

Public comments received since Dec. 9 meeting

Emailed comments

Good afternoon members of the Universal Healthcare Workgroup. Today I intentionally signed up late so as to give others a chance at bending your ear. I am not sure that I am able to convince you on the committee of your need to do the right thing and so maybe others will be able to do it better than I. I want you to be clear that I am encouraging all of you to support Option A as the best way to save our citizen's here in Washington and to lead the way for the people of our country to be able to survive physically and economically this current pandemic we are in and then also to be able to confront the next pandemic that lurks around the corner.

Our healthcare system here in the United States is a moral and economic embarrassment. All of you on this committee have the power to crack the wall of protection that has shielded the bad actors in our healthcare reimbursement system for too many decades.

Honestly, I have been a nurse here in Washington state for 30+ years and it only took me about 5 years to figure out that what we are doing in health care in our country is all wrong. That we just really need to take care of our people. That there are people who are making decisions about our healthcare who do not really have the people's best interest in their heart. I have seen the sad stories throughout all of my career. I have stories too numerous to count and most of them too gruesome to repeat at your dinner table.

We can all agree that the best way to fix our current, past and projected healthcare problems is through a universal healthcare system for the United States. It was always intended that nationally, Medicare was always supposed to be expanded and improved to eventually cover all residents, from cradle to grave! But that was before it became legal to skim profits off of people's healthcare dollars. Profits that were meant to provide care to real people went into the pockets of shareholders and CEO's with ever inflated salaries. The Medicare message of hope has been drowned out over the last 50+ years. It's now up to us to raise our voices and drown out the naysayers! We must do this at the state level until our country can figure it out nationally. We do not have to subject our citizens to the whims of federal legislators who choose to protect their corporate donors over their constituents.

Can we really do this at the state level? Our elected representatives say, "no", and they come up with any reason that conveniently justifies their position. "But, the federal government won't give us federal waivers", they whine. We may need waivers to have a true single-payer system, but we don't need waivers to give people an alternative to the for-profit insurance system. And let's be clear, the end goal is to get the for-profit health insurance industry out of our healthcare. They have been selling us a bag of empty promises for well over 50 years. Why would things be different now? They have profited 100's of billions of dollars at the expense of the American people; the people our representatives and senators have been elected to serve.

Option A would establish exactly what over 70% of Americans want. It would establish what every citizen in Washington needs. It would give us the ability to truly reduce the cost of care by keeping people healthy throughout their life, improving their productivity (a gift to corporations), improving their quality of life and economic well being. All of these benefits are synergistic in that each improves the other and allows us to survive the economic cruelties of this current pandemic and prepares us to battle the next pandemic.

SB5222 has been endorsed by the State Democratic party and many of our state's Legislative districts. It has been vetted by our own Washington state Department of Revenue and our Employment Security department. It includes a funding mechanism and has a comparative funding study already completed that shows how we can achieve a savings of 9 Billion dollars a year. It CAN be implemented without waiting for us to receive Federal Waivers or waiting for the whole country to achieve Medicare for All by simply allowing the non-profit trust to act as a Medicare Advantage plan and allowing the state plan to be secondary to existing federal programs and ERISA covered residents. It wouldn't be a true single payer plan but it would be as close as we can get until those federal waivers are obtained.

It's time to put our inflated egos aside and learn from all the other countries who have figured out how to do this for far less cost and far better outcomes! We can learn from countries like Canada, Taiwan, New Zealand and many others. It's time to take the for-profit insurance industry out of our healthcare.

Our state can be the leader who will take charge and lead our country in returning our healthcare dollars back to where they belong; delivering needed care to the people of their state and our country? How many lives will be lost by 2021 and beyond? How many people will be forced into bankruptcy due to this or another health care crisis? No state has to wait for the nation to protect their people. Any state with an adequate economic base like Washington, California, New York and many others can easily make this a reality and become the Saskatchewan of the USA. Will Washington be that state? I would be so very proud if it was. All of you can be the key to making this happen sooner rather than later and saving the lives and futures of our Washington Residents.

The Washington State Working Group MUST publicly endorse Option A, here's why:

Levi, a student of mine who died because his father lost his job and his health insurance, had a treatable generic disease. He was 17 and was the first unanimous choice by nuclear engineers to fill an engineering internship at Bangor Base in Bremerton.

My daughter was diagnosed w Lupus, no Lupus specialist doctor -- in the great Puget Sound area would take her Obamacare insurance. She had to declare a "change of income" and pay more to see a Lupus doctor. Both of my daughters own their own businesses, healthcare is impossible for them, especially now.

Three years ago, living in Italy, I came down with bronchitis. The doctor came to my flat, with a nurse, and diagnosed bronchitis, prescribed an expectorant, and antibiotics. The total cost: 38 Euros -- \$45.90 U.S.

My sister married a Canadian 30 years ago, her health care has always been better than mine. They paid \$38. month for "BC Care" 2 years ago the BC government sent a letter letting everyone know that BC Care no longer needed these extra funds to provide healthcare for all. It runs totally on taxes.

The U.S. cost of providing medical coverage, per capita, is the most expensive in the world, w millions uncovered. The U.S. has private hospitals, that is why we are running out of beds now.

Our broken healthcare system, the health insurance industry, drains dollars from people and practitioners to the point that reduces resources available to provide medical services ---- that is why we are the worst country to be in during a pandemic.

P.S. Two weeks ago, in a 34th Legislative District Meeting, State Representative Eileen Cody, Chair of the House Health Care & Wellness Committee, laughed when I asked her if she was in support of single payer health care. She laughed! This is one of the reasons you must publicly and loudly endorse Option A!

To the Work Group on Universal Health Care for Washington State

I'm David McLanahan, retired physician, with 38 years working in the so-called safety net for our underperforming health care system. During that time, I saw lots of suffering caused by the barriers we have to access in our for-profit system based on private insurance, which is the main cause of care denial, inequality of access, exclusion of services, and health bankruptcy.

The Work Group proceedings have shown how a health care system based on Model A, public insurance for everyone living in our state would be a major problem solver and help lead us down the road toward alleviating injustices and inequities across our society.

It is absolutely imperative the Work Group follow its charge to provide a recommendation to the legislature regarding the best option for our state to achieve universal coverage.

If the Work Group simply reports to the legislature that there was no consensus, without a vote of group members, all this time and financial resources will be wasted. There should be a transparent on-the-record vote of each Working Group member, and the organization they may be representing, so that all can see where the Work Group actually stands.

I would like to know where to put my personal resources in terms of energy and finances to support those organizations and legislators who agree that we need to work for a single public insurance, provided to all residents of our state.

Dear Healthcare workgroup members,

I'm a 23-year-old first-generation Sikh-American who has recently felt the brunt end of our healthcare system. I am a recipient of our state's current apple healthcare and though I receive such care it has come to my attention how restrictive it can be. I recently broke my collarbone and required surgery to repair it. It was my left collarbone and I am left-handed. To make matters worse, I have just recently graduated with my undergrad and was planning on applying for law school this year and taking the LSAT to that end. But due to my injuries, I had to move my test date to next year. Though this may seem like a sidetrack from the issue the reason I had to move my test was mainly that my physical therapy - for my shoulder - was denied after 12 visits because I had hit my insurers limit. My surgeon told me that I would need a subsequent surgery to fix the frozen shoulder I had gained due to the collarbone injury and lack of future therapy made it even harder. It's been 4 months since I broke my collarbone, I still do not have full use of my arm and may actually end up causing my insurance and thus the Washington State taxpayer even more money due to the need for another surgery. Model A is the only feasible solution not only for people who break bones but even for this pandemic. The number 1 cited issue by people at the beginning of this pandemic was the lack of healthcare and the anxiety associated with seeking or notifying someone for care. As a nation, the dialogue continues on whether we should have universal healthcare or not but our state can be a pioneer for the rest of the country by taking a firm step in the right direction by not only coming out in support of universal healthcare but by implementing it.

Thank you for taking the time through the months to work on providing universal health care to all Washingtonians.

As the public indicated unanimously, we are in favor of model A. Here are my comments of support from today's meeting:

"Thank you for your work on urging the legislature to provide universal health care in Washington. From the conversations I've heard in these meetings, there is a consensus for option A. There is a small minority who are concerned with feasibility, but this is overshadowed by the other members as well as patients who support option A.

Our state is capable of providing publicly-funded, universal health care without the burden of cost sharing. If the small minority could compromise with the other board members and members of the public who support option A, we can make it clear option A is a great path forward and we should emphasize it urgently.

Please make the consensus clear and strongly urge a recommendation to the legislature that option is A is overwhelmingly supported by members of the workgroup and the public. Affirm your position on option A,

The disabled like me, Black Indigenous and People of Color, and LGBTQ+ communities face disproportionate adversity due to social disparities in health, Option A can help us mitigate those injustices. Please include our voices. Thank you."

I look forward to the report and hope you can include comments like mine in the report to underscore the need for the most accessible model for universal health care.

Stay safe and healthy. I hope you can reach a unanimous position in support of model A.

UHCWG:

Since I did not see this comment listed, I will repeat it here. The key themes discussed in the Work Group definitely need to be highlighted in the Appendix as you stated you would do in the Report Outline. We need to give legislators some talking points for responding to the most common objections to UHC. The following are the key themes as I would present them.

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 prices is to eliminate 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 their limited resources to just maintaining what benefits they have in the face of ever rising prices. COVID has urgently demonstrated that health insurance must be divorced from employment.

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 prices.

One more thing: Option A is NOT infeasible. Please change the color bar in the report from red to yellow. Thanks!

Dear members of the Universal Health Care Work Group,

Thanks for your efforts to bring universal health care to Washington.

I signed up to offer testimony today but there wasn't time for me to share my statement:

I'm a retired primary care physician and a long term volunteer with the Free Clinic of SW Washington. The pandemic has made it even more difficult for people without insurance to access care so that patients have had difficulty getting authorization to refill medications for chronic diseases such as hypertension and diabetes. Failure to treat these chronic diseases makes them at much higher risk for serious health complications and death. The failure to prevent these complications increases costs in addition to causing significant human suffering.

Addressing all the causes of Health Disparities also requires addressing other inequities such as Systemic racism, affordable housing, educational opportunities, criminal justice reform and many other factors, but providing universal health insurance is a necessary start.

I'd like to end with sharing the American College of Physician's statement on healthcare:

https://www.acpjournals.org/doi/10.7326/M19-2411?_ga=2.207216791.568985026.1607487503-1002084205.1607487503

"Although each approach has advantages and disadvantages, either can achieve ACP's vision of a health care system where everyone has coverage for and access to the care they need, at a cost they and the country can

afford. The evidence suggests that publicly financed and administered plans have the potential to reduce administrative spending and associated burdens on patients and clinicians compared with private insurers.”

I appreciate all the hard work of the Work Group, however, the report to the legislature should include a recommendation. Just including data with out a recommendation is a failure to meet the charter.

The legislature needs and deserves a recommendation from the WG that has studied this for over a year.

I am curious who decided that there would be no recommendation? Did the Work Group decide?

Model A provides affordable universal health care while Model B does not.

Model A would save billions and more importantly it would save lives.

Model B is favored by the health care industry.

How heart-breaking that the report would include a poison pill for Model A, implying with a big red bar that Model A is not feasible with nothing to back it up.

The public comments seemed to be 100% for Model A. The people of WA desperately need and deserve Model A.

That the health care industry desires more and more profits isn't personal but just business, but our legislature should be looking out for the people and not the health care industries' profits.

Many studies have been conducted and all agree that cutting the health care insurance companies out of the system would save tons of money and eliminate many people's suffering. The work group study shows that model A would save billions and yet there seems to be a force that is pushing against model A. Could it be the powerful health care industry that puts their profits before people's health?

It was a mistake for Director Birch to include health care industry people on the work group when we know that they oppose affordable universal health care. They oppose the very charter of the work group. While the health care friendly members haven't provided justification for opposing model A they seem to carry a lot of weight.

I hope those in charge understand that many people are suffering and dying needlessly because of the powerful health care lobby.

I have been listening to the last discussion about model C. The fact that it is now listed that model C's feasibility is not realistic. The cost outline for model C is not Universal! That is the whole point of this work group. Model A and B were listed as Universal with cost to be universal health care options. You cannot compare the cost of model C if they are not providing an estimate for making the coverage universal.

Model A is the only option to improve the healthcare options we have for statewide coverage.

The goal of the work group was to find a path to affordable and comprehensive universal health care.

Model C isn't a path, it's a separate, but needed program that should have been included in Cascade Care. Model A would make Model C unnecessary.

Model B is a gift to the health care lobby at the expense of suffering and deaths of residents.

How can anyone turn their backs on the many people suffering and dying with poor coverage and support the health care lobby?

The whole modern world knows that a single payer system will cover all and save a ton of money. It's immoral to put the profits of the health care lobby ahead of human suffering.

Model A will save lives Model B cost billions more than Model A. It's not rocket science.

From the HCA Universal Work Group page (<https://www.hca.wa.gov/about-hca/healthier-washington/universal-health-care-work-group>)

"In 2019, the Washington State Legislature directed Health Care Authority (HCA) to convene a work group study. The purpose of the study is to provide recommendations to the Legislature on how to create, implement, maintain, and fund a universal health care system."

The preliminary report doesn't do this. We need a recommendation not data sent to the legislature.

People are literally suffering and dying because we can't get an affordable, comprehensive health care system passed.

Public comment received via email re: report to the Legislature

To Whom It May Concern:

I apologize for not being available today - a roof leak requiring time finding help.

I do want to add my vote for Model A that has been recommended by the team who have done so much work on this process.

I was not clear about whether you want comments on personal issues with healthcare in Washington, or not. I will state, generally, a few I have come up against within the past 4 years. These comments are based on a Medicare and supplemental plan, and nearly all services at UofW Medical:

— Inefficient records on patients. Repetition of information required by patients, for the various doctors, even when they are in the same health system. Not accepting records from a different health system or one that is out of state causes extreme delays in getting service. (I have a close relative who was finally getting to a reasonable diagnosis of a condition involving various types of arthritis, at Stanford Medical Center. She came with recommendations to connect with specific doctors. None of this happened. And, it took an additional close to 3 years to finally come to similar conclusions here in Seattle. She has, throughout this time, been stuck for weeks, and months, at a time, unable to function due to physical mobility problems. When the correct specialist is finally seen, she does get help.)

Even with records in hand, they do not always get into the systems.

— Doctors spend a lot of their time having to learn what treatments and procedures are possible, given which insurance a patient holds. The treatments and procedures are not the same for all, and are, for the most part, dependent on insurance coverage.

— Specialists in certain areas are scarce, e.g., rheumatologists, endocrinologists. I do not know where other scarcities exist.

— Paperwork is excessive and repetitious.

— Insurance for drugs appears unfair. (In 2020, I paid \$376 for plan, \$190 for drugs, and the plan paid \$25.00 for drugs.) This was SilverScript Choice PDP.

— Often wait times for particular specialists, cause the condition to worsen in the time between onset of a condition and getting an appointment. Little help in finding the appropriate specialists, convincing a primary care dr. it's needed, then waiting sometimes months for an actual appointment are some of the reasons.

On the positive side, I saw situations at UofW Medical where particular departments operated with extreme efficiency. Certain differences existed in these cases:

— One of a small number of doctors was totally in charge of everything that happened within a particular treatment area. Adequate staff was always on hand to do every single job required to carry out tasks required. The 2 clinics I know of that maintain maximum efficiency:

The Eye Institute at Harborview, 9th and James Building

The clinic run by a doctor expert in Mohs surgeries, at Roosevelt UofW Medical, University District.

—At these 2 clinics, calling for information or making a report, was simple for me, as a patient. I always spoke to the person assigned to the issue of concern, and knew all by first names, having been introduced in person the first visit to this clinic.

I hope this is the correct type of reporting that you want to see at this point. I was unable to locate the precise type of information you were seeking, so these comments are all made with the goal to help improve the system.

Thank you for all your work!

Healthcare Work Group,

Please add the option A as the recommended choice that this work group has found that most members and public comments. The lack of “feasibility” recommendations is unreal. When we have the Congressional Budget Office has added to another recognition that Single Payer Plans will save an amazing amount of money for the state and nation.