Healthy California for All Commission
Report from Commissioner Survey on proposed schedule of future meetings
June 2021

Survey background:

In late May 2021, HCFA Commissioners were surveyed regarding the proposed schedule and topics for future Commission meetings. Voting members of the Healthy California for All Commission, were asked to review the proposed schedule and topics and then answer the survey questions. (Ex officio members were given access to the proposed schedule but were asked to not complete the survey.)

Proposed Schedule and Topics of Future Meetings

Process Note: All meetings will rely primarily upon facilitated discussion and active engagement among all members of the Commission. On a regular basis, commissioners will be invited to open discussion segments by sharing their experience and speaking to their particular areas of expertise.

Commission Meeting: June 25 (1-5 pm)

Core Topics: The Commission will review and discuss the goals and outcomes a unified financing system is intended to advance and begin to discuss the systems of accountability that support those outcomes. Under one approach, a system in which all payments are made from the unified financing authority to health care providers, what features would advance Commission goals? Potential models to review will include single payer systems implemented in other countries and related state efforts (e.g., Vermont).

Late June: Consulting team provides a written description of the methods and assumptions underlying the estimates of the effects of Unified Financing presented in May. Written comments from Commissioners and member of the public will be invited.

Commission Meeting: July 8 (3 hours)

Core Topic: Building on the June conversation regarding goals, outcomes and systems of accountability: Under a second unified financing approach, in which health plans or health systems act as intermediaries, what features would advance Commission goals?

Commission Meeting: August 25 (3-4 hours)

Core Topic: Under unified financing, how would care and services not well-integrated within the current system (e.g., long term care, behavioral health, public health, social determinants of health) be provided and paid for?

Additional agenda item:

- Community Engagement Update, including announcement of an upcoming public webinar to which Commissioners would be invited to hear findings from the parallel Foundation-supported community listening process.

Commission Meeting: September, date TBD (3-4 hours)

Core Topic: What transition issues would arise within a unified financing system? How should consumers be protected from disruption and uncertainty? How quickly should differences among existing coverage programs be eliminated? To what extent should specific protections or services for sub-populations with particular needs be retained?

Commission Meeting: October 11 (3-4 hours)

Core Topic: What changes in federal law and the state constitution would be required to allow unified financing to be implemented in California? What are California's best opportunities to make progress toward a system of unified financing? How can federal funding for health care and coverage be reinvested to support a unified financing system? What additional revenue might be needed, and what are the options for securing it? How should steps toward unified financing be informed by input from the community engagement process?

Additional Agenda Item:

- Commission approves timeline and process for reviewing and providing comments on the final report

November – December (no meetings): Commissioners receive draft summaries of meeting proceedings and provide comments and suggestions for improvement. Consulting team incorporates feedback on analytic work and develops draft report. Additional rounds of review are conducted according to the process and schedule agreed upon in October.

Final Commission Meeting: late January or early February (~2 hours)

- Commission considers final consolidated report for transmission to Governor and Legislature

Mid-February: Commission concludes its work

Survey Responses:

Question 1:

1) With respect to the proposed cadence, with monthly meetings from June through October:
   a) I support the proposed cadence.
   b) I think the Commission should meet more frequently.
   c) I think the Commission should meet less frequently.

If selecting options (b) or (c), please comment on the desired frequency of meetings.

Name:	Response:	Comment (if option b or c was selected):
Antonia Hernandez	a) I support the proposed cadence.	
Bob Ross	a) I support the proposed cadence.	
Cara Dessert	a) I support the proposed cadence.	
Mark Ghaly	a) I support the proposed cadence.	
Anthony Wright	a) I support the proposed cadence.	
Andy Schneider	a) I support the proposed cadence.	
Jennie Chin Hansen	a) I support the proposed cadence.	I apologize I have a fixed commitment already on July 8th and thus will not be present.
Rupa Marya	b) I think the Commission should meet more frequently.	I think several more meetings will be necessary to fully dive into the substance together and sound out the array of issues we must confront to transform our fragmented healthcare system. I propose 3 more meetings in addition to the ones listed here.
Sara Flocks	b) I think the Commission should meet more frequently.	I recommend having meetings in November and December because the hardest work is summarizing conversations and working through details for a report. The Commission should discuss those summaries as a group.
Carmen Comsti	b) I think the Commission should meet more frequently.	ADDITIONAL MEETINGS NEEDED: After reviewing the topics proposed and considering additional topics that we should discuss, I propose that we add at least two additional meetings and that some topics be consolidated while other topics should be given dedicated meetings. Specifically, as I note in my other comment, there should be a meeting dedicated solely to discussing the single payer scenario, particularly if we have an entire meeting be dedicated solely to discussing the intermediary scenario.

Name:	Response:	Comment (if option b or c was selected):
		Currently, the discussion of the single payer scenario appears to be combined with a general discussion of health care system approaches in June. ADDITIONAL MEETING DEDICATED TO DISCUSSION OF THE DRAFT REPORT: The Commission should also have an additional meeting in November/December/January dedicated to discussing the draft report (1) to ensure that we as a Commission can publicly discuss any concerns with the report, (2) to provide an opportunity for Commissioners publicly to ask for and discussion any potential additions or modifications to the report, and (3) to expressly consider public input on the draft report. While I understand the desire to not have meetings in November and December, I am ready and willing to add additional meeting to ensure that we are adequately considering all topics, modeling assumptions, and draft reports. PUSH MEETING ON METHODS/ASSUMPTIONS TO MID JULY OR AUGUST: It is not clear when we are meant to discuss the consulting team's written description of methods and assumption. If the methods and assumptions is distributed to Commissioners in late-June that would only give us and the public a week at most to review the methods and assumptions before the early July meeting and during a holiday weekend. The short time period between when we would receive the methods and assumptions in late-June and the early July does not allow for adequate time to consider and provide written feedback on consulting team. I proposed either that (1) the July meeting be pushed back a week or two, or (2) the discussion of the consulting team's written description of methods and assumptions should be included in the August meeting or later to give adequate time for Commissioners and the public alike to review the draft modeling description. USING ADVISORY COMMITTEES/WORK GROUPS FOR ADDITIONAL DISCUSSION: Given the breadth of our work and the importance of the subject matter at hand, we

Name:	Response:	Comment (if option b or c was selected):
		can and should be prepared, if necessary, to vote to use the advisory committee/work group structure to allow for additional discussion on specific subjects if we find that we have had inadequate discussion time during full Commission meetings. For example, while I anticipate that we will discuss provider payment models in our discussions of different design approaches, we may need additional time to have a deeper conversation on provider payments. I propose that at the end of each meeting we consider whether or not we would like to authorize advisory committees/work groups to continue discussions if necessary or discuss whether or not future meeting subjects should be modified. PROPOSED MODIFIED MEETING SCHEDULE AND AGENDAS: At the end of my other comment, I am including a proposed modified schedule and agenda topics, which would include two additional meetings than what has been proposed. One additional meeting would be to discuss the written model and assumptions from the consulting team and the other additional meeting would be to discuss the draft report.
Richard Scheffler	b) I think the Commission should meet more frequently.	We still have much work to do .The open discussion will improve our dialog. Also, we need more time for to engage consumers and members of the community. Absorbing all this input will take more time and frank discussions.
William C. Hsiao	b) I think the Commission should meet more frequently.	We should examine what are the major topics/issues the Commission wants to discuss/debate, then decide on the number of meetings. My own preliminary perspective is that we need more than five meetings, seven or so more likely.
Sandra Hernandez	b) I think the Commission should meet more frequently.	I think one additional meeting during the November time frame so commissioners can jointly discuss draft report(s) from consulting team would be valuable. Otherwise I think cadence is reasonable.

Total Count for Question 1:
7 Commissioners support the proposed cadence.
6 Commissioners think the Commission should meet more frequently.

Question 2:
With respect to the topics:
- **a) I fully support the proposed topics.**
- **b) I generally support the outlined topics and offer the following modifications for consideration: (open-ended)**
- **c) I cannot support the proposed meeting topics for the following reasons: (open-ended)**

Name:	Response:	Comment (if option b or c was selected):
Antonia Hernandez	a) I fully support the proposed topics.	
Bob Ross	a) I fully support the proposed topics.	
Cara Dessert	a) I fully support the proposed topics.	
Mark Ghaly	a) I fully support the proposed topics.	
Andy Schneider	a) I fully support the proposed topics.	
Anthony Wright	b) I generally support the outlined topics and offer the following modifications for consideration.	Some thoughts: • For June and July, I support having the focus on how we hold the health system accountable under a unified financing system. This should include the overall incentives and the specific levers to encourage cost containment, improved quality, reduced health disparities, consumer service and patient protection, and a focus on prevention, public health, social determinants and health equity. If we want to move away from some of the mechanisms in the current system, what replaces them? • This is a conversation worthy of two sessions, but these questions apply regardless of whether "intermediaries" are used or allowed, and so not sure that is the most useful way to divide the discussion between the two session. In one session, more specific questions could be how to include integrated delivery systems, or deal with consolidated health systems. • As we see from countries around the world, there are different flavors of unified financed systems,

Name:	Response:	Comment (if option b or c was selected):
		and even specifically of single-payer systems. As a supporter of single-payer, I would welcome a further discussion of those decision points once single-payer is decided as the goal, beyond "intermediaries." • For August, the question of including other types of health (I assume we are already including dental and vision) is a financing issue, but also invites a discussion on structural changes, such as providing population health from a broader public health approach, as was done in part during the pandemic. • For September and October, I agree the transition issues are important, as our how we spell out the path to get to a single-payer system. It's important to lay out the vision of what an idealized health system would look like, but it will be more compelling if we can provide suggestions for the path to get there and to surmount the barriers that exist. • Topics that are not included but that deserve attention include governance and financing. On financing, it's not just laying out options to raise revenue, but how to structure reserves and other requirements to create a stable and sustainable system, which could give more confidence to patients and providers. • I do imagine that as we dive into these discussions, other issues will come up and the Commission could be a useful venue to vet the topics. We should be prepared to add another meeting to address such questions.
Rupa Marya	b) I generally support the outlined topics and offer the following modifications for consideration.	I'd like to see one full session dedicated to learning from Dr. Hsiao about Taiwan's transition, pitfalls to avoid and pearls to glean from that Single Payer system, another to review how the private healthcare insurance industry exacerbated suffering (and mortality) during the pandemic and is now causing issues for millions with long term effects from the virus, and another to look closely at AB1400 and how it could serve as a model to base our financing plan.
Sara Flocks	b) I generally support the outlined topics and offer the following modifications	I wasn't sure if I should say that I generally support or that I would reject them and start over, so I'm a bit of an in-betweener. I think the topics should be more open-ended since right now the framing of the topics make assumptions about choices that the Commissioners have not discussed. I would propose the following topic outline:

Name:	Response:	Comment (if option b or c was selected):
	for consideration.	1. What is the goal of a unified financing system and how would we measure success? What are the features of our current system that are opportunities or obstacles toward meeting those goals? Given limited resources, how would we prioritize our goals for the health care system? 2. Design & Organization: How is the system organized in terms of paying for, arranging, organizing, and distributing care? Are there intermediaries or is it a direct payment system? In each scenario, what are the drawbacks and advantages? How could we address each? We could also address benefit design here. 2a: Maybe Governance here too or it could be part of Regulation---how are decisions made in terms of benefits, funding, cost control, payment, etc. 3. Regulation/Cost control: How do we control costs, develop fair provider payment systems, allocate and distribute resources, address existing inequities in the system? 4. Workforce: We need to train and deploy sufficient health care workers and figure out how to pay/reimburse them---i.e. direct employ, reimbursement, other? How do we ensure an adequate supply of the right providers (plastic surgeons vs. primary care) and remove training debt as an obstacle. 5. Financing & Federal engagement: How is the system financed? What do we need the federal government to do in terms of funding and waivers? How do we address Prop 98 & Gann limit issues? What do we need to do to get around ERISA and transition from employer-sponsored insurance? 6. Transition: How do we transition smoothly to unified financing?
Carmen Comsti	b) I generally support the outlined topics and offer the following modifications for consideration.	Some of the topics as described are a bit muddy to me and there are important topics that are missing. Some topics also warrant their own meeting (e.g., discussing design options overall and determining which ones to model, discussing the single-payer approach, and discussing the draft report). Below, I have made comments for each monthly topic as presented, and below those comments, I have included a proposed modified meeting schedule and agenda topics for meetings. In my proposal, I have tried to place new topics that I believe we should discuss in logical places, sometimes part of broader

Name:	Response:	Comment (if option b or c was selected):
		discussions, but I would like to hear from other Commissioners on whether some topics (like health equity, provider payments, or impact of individuals and families) may warrant their own dedicated discussion period. ADDITIONAL TOPICS/MEETINGS NEEDED: Considering the topics that we need to discuss, I believe we likely should have maybe one or two additional meetings with some rearranging/clarification of topics. There should be meeting time and/or additional meetings set aside to discuss the following: 1. A full meeting dedicated to discussing the single payer approach. Considering that the proposal on the table is to dedicate the July meeting solely to the “second unified financing approach” that includes health plans and intermediaries, it only makes sense to also dedicate an equal amount of time to the single payer approach. 2. Health equity and qualitative impact of different design models on health equity and access. 3. Discussion of the draft report sometime between November and January before our final meeting. 4. Discuss impact of various models on individuals and families (e.g., economic impact, access to care, etc.) 5. Provider payments. 6. Discuss systems of accountability and checks on profit-driven entities (e.g., for profit, advertising, excessive executive pay, etc.) or, in other words, how to help providers focus on care. JUNE MEETING COMMENTS: • I suggest splitting this meeting in to two and pushing all other meetings back one month. • It appears the June topic as proposed is meant to have the Commission discuss the single-payer approach in addition to identifying other approaches to unified financing. It is also unclear whether this meeting is meant also for us to clarify the differences between a single payer model or another health plan/intermediary model. • To ensure adequate discussion of both the single payer scenario and to clarify what other approaches are, we should ensure that there are separate discussions on and adequate time set specifically to discuss both. To this end, I propose separate discussion at separate meetings on: (1) the specifics of the single-payer

Name:	Response:	Comment (if option b or c was selected):
		approach (which we must model as stated in our enabling legislation), and (2) clarifying want other approaches there are and what we mean by modeling an intermediary approach. Moreover, given that the July meeting may be dedicated to the health plan/intermediary approach, it only makes sense to dedicate a full meeting to discussing the single-payer approach. • I propose the following subtopics for our discussion on the single-payer approach: - Provider payments, specifically considering the potential advantages of a global budgeting payment model for institutional providers - The regulatory role of the government/unified financing system. - Addressing structural issues related to health equity and access - Systems of accountability in a single payer approach, including how government contracting mechanisms can help ensure that public funds are not used for nonpatient care-related expenses (e.g., for profit, advertising, excessive executive pay, etc.). • We should dedicate discussion to clarify what is the health plan/intermediary approach actually is (whether that is in June or July). There are several key design questions that we should analyze with regard to an intermediary/health plan approach, and I have listed those under my comments below about the July meeting. * We should discuss the community engagement and public input process in this June meeting and not wait until October. JULY MEETING COMMENTS: • More time is necessary to review consulting team methods and assumptions. As I mentioned above, the July should be moved back a week or two if we are meant to discuss the consulting team's written description of methods and assumptions. Moving the meeting back would be necessary so that Commissioners and the public have more than about a week to review the consulting team's materials. Alternatively, and this is my preference, we can add additional meetings overall and have the discussion about the written methods/assumptions in August. • I propose the following subtopics for our discussion on the intermediary/health plan approach: - Discuss the dangers of turning

Name:	Response:	Comment (if option b or c was selected):
		providers into risk-bearing entities (i.e., insurers). - Discuss what types of entities would be intermediaries (all insurers, HMOs or other Knox-Keene regulated plans, etc.) - Discuss intermediary network restrictions, health plan eligibility or other limitations on choosing an intermediary (if any), and other barriers to care, including limited provider choice. - Discuss payment process for intermediaries (including premiums, deductibles, and other out-of-pocket costs) - Discuss the regulatory role of government, including administrative waste, provider price controls/provider rate setting (if any). AUGUST MEETING COMMENTS: • The topic of paying for expanded benefits should not be limited paying for long-term care, behavioral health, etc. There should be a broader discussion on financing and identifying financing plans, including plans for generating new tax revenue. Thus, this topic could be combined with some of the discussion questions posed for the October meeting. Additionally, the discussion regarding federal funding (and waivers) should happen at the same meeting we discuss any financing plan. • I propose below having this meeting, dedicated to the topic of financing plans and related issues, in November or December. • We should discuss the community engagement process at our June meeting and not wait after that process has been completed. SEPTEMBER MEETING COMMENTS • Instead of primarily focusing on questions related to transition, this may be a good meeting to specifically discuss design options that can help address structural issues related to health equity and access (e.g., financial barriers to care, inequitable distribution of health care dollars, inequitable distribution of providers, hyper-concentration of healthcare services in affluent areas, hospital closures, health corporation consolidation/vertical integration of health care corporations, etc.). • We should also discuss potential systems of accountability and checks on profit-driven entities that may interfere with patient care. OCTOBER MEETING COMMENTS

Name:	Response:	Comment (if option b or c was selected):
		• As mentioned above, a discussion about federal funding and new revenue general should be combined with the topic described for the August meeting on paying for expanded benefits. We should specifically consider progressive financing plans (to be combined with federal funds). I agree that we should talk about public engagement in this process and the potential to create an online, publicly available tool on financing plans. NOVEMBER TO FEBRUARY COMMENTS • The Commission should have an additional meeting dedicated to discussing the draft report and to expressly consider public input on the draft report. • As I have expressed at previous meetings and in written comments to the consulting team, considering that there is almost certainly disagreement among Commissioners over the qualitative analysis of various design options, we should ensure that in the final report Commissioner comments and concerns about any design options presented or assumptions made in the modeling are adequately described and attributed. Additionally, any disagreements and varying viewpoints among Commissioners should also be clearly described in the report. A meeting to discuss the contents of a draft are necessary to ensure our opinions are adequately reflected in the report and that any questions or concerns are addressed. MY PROPOSED MODIFIED MEETING TOPICS & SCHEDULE (with annotations on when I added, moved, or clarified topics) • JUNE: * Discuss which approaches to model in addition to the single payer approach and/or clarify intermediary/health plan approach. (Originally included in June) * Discuss public input/community engagement process. (Topic moved up from August) * Potentially discuss provider payment options. (New topic not listed in proposal) • JULY: Discuss single-payer approach, including discussion on provider payment options, regulatory role of the government, health equity, systems of accountability, administrative savings (cost and time), impact on individuals/families, etc. (Topic moved from June, separated into its

Name:	Response:	Comment (if option b or c was selected):
		own meeting, and clarified discussion points from the proposal) • AUGUST: Discuss the health plan/intermediary approach, including discussion on provider network limitations permitted, what entities can participate as intermediaries, health plan eligibility, payment process for intermediaries (including premiums, deductibles, and other out-of-pocket costs), provider price/payment controls (if any), health equity, regulatory role of the government, systems of accountability, administrative costs, impact on individuals/families. (Topic moved from July and clarified discussion points from the proposal) • SEPTEMBER (OR OCTOBER): Discuss the consulting team's written draft with modeling methods and assumptions. (New topic not listed in proposal) • OCTOBER (OR SEPTEMBER): * Discuss system design approaches to address structural issues related to health equity and access, including hiring and training of more healthcare workers as well as the construction and expansion of healthcare facilities. (New topic not listed in proposal) * Discuss systems of accountability and checks on profit-driven entities, including mechanisms that would help ensure that public funds are not used for nonpatient care-related expenses (e.g., for profit, advertising, excessive executive pay, etc.). (New topic not listed in proposal) * Discuss program transition, including potential ways that profit-driven entities or interests may undermine the system or its implementation. (Topic moved from September meeting proposal) * Discuss how unified financing would interact with existing public healthcare programs. (Similar topics originally listed for September meeting) • NOVEMBER/DECEMBER: * Discuss financing options and develop a menu of financing scenarios, including plans on generating new revenue through various progressive taxation options. (Clarified topic originally listed for October) * Discuss community engagement in financing plan development and the creation of publicly available tools or calculator on financing plan scenarios. (Clarified topic originally listed for October) * Discuss federal funds and federal

Name:	Response:	Comment (if option b or c was selected):
		waivers. (Topic moved from October) * Discuss financing long-term care, behavioral health, and other expanded benefits. (Topic moved from August) * Discuss what social determinants of health may be outside the scope of a unified financing healthcare system. (Topic moved from August) • JANUARY: * Discuss draft report from consulting team. (New topic not listed in proposal) * Make requests for final additions/changes. (New topic not listed in proposal) • FEBRUARY: Final meeting.
Jennie Chin Hansen	b) I generally support the outlined topics and offer the following modifications for consideration.	What changes in federal law and the state constitution would be required to allow unified financing to be implemented in California? -I'd like to see this topic and implications perhaps at an earlier meeting, at least in September but preferably earlier. Lessons learned from Vermont's earlier efforts. Might there be a possibility of modeling out a staggered approach to bringing in certain populations first rather than everyone at the same time? Implications and any preferred populations. Consequences and impacts to consumers already covered by statutory benefits e.g. Medicare; Medical; CCS; military members; impact to providers in FFS; health plans? employers; A broad question: out of pocket impacts for different economic groups?
Richard Scheffler	b) I generally support the outlined topics and offer the following modifications for consideration.	I think the current focus on cost estimates is misplaced; it is out of order. We should first discuss the design elements of the health system we want in California. This should address the current inequalities in the system and systemic racism. What are the building blocks of the health system we want for achieving high equality, affordability, equity, universal coverage and sustainability? We should hold a robust discussion of using population health models to guide a new inclusive vision for California's health system. We also need to discuss the roles of providers as well as health plans and insurers in the new vision of California's health system. And it is important to discuss the various methods that can be used to pay providers and health systems. These discussions should include but not be limited to innovative uses of fee for service, capitation and value based purchasing models. We need to consider the social determinants of health and how they might be factored into our payment policy. Once these discussions are complete, a ball park cost estimate

Name:	Response:	Comment (if option b or c was selected):
		under a single payer or unifying financing system will be useful. The exactness of the estimates does not matter but should be directionally correct and used as guide posts. At the time when it is feasible for California to implement a single payer or unifying financing system more precise cost estimates will be needed.
Sandra Hernandez	b) I generally support the outlined topics and offer the following modifications for consideration.	I think it would be helpful for the consulting team to provide commissioners a detail of all federal laws, waivers, regulations, state laws and voter requirements needed to realistically pursue a single payer healthcare for Californians. This might be included as an addendum to the part of the report that deals with this scenario.
William C. Hsiao	c) I cannot support the proposed meeting topics for the following reasons.	The Commissioners should discuss and decide on the principal topics/issues, not the consultants. In the material they sent to us, the consultants do NOT have adequate knowledge, experience and expertise to set the topics and agenda. They are over their heads.

Total Count for Question 2:
5 Commissioners fully support the proposed topics.
7 Commissioners generally support the outlined topics and offered modifications for consideration.
1 Commissioner cannot support the proposed meeting topics and provided reasons.