

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

We need Model A.

Do you have anything else you would like to share?

To Whom It May Concern: I would like to thank and commend you for your rigorous report resulting from many long months and numerous meetings on the topic of healthcare reform for our state. I recognize the lack of homogeneity of the group presented challenges for the writing of the report. This was handled in part by allowing varying methods of communication to co-exist within the Work Group itself. Personally, I found that confusing. Some of the discussions which might have ensued might have brought us closer to consensus and broadened each other's understanding of otherwise undiscussed issues. However, it is, what it is. Fortunately, one of the most significant outcomes of the report you have written is the savings from the various models. The most favored model, Model A, will net the State billions in the first year and those savings grow each year thereafter. It covers every person in the State. Each group, documented or not, cannot in the face of "Equity," be left excluded. All will be given care as needed. There is much discussion about the "social determinants of health." I would postulate that the social wellbeing or health of our society, including less violence, less mental stress, less suicide, less incarceration for all levels of miscreance, less homelessness, less unemployment, less civil upheaval in our streets will be the real result of our universal health plan. Cost benefits from administration efficiencies are wonderful, but, a body politic that knows those who govern are concerned about their welfare have no need to use violence. They know, they can be helped and cared for and their families and loved ones will not starve because they have an illness or disease. Peace of mind is what this bill is really about for us all. Thank you for your service.

The most important point was that again and again Option A is far and away the only option that both provides Universal Coverage AND saves money, thus stopping the ever escalating price of healthcare in our state.

Thank you to the Workgroup members, staff, moderator and consultants. This analysis establishes (again, and can this be once and for all?) that a true Universal single payer system is both life-saving and money-saving as well as being a giant step in the direction of equity for all our state's residents who continue to be left behind. Health care for all means better health for the whole community. Covid-19 has taught us much, and has accelerated changes that were in the pipeline, i.e. zoom meetings, e-medicine. Covid makes it abundantly clear that we need to accelerate the reforms that have been advocated for years to guarantee better, less costly, universal coverage ASAP. This cannot wait. In order for our state and economy to recover, we need to provide guaranteed coverage for all our residents ASAP. It never ceases to amaze me the level at which those of us with capital in hand are granted substantial breaks to hold on to more capital, and pass it on to our kids, while folks all around me can't catch a break on housing, food, or healthcare. These are basic, human rights that we are morally obliged to secure for all in our state's residents. And, besides it just makes good -- the best -- business sense! Getting to a full Option A won't happen overnight, but this is the best time to start. We have new Federal executive likely to be more helpful in acquiring the waivers needed to do this. This window of opportunity could close in four year's time. I remain wary of using state subsidies to existing insurance plans as a way to bridge the interim. Sending more (tax payer) dollars to corporations whose line of business is making money, not health (fee for service) will keep us moving farther from the solution. The unintended consequence of that would be to encourage these insurers to work harder, lobby more, spend more to keep the status quo as is. That would be a crying shame. Thank you!

choose model !

I am a retired Clinical Social Worker in the state of Washington -- I worked in non profits, Public Health and Boeing as a Therapist/Social Worker/Employee Assistance Counselor. I am very familiar with public and private health care administration and patient navigation. It would be a mistake to continue the Insurance Company as total Administrators Model (Cascade Care) as it does not reach all residents; it is not affordable working couples/families; it does not regulate costs; it is not provider friendly. I have many stories of rejections by private insurance (Boeing, Microsoft, and other major players) to clients and accessing mental health services for couple counseling (insurance will not cover couples, only family and individual) ; lack of mental health parity with medical health issues even though it is a law; coding inefficiencies (depression is covered but not grief.... Adjustment disorders negated but not a uncomplicated depression diagnosis). Providers throw up their hands in the air and leave panels; clients do not seek needed counseling. I was part of a King County large provider grievance with a major insurance company whereupon they refused to pay thousands of our legitimate claims. Thanks to Mike Kriedler's Office, it was resolved. I am sure there are great workers and great intent in insurance companies. But profit drives the goals. Only government can take the reins and bring affordability; equal service delivery; control costs; and keep an eye out for the very disadvantaged.

Hearing the poll of how each member voted on the Options

It is time for legislature to understand the urgency of enacting Option A. Our state needs an equitable way that all people can access health care to help people not be forced into poverty and homelessness during this pandemic.75% of the work group members who have done enormous work favor Option A, which actuaries noted would save our state money. Politically, the climate is riper than in the last 4 years with increased chance for state waivers to establish our own universal health systems.

If Model C is utilized, it must be state managed so that we are not subsidizing insurance companies with public funds.

Change the second sentence in the last paragraph on page 35 to: Medicare and Employee Retirement Income Security Act (ERISA) were called out as particular challenges. While as yet there is no established mechanism for a state to apply for a waiver of federal requirements, the State Based Universal Health Care Act was introduced by Rep. Jayapal (WA-07) in 2018. Its likely passage under a Democratic administration would allow states to apply for a variety of waivers, going well beyond what the ACA Section 1332 currently permits. Change the first sentence on page iv to: Although the Work Group did not recommend a particular model, about three-fourths of the members and an overwhelming majority of public comments, including those from physicians, nurses, union leaders, consumers, and business owners, favored Model A. The group also recognized the work that will be involved in implementing any universal coverage option in Washington state, and that expanding coverage to everyone should be an integral part of the state legislature's COVID response plan. Adjust the summary table to include both the first year and 5 year savings for the 3 models, and change the prophetic feasibility of Model A from red to yellow. If you are still unwilling to change the color then at least clarify that the feasibility you are referring to is strictly Political Feasibility. Certainly, the feasibility of gaining public approval, acquiring administrative competence, and the likelihood that Model A would substantially improve the state's COVID induced economic crisis is much higher and rates a green bar. These other kinds of feasibility should also be noted in a footnote. I still think the "brief summary of key themes from stakeholder and public input that informed development of the recommendations" should be included in the appendix. The single sentence in Appendix F on p. 65 does not exactly fulfill this promise from the Updated Report Outline. At the very least there should be a summary of the public comments as to why the vast majority supported Model A. And the public comments are NOT yet available on the website. Change the last sentence in the top paragraph on page 40 to: While one Work Group member noted that employers often use health benefits for recruiting and retention, another member pointed out the extensive support by organized labor for single-payer universal health care. Keep the comments balanced whenever possible. Please just delete the inane last sentence in the first full paragraph on page 41. Not every comment bears repeating! The attitude that Medicare beneficiaries will increase costs because they are older and have more health issues is part of the thinking that created our dysfunctional system to begin with. Private companies did not want to insure the "elderly" and disabled because they are not profitable populations, so they let the government take care of them. They're fine with Medicare Advantage as long as they can continue to cherry pick and lemon drop. Delete the last phrase at the bottom of page 41, because it is meaningless. The transition may be difficult for some (if not for everyone), but well worth it and welcomed by most! The mediator in me is very disappointed that the facilitator did not even try to help the group reach consensus on anything, despite the requirement for recommendations. I am equally disappointed that the Work Group did not even broach the subject of funding mechanisms.

adverse selection, people will move here, get care and leave.
And utilization will go thru the roof, I'll be going to the Dr every
Tuesday

yes, you have no clue of just how wrong this can go AND WILL

I will have to view the various video sessions later.

(1). I support Option A. (2). Option A can be supported with a 1% state income tax. The organization Whole Washington funded a study using the same person that drafted Bernie Sander's Medicare For All proposal. Contact Whole Washington for details at: wholewashington.org (3). Physically disabled people that require caregiver services in order to live independently in one's own home, need to be able to choose private home healthcare agencies to meet their needs. They need to be able to choose a home healthcare agency in much the same way one chooses one's own doctor. (4). Long-term care needs to be supported. (5). Traveling out of state or out of country whether for medical reasons or leisure should be supported. (6). I've heard mention on this committee that it had concerns about conservative members of the legislature's that might reject the consideration of Option A. My reaction to that is that the committee should simply choose the best Option available and not concern themselves on how the legislature will receive their recommendation. Please choose Option A! (7). Make all public meetings that are provided by the Washington State Healthcare Authority available to participate in via the Internet, whether it's through the Zoom Program or some other application. Physically disabled people whom are not able to travel to Olympia to attend public meetings, would be able to be committee members in future meetings of this type. Had this committee been willing to have all of its meetings on the Internet from the beginning, I/perhaps other disabled people would have applied to be committee members of this committee. Please consider this option for all future applications of committee members. Disabled people can serve if barriers are removed! Thank you for the hard work your committee has done. Happy holidays to all of you and may you all have a better New Year!

need to start moving in practical ways to getting universal health care, even if needing to resort to small steps with option C

Again, thanks to the Work Group for all their hard work. I'd like to add my voice to the supporters of a modified Model B. There is clearly a strong lobby for Model A, the "Medicare for All" plan, despite the recognized challenges of feasibility. Much of the passion of the proponents of MFA appears to focus on removing the insurance companies and employer-based coverage, 2 proposals that will engender firm resistance and present obstacles to adoption. But the downside of current private health insurance is the profit motive. Many European models (and our own Medicare administration, as some members have pointed out) use the established structure of the insurance industry to administer their plans as "not-for-profit" entities, with a fixed margin of 3-5% (with the state establishing prices and reimbursements), avoiding the need of creating a new bureaucracy. Likewise, the downside of employer-based coverage is the potential loss of insurance with loss of employment. Again, the European models simply make enrollment in government plans automatic if employment is lost. Maintaining our current system with those modifications may potentially elicit support from many employers and employees who benefit from current tax considerations and the competitive hiring advantages. I would urge the WG to include these potential advantages of a modified Option B vs MFA in their report. A third issue of the MFA proposal is the reimbursement rate that would be created by a shift to MFA, as noted by several members. If faced with universal compensation at the current reimbursement rates for Medicare/Medicaid, many providers would not be able to continue to offer the current level of care. Any recommendation to the legislature should perhaps include an "All Payer Rate" program that ensures fair reimbursement for all providers. Thank you for the opportunity to comment.

Change needs to occur within the healthcare industry. More government involvement may not be the answer though. Establishing universal healthcare removes competition which lowers quality. The free market will always ultimately choose the best option and those that are broken will fade away. Canada is an often used example of universal healthcare and there are known issues of quality within that system and the ability to receive timely care. Rather than passing legislation that could affect quality, we should look into legislation that increases competition. There's need to be a reconciliation between the doctor and the patient where there is more transparency on price. Currently, most people have no idea what the actual costs are for seeing their doctor/specialist unless they have an HSA medical plan or no insurance at all.

Lowering the cost of health insurance and provide better access without sacrificing service and care.

Options B and C are not steps to Option A.

Only Model A can deliver the price controls and administrative savings needed to build a more efficient system. Coverage expansions under Model C can only be used as a temporary stepping stone to get emergency affordable coverage for those who need it, and to build the necessary regulatory and administrative infrastructure for the most economically sustainable model, which is Model A.

Model B would cost almost two billion more than Model A. That goes to health care industry profits. That money would save a lot of suffering and save lives. It's immoral to put profits before lives.

The goal is Option A and the report should include how to get there. Option B favors the healthcare corporations at the expense of Washington residents.

One of the work group members, I believe during a breakout session, mentioned that consumer choices would be reduced under Model A. I am looking at the incredible amount of resources the Exchange is putting into helping people navigate complex and confusing health plan choices during open enrollment. <https://www.nytimes.com/2015/11/02/upshot/why-consumers-often-err-in-choosing-health-plans.html> <https://khn.org/news/open-enrollment-picking-health-insurance-is-hard-smart-guide/> People are stressed and confused by having too many choices that are difficult to understand and they have to try to guess how much health care they are going to need in the next year so they can make the optimal tradeoff between premiums and deductibles. If there is ONE provider network people will have greater choices in providers. If they have a standardized, comprehensive benefit plan but they won't have to figure out what they can afford and predict what kind of utilization they will have. They won't have to time health care decisions to whether the deductible is about to start over.

When the work group was set up it was known at that time there would be no consensus because members were included that oppose the goal of the work group. As the report states the goal was stated to provide a recommendation. A recommendation can be made w/o consensus. The report is nothing with out a recommendation. Most of the work group support Model A and Model A would save billions. Who made the decision to not include a recommendation? The work group didn't.

Model A is the clear preference of 3/4 of the work group who replied to the Poll of Members, and all of the public commenters. If feasibility requires a phased-in approach a la Model C, then it would be important for Model C to have a single standard benefit plan established by the state in order to achieve the largest risk pool and save \$\$ right away.

We are in the middle of a pandemic. What does “feasible” mean anyway in a country where the Federal government has already handed out \$2 trillion in stimulus money. How feasible is that, really? And now debating another \$1 trillion package which is seen as inadequate by many? No, the meaning of feasibility has changed, and we need to keep the end-goal in sight. Do we make sure that everyone in WA can enjoy their best health and make sure that our friends and neighbors are also healthy? Or do we continue to maintain the healthy bottom lines of for-profit businesses in the healthcare sector who do not actually provide health care? Do we really want to overcome COVID? A snapshot of the actuarial figures: Model A - \$2.5 billion overall savings in healthcare economy in year 1 and up to \$5.6 billion savings when fully mature. IF if you follow the program: price negotiation, largest risk pool possible, one big network, no cost-sharing at POS Model B – saves \$800,000 in first year Model C – no savings when funding for premium subsidies is factored in. We need to take the first steps toward universal health care now.

I think Model A makes the most sense and worth working toward.

Missed last meeting

As a retired physician who totally supports universal healthcare, it is important to understand, I believe, that the excessive utilization of healthcare that is rampant in American medicine will need to be reinvisioned to a system more similar to that in Britain and/or Canada where not every head bonk gets a CT, every knee injury gets a MRI or every back strain gets an X-ray. At one point as a ED Medical Director I was asked by our Seattle based healthcare administration why our ED was ordering so few MRI's in our ED as opposed to other ED's in the system; my reply is that we weren't ordering too FEW, the other ED's were ordering too MANY. Our current malpractice liability climate certainly imposes a higher risk of lawsuits, are current practices of over ordering care does NOT provide better outcomes than the British or Canadian healthcare systems. I just believe that work will need to be done to manage the expectations of healthcare utilizes under a universal healthcare system. Thanks for the opportunity to comment David Brook MD(emergency physician for 30 years)

Choosing Option A, Universal Healthcare for WA administered by the HCA based on the Wa Health Security Trust Bill known as HB 1104. Analysis shows that Option A controls prices & costs, saving money the very first year of its existence!!!

It's essential that every lawmaker in our state look at this situation w/ HC inequity & cost, square in the face and work to make universal healthcare a reality, to stop money pouring into for-profit industries. All of that money should go to Healthcare in an equitable way. Just as Medicare is administered by a single entity & costs are much lower for administration, so must we get transparency of costs in this state and rid the for-profit wastes we suffer with now!

Asking all Work Group members to indicate by survey which models they support and why. This really needs to be included in the Executive Summary, to help legislators who will not read the whole report, as pointed out by WG members.

Here are the remarks I made during public comment: Dear Work Group members, we're counting on you to fulfill your mandate to recommend how our state can create a truly universal and affordable health care system. Health Care is a Human Right joins many of you in favoring Model A, which is clearly the most economical overall. We know you have differing views on this, but it is important for each of you to go on record with which Model you do support. Otherwise the Work Group will not really have a voice in the outcome and all your work will just gather dust on some virtual shelf. That's not why 500,000 taxpayers' dollars have been spent. And please be bold. "Feasibility" has been suggested as a reason against recommending a universal system and Model A in particular. I think this represents a self-fulfilling prophecy. In the face of our public health, economic and racial equity crises, is it feasible NOT to establish a clear goal to guarantee affordable health care to all Washingtonians? Of course it will take time. Of course we will need more federal help. Please set a goal so the Legislature can design steps to get there. And then let's all persuade Congress and the Biden Administration to provide the help we need. Thank you for all your work.

The problems With Covid and unemployment how devastating. We don't have an accurate idea of what six more months of these problems will do to residence of our state. One woman testified that because of insurance company refusal to cover for medicine, she went from a healthy functional individual to a ward of the state costing \$7000 a month for her care. We must develop a system where everyone pays their fair share for equitable healthcare. If all of our residents were in one risk pool and administered by a single payer we would save billions of dollars over the next two decades and that would save millions of terrible illnesses.

1. I urge you to choose Option A, Universal Healthcare for WA administered by the HCA based on the Washington Health Security Trust Bill , last known as HB 1104 As COVID lays bare our budgets and the inequity of healthcare coverage, start the steps NOW necessary to reach this goal in 3-4 years. Actuarial analysis does clearly show that Option A does de-fragment delivery, control prices and costs, saving money the very first year of its existence. 2. This important Workgroup is tasked with finding a pathway to Universal Healthcare. I have heard widespread support for Option A during Work Group sessions and also in the Public Comments. I therefore ask that the report reflect this support. 3. Thank you that you have heard the demands that the main body of the report contain a list of the Work Group members, their qualifications, what option they support, or the information that their organization has not taken a position on these options. 4. I urge that: a. All public comments, both written and spoken, be included in the report. b. The number of people who signed up to comment publicly at a meeting but were turned away for lack of time, is recorded in the report. 5. With the Biden administration a reality the waiver situation will change. It is so plain that Cove it is just devastating or Healthcare. The vast majority of people dying from Covid are those from lower income, BIPOC, communities especially. We can see already on the streets of Seattle the economic devastation of our upside down system that concentrates money and power in a few sectors and leaves millions and millions of people without. We face another year of Covid unemployment and devastation amongst people there are so breadwinners for their younger generations. 6. It is absolutely essential that every lawmaker in our state look these things square in the face and get to work to make this a reality for universal healthcare where money is not bleeding out into for-profit industries. Instead all of that money should go to Healthcare in an equitable way. Just as the Medicare is administered by one entity and the costs are much lower for administration, so must we get transparency of costs in this state and get rid the for-profit wastes we endure now!