

**Proposals to the Blue Ribbon Commission on Health Care Costs & Access
By Submitting Individual or Organization***

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* 1-63 received for review at September 11th Commission meeting; 64 – 68 added since September 11th

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**Proposals to the Blue Ribbon Commission on Health Care Cost & Access
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1. Able'n Consulting

- a. Provide cultural competency training to the executive group in Washington to better prepare them to understand and navigate the waters as they develop and implement strategies

2. Accounting for Health

- a. Engage individuals and communities in evidence-based prevention and intervention using a web-based health assessment to motivate sustained healthy living
- b. Support more widespread use of The Shared Care Plan – a free, easy to use personal health record that lets a person organize and store vital health information

3. America's Health Insurance Plans

- a. Build on the strengths of the present employer-based health care system
- b. Eliminate unduly restrictive laws and regulations that inhibit the development of innovative and cost-effective health insurance products
- c. Maximize cost savings that can be achieved through making evidence-based medicine the standard for health care, advancing quality and transparency to improve outcomes, eliminating errors, and helping consumers make informed health care choices
- d. Provide access to health care for lower-income through tax credits to help subsidize individuals and small employers
- e. Intensify efforts to cover adults and children eligible for but not enrolled in public programs
- f. Create "high risk" purchasing pools to cover individuals with especially high costs

4. Anchor Medical Clinic

- a. Enhance an existing program, targeted to small employers and uninsured individuals in South Snohomish County, to create an effective and efficient link between a high deductible catastrophic health plan with a health savings account and a retainer fee primary care medical practice

5. Association of Area Agencies on Aging

- a. Expand Senior Information and Assistance programs through increased funding to serve the health access needs of older adults and adults who need chronic care
- b. Implement the Intensive Chronic Care Management program model statewide
- c. Enhance and increase funding to the Family Caregiver Support and Respite programs to support the growing number of unpaid family caregivers who provide chronic care to a loved one
- d. Support community-based wellness activities for older adults, particularly those age 70 and older

[†] 1-64 received for review at September 11th Commission meeting; 65 – 69 added since September 11th

6. Association of Washington Business

- a. Reduce health insurance regulation
- b. Support state and federal tax policy that encourages coverage
- c. Encourage the availability of low cost, flexible health plans
- d. Supply information to consumers currently isolated from cost
- e. Improve productivity/efficiencies of the current health care system

7. Collier, Roger

- a. Control new resource expenditures: revise the certificate of need process to tie it to a State health resource plan and create a mechanism for promulgating guidelines for care, together with incentives for following the guidelines
- b. Guarantee affordable coverage for employees and dependents: impose a levy on all but very small employers to cover costs of State-sponsored health insurance
- c. Establish a central insurance marketplace: create a new State-sponsored broker function offering standardized “no frills” coverage from multiple insurers, emphasizing prevention and quality care
- d. Establish a children’s coverage mandate
- e. Provide adequate funding for an effective prevention program: require that effective preventive care be included as part of the coverage for all State programs, and fund an effective public campaign to encourage healthy lifestyles

8. Communities Connect

- a. Establish a statewide network of community healthcare collaboratives
- b. Make collaboratives responsible for the coordinated development and implementation of eight critical activities (outreach and enrollment, coordinated care, affordable prescription drugs, chronic disease management, coverage of low wage workers, organized donated care, adequate provider safety net network, prevention and wellness services) and begin to restructure the delivery system to reduce fragmentation and improve health care access and outcomes
- c. Create Community Healthcare Management Districts

9. Community Health Network/Washington Association of Community & Migrant Health Centers

- a. Expand the Basic Health Plan
- b. Package legislation to cover all children by 2010
- c. Invest in community health centers
- d. Utilize managed care for expensive populations
- e. Create incentives for best practices and evidence-based care
- f. Reduce health and health care disparities
- g. Integrate primary, behavioral, and dental health care
- h. Reduce ER utilization through investments in primary care
- i. Support electronic health record conversions
- j. Shore up the employer-based health care system

10. Community-Minded Enterprises

- a. Provide matching funds for the design and implementation of a Spokane area pilot project (called the “Value of Health” initiative) that will measure and quantify the financial savings involved and the health improvement realized in a community-based, preventive approach to health.

11. Critchlow, Steve

- a. Enact laws that require all agencies in the state use a common set of the definitions of terms in regulating or purchasing health care
- b. Enact laws that mandate the collection and dissemination of evidence based medical data

12. Evolving Ideas Institute

- a. Considering building a governmental healthcare model where wellness is expected, curtailing drug advertising
- b. Encourage nutritionally balanced diets throughout the state, in school lunch programs, emphasizing physical and mental exercise as a necessity. Be a guiding light.
- c. Use the power of positive thoughts as a guiding principle. Wellness is everyone’s birthright and should be encouraged.

13. Gemba Research

- a. Establish a nonprofit institute to support payer, provider and supplier efforts to improve the delivery of health care in Washington through health care process improvement
- b. The institute would identify processes that offer the greatest potential for cost savings and quality improvement, work with providers to establish best practices suited for broader application, and assist small providers that could not afford to staff their own process improvement office or hire consulting agencies
- c. The institute would assist in the expanded application of evidence based medicine as an integral part of process improvement

14. GlaxoSmithKline

- a. Partner with GSK to analyze Washington state employee claims data for adherence to evidence-based treatment
- b. Implement an Ashville diabetes management program, based on a counseling partnership with pharmacists, to create incentives (through waived co-pays) and eliminate barriers to diabetes control for state employees

15. Group Health Cooperative

- a. Implement a children’s health initiative centered on providing a medical home to our state’s low income children
- b. Work with purchasers and carriers towards a requirement that all health carriers offer extended eligibility for unmarried dependent children up to the age of 25
- c. Improve the marketplace for individuals and small employers through a “health connector” similar to what has been adopted in Massachusetts
- d. Implement affordable buy-in options for small employers, with a focus on low-income employees.
- e. Assure adequate reimbursement with accountability in state programs

- f. Study and recommend appropriate healthcare tax reform
- g. Give individuals new tools for health and lifestyle improvements (health risk assessments, nutrition, and healthy lifestyle information and support)
- h. Leverage our statewide health improvement campaign – targeting obesity and smoking
- i. Adequately fund an accountable public health system
- j. Understand and act on unwarranted statewide variations that reflect the under-use, misuse and overuse of medical treatments and technologies
- k. Promote effective care for chronic illness
- l. Focus on care delivery systems and approaches that encourage patient-centered team care
- m. Change the way health care organizations and providers are evaluated and paid
- n. Support effective transparency and reporting initiatives
- o. Focus on new priorities in medical education
- p. Focus on high cost/low benefit technology dissemination
- q. Continue to encourage patient centered information technology
- r. Commit to patient safety and fairness as the guidepost for liability reform
- s. Conduct a health care cost study
- t. Engage communities with a public awareness campaign to explain health care costs and responsibilities
- u. Pilot and evaluate new health benefit designs
- v. Streamline insurance and health care administration and regulation

16. Health Care for All – Washington

- a. Create the Washington Health Security Trust, a single public trust fund dedicated to the financing of a defined set of health services for all state residents. Finance the trust through a combination of sources, including employers, individual residents, and existing state health care programs.

17. Health Care that Works

- a. Establish a task force with the authority, responsibility and staff to draft legislation that provides every citizen with affordable universal access to health care, with fair reimbursement to providers
- b. Make the task force responsible for collecting data that will help define the problems and facilitate the design of the system
- c. Make the task force responsible for creating an informed and educated base of voters, the business community, and legislators and in so doing, motivate them to demand a health care system that provides universal coverage
- d. Make the task force responsible for legislation that provides every citizen with a system of health care which uses evidence-based medicine as a protocol to deliver cost effective treatment outcomes of the highest quality
- e. Make the task force responsible for legislation that provides every citizen with an electronic medical record

18. Health Coalition for Children and Youth

- a. Increase health care coverage for children
- b. Increase access to health care services for children through an improved delivery system that incorporates the medical home model

- c. Emphasize and reward the delivery of preventive health care and improve the quality of health care received
- d. Secure a sustainable funding source

19. Independent Business Association

- a. Create a truly competitive private marketplace for health insurance and health care service delivery
- b. Allow all insurers to offer one plan with an average cost of \$100 per person per month, another plan at \$150 per person per month and any other health care plans that insurers want to offer in addition to those two plan
- c. Use rating mechanisms proven to work in other states
- d. Have state officials and business owners engage in an active education plan to educate workers about the money-saving benefits of employer-paid health care benefits
- e. Focus on individual responsibility, not employer responsibility – ensure individuals exercise their responsibility for their own health and provide incentives to do so.
- f. Provide incentives for cost effective health care delivery
- g. Provide consumers far better health care information to allow consumers to actively make health care purchasing decisions

20. Institute for Healthcare Advancement

- a. Purchase the IHI book series “What to do for Health” and distribute it through agencies dealing with the birth of newborn babies

21. International Community Health Services

- a. Improve screening rates for cancer, oral health, diabetes, heart disease and hypertension among non-English speaking members of Asian and Pacific Islander communities
- b. Develop and disseminate research tested intervention materials promoting evidence based preventive care to limited English speaking Chinese, Korean and Vietnamese consumers

22. Jefferson County Committee for Health Care Access

- a. Universal health coverage, publicly funded with health care privately delivered
- b. Universal coverage all at once, rather than incrementally
- c. All people covered under the same system and mandatory
- d. Individual rather than employer-based coverage
- e. Government subsidy for individuals and/or small businesses who cannot afford insurance
- f. Coverage of reasonable and proper expenses for all medical care
- g. Inclusion of preventive care and emphasis on wellness, prevention of disease, and support of people to practice health behaviors
- h. Patient-centered, with case managers for those with chronic illnesses
- i. Making use of evidence-based protocols and measurement of outcomes
- j. Implementation of statewide information technology program
- k. Transparency among practices of health care providers with patient protection against healthcare accidents and egregious mistakes
- l. Fair reimbursement for health care providers

23. Jobs and Health Care Coalition

- a. Establish an appropriate balance and blending between public programs and the private market
- b. Control underlying cost drivers in the system and reduce the upfront cost of insurance premiums and/or access to care
- c. Remove regulatory barriers to reduce the cost of premiums and increase the number of private insurers doing business in the state
- d. Create a greater variety of choice in products and prices
- e. Educate individuals about the costs of health care, how they impact those costs, and increase their responsibility for their health care
- f. Define the role of employers in the health care system as a financing mechanism available to assist individuals in meeting their responsibility in health care on a voluntary basis

24. Johnson, Linda

- a. Impose a state income tax to pay for outpatient primary care services to all Washington residents, beginning with children

25. King County Health Action Plan

- a. Integrated preventive health care for children – expand the “Kids Get Care” program statewide
- b. Making sure best practices are not best kept secrets – expand the statewide reach of the Children’s Health Improvement Collaborative
- c. County innovations and expansion of coverage and access to services – pilot expansion of children’s health initiatives in county “incubators”

26. King County Medical Society

- a. Provide comprehensive health care to all children age 18 and under, including maternity and dental care
- b. Provide coverage for primary health care services for all Washington residents

27. Labor Ready

- a. Consider the impact any proposals will have on the state’s temporary workforce

28. Lifelong Aids Alliance

- a. A collaborative research project that measures the health care benefits and savings produced in the course of administering medical nutritional therapy to low-income King County residents with chronic illnesses

29. National Federation of Independent Business

- a. Focus on the private sector: look at cost reductions in private sector insurance rather than simply layering public programs on top of the current system or putting public and private programs in competition
- b. Change our rating laws to allow additional rating factors or to allow an insurer more ability to deviate rates within small group plans

- c. Prioritize existing public sector health care spending – review state priorities in health care spending and align the use of existing dollars to meet those priorities
- d. Determine plans by price: contract with a certified actuarial firm to provide the legislature with five plan designs, not subject to any coverage, service or administrative requirements, which could be offered each of five price points between \$50 and \$150 per member per month
- e. Make it easier for individuals to obtain their own health care and insurance rather than creating dependency on employers or government
- f. Make it a priority to bring more competition back to the individual market
- g. Strengthen the ability for individuals and small businesses to have health savings accounts
- h. Allow limited benefit health plans that provide first dollar coverage rather than catastrophic coverage
- i. Allow subsidization of deductibles, not just insurance: explore the cost of assisting individuals with the deductible in health savings accounts rather than always subsidizing the total insurance package

30. Office of the Insurance Commissioner

- a. Employers with more than ten employees should have two options for providing health insurance to their employees – either fund at least a minimum level of coverage or pay a health care access fee to the state to provide coverage
- b. Subsidize coverage for individuals who have incomes below 300% of the federal poverty level and no significant assets
- c. Require individuals who are unemployed, self-employed, or who do not receive coverage through their employer to maintain a specified level of health care coverage
- d. Create a non-profit organization or public entity to implement and operate reforms (similar to the Massachusetts Health Insurance Connector)
- e. Require administrative efficiencies in the health insurance system – create a non-profit organization to carry-out a centralized provider credentialing program and a single uniform claims processing system
- f. Invest in outcomes-based healthcare

31. Olympia Movement for Justice and Peace

- a. Replace all or most private insurance with one publicly funded, publicly administered insurance plan

32. Open Arms Perinatal Services

- a. Reduce health care costs and improve health outcomes by expanding doula services to low income pregnant women (doulas are certified professionals that provide support and serve as a resource/cultural navigator to women before, during and immediately after birth)

33. Partners with Families & Children

- a. Develop a statewide system of children’s advocacy centers for a coordinated response and treatment approach to child victims of crime (includes medical/mental health diagnosis, foster care assessment, legal advocacy, and crisis intervention)
- b. Reduce costs through improved coordination between various disciplines including the medical system, law enforcement, child protection, prosecution, mental health, and advocacy teams.

34. Petersen, Harold

- a. License and regulate a new entity, to compete with traditional health care providers, whose sole mission is risk assessment, counseling patients on risk reduction, and encouragement for better health

35. Pierce and Thurston County Falls Prevention Coalition/Physical Therapy Association of Washington

- a. Develop a statewide falls prevention campaign to reach the systems and professionals who serve older adults, their families, and caregivers, including: a social marketing campaign, the integration of falls reduction strategies into the emergency medical system, implementation of evidence-based best practice exercise programs for older adults, integration of falls prevention best practice education, information and resources into health professional training programs, and the integration of falls prevention risk assessment screening and education into the health care system
- b. Develop falls prevention infrastructure at the state and local levels

36. PhRMA

- a. Provide a B&O tax credit or deduction for health care providers for the cost of treatment for the uninsured
- b. Enhance Healthy Kids Now! (SCHIP) to provide coverage to uninsured children through SCHIP’s federal reauthorization and higher funding levels, as well as partnering with national and state organizations to increase enrollment
- c. Maximize use of limited benefit plans, which provide primary or preventative services, for lower income uninsured individuals and families

37. Physicians for a National Health Program

- a. Set up a single health care plan that guarantees quality health care to every resident of Washington State

38. Planned Parenthood Public Policy Network of Washington

- a. Expand programs (such as Take Charge) to prevent unintended pregnancy by providing access to contraception, family planning services and medically accurate sexual health education
- b. Eliminate bureaucratic red tape, such as onerous eligibility criteria and paperwork requirements to ease administrative burden

39. Premera Blue Cross

- a. Increase focus on improving health verses “episodic” care model treating sickness – specifically, shift emphasis toward preventing costly and traumatic medical conditions that can be avoided via lifestyle changes
- b. Advance evidence-based medicine using collaborative efforts to learn what works and shaping the delivery of medicine to reduce variation from evidence-based guidelines
- c. Increase transparency with information on quality, clinical performance and cost-effective treatment options so consumers can make better choices and health care professionals can deliver the most cost-effective care
- d. Increase accountability in the system by providing consumers with better information and incentives to modify lifestyles where possible and make more informed medical decisions
- e. Encourage greater collaboration between payers, providers, purchasers, and government (e.g., sharing data and best practices, collaboration to better understand health-care cost shifts from the public to the private sector)
- f. Support uniform federal standards in areas such as evidence-based guidelines, information technology standards, and cost-benefit analyses of new medical treatments

40. Project Access

- a. Provide ongoing funding for the Community Health Care Collaborative Grant Program (SB 6459 – 2006)
- b. Establish a program to provide local communities with an ombudsman to help connect low-income uninsured to medical care
- c. Support the further deployment of the Prescription Drug Assistance Foundation
- d. Fund and otherwise support the design and development of Project Access programs throughout the state

41. Proactive Health Team

- a. Provide health care consumers with comprehensive health screens, education and consultation, medication and supplement evaluation, evidence-based information to support health care decision-making, computerized medical history, advocacy and liaison assistance, and preventive lab testing

42. Providence Health & Services

- a. Provide universal access to coverage that includes these elements: is portable; is not exclusively linked to employment; provides a basic benefits package using evidence-based medicine and a public process to make benefit determinations; incorporates Medicaid; and allows consumers the choice of purchasing a basic plan from insurers and the option of buying additional coverage.
- b. Finance the program through more predictable employer contributions, consumer cost-sharing based on income, appropriate government subsidies, and community-rated premiums
- c. Encourage cost control through managed-competition model, requiring consumers to pay for electing higher cost plans, use of evidence-based medicine, and a uniform benefit design and coordinated enrollment process
- d. Provide consumers information on quality and pricing

43. Puget Sound Health Alliance

- a. Support existing efforts of PSHA to expand statewide
- b. Produce a publicly-available report comparing performance of medical clinics and hospitals
- c. Adopt evidence-based treatment guidelines
- d. Recommend specific changes to align incentives
- e. Support adoption of health information technology
- f. Provide information tools to guide health care decision-making

44. REACH Coalition

- a. Support the Seattle & King County REACH Coalition to reduce diabetes related health disparities through community partnerships, outreach, and culturally-appropriate diabetes education

45. Regence Blue Shield

- a. Increase outreach for low-income populations to access public programs
- b. Provide more affordable products through the private market for small business employees and young adults
- c. Increase communication and education on the importance of coverage for higher income individuals who can afford coverage but remain uninsured

46. Smiles for Life Project

- a. Expand oral health care services by utilizing teledentistry and formalizing relationships between dental hygienists with consulting dentists
- b. Collect and analyze baseline data on oral health status
- c. Develop education and outreach strategies for oral health promotion and disease prevention
- d. Integrate preventive and restorative oral health services for low-income and/or homebound seniors

47. Snohomish County Medical Society

- a. Expand medical home concept
- b. Promote integrated care that consolidates mental health, substance abuse, and medical treatment
- c. Promote the use of health information technology, including registry systems and electronic health records
- d. Allow the offering of health plans which include less than the full array of mandated benefits
- e. Increase price transparency through a web-based tool on hospital pricing
- f. Assign a designated primary care provider to Medicaid recipients
- g. Encourage charitable care through partnerships on state emergency medication stockpiles for free clinics (rather than discarding expired medications) and a tax credit mechanism for documented free care
- h. Make a statutory change in tort law to accept evidence based medicine as an acceptable standard of care

48. Spokane Alliance

- a. Expand BHP and Medicaid to cover residents up to 300% FPL, with cost-sharing based on a sliding scale
- b. Expand the Small Employer Health Insurance Partnership to cover employees up to 300% FPL
- c. Require self-employed individuals above 300% FPL to purchase insurance
- d. Offer large employers a choice of providing coverage or paying a sliding scale premium tax based on employer size
- e. Create a risk-adjusted, value-based reporting of providers and insurers
- f. Encourage innovative benefit designs that include chronic care/disease management
- g. Increase pricing transparency
- h. Link provider pay increases with commitment to expand access and increase quality
- i. Establish a Cost/Quality Oversight Commission to implement cost and quality measures

49. Spokane County Medical Society

- a. Establish a Medicaid Ombudsman Program in Washington State. Located in individual communities, the ombudsman would serve as a liaison between the Medicaid program and the physicians in the community

50. State Board of Health Access Committee

- a. Through the establishment of a Health and Wellness Service Board (HWSB), the state in cooperation with the private sector should guarantee every resident of the state access to a core set of critical health services, and catastrophic care, at an affordable price. This would require increased funding for many public health services and subsidization for low income families.
- b. Among other things, the HWSB would: determine a core level of health services to be provided to all residents, ensure affordability of these services, provide for a consolidated risk pool, encourage quality improvement, and serve as a broker of health care plans.
- c. Provide adequate funding for public health and preventative care, and reintegrate medical care and public health with a focus on wellness
- d. Establish a single administration for claims and payments to reduce administrative costs
- e. Create a de facto mandate that individuals purchase insurance by creating incentives, removing disincentives and establishing “gateways”
- f. Subsidize health information technology for small practices that agree to meet performance targets and to participate in cost and quality initiatives

51. UW Medicine

- a. Expand the WWAMI program and create a new regional dental program at a new first-year site in Spokane for medical and dental students

52. Washington Academy of Family Physicians

- a. Ensure Washingtonians have a medical home
- b. Expand access to care for the uninsured and working poor through existing safety-net programs

- c. Continue adoption of evidence-based medicine guidelines, pharmaceutical use, technology assessments, and pay-for-performance that is based on physicians' input and expertise
- d. Provide incentives and funding for all physician practices to adopt electronic health records
- e. Increase state support of medical student scholarships and loan forgiveness to facilitate increased entry by medical students into family medicine

53. Washington Association of Health Underwriters

- a. Increase coverage choices through limited benefit coverage plans and health savings account options
- b. Increase market competition through entry of new carriers in Washington
- c. Change rating laws to allow for lower premium cost plans
- d. Educate consumers on true cost of health care and encourage personal responsibility
- e. Maintain the private market as the primary financing mechanism for health care and use public programs as the safety net

54. Washington Association of Naturopathic Physicians

- a. Develop evidence-based, chronic disease prevention programs
- b. Develop performance measures based on national guidelines
- c. Collect outcomes and cost-effectiveness data for key chronic diseases/risk-factors
- d. Develop provider and/or facility incentives
- e. Develop patient incentives
- f. Focus on cooperative, critical mass delivery of services by a broad provider base to ensure all patients receive evidence-based, chronic disease prevention services

55. Washington Coalition for Insurance Parity

- a. Extend Washington's mental health parity law to include the small business and individual insurance markets

56. Washington Dental Service Foundation

- a. Engage more primary care medical providers to provide preventive dental care during well-child checkups.
- b. Ensure more people receive the health benefits of fluoridated water.
- c. Devote more resources to seniors' oral health
- d. Address disparities in health care by adopting approaches that encourage ethnic minorities to pursue health care careers.
- e. Take action to encourage good nutrition

57. Washington Fair Share Health Care Coalition

- a. Expand the BHP and Medicaid to cover all uninsured residents under 300% of FPL, with some cost sharing
- b. Provide coverage for all children
- c. Expand the Small Employer Health Insurance Partnership to cover employees under 300% of FPL

- d. Give large employers a choice of providing employee health insurance coverage or contributing to the cost of covering employees through state plans
- e. Require self-employed individuals above 300% of the federal poverty level to purchase insurance coverage
- f. Combine health insurance market pools and create a reinsurance market for the combined pool
- g. Improve benefit design to include a core group of services
- h. Implement existing legislation to reduce health care disparities
- i. Create outcome/results reporting and tracking for all providers and insurers
- j. Encourage innovative benefit design with chronic care coverage
- k. Ensure transparent pricing of health care services
- l. Build incentives into all public programs that incentivize best practices
- m. Create a public/private cost and quality oversight commission

58. Washington Health Foundation

- a. Use the WHF Healthiest State Report Card database to identify measures to improve Washington's ranking to become one of the top 10 healthiest states
- b. Educate consumers on the health care system and personal responsibility (e.g., through the Governor's Community Health Bowl, televised health tips, website health tracking services, etc.)
- c. Incorporate specific prevention messages that the Commission would like to encourage through the Health Bowl
- d. Encourage the Commission to use the WHF to provide advice or further analysis on priority issues it has identified

59. Washington Policy Center

- a. Allow insurance carriers to offer reduced mandate insurance plans
- b. Consider implementing a "Connector" similar to Massachusetts
- c. Encourage insurance carriers to offer health care plans that shift away from first dollar coverage
- d. Determine what insurance should cover, what individuals should be responsible for, and how such decisions should be made in the future
- e. Restructure the health care delivery system to focus on providing the best value for a patient's health rather than focusing on how to reimburse for treatment of a particular medical condition

60. Washington Speech & Hearing Association

- a. Require insurers that provide coverage for prosthetic devices to include coverage for hearing aids

61. Washington State Association of Local Public Health Officials

- a. Support the forthcoming recommendations of the Joint Select Committee on Public Health Financing
- b. Provide public health the capacity to: document local problems in access to health care; build coalitions for policy development, pilot programs, advocacy and leadership; and help people find medical and dental homes

- c. Provide public health increased capacity to: promote healthy behaviors, establish linkages with medical providers, and emphasize self-care strategies for chronic disease prevention

62. Washington State Medical Association

- a. Review the treatment plan and adopt the eight consensus themes outlined in *Tomorrow's Medicine: A Report on the Future of Health Care Delivery in Washington State*
- b. Increase enrollment in the Basic Health Plan
- c. Increase support for the public health system
- d. Increase provider payments in Medicaid and the Basic Health Plan to 80% of the Uniform Medical Plan

63. Yakima County Health Care Coalition

- a. Locate access specialists at the earliest point of entry when a resident enters a community to provide early education about how to use the health care system effectively
- b. Locate access specialists in hospital emergency rooms to interview patients who access the ER for non-urgent conditions, and assist them in accessing care in a more appropriate primary care setting
- c. Develop shared community information and referral systems to collect information about residents needing assistance, health education needs, and to follow up on health coverage applications in process
- d. Provide patient and community education based on the information collected from the county's residents

64. Washington Mental Health Reform Coalition

- a. Amend the Washington State Mental Health Comprehensive Plan so that it reflects a consumer directed, recovery focused, consumer voiced approach to address the coercive nature of the "treatment" and lack of choice under the current Comprehensive Plan.

65. Barbara Brewitt

- a. The government could offer a new approach to health care – providing information about physical locations of affordable and easily accessible conventional health care as well as to alternative health care.
- b. Enable Washingtonians to become better informed about taking care of themselves for wellness, chronic symptoms and illness.
- c. Encourage citizens to take greater responsibility for their health by increased awareness of quality-of-life assessments of daily functionality

66. Stephen Barchet

- a. Adopt "HP4Life" as a model health plan design which can be incorporated into current individual or group benefits, or public coverage programs. The plan combines an adjustable Consumer Driven Health Plan with an integrated set of state-of-the-art prevention and health management interventions such as an annual health questionnaire, a personal wellness report, disease management, and incentives for wellness achievements.

67. Washington Chapter American Academy of Pediatrics

- a. Increase the Medicaid reimbursement rate for services to children from around \$34.56 per relative value unit to \$50.00 per relative value unit
- b. Commit to ensure that children in the State of Washington have a medical home

68. Senator Jim Kastama

- a. Establish a state office of health information and planning to make systematic improvements in information and data used to make health care decisions in Washington, and promote the use of that information and data in support of: (i) the proper allocation of financial and human resources within the health care system; (ii) intelligent purchasing and reimbursement decisions by those responsible for financing medical treatment; and (iii) treatment decisions by health care providers that result in the best health care outcomes at the lowest possible cost.
- b. Direct the state office of health information and planning to design and periodically update evidence-based model health benefit plans that include preventive services and only those other benefits determined to be the most efficacious and cost-effective within specified dollar limits. Require carriers to offer such plans.