

Public comments received since Oct. 29 meeting

Emailed comments

I support Option A, the government-funded and administered proposal. Twice I have tried to submit why I personally support this option. Twice my previous email communications did not go thru. This is my third attempt. Decades ago while either working at a job with no health care benefits or during a period when no jobs were available in this state, I sustained a serious rotary cuff injury in a bicycle accident that effects me to this day. I did not cause this accident. A left shoulder bone was broken, ligaments torn. My shoulder "healed" in such an abnormal fashion I measurably lost shoulder and left arm mobility and muscle mass and strength in the biceps and triceps. I have visibly lost muscle mass and strength and agility in my upper left back and my left pectorals as well. If I could submit a photograph with this written testimony, it would be obvious to you. Without health coverage I could not get the medical care and physical therapy I needed at the time when the accident occurred. I got only brief summary care in one emergency visit after an ambulance trip. When I finally did get a job or somehow qualified for medical care, I got x-rayed again and was able to really get help from a physical therapist and a doctor's advice. I'm still doing physical therapy for this injury which occurred decades ago. I am now in my seventies. If you wish to see my medical records for verification, just ask me. I will happily comply. Thank you for considering my written public testimony.

Hello I'm a nurse practitioner and in 2 years the majority of my rn md do PT etc cohort will retire this is scary. We know that we need more now t less of us I just hope since we finally have a women vp in the white house we can find balky get what all citizens deserve universal health care! My patients even with affordable health care struggle especially the undocumented. We need to think big and just look north to Canada to see what works! We need to make health care professionals education more accesible and affordable like when I went to school on pell and low interest loans and tuition that wasn't astronomical! I pray we will innovate and organize.

As a family doctor, I have treated many Washington residents suffering and dying prematurely due to lack of affordable or any health coverage. I vividly remember signing two death certificates, of two women who suffered and died many years before they might have, if they had quality affordable health insurance. One died of breast cancer, in her 40's, having no insurance, she was too afraid of the financial cost of testing and treatment. The other died of obvious heart disease, fearing the cost of treatment, when her heart disease could likely have been easily treatable. On the "underlying cause of death", I listed "lack of health insurance", since I believe it was. No Washington resident should suffer and die such premature preventable death. Every Washington resident needs quality affordable health coverage. Please support the most comprehensive affordable, equitable option: publicly financed health coverage for all Washington residents. The COVID virus doesn't distinguish based on insurance, but low income and uninsured people are much more likely to suffer and die from COVID.

I appreciate the hard work the Work Group has done over the last year. I am excited to see that most Work Group members favor Option A which is really the only morally right thing to do. I hate to think that the Work Group would ignore the will of the people, ignore the right of all Washington residents to be provided affordable health care coverage. That's provided health care coverage, not "access" to expensive coverage. The health-care industry has lots of resources to fight the effort of the Work Group and I am glad to see the Work Group not yielding to that pressure. No one is expecting the Work Group members to unanimously agree on what to recommend to the legislature but it's absolutely essential that the legislature and public be aware of how the members voted. If the Work Group somehow chooses to send the legislature something less than a solid recommendation for a single payer system, it would not only be a waste of the Work Group

members time spent and a waste of the cost of the Work Group, but worse it would be a loss of a year to those in our state suffering and dying. We are not Republicans, we care about people's lives. Do the right thing.

Because it models where we need to be in the country and makes the most economical sense. Let's finally go straight where we desperately need to be!

OK—I have been delinquent. As a rural resident, the problems we face are primarily related to getting help when we need it. I am actually very healthy and seldom need a doctor but try to keep on on the line, so to speak. I had to change due to doc leaving the area and couldn't find a replacement for several weeks. I am now signed up for a DO which is what I wanted whose clinic is 1 hour away. I didn't want to go to the local hospital because they are very expensive and their DOs kept leaving. (2 times, actually) I have found that being 81 and in good health makes it harder to find a doc. I'm sure my health will deteriorate so I need a primary. 2 times in the last few years, getting to a doc was very hard. Once my husband had pneumonia and his primary had no appointments available. Finally as we got really persistent, they sent him to a ARNP who sent him for an X-ray and they his primary squeezed him in. He has a heart condition so it could have been serious. The second time was my efforts to get a DO as I was presenting with scoliosis as well as bronchitis. Seattle is always a possibility but at my age, I'm not driving in Seattle and getting there by bus is an all-day event. I think the care we get here is good when we get it. The population is growing and we really have no great appeal to a city person so docs don't want to locate here. We lived for 33 years on rural NY (yes, there is such a thing as rural NY) and our primary there worked at clinic, doing his obligated medical school repayment. Excellent care when we needed it. Whew—sorry to long.

Dear UHC Working Group, I have been involved in the 'wild harvest' for thirty five years, ever since I became the Family Advocate for a refugee family of five, surviving by foraging and building a Habitat for Humanity home. All of the children advanced through the military and now there are grandchildren in the mix. The family matriarch is still foraging in the forest now. This relationship has given me an intimate knowledge of the wild harvest's informal workforce. I became concerned about disseminating public health information to this informal workforce who could not afford medical insurance and for whom English was a second language. Hepatitis was my main concern. I have been following the evolution of our National Organic Standards Board and continued to think in terms of how we might bring the wild harvest under that umbrella of oversight and open a path for public health concerns to be addressed in the field. The better answer is Universal Health Care for All! Just prior to the adoption of the ACA, we were holding pot luck fundraisers on a monthly basis to save long time families from intractable poverty because a grandparent was losing everything due to a prolonged illness. How is that fair? It is not fair, because the very neighborhoods experiencing this are often unknowingly living in a toxic environment that caused the illnesses in the first place. It is an equity issue. Right? More importantly we have an opportunity to solve the "wild harvest informal workforce" issue, by simply allowing access to health care for the poor at the same level as others. It is shameful to see how many of my neighbors are being given B choices, longer wait times, and lesser care overall due to being underinsured. Affordability and access to quality care are both issues. Thank you for listening and for all of the work you are tenaciously doing to move toward the solutions we need. I received notice of your work through the essential and dedicated leadership, locally, from Marlene Hache and Sherri McDonald. We must keep this fundamental equity issue moving forward.

Dear Working Group, I firmly support universal healthcare in Washington State as a human right, that protects all of us from catastrophic illness and related costs that could ruin families and put our normal interactions in jeopardy. It's just common sense to understand that infectious diseases don't recognize class status; services provided by infectious persons can spread to even those who avoid certain areas. If a store

clerk assists your checkout at a store, and you die from a contagious incident, wouldn't you wish they had been provided healthcare to prevent their illness? This goes for dentists, massage therapists, mail carriers, neighbors, and family members. Common sense to care for all people! The equitable distribution of wealth, which we all value, is absolutely necessary in any civil society; we want to eradicate poverty and provide higher education free to all, so that everyone will know the importance of public health and have the means to take care of their communities and families. This is so important. Care for care for ALL!!!

To whom it may concern: I have looked over the documents that have been proposed from the Universal Health Care workgroup. While I appreciate the discussions and work that went into this. I also feel that the work group came up short in discussion of Plan C which would be to at least outline a process/plan to do some stopgap coverage for thousands of people in Washington state who currently do not have insurance. That number has also likely grown in the time of covid 19. While most of the discussion has focused on plan A- single payer from the state or plan B - while this may be preferred by some in the long run- this is NOT feasible either monetarily or politically in the short term. It will cost billions of dollars to make Plan A happen- money which Washington state does not have. If the workgroup only focuses on that then thousands of people will remain without affordable health coverage in the short term (and likely long term). I would encourage the work group to please outline steps for Plan C to look at shorter term coverage for the >500,000 Washingtonians without coverage NOW. This might be something that could be accomplished to help people in the next few months to couple of years. Rather than waiting for a current impossibility that might take years and would also require a different tax structure, would need to assure consistent federal dollars coming and does nothing to really change insurance markets , feasibility or sustainability in the long run. The people of Washington deserve to hear all options laid out (not just those preferred by some members of the work group).

Please take the time to craft Model A... Universal health coverage, public option, cost controls, pharmacy negotiations for prescription coverage. Private insurance on the current exchange does not help all. And for the most part are beholden to their shareholders, not to the medical and mental health of subscribers.

So I want an answer - when will WA implement state single-payer universal health care? When are we going to, once and for all, extract the non-value-added, conflict-of-interest insurance corporations from control of the administrative side of WA's health care system? Ya think maybe this crisis is an excellent time to do that? Or would that upset your corporate bribemasters? I highly resent you people calling the insurance industry 'stakeholders' in this fight. A more appropriate label would be 'parasites', or 'the enemy'. They deserve absolutely no consideration whatsoever - except maybe the low-level customer support people whose mission is to find any excuse, turn over any rock, to find a way to limit/deny paying for needed health care. Their new mission when priority-hired in a medicare for all system would be to make sure patients get the care they need. That's how you solve the issue of those people losing their jobs at insurance corporations when we go to single-payer - they should be at the top of the list for hiring into the new, patient-friendly system (and out of the old patient-hostile system). That's the name of that bill you guys passed once upon a time - 2019? 2018 was it? The name - The Pathway to State Universal Health Care? Nah.. maybe it was The Pathway to the Consideration of Thinking About a Pathway to Think About State Universal Health Care? A strong majority of Americans - including a solid majority of rethuglicon voters - are now demanding universal health care at the federal level. But of course weak, spineless conservative dem milquetoast Biden will veto it. So again, this is THE time to do it. When are we getting what we've been demanding since before Obama defied our demands twelve years ago, Max 'Bought-Off' Baucus had corporate CEO Stephanie Fowler write the Un-affordable Care Act, where she included a prohibition of states moving to their own universal health care for seven years (which period ended in 2017 BTW), and threw us into the jaws of the insurance industry? Do it asap - meaning NOW - or your paper-thin legislative majority will be very short-lived. I'm one

of a growing number of frustrated, angry, enraged strong progressives who have long since stopped voting for bad to avoid worse. In my book, that means fuck people like Biden and Clinton. I wanted Sanders, and the democratic establishment has done all they could do to derail his campaign - again. He was Wasserman-Schultz-ed by Bustos, another ex-'health' insurance corp exec, corporatist piece of garbage. I'm registered as a democrat but I vote as an independent as I am livid at what your goddamn party has allowed the despicable GOP and their (and your) corporate bribemasters to do to us over the last four decades. Mark my words - if you people don't wise up and take a sharp turn left NOW, in 2022-24 we're going to make you do what you do best - lose it all. I WILL vote against you in the next election cycle. Many of my friends will as well. Sorry but we don't have money to bribe you with, all we can do is deny you our votes.

I am a retired Primary Care physician in Spokane and I support Option A, a state managed universal health care program. I noticed in your study documents that Option A got Green evaluations in every category except "Feasibility". I don't understand this since the financial data seemed to support it. Further, in regard to revenue, there was no mention of individual or employer contribution, and it was my understanding that the plan was for a small payroll tax that would supplant the premium payments to private insurers. The only "feasibility" issue I see is messaging the plan to the public and legislators, since it would provide better coverage, for less money than the current employer-based private insurance system. Thank you for your attention.

Work Group: Tonight, I watched the NHS of Great Britain begin vaccinations for COVID-19. The organization, the readiness to do a massive job, and the willingness of the people to trust in the NHS was impressive. The United States needs an NHS.

Testimonials

In August of 2020, my teeth started bothering me, so I called ICHS (International Community Health Services) to make an appointment. I was seen for an "emergency" appointment within 2 days. I could not pinpoint where the pain in my mouth. Unfortunately, the X-ray did not show anything. They suggested that I make a comprehensive appointment. I made the appointment which was over a month away and if the pain returned in the interim, they suggested I go to an emergency room. That exam showed I had 2 wisdom teeth (one on each side of my lower jaw) that were decaying and needed to be extracted. They told me they couldn't schedule the surgery for over a month and unfortunately, the pain came back within a few days. I called. No dentist would see me for various reasons so I ended up going to the emergency room at Northwest hospital in North Seattle. The E.R. doctor told me there wasn't much he could do as he wasn't an oral surgeon and offered me pain medication which I declined. I got my teeth pulled on 11-16-2020. It took over 3 months from the time my teeth problems started until the time they were extracted. During that time I spoke with over 5 dentists, visited the E.R., had an "emergency" appointment at ICHS and a consultation at the oral surgeons office. Until they were actually pulled, I was told by all parties that there was nothing they could do and that I would just have to deal with it until they get extracted.

My experience with the WA State Healthcare Exchange: My husband and I made just over the income limit for the last 5 years, so we did not qualify for State funded healthcare. I thus purchased a plan through Kaiser in the Exchange, my individual premium was \$350 a month and my annual deductible was \$8,800. In 2019 we lost of first pregnancy at 12 weeks. Because I was 36, I had an outstanding bill on a simple genetic testing panel of \$2,700. We became pregnant again soon thereafter. In the beginning I was deemed at high risk pregnancy, each ultrasound costing \$250 after insurance was applied. I had at least 12 ultrasounds throughout my pregnancy. Each OB visit was \$150- throughout a pregnancy there are a minimum of 15

routine office visits. I also had another genetic panel for my second pregnancy. Because of loss of work with the Covid-19 Shutdown, I qualified halfway through my pregnancy with Molina-thank goodness. We saved thousands of dollars and were able to say yes to recommended procedures and imagings and not be concerned about the bills. Everyone should have good protections! We barely made over the income limit and were very much screwed by the system.