize how pervasive and deadly racism is in our healthcare system and reach out to the Black community for how to address this serious issue - Black lives matter and they should definitely matter in healthcare. It is also very important that our healthcare system is LGBTQIA+ inclusive (transgender and nonbinary care and transition related care and reproductive care is a part of this, but also we must take care of people who are intersex and put an end to surgery on intersex children in order to "normalize" their genitals). It is so important to listen to the LGBTQIA + community and really understand the barriers that they have faced in healthcare and how the system can be restructured to be a more welcoming and inclusive place. It is also important to remember and reach out to less well known members of the LGBTQIA+ community (bisexuals & biromantics, pansexuals & panromantics, transgender and nonbinary folx, people who are intersex, people who are asexual, people who are aromantic - how can we make a healthcare system that supports them as well as gays and lesbians?). It is also important to consider access. We have very urban and rural communities - how can we make sure that everyone receives excellent care no matter where they live? We also need to look at the intersections of oppression and how we can create a healthcare system that is equitable for all while also being sustainable and affordable.

The need for a universal healthcare system, because lack access of healthcare doesn't work

Division among members of the group regarding how to get to plan A that it seemed to be before being a consensus to be the goal. Fear that one once again get stuck with only a plan C.

To Health Care working group I watched your last meeting at my convenience and also submitted my view in a prior e-mail. Do all work group members read all the public comments coming in? I observed from last meeting that there is not a consensus on pushing directly for plan A or B as a recommendation vs. a tiered plan going through a process of plan C through plan A. I hope the financial actuarial are done in this way: Cost numbers for each plan in year 2 of implementation and year 5, and also going from plan C to A in 5 years. If you only do cost calculations for a process Plan C through A you do not get to see the difference in cost savings of each of the plans separately, which I think is important to see actual differences in affordability. In the goals you discussed a lot the qualities of the plan that had to be done in an affordable way. The most urgent issue for the public now is affordable good health coverage, simplification and no gap in getting coverage. So my recommendation is that you concentrate on the affordability part in your report. If a plan is not affordable to all stakeholders you can have no equity in access or quality of care etc. Make the overarching goal : Publicly funded Universal PLATINUM + coverage for all eligible WA residents. Affordability needs to be addressed for at least these stakeholders : 1- Wa state. (cost insuring state employees and run insurance plan/plans) 2- Patients : Income based : a) like in a pay roll tax (? also paying for when not employed by adjusting % rate higher to cover for that) to substitute for premiums (Plan A or B), vs. subsidies paid by ACA/WA.state. 3- Providers: Reimbursement minus reduction of admin. cost. Goal : No loss of total revenue compared to existing revenue. Initially use existing re reimbursement methods and documentation guidelines. (Example : Medicare usually sets standard for all other plans anyways) 4- Employers : Need to have rate reductions if profit levels are low. Comment Public option: Unless it is an option for all of the WA. public, incl. all workers, do not use the name public option. It appears to me the current one is just an expanded ACA income eligibility. It also appears to me that with the "public option" for individual market to start next year most residents will have more affordable health coverage, but not good enough coverage and still too much cost sharing due to lack of cost savings from for profit insurers involved and so many plans. Self insured plans : I think they will come on board with a plan A or B mandate as long as they know they can still negotiate a supplemental plan beyond plan A with their employer. Aim for in year 2022 : Existing "public option" converted into WA. state Universal PLATINUM + plan. (none to minimal cost sharing, also see Whole WA. bill and adjust as needed) * All employers and employees participate with payroll tax where employees have a max. % rate, which employers can choose to pay for them. * Non employees pay the health tax/assessment at income tax time. * All public health dollars available to state goes into new Public Plan. * Other public plans needing federal waivers are excluded for now from WA. public plan and incorporated later as waivers become eligible. * 1 % income tax enacted to help set up and increase funding and possibly a capital gains tax. * May contract out enrollment ,billing and payment dept. to one private insurer or a public one like L/I. AFFORDABILITY of a PLATINUM+ plan for ALL will only be found in SIMPLIFICATION!

Move the universal health care forward. The subsidies are within our grasp.

"No single recommendation is possible." It is not only premature to state this, but it is a wake-up call to work a little harder.

I'm generally comfortable with the goal statements except where "value-based payments" are mentioned. My experience with CMS's attempts at this, such as Pay for Performance (P4P) is that while it makes intuitive sense, it has been a disaster in practice. There are just too many complicating factors for it to work, and the paperwork to support it is so horrendous, that it is just not worth whatever value it might have. Whether a patient's health improves or not is not solely dependent on what the physician does or does not do. Health is also a function of patient motivation, cooperation, understanding, cognitive ability, peer pressure, cultural background, financial restraints, luck, and structural issues. For that reason, I would agree with Dr. Trytko in that at best we should try to find ways to decrease and eliminate negative value care, rather than try to reward high value care. I'm also worried about this idea that no single recommendation is possible from the Work Group. The legislation requires "recommendations," so there could be more than one. If there is more than one, the reasons for the disagreement should be made absolutely clear to everyone. There should at least be a vote taken. There could also be multiple votes on different parts of the recommendations, so that it is clear where the majority stands, and how much of a majority it is. This will be much more useful to the legislature than simply laying out multiple choices. After all, if a recommended pathway can't be found after spending over a year of discussion exclusively devoted to creating that pathway, how can we expect the legislature to make a choice in the far more limited time that they have? I think too many of them will just throw up their hands and give up like Rep. Schmick has already done. If necessary, to achieve consensus, another meeting should be called. I'm also concerned that not all of the opposition's issues are out on the table. As a mediator with an MA in conflict resolution, I think it would be unethical for the facilitator to knowingly withhold undisclosed positions from WG members. Either the facilitator needs to find a way for the member to safely disclose that information or the facilitator needs to disclose it to the group herself. There should be no such thing as an undiscussable issue. Members must have a common base of information (see The Skilled Facilitator, by Roger Schwarz, p. 76, 81) from which to base their decisions. The legislation also requires options regarding a just transition, and that has yet to be discussed. HB 1104 Sec. 21 contains language for this and is a good place to start. Sec. 20 concerning a reserve account should also be discussed. Finally, someone needs to respond to Dr. Trytko's worry that the delivery system will be driven out of the state. Kaiser and Providence will lose their insurance divisions in Washington, but they are not likely to want to close their clinics. Local doctors will need to decide if they want to continue under the state system, but they will not be forced out. Of course, if a public option is voluntary, then Kaiser and Providence could prohibit their doctors from accepting it, but that scenario makes Option A even more attractive.

Millions of Washingtonians do not have health insurance, thus, many in our community do not have access to affordable healthcare.

Hearing health requires much more than a hearing aid. It requires rehabilitation counseling and in many cases access to hearing assistive technologies to supplement hearing aids. Living well with hearing loss requires access to ADA compliant (for communication access; hearing loops +captions and / or asl)places of healthcare, employment, education, transport, entertainment, telecommunications and virtual meeting platforms.

Comment

Up until last meeting (#7) I had high hopes for the Work Group. Everyone seemed to be on board for Model A, a single payer health care system that would provide comprehensive and affordable health care for all. Seems that pressure has been exerted by the health care industry and now we have variety of viewpoints. Really? The variety is between those that want to save people and those that buckle to the power of the lobby? Now the Work Group leaders are saying that the final report to the legislature will not be definitive. Really? So this whole exercise was one big waste of time? How can you listen to the horror stories and turn your backs? When this Work Group was announced I was very skeptical, but following the meeting closely I honestly believed that you wanted to actually provide affordable and comprehensive health care for all. The Democratic leadership including Sen Cleveland and Rep Cody have made it clear that they are really not interested in providing affordable health care. And if your recommendation to them isn't definitive, that will just make it that much easier for them to continue to represent their donors and not the people.

Dear Universal Health Care Working Group: I am writing in order to provide public comment in support of universal coverage in Washington State. I am an internal medicine resident at University of Washington who provides care for a diverse range of patients from all over the WWAMI region as well as the most vulnerable populations in Seattle who seek care at Harborview Medical Center because they are uninsured, homeless, or incarcerated, and have nowhere else to turn to. I have been unable to provide my undocumented patients with standard of care due to their inability to access health insurance — and this has been all the more magnified by the financial strain and job losses caused by the pandemic. I believe that Washington State's passage of a public option through Cascade Care is a step in the right direction, but not nearly enough. I think employers, not just individuals, should also have access to the public option, and we need more generous premium subsidy support for Washingtonians who cannot afford their health care costs. Furthermore, we need a coverage option for our undocumented residents - similar to what Massachusetts offers (Health Safety Net insurance option) or what San Francisco offers to its undocumented residents. Washington State unfortunately is hamstrung by its regressive tax structure in having the budget to implement many of these healthcare proposals to expand coverage for Washingtonians, but we need to find a way to fund health care as a human right and public good, See PDF attachment included with this spreadsheet.

Thank you for the opportunity to comment. I am grateful for the efforts of the work group, and appreciate their energy, as well as that of the many advocates for the Medicare For All option, which I believe is where we will eventually end up. I have two concerns about implementation, however. First is the thrust to eliminate health insurance companies, understandable in light of the additional costs that their current "for profit" status engenders. But the European social democracies with national health care programs have managed to keep those companies as a source of supplemental policies, while also serving as conduits for premiums and payments at a fixed "profit" margin, usually 3-5% (similar to our current Medicare). As several members of the Work Group have commented, this is how our American Medicare also functions, keeping the infrastructure of the insurance industry to handle the money while government regulates the fees and controls the profit margin. I urge the Work Group to include this option in their report. My second concern is similar- the denigration of employer-based insurance. Again, our European counterparts have retained this format, with citizens moving immediately to government-subsidized coverage when employment is lost. Keeping employers in the system may alleviate the ERISA concerns voiced by many, and will certainly mitigate the increased tax burden of the program. I urge the Work Group to continue this option, especially at a time when implementing new taxes will be difficult. I have a prepared monologue that I was hoping to orate tomorrow, however, I have another important work assignment that, unfortunately came up, that I have to attend to. I also wanted to know if this group is conferencing to put forward Universal Healthcare for just Washington State, or the whole of the USofA? Please reply and let me know, as my monologue is for advocacy to bring about Universal Healthcare to the Entire USofA, and not just Washington State. So before I send it to you, for a group member to Orate in my absence, if you so choose, I would have to modify it for the population of Washington State only, rather than the whole of Our USofA. My background is 18 years in Insurance as a Broker/Agent and Accounting, so I have a unique perspective, and a great idea of what to do and how to do it, to make this a successful Project, as we have just One Chance to get it right in the face of imminent & profound Opposition from Republican's in Congress, DJ tRump and some Democrats in Congress too, but mostly, intense pressure from Insurance Carriers, who stand to

Hello - I signed up to speak at the work group meeting tomorrow/Thursday October 29th at 1300. After reading through the guidelines, I would like to withdraw my request to speak and submit written comments instead. I do not hear well in online meetings and my time could perhaps be better used by someone else. I would like to provide the following statement about the need to include coverage for hearing aids and related services in any new health insurance programs. I am a battalion chief with a small fire district in King County where I coordinate training, emergency management, and many other programs. I have severe hearing loss due to an autoimmune disorder. Since 2007, I have spent \$25,000 on hearing aids and related accessories. My employer's medical insurance covered about \$1200 of the \$25,000. Without my hearing aids, I really am unable to hear in any almost any work or social settings. In addition to working with my local fire department, I served as an elected member of my local school board for 12 years and currently serve on the board of the Puget Sound Educational Service District. I volunteer at the Chief Seattle Council (Boy Scouts) Camp Parsons. I served on the organizing committee for the Leukemia and Lymphoma Society's Firefighter Stair Climb for 8 years. I am involved in many other community and social causes. Without hearing aids, it would be very difficult for me to work and contribute to my community without very expensive accommodations. It seems an unfair tax on people who suffer hearing loss that these costs must come out of my pocket when insurance covers so many other medical issues. Do not hesitate to contact me if you would like additional information or have questions. Several times in the last meeting I heard suggestions that this Work Group look to Cascade Care. Why do we keep hearing about Cascade Care? This Work Group's Option A is time and again the option a majority of participants, and public commenters at these meetings, say they want to see developed and implemented. Does Cascade Care bear any resemblance to Option A? Cascade Care might provide some immediate relief to currently uninsured individuals in Washington State, but it is my understanding that it is not going to meet the challenge of keeping costs down long term. This Work Group is tasked with figuring out a long-term, sustainable solution. To quote the Work Group Charter: "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 does concern me to hear that private meetings are taking place with the leader of the workgroup and representatives who otherwise have given the open meetings short shrift. This gives the appearance of backroom deals being struck out of view of the public eye and the rest of the Work Group participants. If this is so, the whole idea of this Work Group being a public Work Group, and its recommendations being the result of open meetings, is highly suspect in this citizen's eyes. It also puts the consultants in a compromising position. I urge the Work Group leadership to demand and display total

Good afternoon, Washington Universal Health Care Work Group members. My name is Jeremy Arp and I serve as the executive director of the National Association of Social Workers – Washington State Chapter, the social work professional association representing over 2,000 social workers in Washington State. NASW supports a public healthcare system that creates a society in which social and physical environments promote good health for all, where health disparities are eliminated, and all people attain high quality, longer lives. We support improvement of patient outcomes, advancement of population health, and reduction of health care costs. NASW agrees with the end goals identified by the UHC workgroup including access, equity, governance, quality, administration, and feasibility. It is our hope that the public option for universal coverage would serve as a model program and take special care and consideration to improve the physical and mental health outcomes for society's most vulnerable. We support the proposed expansion of the social safety net (including universal health care) and efforts to eliminate racial, ethnic, and economic disparities in health service access, provision, utilization, and outcomes. Jeremy Arp, MSW, ACSW, Executive Director, National Association of Social Workers - Washington

I urge you to recommend Alternative "A" to help establish in our state the first not-for-profit, single-payer healthcare system in the United States. None of us knows whether we will contract a debilitating disease or illness. Although lifestyle choices do play a role, the incidence of disease or illness is largely subject to circumstances over which we have no control. We have chosen to compound this misery by linking treatment to for-profit private insurance that itself is allocated unequally and arbitrarily. The tragedy of one's medical condition is therefore amplified by the very real threat of financial ruin. No society - no society - that claims to be caring and compassionate should allow such a system to persist. The notion of sacrificing lives in service of private insurance profitability is repugnant and morally reprehensible. You are in a position to begin to right this wrong. I therefore urge you in the strongest terms to use your influence by recommending Alternative "A."

Thank you.

I am a Registered Nurse practicing here in Washington state for 30+ years and I am a volunteer on the board of Whole Washington. Thank you for all the time and energy you have all put into this working group. I know that most of you are here for specific reasons that you can best address in our search for reforms to our healthcare system that will increase access, affordability and improve outcomes for our Washington citizens. I am here today to encourage all of you to reexamine your reasons for being here. This current pandemic has exposed so much of the economic waste and social injustice of our current system. We must finally correct this system of attaching a for-profit intermediary that ties our healthcare to our place of employment. A system that has not delivered any of its promises of lowering costs, improving access, or improving outcomes. We need to start using our healthcare dollars to provide care rather than continuing to devise ways of discouraging access to care for our people. Too many of us have died from this virus. Too many of us will have longstanding disability through no fault of our own. This virus has been devastating to our communities, our state and our nation. I truly believe that in order for this working group to truly meet its goals, it will be imperative that some of you will lose. But you must remember that your losses of potential profits will in effect benefit our entire society. Your loss will save lives, decrease disability and will give us the actual cost savings to allow our state to be able to adequately address the economic impact that this virus will have on our government, our businesses and our citizens. Your loss will become a win for you and us! We must do this because it is not about surviving this virus. After this virus there will certainly be another and it is imperative that we follow the lead of the rest of the world and just do the best that we can to take the best care of the health of our citizens. Because it is true that what you do for the least of our people, truly you do unto Him. I encourage you to recommend the Whole I was not happy when the Democratic control legislature chose to ignore the wishes and needs of the public with regard to affordable healthcare for all. They decided to give the governor a gift of a system falsely called a public option. This was outright deceptive and should be beneath Democrats. The only option the public has with Cascade Care is between gold, silver and bronze just like the other ACA policies. And Cascade Care doesn't do anything for 95% of Washington residents. It provides NO help for 95% of Washington residents. The legislature, in lieu of addressing the horrible healthcare problem decided it need to be studied. Effectively pushing the problem down the trail a year or two. They completely ignored the bill SB5222 before the Senate. A work group was set up that included member of the healthcare industry. That's like asking the fox to help you figure a way of keeping the fox out of the hen house. However, as I watched the work group proceedings I was impressed that most of the members supported the only true answer, Option A, a single-payer system that the modern world all knows is best. All the members seemed to agree that Option C, the "fix the holes" system, would not come close to meeting the objective of the group. By the way all of the public input that I saw was 100% in favor of Option A. In fact 83% of WA Democrats support a single-payer system. And it's even in the Democratic Platform. This was all going good until early Oct. Now the work group leadership is saying that due to a variety of opinions they won't be able to make a definitive recommendation to the legislature. Rumor is that the work group leadership is having meetings that aren't being shared with the public. I hope this isn't true. I hope the big money of the healthcare industries aren't influencing this work group. Also, Option C will do nothing to help 95% of

My name is Marianna Brown and my wish is that you to recommend Alternative "A" to help establish the first, not-for-profit single-payer healthcare system in the USA. For years, healthcare has been a struggle for me, even when I had some kind of coverage or insurance. Currently, due to changes in laws in our states and the current Covid-19 restrictions, I have been unemployed for over a year, with no healthcare. I am also aware of how many other people struggle with this daily. I cant imagine being a person scared to find help because they have no money, no support, no healthcare to protect them. Especially in a time of a global health pandemic, having support to keep our citizens safe and healthy is of the utmost importance. We look around the world and as an industrial nation, and a global leader, we have no healthcare provided for all citizens regardless of their status, financially or with work. As a leader, we need to lead with success and that starts by taking care of our people. I

The posted goal of the Pathway Work Group is to provide the legislature with a "system that provides all Washingtonians with full access to comprehensive, essential, equitable, effective and appropriate health services that are affordable to everyone." Up until the Oct 7, 2020 meeting it seemed everyone in the work group was onboard with Option A (a single-payer system that would provide everyone with affordable and comprehensive coverage) but something happened, something changed. Now we are hearing that there are a "variety of viewpoints" so that the final report to the legislature will not be definitive. Who are providing these variety of viewpoints? Are all the work group members participating in the meetings that the public sees? Are there other meetings happening that aren't available to the public? How is the decision made as to what the work group reports to the legislature? Is it a consensus of the work group or majority or does the leadership decide on what to report? To meet the stated goal of the work group, the work group must provide the legislature with a definitive path to affordable and comprehensive health care coverage for all. Now there is talk of resurrecting Option C which has been considered, up until Oct 7, not worth discussion because it doesn't at all meet the stated goals. Option C only applies to undocumented residents and does nothing to help the remaining WA residents. I would really like answers to the above questions. The residents of WA desperately need affordable health care, they all want it, and it's actually a right. The Democrats especially should recognize this. It's in our

t's just my story, point is that not only will universal healthcare end unacceptable suffering, it will better society by unleashing creativity and work when people are freed from the need for continuous employment: Thank you all so much for your work toward universal health care for our state, and for this opportunity to share my heartfelt wish for our speedy arrival at progressively funded, equitable, and comprehensive universal health care in WA state. My dream of working for a non-profit to fight for a safe climate had to be put on hold so for the 15 years my family was growing up -- I had to prioritize the paid healthcare from my employment at Microsoft. Most discussion of universal health care centers, as it should, on harm prevention -- fixing the dire health and economic consequences of a system where many people simply can't get the care they need, and medical bankruptcy is commonplace. But universal healthcare won't just alleviate pain -- it will also empower creativity and good work. Thank you for you moving this forward.

COVID has inflicted the double punishment of unemployment and loss of health coverage on tens of millions of workers and their families nationwide. In our state, nearly 100,000 workers laid off during COVID remain uninsured as of last month. Establishing a universal public plan and delinking health care from employment is the most important step we can take to guarantee health care for all and to control healthcare costs. As Lynette Vehrs reminded us last time, Labor is on board with universal health care. At the WA State Labor Council convention last month, delegates representing 550,000 union members adopted a universal health care resolution by a vote of 202-0. This resolution reaffirms Labor's support for national Medicare for All proposals which include a benefit package equal to or better than existing plans won by workers. The resolution also stresses the importance of a universal plan to overcome COVID and to address racial inequities. We must make sure that a universal plan in our State will provide robust vision, hearing, dental and mental health benefits so that workers now covered by employer plans will not lose anything. Thank you. **See two attachments below (in rows 18 and 19)**

[Economic Policy Institute report, 08/26/20 https://www.epi.org/publication/health-insurance-and-the-covid-19-9](https://www.epi.org/publication/health-insurance-and-the-covid-19-9)
[WSLC 2020 healthcare resolution: http://bit.ly/WSLCuhcResolution](http://bit.ly/WSLCuhcResolution)

Comment

HCA Universal Health Care Work Group: This comment concerns the draft report outline. I want to highlight the very last item in the appendix as extremely important. The key themes should be presented in a way that directly responds to the most common objections to universal healthcare: it's too expensive, it requires more big government, it's politically infeasible and will create chaos, it's socialism, those with good insurance won't support it, and it eliminates choice. Here are my suggestions for describing these key themes, consistent with Work Group discussions: We cannot afford to maintain the status quo since it is a far more expensive option than following this pathway to universal care. The only way to substantially cut costs is to eliminate or drastically scale back the involvement of insurance companies which add no provider or patient value. While expanded government services will be needed, the state already has significant expertise managing a variety of healthcare programs. As so many other countries have discovered, a program of affordable healthcare benefits is one of the most popular a government can offer. Rather than compare universal healthcare to socialism, it can more accurately be understood by comparing it to existing non-profit public services such as police and fire departments, transportation, sanitation and public health departments, and public libraries. Most labor unions including the Washington Labor Council, AFL/CIO now support universal healthcare because they are tired of devoting limited resources to keep what they have in the face of ever rising costs. Since benefits will include all essential services, only a single plan is needed. Streamlining the payment system will vastly increase efficiency and quality and drive down costs. Thank you.

Some members of the Work Group are rightly concerned that the main problem with a universal, publicly funded, publicly administered health plan is political feasibility. But let's think about the political feasibility of deciding that we will not be able to provide access to affordable health care to all Washingtonians. In the midst of the pandemic and an economic calamity we can only overcome with public health victories, how politically feasible will it be to leave hundreds of thousands of Washingtonians without coverage? And all those with coverage they dare not use due to high deductibles and co-pays? And all the essential workers who are undocumented? And all those who can become spreaders of COVID? How politically feasible is it to accept this prospect? Or to accept that we cannot do anything decisive about the racial inequities in health and health care? We understand that the Legislature can't wave a wishful-thinking wand. We understand that we need a Congress and White House which want health care for all. But our Legislature can adopt a firm goal for universal health care and steps to make that happen, including real revenue reform. Our \$4 plus billion budget shortfall is less than 7% of the \$70 Billion increase in wealth of just one of our State's billionaires since March. How feasible is that for our future? It will take elections and determined advocacy from constituents to move legislation. It will also help the Legislature do the right thing if this Work Group is willing to do the right thing. Thank you.

I would like to know if there is a plan to include public comments in any way in the final report of the HCA Universal Health Care Work Group?