Healthy California for All
May 21, 2021 Virtual Commission Meeting
Public Comment

1. **The following table shows public comments that were made verbally during the virtual meeting:**

Count	Name	Verbal Comment
1	Michael Lighty	Thank you, commissioners, for this opportunity in this robust discussion. I think it is not appropriate to make predictions about what is possible politically, or with the federal government, that ends up being a defense of the status quo. And what we lack in this effort is leadership. And that's what we need from this commission. I definitely associate myself with the supporters a single payer, I would call out the comments of Don Moulds, Cara Dessert, and Sara Flocks in particular, Commissioner Dessert said, "Hey, we've got a clear case for single payer on equity, on cost savings, and on improved quality of care." Those cost savings are generated yearly because what we don't spend on administration the first year in single payer, we also don't spend it in the second or ongoing years when the current system does spend money on administration. And I don't see how a system of intermediaries can cost the same as single payer, given the other administrative layer. I think it's also important to understand that we're talking about saving lives and what a life's worth, I had the honor of serving on the Lancet Commission, they identified 436,000 excess deaths and nationally, in 2018, those are 43,000 excess deaths in California. We can save lives, we can save money, and we can produce equity through single payer, and we have to model that in order to understand it. Thank you, Karen.
2	Taylor Jackson	My name is Taylor Jackson. I'm with the California Nurses Association, representing over 100,000 registered nurses statewide. As you've heard today, CNA is sponsoring a single payer bill for assemblymember Kalra, AB 1400. The bill builds in features to dramatically improve equity for communities of color, rural communities, as well as people living with disabilities, and seniors who need long term services and supports to stay in their homes. We believe the commission should model this bill. It's important to accurately model the savings 1400 would provide by increasing reimbursement for primary care and paying appropriately for specialty and hospital care. Nurses also believe it's crucial to model multiple approaches to financing single payer that include a variety of taxes, and to provide the online interactive calculator that shows the aggregate effect of different combination of taxes, including payroll with a small business exemption, business, gross receipts, wealth, oil and gas extraction, sales tax with appropriate

Count	Name	Verbal Comment
		exemptions, and reductions in tax exemptions for large nonprofit hospitals and health systems and any other taxes the commission identified.
3	Craig Simmons	This question is for Richard Pan and Jim Wood. My question is, would you be in favor of implementation of a payroll healthcare tax, if it included standardization of costs, and was voter approved? Years ago, I worked on a Kaiser Family Foundation and teamsters union funded project which deducted one cent an hour from workers in California. And we had three mobile medical units around and gave a complete multi physical to the workers and passed the results on to their private physicians within two weeks. That was a number of years ago, but if if a payroll healthcare tax were implemented, the Bureau of Labor Statistics holds that 60% of the US population is employed, in California 60% of 40 million is 24 million people. So there would be a significant amount of money to cover all healthcare services and doctors, hospitals, prescription drugs, preventive care if it were voter approved. Thank you.
4	Dr. Bill Honigman	My name is Bill Honigman. I'm a retired emergency room physician from Orange County. It is a travesty that the Commission suspended hearings at the height of the COVID-19 crisis. And consequently tacitly contributed to preventable deaths incurred by Californians due to the virus. Under a single payer system 1000s more lives would have been saved and would still be yet saved if the Commission had completed its charged and moved ahead by setting the mechanism into place for such a system rather than suspending hearings until now. The conclusions of the consultants are clear and echo those seen in studies done over decades or even centuries of analysis. The single payer system will save lives, make health care more equitable, save money, and allow more control of runaway costs. What are we waiting for?
5	Beatriz Sosa-Prado	Good afternoon, everyone. My name is Beatrice Sosa Prado, and I'm calling from LA. I'm the executive director of California Physicians Alliance CaPA, and along with other CaPA representatives, I am glad to have attended this important meeting today. CaPA believes that the Commission needs to significantly spend more time amongst yourselves outside of these general commission meetings to adequately exchange your expert knowledge. And to properly discuss and finalize your plan and recommendations. We hope that you can agree to this and to make those meetings public and provide us with an opportunity again to comment. California doesn't currently have a clear and detailed plan to get to universal health care. Therefore CaPA authored the Roadmap to Golden State Care, a strategic, approachable, and realistic way to

Count	Name	Verbal Comment
		provide Californians with a healthcare system that is universal, just, and equitable. This roadmap is carried out in three phases to ensure that it's not disruptive to the current system, and that each change that takes place is positive. I will contact the consulting team to get this document to the commissioners. Thank you so much.
6	William Bronston, MD	My name is William Bronston. And I'm a physician. I'm a member of the California steering committee for the Physicians for a National Health Program. And I was the medical director for close to 30 years from the Department of Developmental Services in the Department of Rehab for California. I have four points I'd like to make that are policy issues. Number one, we have been crashed in terms of public health in California. That was a major article in the newspaper today about the unfunded more public health in California. Whatever the system is, it has to be grounded completely in really changing the role of public health in the health delivery system, from illness care, medical extraction of wealth to wellness care. Secondly, I believe that we need to double the workforce and change its caste and class character. We need to deal with the health deserts all over the state. That means we need to provide comprehensive tuition for every public health college in the state that's doing any health professional training in order to deal with that and to build cultural sensitivity and competence in that group. Thirdly, we need to change long term care to lifetime care which means individualize planning, to eliminate the lurch into institutional living and the lurch into impoverishment that Medicaid imposes. Single payer would wipe out Medicaid and we should move towards that system.
7	Ernest Isaacs	My problem goes back to one of the very first slides that Mr. Kronick showed us, with the graph of the current costs and the savings under the two kinds of single payer systems, he said, and they were the same. It boggled my mind. Every analysis of single payer system that has been done, the one for SB 562 from the Perry economic analysis, back in 2006 the Llewellyn report, all over the country. Everybody says the single payer systems will save lots of money 10%, etc. I'm really concerned about the accuracy of this numbers. Currently, medical insurance companies are limited to a medical loss ratio of 80%, which means they skim 20% of their finances, for advertising for salaries, etc. Medicare overhead runs between three and 5% depending on who you ask, is incredible savings right there. We all know about the other countries, they have much better health care outcomes for vastly less money. I know Commissioner Comsti wants to take a look at the spreadsheet that Mr. Kronick is using, and I suggest you take a very careful look to see where these really funny numbers are coming from. Thank you.

Count	Name	Verbal Comment
8	Ruth Carter	My name is Ruth Carter and I happen to be the chair of the California Democratic Party senior caucus as well as the co chair of the Marin chapter of the California Alliance Retired Americans. If one of the things that we've talked about that I've heard spoken about today is number one, I think we can all agree that our healthcare system needs fixing. However, when I hear about intermediaries, I begin to think about programs like Medicare Advantage, which has been problematic for those people who for many people who are involved in its use at the Department of Health and Human Services. Office of the Inspector journal general report in 2018, reported that there were widespread and persistent problems related to denials of care and payment in Medicare Advantage plans. When beneficiaries and providers appealed pre authorization and payment denials. Medicare Advantage plans overturn 75% of their own denials. Thank you.
9	Erika Feresten	It feels like I'm repeating what we already know. We've had decades of studies ,we have the rest of the world to look at. Every single study we've done from Stanford to Yale shows that single payer saves lives, it saves money, had SB 562 been passed in 2017, the state of California would have saved $111 billion and every California resident would have had high quality comprehensive health care through this horrible pandemic. What we have now is a caste system. This commission with the exception of Dr. Rupa and Carmen Comsti, and Dr. Hsiao is upholding this caste racist system and we need to implement CalCare AB 1400 immediately. Thank you.
10	Sara Sorokin	So my name is Sara Sorokin, and I'm a mental health clinician, and also a member of the National Union of Healthcare Workers. And working in an HMO setting, I see patients being denied the mental health care they need by a system where profit margins play a role in staffing decisions. Short term profit centered thinking in which mental health care is rationed on the front end, leads to patients needing more expensive care like hospitalization and exacts a heavy price on patients families and the communities in which they live. That despair, grief, trauma and debilitation that results from under treatment is unacceptable. Moral injury and burnout plagues the health care profession, because we are unable to provide patients with the treatment they need. This is a human rights issue, and we have the capacity to fix it with a health care system not driven by profit. Although the commission may also have other objectives, it is essential that the Commission achieve the goal It was created to bring about creating a Medicare for all system in California. Thank you.

Count	Name	Verbal Comment
11	Leah Schwinn	My name is Leah Schwinn, I am the Chair of the Nevada County chapter of Healthcare for All. There are many other savings issues that I didn't hear discussed today, such as having everybody in the same risk pool. AB 1400 CalCare is so well written, and it goes into such detail. We want to have greater equity, we want to have a system that reflects California residents. And there is even equity on the boards of government written in to AB 1400. And it also addresses the issues, I live in a very rural community in Grass Valley, California, urban centers. And I just want to say that I hope that we can move towards this single payer system. We hear it's so hard. It's so hard because it's not just profits that the for profit system is putting their money into. They're putting it into lobbying and advertising. And so there's another place we'd say thank you.
12	Ryan Skolnick	My name is Ryan Skolnick. And I want to talk about a few of the arguments made earlier during this meeting against single payer but haven't been addressed directly yet. For example, this notion that Dr. Pan brought up earlier regarding the potential for budget cuts and care denial under a single payer system. This harm is entirely non unique, our fragmented for profit system that exists right now, denial of care isn't just a theoretical, it's a rule, the difference is the monies that we would save from doing that binds the pockets of shareholders and executives that play no useful role in the financing and delivery of actual health care. Regarding waivers that Assemblymember Wood mentioned earlier. We don't need statutory change to do single payer in California, the mechanisms are already there, under Section 1332 of the ACA, which allows for a consolidated process that lets us supply for needed authorities under one application. The main requirement is we have to first pass a bill authorizing us to do single payer as current statute requires and as CNA and Dr. Sauerbraten about. This isn't a matter of feasibility, it's a matter of political will. Let's get AB 1400 done, and I want this commission to start doing its job and take it up.
13	Ron Birnbaum	Thank you. I'm a physician in Los Angeles and also on the state of Los Angeles, Southern California steering committees for Physicians for National Health Program. I wanted to address a few of the things that came up earlier. So one is on the issue of fee for service. Both in the in the model, at least somewhat presented by Dr. Kronick and there was the modeling of service for providers for institutions. That's a structure that is in place in Canada and has led to less healthcare cost inflation, then certainly in the United States without capitation in the outpatient setting. There was a discussion about care coordination, I think it's possible that people sometimes need help navigating our system, although that's in part because of the excessive

Count	Name	Verbal Comment
		complexity of our system, but even still, the care coordination is often mixed up with utilization management, and those things I think should be separated. And finally, I would just ask Dr. Pan and Wood who have the ability to stop bills in the legislature to bring the same thoughts about letting the democratic processes or the discussion processes go forward in the legislature as they asked to happen here in the commission.
14	Caroline Sanders	Caroline Sanders with the California Pan Ethnic Health Network. Thank you for continuing to discuss how we can create a Healthy California for All as we consider ways to move towards a universal health care system. We can't build a universal payer system on a faulty foundation and we urge you to ensure we don't miss opportunities to invest in racial equity and public health in health care this year, we urge you to fund the health and racial equity justice fund to ensure that we strongly fund public health departments and CBOs to be key partners in universal systems. In terms of the analysis, and we're concerned about the inability to assess the impact of the two models of financing on equity and quality. And we know that communities of color are not only less likely to be insured but have lower utilization rates, even when they are insured. We agree with Dr. Hernandez that those disparities and barriers to accessing care are not necessarily going to go away just by moving towards fee for service or away from managed care. So we really would like to see more of an analysis of universal financing options on equity and quality. And to understand more about the different levers that are available, additional laws and regulations that would be needed to get us to greater accountability for reducing disparities and improving healthcare quality. Thank you.
15	Michelle P.	Yes, I wanted to talk about fee for service payments, and just say it's not utilization that's driving up the cost of care. It's the prices. We can use anti fraud provisions to rein in those few doctors who might perform too many procedures. And we can adjust payments upwards, so the primary care doctors are paid fairly and adjust specialist payments downwards. Risk based payments are currently driving massive vertical mergers that are actually driving prices up. Many small medical practices cannot stay open under Alternative Payment Models because of the infrastructure requirements. As for integration, there can be healthcare integration without financial integration. Risk based payments turn doctors into quasi insurers, they may be forced to choose between providing care to a patient or meeting the expenses of their practice. In short, capitation creates an incentive for doctors to keep more of the flat fee by providing less care. Patients want to see the doctor or

Count	Name	Verbal Comment
		provider of their choice and get the care they need. Thank you.
16	Nancy G.	Basically, most of what I wanted to say has already been said. So I'll be very brief. I wanted to comment also on the fee for service system, which is not the main cause of our increased costs in the United States. Our main costs in the United States are they enormous administrative waste that we have that's associated with these quote unquote, intermediaries, and also drug prices. So in terms of fee for service, as it's been mentioned, for example, in Canada, they have fee for service and they do manage to control costs. If you had a single payer system, you'd have a data system which would allow you to track utilization and identify where there was a problem with over utilization. The other thing I wanted to say is that these intermediaries, which are for profit, as was said, the profit drains out into shareholders and not into public service. And we have to remember that some of these CEOs, they're making 20 million and $30 million. Those are healthcare dollars that doesn't belong in their pockets.
17	Isaac Lieberman	I'm an elected member of the LA County Democratic Central Committee, delegate to the California Democratic Party, a full time hospital, registered nurse, and a member of SEIU 721. Every study shows that will save money and save lives with single payer universal health care as a human right. The best study shows that nationwide will save over 68,000 lives every year. And over $450 billion every year, more than 85% of Democrats support it. More than 50% of Republicans. The conclusions are clear. Saving lives, money, and improving equity is what single payer gets us. Those arguing against it are almost invariably compromised. Conflicts of interests are complex for legislators. Because when we funnel billions of taxpayer dollars to private businesses like Health Net and Blue Cross and pay CEOs $20 million just mentioned, a small fraction of that money, millions to hundreds of millions of dollars, find a way back to campaign funding. It's pure corruption.
18	Phillip Kim	Hi, everyone. My name is Phillip Kim, I'm in Sacramento, and I am urging the commission to model AB 1400, the California Guaranteed Health Care for All Act. This is a fully designed single payer health care system called CalCare that was introduced in the legislature in February. And you happen to have the foremost expert on the bill on the commission, Carmen Comsti. All the details and design features are spelled out in the bill, an independent public governing board, comprehensive benefits, no cost sharing, special funding for underserved communities, etc. All it needs is financing, more than half of which can be provided from the existing federal waivers process. And I think it

Count	Name	Verbal Comment
		would be really useful for the commission to explore different types of progressive taxation to fund the rest of the program. So I will echo the call for you to create a publicly available online calculator for members of the public and legislators to use to consider different types of financing. A word on the intermediaries option, which I think is very troubling, because if you're talking about managed care, what this means is less choice of provider and less utilization. And these are not good things. We want a healthcare system where people can use health care. That's the whole point of it. And we want freedom to choose any provider or Doctor, no restricted networks, and intermediaries would not do either those things. Finally, I urge the commission to have a more transparent, open, and democratic process. I'm concerned that the consultants are dominating the process and not allowing the actual commissioners to discuss and drive the process. Thank you.
19	Sara Deen	I'm a dentist, trustee of the South Coast Interfaith Council and an activist with Healthcare for All Los Angeles. My family is deeply entrenched in the healthcare system. The healthcare insurance industry is interfering in the delivery of health care every single day. Why are you protecting the healthcare insurance industry? What value are they adding to our health? The industry's agenda directly conflicts with the patients. Patient's desire the best health care, the industry desires cost reduction above all else. Why is anyone entrusted with designing our state's health care system trying to find ways to protect the insurance industry? Why are we debating single payer, we should be talking about how to pass an implement AB 1400. I have a kid who hates showering and he always finds a bunch of excuses never to shower. He knows that needs to be done, but he does whatever he can to distract and avoid. Fact remains, he still hasn't showered in days needs to shower. Similarly, no more excuses about the political feasibility or how we will pay for it. I am tired of telling patients "This is the best treatment for you. But it isn't covered." The immorality of that sentence should be the center of these discussions. Thank you very much. Let's pass AB 1400.
20	Betty Doumas-Toto	I'm a person that is impacted by our profit first health care system. We have a model for universal health care system for all Californians, which would utilize a unified financing system a single payer system in our state legislature right now. And it's AB 1400. So instead of making this more complicated for yourselves, report on AB 1400. Period, that's all you have to do. It's all there laid out for you. You don't have to worry about rushing to read this agenda and all this stuff 10 minutes before you get here today. Just read AB 1400 get it passed, get it implemented. And also for your consideration. capitation doesn't address the whole body in

Count	Name	Verbal Comment
		health care. In fact, it can be compared to decapitation, especially when profit is the guiding consideration. So please, if you have any questions about AB 1400, come to our Q&A every Sunday from five to seven on Facebook Live Healthcare for All Los Angeles. Thank you.
21	Richard Wynne	My name is Richard Wynne. I'm a practicing pulmonary Critical Care Physician down in the South Bay Area of Los Angeles. As a practicing physician, I've had countless tragic stories that exemplify the problems of our healthcare system. Patients who've been diagnosed with cancer early stage, but while they're getting the insurance together, ended up advancing to late stage, advanced stage, and end stage cancer. I've had patients who've died waiting for insurance companies to approve of their therapies. I've had patients beat COVID, but now don't have insurance because they're now unemployed, and are unable to have rehabilitation and now remain off of the workforce. The stories go on and on. And this is why physicians burn out. Even in our successes, we have failure. These failures were only amplified by the pandemic. And a single payer system would have fixed all these problems. The public option, ACA or intermediates would only perpetuate a healthcare system that is completely inequitable. This is why we need to a true single payer system. Thank you very much.
22	Maria Lopez	Thank you so much. Maria Lopez coming calling from Los Angeles, California. So as much as had been spent already and now years discussing how to create a single payer system. While we already have a blueprint, health insurance costs, prescription drug prices are going up, hospitals are billing people amounts that will bankrupt them, force the loss of their homes and devastate their futures, as many have already experienced. And while we discuss let me remind you that people are dying, because they're not going to seek the care out of fear of financially devastating their families. So we need decisions, but not more discussions. So I really urge you to respond to the urgency of this time, and begin taking action on AB 1400. Thank you.
23	Anne H.	I'm a retired family doctor and I worked for the county of Contra Costa until I retired. And I'm a strong single payer advocate. But I also do understand, I think there are problems with fee for service, there needs to be a lot of regulation and watchdogging because providers do sometimes provide care that is not only unnecessary, but that can be very harmful, as well as expensive, like procedures that are not needed. Operations and coronary stents. And doctors have been convicted for doing these things. So to me, I think that what Dr. Scheffler and Jim Wood actually intimated you should even consider a British style system where doctors like all other health care

Count	Name	Verbal Comment
		providers are salaried and don't have that either. The worry about being a business person or lack of incentives for preventive care.
24	Nicholas B.	My name is Nicholas, I'm a psychiatrist, and postdoc and health services research down here at UCLA. And it's a pleasure to address the commission. I wanted to echo an observation by Secretary Ghaly and the distinguishing healthcare utilization from truly determinants of health and primarily the social determinants. The most recent proposal for CalAIM suggests increased coverage for benefits related to social service needs. And I want to encourage commissioners to take a close look at the projections provided by consultants to evaluate the extent to which those social services are being covered to actually promote the health of Californians. And if it is within the scope of the Commission's role to identify mechanisms by which cost savings in health care can be protected for the needs, social service needs, including housing and food for Californians, which will ultimately be so important for their health.
25	Jenni Chang	I am Jenni Chang, a delegate of the Democratic Party organizer with California Alliance for Retired Americans. The Democratic Party endorsed AB 1400 and separately passed a resolution calling on the governor to request the federal waivers to secure federal funding, specifically for single payer system and all of this happened without any hiccups. So let's talk political viability, the governor won a robust campaign on the virtues of single payer, the state very decisively voted for a primary candidate that made single payer a campaign touchstone. If you are in this space more concerned with the anti single payer forces, that they're too entrenched to beat, maybe it is because you're working too closely with them and possibly benefiting from them. Yes. I think this body should consider workshopping AB 1400. That's a structured piece you can work with. But ultimately, this body is not writing legislation, but a guide. So let the legislature duke it out on how to make it more politically viable in its own time. Do center your work on the struggles of people, do design the perfect system, that noble system, do have courage, stand up and help us fight back. Thank you.
26	Art Persyko	My name is Art Persyko, I'm the convener of the San Francisco Gray Panthers. This commission can make a courageous breakthrough decision to do the right thing and recommend that the governor support single payer which would give him the political cover he needs to fulfill his campaign promise to the voters of our state to enact it. Such a recommendation if adopted by the government would buck the for profit corporations grip on our politics that intimidates elected officials out of supporting single payer. The lack of

Count	Name	Verbal Comment
		universal health care causes so much suffering and death. It defies the common good and the best interests of our fellow Californians. Please do the right thing. Recommend single payer to Governor Newsom. Thank you.
27	Kathleen Healey	I'm a retired physician and co chair of the California Chapter of Physicians for national health program. You can try to pass 100 bills trying to fix and roadmap our broken jalopy of a health system. Or we can join the group that sleeps well at night, having debt free health care, and doesn't need spreadsheets for. They're called Canadians. And yes, they have fee for service and no intermediaries. So we encourage the commission to use AB 1400 as their blueprint and work on funding options. And myself as well as 3000 other physicians, in our Physicians for National Health Program support single payer. Thank you.

Total Count of verbal comments: 27

2. The following table reflects public comments that were entered into Zoom Chat during the 21st Commission meeting:

Count	Name	Comment
1	*Jennie Chin Hansen:	As @sarahflocks noted it is important to not cast all programs of managed, capitated care as negative; it is critical to evaluate specifics including care coordination and continuity including caregiver support, e.g. the federal Program of All Inclusive Care to Elders (PACE) caring for primarily dual eligibles (Medicare and MediCal). This program is designed on comprehensive medical (acute and primary/chronic) and community/social based services for complex and often cognitively impaired elders to live in the community for as long as possible. Disclosure-I was connected to this program for nearly 25 years.
2	Leading Resources:	Public can submit comments to HealthyCAforAll@chhs.ca.gov. Additionally, members of the public will have an opportunity to provide verbal comment at the end of this meeting.
3	*Sandra Hernandez:	I concur with Dr Wood we need to know where changes in law and regulations are challenges to the vision we come up with
4	Ron Birnbaum:	I would like to verbally comment
5	Michelle Grisat:	Medi-Cal is not single-payer. These are the insurers: Local Initiative Health Authority For L.A. County Health Net Community Solutions, Inc. Inland Empire Health Plan Orange County Health Authority Blue Cross of California (Anthem Blue Cross)

Count	Name	Comment
		Partnership HealthPlan of California Molina Healthcare of California Fresno-Kings-Madera Regional Health Authority San Joaquin County Health Commission Santa Cruz-Monterey-Merced Managed Medical Care Commission Community Health Group Kern Health Systems Alameda Alliance For Health Santa Clara County Health Authority California Health and Wellness Plan Santa Barbara San Luis Obispo Regional Health Authority Contra Costa County Medical Services Kaiser Foundation Health Plan, Inc. San Francisco Community Health Authority San Mateo Health Commission Blue Shield of California Promise Health Plan Aetna Better Health of California Inc Scan Health Plan UnitedHealthcare Community Plan of California, Inc AIDS Healthcare Foundation On Lok Senior Health Services Access Senior HealthCare, Inc. Adventist Health Plan, Inc.
6	art Persyko:	Question for the consultants and for the commissioners: Another way of looking at the potential cost savings of a unified health plan (or single payer) in California: Since we in this country pay about twice as much per capita for health care compared to other countries: Have the consultants given the Commission an insight into potential (future) cost savings for health care in California based on comparing our current California health care costs with current costs for health care in other countries (i.e. countries which provide universal health care) of a similar size to California?
7	Phillip Kim:	This is how Merriam-Webster defines “unified.” Definition: “brought together as one.” It seems like if your “unified financing” system consists of multiple insurance plans or HMOs, then it’s hardly unified financing. Furthermore, if some of the “intermediaries” are paid by capitation and have a financial incentive to deny health care, then I find that really troubling. Patient care decisions should be based on patient need in a system that lets medical professionals do their job without influence from managers trying to save money. https://www.merriam-webster.com/dictionary/unified
8	Michelle Grisat:	I would like to comment verbally
9	Paul Newman:	Wood has it all wrong. Many industrialized nations have used this Single-Payer for decades. There will not be any resistance unless its from private insurance'

Count	Name	Comment
10	*Cara Dessert:	Last thought from me: given the legislation is silent on this and whatever we create will need a reserve to be stable program, I'd like to discuss in a future meeting: a reserve, both the amount needed and options for how to raise it - thank you!
11	Brynne O'Neal:	On payment rates: The current model assumes that aggregate payments to health care providers would equal the weighted average of current payer payments, minus reductions in billing and insurance related costs. It would be helpful to have a model where, as in AB 1400, hospital payments are designed to align with patient need and actual costs of care, which do not include high profits and executive pay, and where payments are meant to be adjusted to address pay inequities between primary care physicians and specialists.
12	Christine Shimizu:	The current system is making it very difficult to survive much less grow as a small business. Economists are now saying that singlepayer system in California would save us employers $5000 or more per employee! How can we hope to compete against these conglomerates when this system makes our overhead impossible?
13	Robert Vinetz:	I would urge everyone on the Commission to look and and study the American College of Physicians landmark vision and policy report: "Better is Possible": The American College of Physicians' Vison for the U.S. Health Care System; Ann. Intern. Med., 21 January 2020 Vol: 172, Issur 2_Supplement The ACP, the second largest physician organization in the U.S. has carefully studied many of the questions and issues the Commission is facing. Their report could be invaluable to the Commission. https://www.acpjournals.org/action/doSearch?AllField=Better+is+possiblehttps://yubanet.com/scitech/american-college-of-physicians-calls-for-comprehensive-reform-of-u-s-health-care/Robert Vinetz, MD, FAAPCalifornia Physicians Alliance (caphysiciansalliance.org) https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB1400
14	Phillip Kim:	We've got your "well developed blueprint" right here, friends. AB 1400, the California Guaranteed Health Care for All Act. It has specific structures for governance, reimbursement, etc. It's all spelled out in the bill. You just need to plug in the financing options (to be combined w/ federal funds). Let's do this!
15	Doug Elliott:	I support the views of Commissioners Marya and Comsti. There is strong public support for single payer--so strong that the Governor ran on a promise to pursue it. Various studies have shown that it will reduce costs while improving benefits. And those benefits need to be truly comprehensive--vision, hearing, dental, long term care and home care included.

Count	Name	Comment
16	Mari Lopez:	The subject of creating a single payer system came out of a demand from the public, yet it is the consultants that are controlling the discussion and perhaps the subsequent results. Since it is the population who are the consumers of health care it is critical that there be efforts made to make this process public, and that this process transparent.
17	Brynne O'Neal:	Another question on the model: Where did the estimate of a 40% reduction in spending on prescription drugs come from? It seems low; the VA pays 54% less for drugs than under Medicare Part D and California will have similar or greater bargaining power, since it will represent 39 million residents compared to 8.7 million veterans served by the VA.
18	Phillip Kim:	It would be really helpful if the commission created a publicly available online calculator so that legislators and members of the public could see different combinations of financing options to fund the single-payer system in combination with federal funds.
19	Robilyn Camacho:	AB1400 needs to become the law of this state!
20	Michelle Grisat:	My name is Michelle Grisat. Regarding fee-for-service payments. It's not utilization. It's the prices! We can use anti-fraud provisions to rein in those few doctors who might perform too many procedures. And we can adjust payments upwards so that primary care doctors are paid fairly and adjust specialist payments downward. Risk-based payments are driving vertical and horizontal mergers that are driving prices up. Just look at health systems that are buying up private practices and the difference in hospital costs in northern and southern California. Many small medical practices cannot stay open under alternative payment models because of the infrastructure requirements. As for integration, there can be health care integration without financial integration.
21	Rupa Marya:	I would like our June meeting to give focus to AB1400, with the intent of it being one financial model we offer. It's current and widely supported by the public.
22	Erika Feresten:	The simple solution to providing equitable high-quality comprehensive health care to ALL CA residents is to pass and implement AB 1400 CalCare
23	Christine Shimizu:	Give us hope! Support AB1400! Please!
24	Paul Newman:	AB1400 is the answer!
25	Jeoffry Gordon:	My name is Jeoffry Gordon, MD, MPH I am a family doc with California Physician's Alliance in Los Angeles. I want to comment on Prof Scheffler remarks about "Profit." At all levels of medical service pricing is obscured, is influenced by provider and insurance companies' monopoly and monopsony powers, Also in prescription medicines and

Count	Name	Comment
		pharmacy benefit plans there are internal "rebates" and "discounts" for formulary access that do not result inpatient savings. In some the system is full of hidden economic rents that is excess, unearned prpofits.
26	Allan Goetz:	Single payer/Medicare for all ,healthcare provides better comprehensive universal care for LESS cost and divorces care from employment. No more lies.
27	Alberto Saavedra:	ABB 1400 is what we should focus on.
28	Rupa Marya:	It feels disrespectful to cut the public off at 60 seconds when they have been waiting 4 hours to speak. I would advocate our meetings can be longer.
29	Rupa Marya:	To hear the people.
30	Brynne O'Neal:	Does this analysis account for savings in waste reductions, other than in the reduced rate of growth in payment rates? An analysis by Berwick and Hackback estimated that fraud and abuse account for 6.6% of national health care spending. Even conservatively estimating that single payer could cut fraud and abuse by half, we'd see a 3.3% reduction in total health spending for reduced fraud and waste.
31	Hicks Randy:	when we to call out the lobbying efforts of Big Insurance companies or Big Pharma they will do anything to keep those profits look what happened during pandemic
32	Lorraine Watts:	Structural and systematic racism should remain in the forefront of any discussion/debate/conversation regarding the development of a quality and equitable, and affordable healthcare system for all in California.
33	Joslyn Maula:	Public comments can also be sent to HealthyCAforAll@chhs.ca.gov
34	Carol Mone:	As an educator, I know that people who teach well COPY others who teach well, making changes appropriate to their personalities and situations. So--there are some very good models out there--look to the north at Canada--COPY what they have done and tweak it to fit California. I agree with Dr. Wood, yes, it is complex, but it is NOT brain surgery.
35	Christine Shimizu:	Thank you Dr. Bill!!!!
36	Allan Goetz:	BIL! BILL!
37	Barb Ryan RN (she/her):	This is about the haves and have nots ie GREED. Insurance companies “intermediaries” are profiting from this fragmented system as are the hospital and pharmacological industries. This money and money from the Feds can more than provide for IMPROVED GUARANTEED MEDICARE FOR ALL IN A SINGLE PAYER SYSTEM!!
38	Cheryl Tanaka:	Historically Single Payer has been based on non-profit healthcare. One of its strengths is having a large (the whole US) base from which to negotiate with big pharma, etc. If you have not watched these 2 from PBS, please do so and

Count	Name	Comment
		also seek out reports from SB 562 which covered some of the same ground.
39	Cheryl Tanaka:	https://www.pbs.org/video/critical-care-america-vs-the-world-f0cwgk/
40	Cheryl Tanaka:	Healthcare systems; https://www.pbs.org/video/critical-care-america-vs-the-world-f0cwgk/
41	Brynne O'Neal:	I hope the assumptions, data, and methodology behind the model(s) will be shared publicly, not just with commissioners.
42	Erika Feresten:	@Carmen Comsti and @Rupa Marya you are the peoples heroes! We at Health Care for All - Los Angeles would love to hold a genuine PEOPLES Healthy CA Now Commission. Please email us at infohca.la@gmail.com CalCare Now!
43	Paul Newman:	CAPA is pro Private insurance
44	Cheryl Tanaka:	Healthcare inequities https://www.pbs.org/video/the-healthcare-divide-rv6npd/
45	(h)Dr Bill Honigman:	Commissioners Marya and Comsti are quite correct to move the request forward immediately for more open and public proceedings, and to do that taking into account the fierce urgency of now. We need to recognize that comprehensive medical care to decrease medical risk across-the-board and eliminate disparities, needs to be put into place with the utmost urgency, for the sake of those lives yet to be saved, and those public monies left unsquandered. No more delays. Please take AB1400 and make recommendations as to what it needs to be moved forward in the legislature now.
46	Norma Wilcox:	Norma Wilcox The message I sent toBobbie Wunsch was meant to be sent to everyone.
47	Maureen Cruise RN:	Would be an important improvement if commissioners actually read the single payer legislation that is both current AB1400 and past SB4562 . Activists do this work every single day. It is truly disappointing to hear from commissioner who clearly have not done any homework. If you are not going to so the work…leave the commission. The ignorance of certain commissioners is obvious to anyone who has been working on this issue.
48	Erika Feresten:	CalCare is the clear way to get equitable care. CAPA's roadmap keeps the apartheid health insurance system in place.
49	Ron Birnbaum:	https://docs.google.com/forms/d/e/1FAIpQLSeylGNGVOvG1sPrsWVkL9apZadJmv0BiXyNpdgaq9cS9vBIPw/viewform?usp=sf_link <------ Doctors letter in support of AB1400 - invite all doctorate level clinicians to sign-on
50	Allan Goetz:	SEE UWE Reinhardt's "Priced Out" and Ezekiel Emanuels "Which Country Has the World's Best Health Care?"
51	Brynne O'Neal:	There have been several mentions of changes to federal law. Passage of single-payer legislation would allow California to apply for waivers from the federal government. HHS can approve a consolidated waiver request under current federal

Count	Name	Comment
		statute. Federal waiver authority under Section 1332 of the Affordable Care Act provides a consolidated waiver process which allows a state to apply for all necessary federal health care waivers in one application. http://bit.ly/calcarewaivers
52	Erika Feresten:	AB 1400 CalCare saves money and saves lives.
53	Paul Newman:	Mental healthcare coverage would be a huge solution for homelessness
54	Margie Hoyt:	I emailed but want to emphasize that Medi-Cal recipient are required to learn how to navigate the medical groups which even professionals can have difficulty with.
55	Rupa Marya:	Yes I agree Paul, comprehensive mental health benefits.
56	Allan Goetz:	That chart was a lie!
57	Norma Wilcox:	Norma WilcoxThe commission needs to discuss AB 1400 with the public being able to participate and give their input.
58	Allan Goetz:	Single payer/Medicare for all provides BETTER care. Lets talk about that.
59	Janice R.:	Yes, Dr. Bill, Dr. Bronston, Dr. McDevitt, and all our Single Payer/M4A advocates here! Commissioners, this retired nurse knows that Single Payer is indeed viable. It makes more sense both economically and medically, compared to solely private profit based medical care that is an atm for insurance co's, pharmaceutical co's, medical instrument providers, etc.
60	Paul Newman:	Currently the enemies of Gavin Newsom are using homelessness as a weapon against him.
61	Allan Goetz:	Intermediaries equals m$100B/year skim. That's why you hear about them.
62	Maureen Cruise RN:	Cal Care AB 1400 solves so many of the issues being discussed. Please read it. Talking about HMOs as the trend is truly ridiculous…as life expectancy plummets, medical debt increases, people lose homes, limbs , lives and 17 million Californians are underinsured to the point they cannot afford to use any insurance that they have. Most MDs are no longer in private practice. The notion that HMOs are some solution is not supported with evidence . Insurance is not health care. Insurance extracts for profits. Health care requires investment.
63	Carolyn Long:	Single Payer has been well studied over many years. It will cover everyone, save money and allow doctors and patients to decide patient care needs. It will free cancer patients, for example, from adding anxiety and depression re whether their needs will be covered by for profit insurance companies or whether they will be covered at all!
64	Danett Abbott:	Erika ROCKS!!!
65	Rupa Marya:	I believe it is time to end the financial abuse of for profit medicine in CA.
66	Margie Hoyt:	We need to repeal the HMO Act.

Count	Name	Comment
67	Paul Newman:	Private Insurance is about Profit over people
68	Phillip Kim:	No disrespect to Professor Kronick, but he's incorrect on the federal waivers for federal funds. There's already an existing federal waiver process that would allow the fed government to allocate federal health care funds towards a CA single-payer system. Changes to federal law are not necessary. You can read about it here: http://bit.ly/calcarewaivers
69	Erika Feresten:	The United States for-profit health insurance system is white supremacist capitalism that values the dominant wealthy white caste and devalues poor people, Black people, and communities of color. It has been repeatedly demonstrated that a Single Payer system is the only way to guarantee the same high-standard comprehensive care for ALL while saving the government, individuals, and businesses money. We don't need any more studies or commissions. We need the CA Dem supermajority legislature to pass AB 1400 CalCare and Gov Newsom to sign and implement it now!
70	Paul Newman:	I agree with Erika!
71	Sandra Floyd:	This has been an interesting meeting with some fascinating discussion. I am impressed by the thoughtfulness and engagement of the Commissioners. We have a moral obligation to provide care to all, especially if we can do it for the equivalent cost as we currently spend by eliminating "intermediaries," reducing waste, and capping treatment and drug costs. There is no question that most of the money spent for health care should go to providing care, NOT to paying legions of people working to determine eligibility and processing claims to making people rich. The best way to do this is a single payer system. Both myself and my relatives have spent wasted hours haggling with insurance companies, CoveredCA and MediCal over eligibility issues and coverage. These things shouldn't happen. If we keep intermediaries Californians will continue to struggle with bureaucracies rather than focus on health. I am encouraged by many of the comments from Commissioners and encourage the Commission to have big vision.
72	Margie Hoyt:	Health care needs to return to non-profit status. No one should be profiting from the illness and suffering of others.
73	Allan Goetz:	The CHAT comments seem to universally differ from those of the commission? Why is that?
74	Margie Hoyt:	And Medi-Cal is second class health care.
75	Christine Shimizu:	And insurance companies are still controlling what care patients are allowed to receive with Medi-Cal
76	Ron Birnbaum:	Agree - denial of care is intrinsic to our current system

Count	Name	Comment
77	Christine Shimizu:	You are so on point Ryan!
78	Erika Feresten:	Yes, Ryan
79	Rupa Marya:	Thank you, Ryan.
80	Paul Newman:	Thank you Ryan
81	Monica Schwalbenberg-Pena:	Well said!
82	Sara Deen:	Thank you Ryan!
83	Margie Hoyt:	Go Ryan!!!
84	Sara Deen:	Thank you to all of Nurses who have carried us through the pandemic
85	Allan Goetz:	A maintenance and fraud detection (AI based) software component of M4A , linked to the universal billing and collection software, and universal medical records will detect fraud.
86	Erika Feresten:	Yes Dr. Ron Birnbaum!
87	Christine Shimizu:	Thank you Dr. Birnbaum!
88	Mike Rabourn:	Dr. Kronick's presentation suggests that the difference between the two approaches that you model is a benign difference. Yet the health insurer middleman approach you model, what you call intermediaries, uses limited provider networks and care denial to control costs. In fact, Slide 24 shows that under that approach, 5% less would be spent on care and 5.2% more would be spent on administrative costs.
89	Paul Newman:	WE have the population of Canada and we are the 5th largest economy in the World! Its nothing new we are ready now to have AB1400 a Single-Payer system
90	Sara Deen:	Thank you Dr. Birnbaum!
91	MV Watson:	Thanks to all the nurses and other frontline healthcare workers, from RNs to nursing assistants to custodians, to Respiratory Therapists. We honor them by ensuring that they are able to do their work by getting profit out of our system and enacting a single-payer system!
92	Paul Newman:	Thank you Dr.Birnbaum
93	Erika Feresten:	Inviting the commissioners and everyone here to attend Heath Care for All-Los Angeles CalCare Office Hours EVERY Sunday 5pm to 7PM live on our FB page @HCAlosangeles
94	William Shore:	Well said, Ron. Thank you.
95	Barbara Commins:	Money is one of the big reasons this hasn't happened by now. Campaign money flows to Newsom and legislators. It's all GRAFT https://www.followthemoney.org/show-

Count	Name	Comment
		me?dt=1&f-fc=1,2,3&law-s=CA&law-y=2020&d-et=3&d-ccg=8&d-ccb=128,127,126#[{1|gro=law-eid
96	Paul Newman:	Healthcare is the for the Commons and the common good
97	Phillip Kim:	Aside from this very limited public comment, will community members and the public have a chance to engage directly with the commission on what we think is important for a single-payer health care system? What happened with the commission's plans to meet with various community groups? It's important that the commission has a chance to substantively engage with real world constituencies in the community.
98	Joslyn Maula:	Public can submit comments to HealthyCAforAll@chhs.ca.gov.
99	(h)Dr Bill Honigman:	@ Asm Wood, sorry but administrative savings are carried yearly as eliminating waste fraud and abuse perpetuates savings of costs left in place without those reforms.
100	Sara Deen:	Thank you !
101	Allan Goetz:	Lets talk BEHAVIOR HEALTH . M4A provides full behavior health coverage.
102	Erika Feresten:	Our uniquely American health "care" system is outright fraudulent, immoral, crass, and inequitable this commission needs to stop enabling it and support CA Single Payer AB 1400 CalCare
103	Paul Newman:	Doctors need to focus on their patients not filing claims
104	Paul Newman:	Exactly Nancy
105	Christine Shimizu:	Yes Nancy!
106	Norma Wilcox:	Norma Wilcox All of the non-profit insurance systems in the rest of the world provide protections from their citizens needing to file for bankruptcy for medical bills. It is time for single payer to protect our citizens, especially all of the 65% of all who now file for bankruptcy. We need to pass AB 1400.
107	Erika Feresten:	Exactly Dr. Greep
108	Sara Deen:	Why do we NOT want to save money? We should be putting our minds and muscle into passing and implementing AB1400
109	Betty Doumas-Toto:	Help us advocate for CalCare AB1400 sign up with our DoYouCalCare? Initiative; https://healthcareforall-la.org/wp/join-the-campaign/
110	Sara Deen:	Thank you Isaac and thank you again to you and fellow nurses for showing up for our families throughout the pandemic!
111	Allan Goetz:	Say they support it! But vote?

Count	Name	Comment
112	Barbara Commins:	How many commissioners have conflict of interest because they own health stocks? How much is CALPERS invested in Health on Wall street???
113	Betty Doumas-Toto:	Help us advocate for CalCare AB1400 sign up with our DoYouCalCare? Initiative; https://healthcareforall-la.org/wp/join-the-campaign/
114	Cheryl Tanaka:	May I ask that those who have done their speaking turn off their video? Then it's easier to see who's talking. Thank you.
115	Salem A.:	Mr. Lieberman is referring to the two most important recent studies that definitively show the service efficacy and cost efficiency of such a single-payer system are: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)33019-3/fulltext and https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1003013 The experts estimate a publicly-financed, single payer system would tens of thousands of lives and add hundreds of thousands of life-years, while saving hundreds of billions per year over the first ten years of its implementation, relative to our current system. More than 90 percent of households and businesses would see significant health cost savings under such a rational public plan (see https://www.thelancet.com/action/showPdf?pii=S0140-6736%2819%2933019-3).
116	Art Persyko:	Ion case I don't get to say this live during today's meeting: Commissioners: My name is Art Persyko and I am with the SF Gray Panthers. This commission can make a courageous breakthrough decision to recommend single payer to the Governor which would give him the political cover he needs to fulfill his campaign promise to the voters of our state to enact it. Such a recommendation would buck the for-profit corporations' grip on our politics that intimidates our elected officials out of supporting single payer. The lack of universal healthcare causes so much suffering and death; and it defies the common good and the best interests of our fellow Californians. Do the right thing. Recommend single payer to Governor Newsom.
117	Erika Feresten:	Yes, Isaac those arguing against Single Payer take money from the medical industrial complex or sit on foundations or boards funded by them.
118	Rupa Marya:	I don't own any health stocks. I don't hang out with healthcare executives. I am accountable to the people of CA.
119	Maureen Cruise RN:	Yes Erika, Ron, Dr. Bill, Michel Lighty,Ryan Skolnick, Isaac!!
120	Sara Deen:	Woohoo Phillip!!!!
121	Christine Shimizu:	Thank you Phillip Kim!!!!!!
122	Sara Deen:	Woohoo Carmen Consti!

Count	Name	Comment
123	Erika Feresten:	Right on Phillip Kim!
124	Betty Doumas-Toto:	Help us advocate for CalCare AB1400 sign up with our DoYouCalCare? Initiative; https://healthcareforall-la.org/wp/join-the-campaign/
125	Sara Deen:	^^^
126	Margie Hoyt:	Go Phillip!!!!
127	Sara Deen:	Great idea!!! Love it
128	Isaac Lieberman:	Thank you Rula, my understanding of your commentary was that you do support single payer healthcare like AB1400. Did I misunderstand?
129	Betty Doumas-Toto:	https://healthcareforall-la.org/wp/join-the-campaign/
130	Kathleen Healey:	Yes! Use AB1400 as a blueprint and work on the funding options!
131	Betty Doumas-Toto:	Help us advocate for CalCare AB1400 sign up with our DoYouCalCare? Initiative; https://healthcareforall-la.org/wp/join-the-campaign/
132	Michelle Grisat:	Go Phil!!!!
133	Maureen Cruise RN:	Yay Phillip!!
134	Christine Shimizu:	They have the media, the politicians, and the media. We have the numbers. Help us advocate for CalCare AB1400 sign up with our DoYouCalCare? Initiative; https://healthcareforall-la.org/wp/join-the-campaign/
135	Sara Deen:	Yes yes yes
136	Rhetta Alexander:	Studies have shown that a single payer system pays for itself. The savings from eliminating the current expenditures going to profit, lobbying. marketing and admin., etc. will go to expanding and improving health care for all Californians. Please model and support AB 1400 which also includes hearing and eye care as well as dental, mental and long term care. Other developed countries have figured out how to provide universal care - we can too with your leadership.
137	Salem A.:	Thanks Phillip Kim.
138	Rupa Marya:	YES. As a physician who loves to give excellent care, I 100% support Single Payer. #AB1400 is a great start. I support it.
139	Margie Hoyt:	The point of health care access is being able to use it. OMG!!! What a novel concept.
140	Robilyn Camacho:	Thank you Philip Kim!
141	Erika Feresten:	Yes Phillip. The commission is rigged with the exception of Dr. Mayra, Comsti and Hsaio
142	Ron Birnbaum:	https://docs.google.com/forms/d/e/1FAIpQLSeylGNGVOvG1sPrsWVkL9apZadJmv0BiXyNpdgaq9cS9vBIPw/viewform?usp=sf_link <-----link to Doctors letter in support of AB1400
143	Christine Shimizu:	I can hear her

Count	Name	Comment
144	Monica Schwalbenberg-Pena:	I can hear fine
145	Patty Harvey:	I can hear her!
146	Robilyn Camacho:	I can hear
147	Erika Feresten:	Great question Sara!
148	Isaac Lieberman:	Thank you Rupa, my understanding of your commentary was that you do support single payer healthcare like AB1400. Did I misunderstand?
149	Danett Abbott:	Amen Sara!
150	Forest Harlan:	California currently has a ratio of 2:1 of specialists vs. family practice. A better ratio would be 2:1 of family practice vs. specialty care. Let some specialists go to other states while we recruit additional family practice practitioners.
151	Barbara Commins:	Money, Money, Money and plenty of STALLING??
152	Monica Schwalbenberg-Pena:	AB 1400 pass the bill.
153	Maureen Cruise RN:	YES Sara!
154	Christine Shimizu:	Dr. Deen I love you!!!
155	Betty Doumas-Toto:	Do you have questions about AB1400? Come to our weekly office hours every Sunday 5-7pm more info here https://healthcareforall-la.org/wp/event/office-hours-every-sunday-4/
156	Anita Horn:	Absolutely, Sara!
157	Ron Birnbaum:	^^^^^
158	Forest Harlan:	Pass AB 1400
159	Barbara Commins:	Thank you, SARA!!!!
160	Allan Goetz:	SARAH! SARAH!
161	Isaac Lieberman:	Yay Sara! Well said, thank you!
162	Christine Shimizu:	Yayyy Betty!
163	Robilyn Camacho:	thank you Sara!
164	Patty Harvey:	Wowo, Dr. Dean! Love u!
165	Maureen Cruise RN:	DR. DEEN!!!
166	Paul Newman:	Well said Sara

Count	Name	Comment
167	Sorel Fitz-Gibbon:	Here to support AB1400!
168	Sara Deen:	Betty! Betty! Betty! I am sorry for all of your family's loss at the hands of our healthcare system. Shame on us for tolerating the insurance industry
169	Laurence Lewin:	Drs. Marya and Hsiao, Carmen Costi, the CNA, PNHP, Ryan, so many doing a fabulous job attempting to get the message across.
170	Barbara Commins:	Yeah, Betty!!!
171	Maureen Cruise RN:	YES Betty!
172	Sara Deen:	Yes Betty! Woohoo.
173	Danett Abbott:	YASSS Betty!!!
174	Isaac Lieberman:	Yay, Betty!
175	Robilyn Camacho:	Thank you Betty!
176	Paul Newman:	Yess Betty
177	Cheryl Webb:	Yep, to AB 1400.
178	Sara Deen:	Props for Betty for covering so much! Join Healthcare for all-Los Angeles Sundays at 5 p.m to chat about AB1400
179	Ron Birnbaum:	Well said Sara (and almost everyone here commenting)
180	Sara Deen:	THANK YOU DR HUYNH FOR SERVING IN OUR ICUS throughout the pandemic. We salute you. We should heed your recommendations
181	Rupa Marya:	Thank you Dr Huynh, for your service. YES. Thank you!
182	Sara Deen:	Folks like Dr. Huynh should be on this commission.
183	Maureen Cruise RN:	YES Dr.Huynh!
184	Betty Doumas-Toto:	Do you have questions about AB1400? Come to our weekly office hours every Sunday 5-7pm more info here https://healthcareforall-la.org/wp/event/office-hours-every-sunday-4/
185	Paul Newman:	Tell it Rich!
186	Christine Shimizu:	Dr. Huynh thank you
187	Christine Shimizu:	Yay Mari!!!
188	Allan Goetz:	MARI!MARI!
189	Betty Doumas-Toto:	Sara, Richard, Mari, tell it!!! Yes people are dying..
190	Sara Deen:	Thank you Mari!
191	Paul Newman:	Yes people are dying

Count	Name	Comment
192	Joslyn Maula:	Public can submit comments to HealthyCAforAll@chhs.ca.gov
193	Maureen Cruise RN:	Yes Mari!
194	Christine Shimizu:	People are in pain, my sister is in pain, because insurance companies don't want to spend the money on the more expensive drug
195	Michelle Grisat:	Thanks, Mari! Right on!
196	Maureen Cruise RN:	Stop the Suffering!
197	Sara Deen:	Insurance industry is killing our patients. Single payer is the only way.
198	Christine Shimizu:	As long as we have health insurance companies we have no leverage with the pharmaceutical companies.
199	Michelle Grisat:	They should go to jail. We should not try to control immoral behavior through economic incentives!
200	Rupa Marya:	Dr Nicolas! Former UCSF Student!
201	Michelle Grisat:	Assuming an economic rather than a moral framework reproduces the economic approach to health care.
202	Betty Doumas-Toto:	Do you have questions about AB1400? Come to our weekly office hours every Sunday 5-7pm more info here https://healthcareforall-la.org/wp/event/office-hours-every-sunday-4/
203	Sara Deen:	Why am I paying for the state’s healthcare but private companies are managing MY dollars? We need publicly funded, publicly managed and privately delivered healthcare.
204	Allan Goetz:	Maintenance and fraud detection software(AI based) linked to the universal billing and collection software and the universal medical records software will detect fee for surface fraud quite effectively.
205	Christine Shimizu:	^^^
206	Ron Birnbaum:	htttps://bit.ly/calcare-office-hours <--- a weekly (every Sunday 5pm-7pm) can join zoom at this link or at healthcareforall link above
207	Maureen Cruise RN:	We can have regulation when everyone is o one system
208	Forest Harlan:	Any solution that is proposed which retains the for-profit motive for any "third-party intermediaries" will be opposed by the majority of our citizens.
209	Michelle Grisat:	Let's direct the saving from single-payer to housing, education, and the climate crisis!
210	Sara Deen:	htttps://bit.ly/calcare-office-hours <--- a weekly (every Sunday 5pm-7pm) can join zoom at this link ; join us ; we are super fun!
211	Dessa Kaye:	Yes, it's a difficult issue, but the research, theoretical & practical, has been done, & single-payer has been proven repeatedly in the real world. If you want to educate

Count	Name	Comment
		yourselves, read what already exists, or just talk to Dr. Hsaio, a leading global expert in universal health insurance, which he has studied for more than forty years. He has been actively engaged in designing health system reforms & universal health insurance programs for many countries, including the USA, Taiwan, China, Colombia, Poland, Vietnam, Hong Kong, Sweden, Cyprus, Uganda & most recently for Malaysia & South Africa. He designed a single payer universal insurance model for the state of Vermont, intended to serve as a vanguard for the USA. Stop spending money & time on consultants to get yet another report of what we already know. A single-payer saves lives, saves money & provides equity. Our current system is broken & needs to be changed, not reformed. COVID has made it clearer than ever that there's no time left; AB1400 NOW!
212	William Bronston:	need a number to reach you!! just got chat restored. I'm at 916-798-4000. bill
213	Maureen Cruise RN:	YES JENNI!!!
214	Christine Shimizu:	oh yeah, Jenny said it!
215	Mari Lopez:	Thank you, Jenni!
216	Christine Shimizu:	Yayy Jenni!
217	Christine Shimizu:	Yes Art!!!!
218	Anita Horn:	Thank you, Dessa!
219	Cheryl Tanaka:	Go, Art!
220	Christine Shimizu:	DO THE RIGHT THING!!!
221	(h)Dr Bill Honigman:	Gov Newsom, beat the recall, pass AB1400
222	Salem A.:	Thanks Art Persyko.
223	Paul Newman:	https://www.facebook.com/HCAlosangeles 5:00 Sunday on facebook . Learn about AB1400
224	Erika Feresten:	Single payer bill AB 1400 CalCare would take us from a profit centered health insurance system to a patient centered care. Right now if the medical industrial complex makes money giving you unnecessary tests or surgeries then that's what you will get. If it makes money to deny care then that's what you will get. Single Payer/Medicare for All guarantees high-quality comprehensive health care for ALL
225	Mike Rabourn:	Numerous studies have shown that fraud and abuse are common in healthcare. It seems like commonsense that if we unify financing through a public single payer system, that we could cut down on that fraud by large amounts. This should be included in the financial analysis of the unified financing models.

Count	Name	Comment
226	Doug Elliott:	Amen, Dr. Bill!
227	Erika Feresten:	YESSSSS Kathleen!
228	Ron Birnbaum:	oops: https://bit.ly/calcare-office-hours <----weekly Office Hours 5-7pm on Sunday on AB1400 for those who want to ask questions about the bill and have longer discussion - open to the public (also access via healthcareforall) Los Angeles FB page
229	Karin Bloomer:	Please type comments here. We will not be taking more verbal comment.
230	Carol Mone:	Go Kathleen!!
231	Alberto Saavedra:	Kathleen Healey gets it right!
232	Isaac Lieberman:	Insurance CEOs are sendin' \ Campaign cash to Tony Rendon \ Knowing Tony Rendon will \ Kill the Single-Payer bill. \Give him money! He's not kidding. \ He will do his donors' bidding! \ Tony Rendon's in their pay. \ He'll do what his donors say! \ But WE won't! \ Stop a Rendon Repeat: support AB1400, Single Payer Healthcare Now! \ http://tinyurl.com/CAP-SSP \
233	Betty Doumas-Toto:	Yes report to the Governor on AB1400!!
234	Allan Goetz:	KATHLEEN! KATHLEEN! France too!
235	Barbara Commins:	Thank you, Kathleen!!!
236	*Cara Dessert:	Thank you to every speaker for sharing your thoughts and stories with us!

Total Count of Zoom Chat comments: 236

3. The following table reflects public comments that were emailed to the HealthyCAforAll@chhs.ca.gov email address before the May 21st Commission meeting:

Count	Name	Comment
1	Patty Harvey	Dear Commissioners, Could you please address the often overlooked influence that corporate interests exert (in this case, the heath care industry--health insurance, pharmaceutical and medical equipment companies, etc.) on legislators. What can be done to mitigate this out-sized corrupting pressure from entities whose interests do not reflect those of the public at large? Can you make some recommendations to us, the public, on how to combat this de facto erasure of our democratic process?
2	Beatriz Sosa-Prado, M.S.	Dear Healthy California for All Commission: Representatives of the California Physicians Alliance (CaPA) attended all of the Commission meetings in 2020. We were impressed with the presentations and breakout discussions with

Count	Name	Comment
		the Commissioners. Unfortunately, the gravity of the COVID-19 pandemic precluded further meetings until February 2021—the original date of your final report to Governor Newsom. We know that you, the Commissioners, representing multiple disciplines and with various experiences, have not had the opportunity to meet amongst yourselves to discuss the most feasible next steps towards a unified financing system for healthcare in California. We feel this is a severe impediment to the optimal functioning of the Commission. The Commission's task is complex: to develop a plan for advancing progress toward achieving a health care delivery system for California that provides coverage and access through a unified financing system, including, but not limited to a single-payer financing system. CaPA believes you need significantly more time among yourselves outside of the general commission meetings to adequately exchange your expert knowledge and properly discuss and finalize your plan and recommendations. Meeting the requirements of the Brown Act from 1953, which guarantees the public's right to attend and participate in legislative body meetings, the virtual meeting and discussion we refer to would be open to viewers without chat box comment or interruptions. We understand this meeting would have an agenda and be announced ahead of time. Public comment would then be available after your team deliberations. We hope you consider our suggestion for thoughtful discussion amongst yourselves. Thank you for your time.
3	Janet Knowles	As a Canadian/American, I have experienced single payer health care until I was 35 and the 'for profit' health insurance provided in America. Single payer is cost effective, efficient and covers everyone at a much lower cost than the 'for profit' model in the US. Infant mortality is higher and lifespans are longer in countries with universal healthcare. And there is no other country in the world that wants to adopt our 'for profit' model. Our exports would cost less if a single payer model was adopted as our goods would cost less and be more competitive in the world marketplace. Healthcare should be a human right and in America, there are just too many men, women and children who don't experience this fundamentalright. Single payer healthcare is long overdue.
4	Julie Kiser	YES AB 1440
5	Julie Kiser	YES AB 1440
6	Lee Zasloff	I am writing in strong support of AB1400. It is time for a system that provides health care for all of our citizens and saves money at the same time. A single payer health care system will not only enable every person in California to have quality care, but will

Count	Name	Comment
		save money doing so. Up to 30 percent of what we currently pay for heath care goes to administrative costs. Studies have shown that a single payer system will reduce that cost to only 3%, saving the state millions of dollars that can go toward providing direct care to people and also providing tremendous savings in billing costs to our health care providers. In addition, many people have the mistaken idea that a single payer system is government health care and that they will have to give up the care they currently have. This is not true. When I went on Medicare, the only thing that change was who got billed for the services I received. I have the same medical office and the same doctor as I did before I went on Medicare. In fact, I have more freedom of choice because if I need specialized care, I can go to any Medicare provider - I don't have to stay within a network. With a single payer system, everyone would have this flexibility and no one would ever be at risk of losing their care because of expensive treatment. Just a few days ago, a neighbor posted on a social media site that he is now having to pay thousands of dollars in medical bills because he was hospitalized for COVID and doesn't have health insurance. This is unconscionable. We must move forward with a single payer health care system now.
7	Nancy Ihara	I urge the commissioners to examine and compare the health outcomes and costs of countries with single payer systems with the health outcomes and costs in the United States. All the figures and graphs I've seen show countries with single payers systems as doing significantly better in almost all metrics than the U.S.
8	Lynn Huidekoper, retired RN	Has the Commission read the Yale study and the CBO analysis that showed how Single Payer not only saves lives but saves money? It is estimated that over 200,000 people in the U.S. have died as a result of lack of an MFA system. People would be afraid to get care or tested because they would have a large health bill. The ACA is expensive for most folks who have it. Thousands lost their employer health care coverage due to the pandemic. No other country links health care with employment. The UK and Canada has had much better outcomes in the pandemic as far as infections and deaths because they have Single Payer systems. 70% of the American public support a Single Payer system.
9	Carmen Montufar	Messages to stress: A single payer system pays for itself. The savings from eliminating the current waste of one-third of our personal and

Count	Name	Comment
		taxpayer healthcare dollars will go to expanding and improving health care for all Californians. Question: Are Insurance companies going to be behind the health care? No alternative to single payer has been proposed or exists that can achieve comparable cost savings and achieve the goal of guaranteeing quality comprehensive, equitable care for all residents of the state. Question: I am on Medicare, what will be the difference between the current system and the new proposal? I have AARP/Unitedhealthcare but AARP is just the puppet to attract clients when there is a problem AARP doesnt get involved. The monumental death toll and disproportionate suffering in BIPOC communities from the pandemic, much of it preventable, must spur us to shift as soon as possible to a healthcare system ready to meet the needs of all individuals completely and equally. For me The BIPOC Project is an UTOPIA, as others in the past have been .. Share a short personal story about how single payer would have helped you or someone you know. Nothing here, thank God EmojiEmoji Elected representatives' first priority is to listen to the majority of people in California and do what is morally and fiscally responsible for all. How it will be "fiscally responsible"? as in Canada, Spain and others?
10	Noah Bray-Ali, PhD	Text of the Public Comment: Mark Ghaly, MD, MPH and the Healthy California for All Commission May 19, 2021 Dear Chairman Ghaly and Commissioners, In the final version of the environmental analysis of health care delivery, coverage, and financing in California which you voted to forward to the Governor and Legislature on August 13, 2020, the Commission is described as “specifically charged with describing options for key design considerations” in its discussions leading to the Commission’s second report to the Governor and Legislature. Citing the “list of topics the enabling legislation directs the Commission to consider,” the environmental analysis lists “central design issues” around which Commission meetings “will be centered.” At the May 21, 2021 commission meeting, the lead author of the environmental analysis, Marian Mulkey, MPP, MPH, summarized the feedback from Commissioner conversations by listing “design features” that were the “design topics most frequently noted” as well as others that were “also

<table>
<tr><th>Count</th><th>Name</th><th>Comment</th></tr>
<tr><td></td><td></td><td>mentioned.” Remarkably, the two lists are quite close. The following table comments on the striking similarity:
<table>
<tr><th>Environmental Analysis</th><th>Commissioner Feedback</th><th>Comment</th></tr>
<tr><td>Increasing health equity and improving quality</td><td>How would accountability for equitable, high-quality outcomes be assured?</td><td>Virtually identical.</td></tr>
<tr><td>Financing: federal assumptions/ requirements and state options/ expectations</td><td>Transition issues</td><td>The key “transition issue” is whether “the federal government [and] the California legislature…[can] agree to create Unified Financing.” (Virtual Commission Meeting May 21, 2021, pg. 48)</td></tr>
<tr><td>Provider payment</td><td>How would provider payments be set and managed?</td><td>Virtually identical.</td></tr>
<tr><td>Role, if any, for intermediaries such as medical groups and health plans</td><td>What role, if any, should health plans or intermediaries play?</td><td>Virtually identical.</td></tr>
<tr><td>Eligibility, covered benefits, patient cost-sharing</td><td>Covered benefits and cost-sharing</td><td>Commission feedback omits eligibility but is otherwise virtually identical.</td></tr>
<tr><td>Governance</td><td>Administrative streamlining, data integration, workforce</td><td>Commission feedback highlights three key “governance” issues</td></tr>
</table>
Given this agreement on the list of “central design issues,” perhaps the Commission might devote its extremely limited time and attention during future meetings to, in fact, discussing them. By contrast, the breakout discussion topic at the May 21, 2021 Virtual Commission Meeting was framed as though the Commission had not yet reached consensus on what “design features…the Commission should focus on” and on “what design issues are truly worthy of this group’s attention and time."</td></tr>
<tr><td>11</td><td>Lynn Huidekoper, retired RN</td><td>Elected representatives' first priority is to listen to the majority of people in California and do what is morally and fiscally responsible for all. Allowing people to die, because they can't get chemo for breast cancer, treatment for heart disease, diabetes, other cancers, etc.is reprehensible. To not ensure that everyone can get health care means you are allowing this tragedy. How can you sleep at night? Your constituents pay you to facilitate getting what they need.</td></tr>
<tr><td>12</td><td>Michelle Verne</td><td>Hello,

My name is Michelle Verne and I live in Woodland Hills, Los Angeles County. I'm writing to make public comment on AB1400, Guranteed Healthcare for All in California. There are so many reason we need to lead the nation and be the first to guarantee healthcare for all in our state. First of all, most of us want it, second it saves money and lives, lastly, the system is completely broken. I worked in this for profit healthcare driven industry for over 30 years. For the last 10 years I was an employee of UnitedHealth Group. Fortunately, I was able to quit last year. While employed at UnitedHealth Group, I could not affort to pay for the health insurance for my kids. I could barely afford to pay $350 a month for my husband and I, for basic coverage, which we rarely even used. That's $4,100 a year, to my own employer, who is the health insurance company. Since they did not pay me enough to afford to pay them for my kids health insurance, they qualified for MediCal. That's right, the</td></tr>
</table>

Count	Name	Comment
		entire time I was employed there, my kids were on MediCal, meaning, the taxpayers were subsidizing the healthcare for my kids while I was working at the actualy insurance company. I am not the only one. That is despicable! Healthcare is a human right! I struggle daily trying to rap my head around human beings profitting off other human being health! We need guaranteed healthcare for all now. California is the 5th largest economy in the world with a $75 billion surplus. When are the excuses going to stop?
13	Chris Holland	You who are entrusted with tending to our state and keeping it strong: a strong state needs healthy residents. Healthcare is currently prohibitively expensive. Single payer takes wasted, duplicated overhead expenses (buildings, executive salaries, lobby donations) from multiple insurance companies and diverts that to keeping people healthy. As the 5th/6th largest economy in the world, let's join the rest of the first world in making affordable health care a real priority.
14	Angela Giacomini	Healthy California for All Commission. A single payer system pays for itself. The savings from eliminating the current waste of one-third of our personal and taxpayer healthcare dollars will go to expanding and improving health care for all Californians. No alternative to single payer has been proposed or exists that can achieve comparable cost savings and achieve the goal of guaranteeing quality comprehensive, equitable care for all residents of the state. The monumental death toll and disproportionate suffering in BIPOC communities from the pandemic, much of it preventable, must spur us to shift as soon as possible to a healthcare system ready to meet the needs of all individuals completely and equally. A single payer option would be so beneficial, it is hard to have hard earned income go towards paying skyhigh health care costs, especially during this challenging time. We should be putting resources into making health care accessible and affordable for all of our residents. Elected representatives' first priority is to listen to the majority of people in California and do what is morally and fiscally responsible for all. I am a strong advocate for a single payer universal health care system for California residents, and this great state can lead the way to show the rest of the country how making access to health care a priority works!
15	Peter Conn	I don’t think California and US can afford to be “kicking the can down the road” via incremental steps. That would continue to feed the current increase in costs, and leave people out, ending in care being unaffordable and incomplete for individuals,

Count	Name	Comment
		businesses and government plans for the needy. Middlemen, in insurance companies, pharmaceutical managed care, etc. cost the system too much and provide absolutely no care. Keep it simple. Single payer - saves money, saves lives as shown in so many studies on the issue. Thank you.
16	Jean Severinghaus	Thank you for the opportunity to comment Friday May 21st. I strongly urge California to have NO intermediaries: this is exactly the problem we must remove from our entire health system. No to fragmented, delaying, money sucking parties Hoovering up our dollars. No to all private insurance companies, NO to Covered Calif, NO to “Medicare Disadvantage” private plans. Yes to choice of your doctor. Yes to one payer direct to doctor. It’s the best and saves enormous amounts of health, time, and money. My doctor has to pay gobs of time/$ to an administrator to bill hundreds of different plans, and to guard the gate from care that your one particular third party disallows you. A ridiculous expense and time delay for care with large health costs to each individual from those delays. False complication that does nothing to provide health care. Yes to the idea of all residents easily enrolled in one public plan with choice of doctors and no cost sharing. Yes to systemwide coordination of resources to ensure equitable delivery of services to all. No to fragmentation that confuses and complicates access to care and drives up the cost. No to profit-driven intermediaries that siphon money from the healthcare system, contribute to inequality, and limit choice of providers and care. No to cost-sharing that deters timely care. And absolutely NO to incremental solutions: we cannot afford this highly wasteful tactic. No to incremental and cost-draining measures that delay transition to single payer and that continue to leave people out. Yes to everybody in, nobody out!
17	Joseph Persico	Dear Commissioners: Healthcare coverage linked to one's employment is a travesty of common sense: if I am healthy enough to work I am healthy enough to have health insurance, and If I am not healthy enough to work I cannot have health insurance? In addition to being

Count	Name	Comment
		devastatingly cruel and unfair to our state's citizens, it is a sweetheart deal for the health insurance companies because they don't have to concern themselves with a lot of sick people. In addition, over the people they insure, they have the absolute power to decide who gets medical services and who doesn't. This, to my thinking, is all so medieval. Yes to everybody in, nobody out.
18	Nancy Malcolm	Dear Healthy California for All Commissioners, I'm for healthcare for all for everyone! The pandemic showed us that our current healthcare for-profit system is flawed. We need to take the middlemen out of the system and let doctors make decisions about what services are needed. All residents should easily be able to enroll in one public plan with a choice of doctors and no cost sharing. The coordination should be systemwide with the resources to ensure equitable delivery of services to all enrolled. No fragmentation that confuses and complicated access to care and drives up the cost. No intermediaries that siphon funds from the system, contribute to inequality and limit choice of providers and care. No cost-sharing that deters timely care. No slow rising and cost draining measures the delay transition to single payer and that continue to leave people without care. All services should be covered from the our heads to our feet including glasses, vision, dental, foot, mental health services and long term services. Thank you.
19	Shirley Johnson	It will be astounding how affordable health will be under a single payer plan. No to insurance company intermediaries. With insurance at the table, we will never have better than we have now, WHICH IS, government (tax payers) pays health care for the unprofitable sick, and insurance skims off the cream… the healthy profitable patients, — while confusing things as much as they can. The PAPERWORK! All in CODE. It's a SHELL GAME. Where did the money go? How much of the bill will get paid by who? NUTS. This is a recipe for expensive, middleman profit driven health care. I urge you to be brave. WE DO NOT NEED INSURANCE COMPANIES IN HEALTH CARE.

Count	Name	Comment
20	Paulina Conn	Public Comments, from Paulina Conn, Santa Barbara, California to the Healthy California for All Commission for Meeting on May 21,2021 I am appalled and disappointed that California is yet again engaging in a wheel-spinning, costly study on universal financing of health care. All of you know that you are doing this to kick the can down the road so you do not have to make any decision. What a waste of time, money, talent and human lives. Look who is sponsoring you – only one legitimate non-profit that wants what is best for all and two that are insurance based and thus have a conflict of interest and will never support universal financing without the costly intermediaries of the health insurance industry. First I define your three sponsors. Then I make statements regarding various pages of your "Unified Financing: Potential Effects and Design Options". Know the Sponsors of This Healthy California for All Commission 1. The California Health Care Foundation: [health insurance industry based. Therefore, it inherently has a conflict of interest in universal financing WITHOUT the health insurance industry! "Inception The California Health Care Foundation was one of two philanthropies created in 1996 as a result of Blue Cross of California's conversion from a nonprofit health plan to a for-profit corporation, WellPoint (now Anthem). CHCF's first responsibility was managing the sale of WellPoint Health Networks stock. Of the $3 billion yielded from this process, four-fifths of the proceeds went to create The California Endowment and the remainder, some $600 million at the time, stayed with CHCF.[3] From its inception, CHCF has looked for opportunities to improve health care in California by supporting higher quality, greater efficiency, and broader access to care. https://en.wikipedia.org/wiki/California_Health_Care_Foundation 2. The California Endowment [health insurance industry based. Therefore, it inherently has a conflict of interest in universal financing WITHOUT the health insurance industry!]: "We were created in 1996 when Blue Cross of California acquired the for-profit subsidiary WellPoint Health Networks. Today, with more than $3 billion in assets, The Endowment is the largest private health foundation in the state." Our Story - The California Endowment https://www.calendow.org › our-story

Count	Name	Comment
		----------

3. The California Community Foundation: Joseph Sartori [Los Angeles based. Today has over $1 billion in assets and is engaged in creating equity, understanding and opportunity for all]

"1915 – CCF is established by Joseph Sartori and managed by Security Trust and Savings Bank in Los Angeles. For the next 65 years, the community foundation stays relatively small and is affectionately known as the "typewriter foundation" for making small grants mostly for equipment and capital.....

1986 – When the AIDS epidemic begins ravaging Los Angeles, CCF and donors take the lead in addressing prevention, treatment and social services, funding vital programs that are deemed "too controversial" by government agencies.

1997 – Peter Drucker, the father of modern management and a mentor of CCF executive vice president Joe Lumarda, names CCF one of the 10 best-managed nonprofits in the U.S.

1999 – The sale of Centinela Hospital Medical Center results in the creation of the Centinela Medical Community Fund and Centinela Medical Care Fund at CCF to ensure that residents of Inglewood, Hawthorne, Lennox, Los Angeles, El Segundo, Watts, Compton and Lawndale continue to have access to affordable health care services.

2000 – With gifts from two anonymous donors, CCF establishes a fund to provide fast, one-time assistance to individuals in dire financial situations, asking only that beneficiaries "pass it along" with two acts of kindness to others.

2002 – CCF establishes the Community Foundation Land Trust in order to create development opportunities for affordable homes, achieve equity appreciation for entry-level homeowners and ensure homes remain permanently affordable for generations. Over the next seven years, CCF will invest more than $20 million in properties within Los Angeles County.

2006 – CCF launches the El Monte Community Building Initiative (CBI), a landmark 10-year initiative to engage residents of the City of El Monte in developing solutions that will ensure children and youth grow up healthier and better prepared for college and careers.

2007 – CCF launches the Los Angeles Preschool Advocacy Initiative (LAPAI) to educate parents on the importance of early learning and involvement in their children's education, engage

Count	Name	Comment
		local and regional policymakers, and award grants to nonprofit organizations. 2008 – The foundation achieves $1 billion in assets, managing 1,500 unique charitable funds. Program areas CCF provides grants and other support to a range of local nonprofits with an emphasis on helping vulnerable populations and strengthening communities of L.A. County in five areas.[7] Arts Program aim to strengthen the cultural vitality of L.A. County by increasing the operational capacity of small and mid-size arts and cultural organizations, increasing arts opportunities that are affordable and accessible to underserved communities, and improving participation in the arts by diverse, low-income residents and professional artists.[8] Education Program focuses on improving school readiness and K-5 student performances in reading and math and support partnerships among schools, districts, teachers and parents that demonstrate a commitment to this goal.[9][10] Health Care Program seeks to improve access to regular, sustainable and affordable sources of quality health care for low-income adults and children, with a focus on community clinics and uninsured individuals. Housing and Neighborhoods Program concentrates on increasing access to affordable housing, and efforts that emphasize multiservice, geographically focused approaches to improve conditions in underserved neighborhoods. In conjunction with the program, the Community Foundation Land Trust of CCF buys land, works with private and public partners that obtain financing and approvals to build, and then ensures that they remain affordable homes for decades to come. Foundation grants are also made on a limited basis to nonprofits for adults with developmental disabilities, aging adults, animal welfare, disaster relief, and transitional-age foster youth. Donor advised grants comprise the majority of annual grantmaking by CCF and may be directed to worthwhile causes and qualified organizations anywhere in the world. Civic engagement CCF believes the actions of ordinary people can affect the outcomes of larger issues in their lives through collective engagement and shared problem-solving, and therefore is an advocate, leader and investor in civic engagement activities that foster social change. These activities include:[11][12][13]

Count	Name	Comment
		Immigrant Integration A concentrated effort through local nonprofits with cultural competence to integrate newcomers into the social, civic and economic fabric of life in L.A. County. Los Angeles Citizenship Collaboration An initiative to encourage and assist eligible Legal Permanent residents to become U.S. citizens, in partnership with members of the nonprofit, public and private sectors and local funders. Los Angeles Preschool Advocacy Initiative A multi-year effort since 2007 with the David and Lucille Packard Foundation to increase access to quality early care and education for underserved communities and to support efforts that address the child care and development needs of children, ages 0–5 California Community Foundation – Wikipedia https://en.wikipedia.org › wiki › California_Community_. ---------- Healthy California For all Public Comments, May 21, 2021 Commission Meeting by Paulina Conn Regarding "Unified Financing: Potential Effects and Design Options". p. 19. Cost sharing “rarely deters care seeking” is and will be a FALSE STATEMENT!!!! If we are to have equity, cost can NEVER deter care seeking. If you put in cost sharing you institutionalize discrimination. We MUST STOP THIS institutional discrimination NOW!!!! It is inhumane. Too many prudent, responsible people cannot prepare for health care cost sharing, regardless of your “progressive” cost sharing graph. You do not know a person’s or a family’s other expenses. People will forgo care and die prematurely due to cost. To build in charity care is discriminatory, depriving certain people of their dignity. It is also a administratively costly, thus a colossal waste of health care funds.. p. 22. Role of intermediaries must not occur. Why? Because little by little they will undermine the universality, the equality and equity, the high quality for all, cost effectiveness, the public’s control, etc. to improve their own profits. You can witness this in the Medicare (“dis”)Advantage Plans in the federal Medicare Program and the Medicare private drug plans. Don’t fall into this trap!!!! p. 24 Cost sharing. Absolutely not. This is costly in administration (a colossal waste of money) and it causes people

Count	Name	Comment
		to forgo care, which is DISCRIMINATORY !! You absolutely have to include the cost of billing, collection, failed payments and record keeping for cost sharing. You will find that this administrative cost is a waste of money. Better to put that cost into benefits for patients including payments to providers. People need to have jobs that up-lift them not jobs that are demoralizing. Grabbing co-pays is like stealing. Stop It right now!!! p. 25. Don't do weighted average. Medicare payments ought to be more than adequate. However, one has to take the cost of living in a community into account. Thus a community such as Santa Barbara must not have lower reimbursement than a city such as Los Angeles. The cost of living in Santa Barbara is higher than in LA. Don't take away money from providers because the billing is less. Since Medicare reimbursement is already low because it is a "single payer" financing method, keep this reimbursement and let the providers "gain" a bit from having only a single billing entity. They will be grateful and not want to return to the multiple insurance plan method. The government will never be able to control private insurance from manipulating the system to benefit themselves at the expense of health care professionals and patients. Provide capitation for hospitals. This is working in Maryland. Hospitals can predict their budgets. Pay fee-for-service or capitation for physicians or clinics depending on whether the private entity is an HMO or not. Patients have the most freedom of choice when an out patient setting is NOT part of the hospital setting. Thus clinics and hospitals should not be under the same HMO because a patient will lose the freedom of choice they may need to have the best care for a certain procedure. p. 26 Use the Canadian model. Do not use the Medicare Advantage, etc. models. Patients, providers and the government are the losers in these models. There is no such thing as "risk adjustment". You can see from the Medicare private Advantage Plans that they up-code and pretend they have a higher risk population than they actually do. They are out of control! Keep the private insurance companies out! They are much more costly, patients lose choice, and if profits are not high enough the insurer can pull out of the market area. Again, little by little, the private sector (insurers) will insist that the health care payment system increase payments over and above the increase in the cost of care, just for them. In the USA the elected officials will do their bidding the same way as they are pulling the strings now. Patients, providers and sustainable health care costs become fodder for insurance company profits. This is WRONG. Work a universal payment

Count	Name	Comment
		system through a single government entity not through private intermediaries (neither non-profit nor for-profit). KEEP ADMINISTRATIVE COSTS AT THE LOWEST POSSIBLE SO FUNDS GO FOR CARE!!!! That means intermediaries stay out!!!! Intermediaries drive up cost for doctors' offices, etc. They are the cause of discrimination too. p. 27. These rate of growth scenarios are crazy! Use a health care cost rate that is equal to the GDP (Gross Domestic Product) plus beneficial new health care technology cost. Under a single payer system outliers will stand out so fraud and abuse ought to be seen very quickly, investigated under the Attorney General's office and rectified with the fraudsters prosecuted and fined. p. 29. Nobody cares now about quality of care, access to care, etc. You have plenty of statistics that you can use. You don't need any more modeling than has already been done. You can measure the population. You can count the number of doctors and nurses and hospitals and other professionals. You can measure whether there are enough inpatient and out patient mental health facilities. You can estimate how many new nurses, translators, etc will be needed if everyone has access to care. Initially there may be a surge due to people not having been able to access care but that will level off over time. You have other countries with universal health care systems to study for their statistics on care. Japan has a high rate of use. The use is limited in the 5 of time the MD spends with the patient. In the USA you can see that in Florida seniors see the MD more than in some other states just because there are more MDs per population. To make money they see fewer patients more frequently than needed. This is the MD decision not necessarily the patient's. Again, protocol and outliers are easily figured out if there is a universal financing system that gather statistics with billing/payment. A complaint system will soon show inequity and discrimination. p. 33. Cost estimate for 2022 with zero cost sharing: current 15.4% GDP., It is WRONG to give UF for a single-payer system the same estimated cost as for multiple insurance company intermediaries of only 15.3% GDP. Something is being left out in the cost savings of single payer. It may be the cost savings by providers. It may be the cost savings of the government to not have to pay administrative costs for multiple insurance companies.

Count	Name	Comment
		p. 34. Cost sharing, no matter how small, is discriminatory, unequal, costly to administer, and MORALLY WRONG!!!! Your estimate of 14.6% of GDP is not worth the mental anguish for families nor the inequity that occurs with providers of care. Your estimate is also likely woefully wrong. p. 35. LTSS have to be expanded. Now people get MediCal services for long term care. But just think of what they have to do? They have to impoverish themselves in old age or disability. Is that what you want for yourselves?????? No! California and the USA have to become a humane state and nation. Include Long Term Care and Supportive Services. Keeping a person home is often the least expensive. It is often the best emotionally for everyone too. Health care is a universal need and has to be part of our state and nation's "infrastructure" just like the police, teachers and fire personnel. A private (health care delivery) and public (financing) partnership provides patients the greatest choice, health care professionals the greatest freedom, and the entire system the possibility for the highest quality because patients can walk away from a health care provider they do not like. Single payer – government directly to provider payment without patients having prepaid completely (no cost sharing at the time of service) is the most cost effective for everyone. p. 44. If this chart is accurate than to change to UF without intermediaries is a no-brainer. - savings of $42 billion for single payer vs savings of only $18 billion under multiple intermediaries. Not only is the administrative savings greater but the equity is much better. Discrimination can be eliminated with UF with a single entity paying but it cannot with payment through multiple intermediaries. p. 47. Financing without federal Medicare, Medicaid, Disability, etc. money cannot happen. Insist that the Ro Khanna bill, HR 5010 (2019) be passed so states can implement their own single payer systems. Stupid to question how safety net providers would be paid. Of course they would be paid just as every other health care entity is paid. Plenty patients love their neighborhood clinic. These clinics would no longer need charity care or have to spend thousands of hours fundraising to pay for those who can not pay. If the clinic has a declining patient population because they are no needed then they go out of business. After all they were established for the poor. Under UF the poor would finally have the same dignity has anyone else. Some clinics are federally qualified for behavioral health services – very much needed.

Count	Name	Comment
		Multiple studies in all the states with the best done by Senator Sheila Kuehl in California circa 2006 (SB840) shows how equitable, progressive, stable employee and employer tax source can finance single payer universal health care in California. Tobacco taxes already exist. Alcohol taxes need to be imposed. A 1/8% or up to ¼% sales tax could be imposed so that absolutely everyone would pay a little bit into the system. Sales tax is regressive but the poor can and often do buy at second hand shops. Tourists will help finance the system that they too will be able to access if needed. Some have advocated for tax on stock transactions if a Medicare for All system were implemented at the federal level. I don't know if transaction taxes can be implemented at the state level. p. 48. This page feels as if the Commission is looking for ways to NOT implement UF!!! There have been so many studies that show it can work. If reimbursements to General Practitioners are increased including incentives to practice in underserved areas, then these doctors will enter the profession. We may continue to need the specialists we have or maybe not. Distribution can be incentivized to a certain extent.
21	John Enrico Douglas	Dear Healthy California for All Commission: I urge you to recommend to the governor a single-payer healthcare system such as envisioned in AB 1400 (CalCare). Everyone in our state should be able to easily enroll in one public plan with choice of doctors and other providers, without cost sharing. For greater efficiency and cost savings there should be systemwide coordination of resources to ensure equitable delivery of comprehensive healthcare services to all residents. A new system of funding universal healthcare should avoid the fragmentation that confuses and complicates access to healthcare and drives up cost, such as under the current for-profit, private insurance system that still haunts the ACA. A new system must cut out the profit-driven intermediaries that siphon money from the healthcare system to fund exorbitant executive compensation and unnecessary and deceptive commercial advertising, contributing to the present inequalities in care and limit choice of providers. The new system should omit cost-sharing that delays and deters timely access to care, and should avoid incremental and resource-draining measures that delay transition to truly

Count	Name	Comment
		universal single-payer coverage and inevitably excludes many from care. Thanks for considering my views.
22	George Grunwald	Four years ago I lost Marcia, my wife of 47 years, to kidney failure. The last 10-15 years of Marcia's life were an ordeal, certainly for her, but also for me. There were multiple trips to the ER, a ten day stint in ICU, a referral to hospice, let alone constant monitoring of her diabetes and heart failure, and then her kidney failure, with dialysis treatment for the last three years of her life. She received marvelous care throughout those years. She came back from the brink of death several times, but the moment came when her doctors and nurses had nothing left in their bag of tricks. They had made it possible for her to live well past what she called her expiration date, but her illness finally outran medical science. I've said those years were an ordeal. There was the constant expectation that she could be gone in a moment. There was the dread of infection. There were the complicated medication and diet routines. There was the lost sleep. There was the isolation. Illness did nothing for her disposition. Still, I would not have changed anything. We wrested some good times during her decline. I was fortunate. Taking care of Marcia was difficult. So was taking care of myself. (Friends were afraid I would die before her.). But all I had to worry about was her. I did not have to worry about money. Because we fit into some specific categories — our age, my strong retirement plan, Federal policy regarding kidney disease — my out of pocket expenses were minimal. I could focus on Marcia, her health, her comfort. Unlike so many people, I did not have to choose between medication and food, treatment or rent. We are by no means rich, but we were covered. Other people aren't so fortunate. They have to make those choices. I see no good reason for them to be forced to choose between the necessities of life —food, clothing, shelter, their own medication - and keeping their loved ones alive. I urge this commission to recommend coverage for all Californians for this and any other medically necessary care. Single Payer could assure that all Californians need not worry about money as they care for their ailing loved ones.

Count	Name	Comment
23	Larry Mitchell	Hello. I support a single-payer system as the best way to ensure that everyone in California has access to the high quality healthcare they need. I believe single-payer is the best way to get the most health care for the money the state has to spend on achieving this goal. Thank you very much.
24	Judy Neunuebel	Sounds good. Thanks, John.
25	Emily Woods, MD, PhD	To the members of the Healthy California for All Commission, I wish to submit the following comment in anticipation of the commission's meeting tomorrow, 5/21: As a resident physician training in California, I see every day the negative impacts that our current health insurance system has on the ability (or inability) of patients to get the care that they need and deserve. I strongly support California adopting unified financing for a California health care system, especially as a direct payment model (as opposed to the separate health plans/systems model) because a direct payment model has the largest impact on reducing administrative costs and burdens. Unified financing with direct payments is expected to reduce current administrative costs by $43 billion compared to a reduction of only $18 billion with separate health plans/systems. By eliminating all intermediaries by adopting a direct payment model, physicians and nurses would also be freed from the significant administrative burden required to interact with different health plans. Thank you for consideration of my comment.
26	Charisse Cordero	Dear Healthy California for All Commission: I urge you to recommend to the governor a single-payer healthcare system such as envisioned in AB 1400 (CalCare). Everyone in our state should be able to easily enroll in one public plan with choice of doctors and other providers, without cost sharing. For greater efficiency and cost savings there should be systemwide coordination of resources to ensure equitable delivery of comprehensive healthcare services to all residents. A new system of funding universal healthcare should avoid the fragmentation that confuses and complicates access to healthcare and drives up cost, such as under the current for-profit, private insurance system that still haunts the ACA. A new system must cut out the profit-driven intermediaries that siphon money from the healthcare system to fund exorbitant executive compensation and unnecessary and deceptive commercial

Count	Name	Comment
		advertising, contributing to the present inequalities in care and limit choice of providers. The new system should omit cost-sharing that delays and deters timely access to care, and should avoid incremental and resource-draining measures that delay transition to truly universal single-payer coverage and inevitably excludes many from care. Thanks for considering my views.
27	Henry L. Abrons, MD, MPH	Commissioners Healthy California for All Commission California Health and Human Services Agency May 20, 2021 Dear Members of the Commission: During the pandemic induced work hiatus of the HCAC, AB1400 (Guaranteed Health Care for All) was introduced in the state Assembly. This bill provides comprehensive and universal healthcare in California and would eliminate the health inequities that have taken a terrible toll on our residents who provided essential work during the darkest days of our pandemic. The hardest hit were the poor and people of color. The bill will guarantee healthcare access after job loss and provide global budgets for hospitals that stabilize income and prevent rural hospital closures. AB1400 is a policy bill that advances us to single payer healthcare, a system which is considered the gold standard of healthcare. Californians deserve no less. To fulfill your mission of "advancing progress toward achieving a health care delivery system for California that provides coverage and access through a unified financing system," Physicians for a National Health Program-California strongly urges you to examine methods for funding this policy. AB1400 is a workable model for unified financing as its provisions provide details of implementation, transition and payment. Anything short of this will contribute to a prohibitively expensive and unwieldy health care system that perpetuates medical staff burn-out, inequitable care, and lost lives. Multiple studies indicate cost savings when for-profit insurers, complex administrative systems, and high drug prices are subtracted from healthcare costs. [Reference] In addition, we request that the materials provided to the Commissioners in advance of each meeting be simultaneously

Count	Name	Comment
		made available to the public. Our organization has studied healthcare access, outcomes, and costs for decades and we can serve as a resource for the Commission if we have an opportunity to review the Commissioners' agenda materials. Public discussion and questions should be informed by the materials for the meeting and this isn't possible unless they are provided in advance with time to read and reflect. PNHP-CA welcomes the Commissioners back to their critical work. We urge their use of AB1400 as a unified financing model which provides all of our residents with access to healthcare at all times. We also ask that the Commission provide its meeting materials to the public when they are shared with the Commissioners. Sincerely, Kathleen Healey, MD Co-Chair Corinne Frugoni, MD Co-Chair Henry L. Abrons, MD, MPH Treasurer
28	Sally Gwin-Satterlee RN,BSN	No alternative to single payer has been proposed or exists that can achieve comparable cost savings and achieve the goal of guaranteeing quality comprehensive, equitable care for all residents of the state. i am a retired Registered Nurse and I know that there are so many Californians who have No health insurance or the insurance they have has such high deductibles it is like not having insurance. They have to choose between putting food on the table or filling their prescription. They don't have the money for the co-pay to take their child to the doctor so the child becomes seriously ill and ends up in the Emergency Room. I support AB 1400
29	Carolyn Chaney	Dear Healthy CA for All Commission: The Social Justice Ministry of the Live Oak Unitarian Universalist Congregation of Goleta, CA strongly supports AB 1400, the California Guaranteed Health Care for All Act. This bill would establish a single-payer health care system in California, called CalCare, that will ensure that all Californians, regardless of employment, income, immigration status, race, gender, or any other considerations, can get the health care they need, free at the point of service. Despite the gains made under the Affordable Care Act, nearly 3 million Californians have no health insurance, and millions more have insurance that they can't afford to use because their copays and deductibles are too high. Meanwhile, for-profit insurance companies are reporting record-breaking profits, even while the

Count	Name	Comment
		Covid-19 pandemic rages and medical bankruptcies are at an all-time high. Our faith calls us to respect the inherent worth and dignity of every person and to seek justice, equity and compassion in human relations. These principles cause us to abhor the existing racial disparities in health care, especially in California where Black, Indigenous, and other people of color are experiencing higher Covid-19 infection and death rates. CalCare will ensure that all people have equal and excellent access to health care. Underserved communities will receive full funding for the construction, renovation, and staffing of health care facilities. CalCare health benefits will be fully comprehensive, including all primary and preventive care, hospital and outpatient services, prescription drugs, dental, vision, audiology, reproductive health services, maternity and newborn care, long-term services and supports, prescription drugs, mental health and substance abuse treatment, laboratory and diagnostic services, ambulatory services, and more. Patients will have freedom to choose doctors, hospitals, and other providers they wish to see, without worrying about whether a provider is “in-network.” Furthermore, it would save families and businesses thousands in annual health care costs by cutting out the bloat, waste, and inefficiencies of our fragmented, for-profit insurance system. We urge the California state legislature to pass and enact AB 1400 into law. Sincerely, Carolyn Chaney, Chair Social Justice Ministry of the Live Oak Unitarian Universalist Congregation of Goleta, CA Meeting of 3/10/2021: It was moved, seconded and received a unanimous vote: The Social Justice Ministry of the Live Oak Unitarian Universalist Congregation endorses AB 1400, CalCare, Healthcare for All. SJM pledges to support our California Nurses in order to accomplish passage of AB 1400. Furthermore, we will help to educate our congregation and involve our members in the process.
30	Linda Okamoto	I am a 69-year-old, 3rd generation Japanese American, former registered nurse, and former small business owner. I support single payer healthcare because I want simplicity. One payer -- no layers, no red tape, no run-arounds, no jumping through hoops, no trying to figure out whether I can afford treatment, not needing a Ph.D. to decipher the insurance plan, no copays, no deductibles, no figuring out which hospital or doctor I can go to,

Count	Name	Comment
		no risk of losing my health insurance if I lose my job, children with cancer not having to change their doctors when their parent's insurance changes. I want a simple, straightforward system, like a well-designed website. I think we all know what that experience is...being on a well-designed, user-friendly website that gets us where we need to go without much effort. We all want that. We all want our lives to be easier, simpler. When someone is sick, they don't have the energy to deal with this healthcare/insurance bureaucracy. It should be simple...prevention to keep people healthy, treatment to make people well. EVERYONE to have equal access and expert care. Single payer is cheaper; study after study has proven this to be true. It just takes political will to get it done. Please, no excuses. Please get it done. People are dying and our current system is unsustainable. Thank you for listening.
31	Cheryl Tanaka	I wanted to add my story about being on the ACA. Before I qualified for Medicare I did not qualify for help and paid over $1,000/month in premiums. So while it is true that an insurance company had to offer me healthcare insurance, it was not at an affordable cost. And I had to go back to work to afford my monthly premiums. I have sent my story to our national legislators. While I can understand that the ACA was quite an accomplishment, it was not able to go far enough to make premiums affordable because most other governments set prices, guidelines, etc. and our divided (even within parties) governing bodies would not allow that. We need to get past all of that so that everyone living in the US, documented or not, can receive basic healthcare. Only in that way can we assure public health and safety. Thank you for letting me testify,
32	Sarah Soroken	My name is Sarah Soroken, and I'm a Licensed Marriage and Family Therapist working and residing in Solano County. I'm here to urge the commission to create a Medicare for All system in our state. Working in an HMO setting, I see patients being denied the mental health care they need by a system where profit margins play a role in staffing decisions. I see patients who cope with serious mental illnesses such as Schizophrenia decompensate during long waits between appointments and suffer worsened prognoses and increased comorbidities. This is different than when I worked in the public

Count	Name	Comment
		health system; patients were seen much more frequently by their therapist or clinical case manager. It is possible for patients experiencing more severe mental health disorders to achieve stability or go into remission, and to live a meaningful life with consistent mental health care. In contrast, short-term profit-centered thinking in which mental health care is rationed on the front end, leads to patients needing more expensive care, like hospitalization, and exacts a heavy price on patients, families, and the communities in which they live. The despair, grief, trauma, and debilitation that results from undertreatment is unacceptable. Moral injury and burnout plagues the health care profession because we are unable to provide patients with the treatment they need. This is a human rights issue, and we have the capacity to fix it with a health care system not driven by profit. Although the Commission may also have other objectives, it is essential that the Commission achieve the goal it was created to bring about; creating a Medicare for All system in California. Thank you.
33	Nel Benningshof	Dear Commissioners, I want to comment on the two scenarios presented in the financing presentation as explained this slide: I grew up in the Netherlands and all my family still lives there. I also have a daughter who lived in Germany for ten years, so I am very familiar with their health care system. I have worked in the USA for many year and after I left employment got health insurance through the ACA and I am now on Medicare and am enrolled in a Medicare Advantage plan. What all these systems have in common is extensive administrative overhead. There is the annual enrollment where people have to choose plans. So even though we would get a Unified Financing system, we still would retain the inconvenience and costs of needing to select coverage provided by for-profit intermediaries in many cases, to just mention one item. Compare this with the Canadian system where it is simply everybody in, nobody out, it is clear that this scenario is preferable.
34	Ann Troy, MD	Dear Commission Members: There are many advantages of a single payer system (see attachment). Please be courageous and do the right thing. California can and should lead the nation in health care reform.

Count	Name	Comment
35	Barbara Kempczinski	Yes, I support healthcare for all! The current system that promotes multiple private, for profit, insurers competing for our business makes no sense and leaves many behind, unprotected and vulnerable. The efficiencies that could be gained with a single payer, public, plan are enormous. Private insurers are only focused on net profits and limiting benefits to subscribers in order to maximize those profits. It is time we sent private, for profit, insurers goodby and created one single payer plan for all! We can do this despite objections from the Blue Cross and all other private companies currently in place and replace them with a single payer, comprehensive, plan that strives to ensure all persons in this country with access to the healthcare system and all its services.
36	Chrys Shimizu	A Single Payer, Medicare for All like system in CA doesn't just make sense, it makes dollars and cents. Estimates by economists now suggest these savings would likely be upwards of $5,000 per employee per year... OR MORE. But a public option or an "enhancement" of the ACA or any other option that keeps health insurance companies in existence won't save us any money at all. In fact it will likely cost us small business owners more. In addition it will make it even harder for us to compete with the behemoth conglomerations. Thank you for taking my comment.
37	Monica Schwalbenberg-Peña, R.N.	Dear Commissioners, As you meet to discuss financing for AB 1400, Guaranteed Health Care for All (CalCare), I hope that you will consider primarily that a Single Payer system finances itself. There is no third party making a profit from people's illnesses. This alone is reason to support it, as this saved money can go into improving healthcare and healthcare access for all. As a registered nurse working in hospitals, I have regularly taken care of patients who ended up in the hospital because a condition that could have been treated earlier was not, since the patient's healthcare coverage was inadequate, unaffordable, or non existent. I strongly urge you to move forward with supporting HealthyCAfor All. It is past time for this to become a reality.
38	Craig Simmons	Please see my op ed submission to the LA Times Thank You, Craig Simmons Call a time out on this bountiful budget plan

Count	Name	Comment
		Inbox Craig Simmons Thu, May 20, 9:04 AM (1 day ago) to letters There are other ways for our state to raise money. Revenue producing infrastructure and a payroll healthcare tax approved by ballot measure would avoid having to tap into state tax revenue. For example, if California voters were given a referendum on Governor Newsom's failed high-speed rail business plan by voting on a repeal of Proposition 1A, polls indicate 59% of eligible voters would vote in favor of a repeal. If user fees, rather than ticket sales were the source of operating revenue for HSR, a minimum of $500,000 per day would accrue into the state treasury with a redesign of the route structure to include major population centers. If a $.25 cent per hour voter approved payroll healthcare tax were implemented, $6 million per hour would flow into the treasury. More than enough to standardize healthcare costs, cover surgeries, prescription drugs, outpatient and mental health services including drug addiction, and preventive care. Based upon Bureau of Labor Statistics facts, 60% of the U.S. population is employed. With California's population of 40 million, 24 million people are employed. Based upon a 40 hour work week, $.25 cents per hour equates to $2.00 per day or $40.00 per month per individual worker to cover healthcare costs. States with fewer populations could either raise the hourly rate or accept federal government subsidies. The Legislative Analyst's Office finds fault with dependence upon tax revenue due to budget imbalances and restrictions. I have proposed drafting legislation for implementation of revenue producing infrastructure and a payroll healthcare tax but so far from Sacramento, crickets.
39	Carol Fodera	Dear Commissioners, The COVID-19 pandemic has highlighted racial inequity in health care in our country that has existed for decades. Many organizations including the AMA are recognizing the systemic prejudice in health systems. AB 1400, CalCare provides a golden opportunity to begin a path of equal medical care for Californians of all colors, ethnicities, financial and documentation status. Please don't pass up this opportunity to do the right thing. Please recommend the passage of AB 1400 to Governor Newsom.
40	Betty Kano	I am writing this to appeal to the Commission for single payer health care in California.

Count	Name	Comment
		I have been stunned with the incredible toll Americans have to pay for a health care system that is full of redundancies, payments for intermediaries, administrative costs that dwarf payments to patients and compete with medical costs. I have asthma and COPD and my medications cost thousands of dollars in a year. I have Medicare but it doesn't cover everything and I fall into a "donut hole" which limits what I can recover. There are competing drugs and a lack of uniformity about what can be prescribed. It is an incredibly difficult hurdle to try to find cheaper alternatives and a huge waste of time and money on every front, including all the entities involved, doctors, clinics, myself, companies. Please fix this awful health care "system" that only provides a way for money to be syphoned away from care into corporate profits. Please streamline the maintenance and delivery of health care so it will be equitable for ALL in a way that is fair and without redundancies and excess administrative costs (which we are paying now). Californians need single payer health care. Thank you
41	Dan Braunstein, Ph. D	I strongly object to Kronick's 2nd form of financing outlined in his presentation to the Commission today. This is not "Unified" financing at all, but instead a retreat to the ACO or HMO structure (Medicare Advantage?) which we currently have. This divides both providers and consumers into possibly competing segments of the marketplace, and potentially creates considerable administrative costs, and confusion, among both!
42	Holly Middleton	Dear Healthy California for All Commission, Thank you for holding a hearing on this crucial issue. If Covid hasn't brought home the need for health care equality and comprehensiveness, I really don't know what would. I'm a very active California voter. I believe we desperately need ONE BIG PUBLIC PLAN for health care, and ONE SINGLE PAYER. Intermediaries of any type will just ADD TO COSTS, which we need to reduce! You MUST RESIST the extraordinary PRESSURE (including money) from the powerful private health care and insurance industries who frankly stand to lose here. Let California lead the way, as we so often do in this country. Thank you
43	Millie Braunstein, RN, PhD	Dear Dr. Ghaly and Commissioners, I am heartened that the Commission is resuming work. Californians are in urgent need of a permanent solution that will provide access to health care; one that is fiscally responsible and

Count	Name	Comment
		sustainable over time. Every day people continue to unnecessarily die or become disabled due to lack of timely access to care. As you review the two choices being presented to you today, I urge you to consider the scientific evidence supporting a single-payer financing system. Having health insurance does not equal having affordable and accessible care. California has the resources to make the bold leap. It is past time to make an investment in the education and training of a health care workforce . Arguments have been made that it is not politically feasible, it will be too disruptive to so many systems . . . The system cannot more disrupted and confusing than it is now. It is past time do the heavy lifting - move to a unified financing system that is accessible, affordable, equitable, high quality, and universal. The health and economy of the state are depending on your work. California can lead the way. Thank you
44	Erika Feresten	The United States for-profit health insurance system is white supremacist capitalism that values the dominant wealthy white caste and devalues poor people, Black people, and communities of color. It has been repeatedly demonstrated that a Single Payer system is the only way to guarantee the same high-standard comprehensive care for ALL while saving the government, individuals, and businesses money. We don't need any more studies or commissions. We need the CA Dem supermajority legislature to pass AB 1400 CalCare and Gov Newsom to sign and implement it now!
45	Robin Hennessy MD	True quality of life requires that all Californians have access to the dignity of meaningful health care inclusive for all. One public plan would reduce the confusion and anxiety that is built into the current system. Healthcare should be lifting people up guiding them and allowing them to lead a healthy more productive life not draining them of their resources. Sincerely
46	Lorraine Watts	Medicare for All System in California May 21, 2021 My name is Lorraine Watts. I retired from Children's Hospital & Research Center at Oakland aka UCSF Benioff Children's Hospital Oakland in July 2020. I was an active National Union of Healthcare Workers (NUHW) steward representing Early Intervention Services' Business Office Clerical (BOC) workers and a member of the BOC bargaining unit. I am currently a

Count	Name	Comment
		member of the NUHW Retiree Committee. I am also the mother of a disabled adult. Over my 70 plus years and having maneuvered through and advocated for medical services for myself and my son, it is evident to me that there is an inequity and crisis of healthcare in America. Everyone is NOT covered under the current Medicare system. Private insurance company overheads cause trillions of dollars to be spend by Americans on healthcare. Time spent on dealing with insurance companies, billing requirements and costs, paperwork, and millions paid to top hospital executives would be better served by providing equal and quality healthcare to all citizens, regardless of age or citizenship through a single-payer system, evidenced by less spending and quality healthcare in other countries. America projected as one of the richest countries in the world has not been able to provide healthcare for all residents, regardless of age, medical condition, or citizenship due to the high and rising cost of medical services or lack thereof, age requirement for Medicare, pharmaceutical and medical reviewer decisions and expenses, just to name a few. I strongly urge this Commission to create a Medicare for All system in the State of California as an example of how everyone benefits from receiving healthcare. We need a system not driven by profit but focused on patient care and quality of life for all. Sincerely submitted for consideration, We Align Together To Succeed!
47	Judy Burch	Having EVERYONE covered in one public plan with choice of doctors and no cost sharing would mean that no one dies because they can't afford to go to a doctor. It would also mean no one has to go into bankruptcy because of medical bills, as so many do today. Our public health would be better. No one spreading disease because they can't afford to go to a doctor. Companies that currently give health insurance would be freed from that greatest cost per employee and could give better wages. So many benefits I don't have time to elaborate. My husband has stage 5 kidney disease and is covered by medicare, but the cost of the supplement insurance is $408.00 / month for both of us and the huge cost of drugs is taking so much out of our budget. One drug he takes is $225.00 for 3 months. And that is with a GoodRx coupon. I could go on and on with our drug costs. Please see the light and realize public health is better for all of us economically.

Count	Name	Comment
		Thank you for your consideration
48	Jean Stenquist	My name is Jean Stenquist and I am a resident of Kensington on the north side of Berkeley. I feel very strongly that it is time for a single-payer healthcare system. All the studies show that it is more economical by doing away with the multiple administrative costs. It is also portable and not dependent on your employer. Most importantly everyone would have basic coverage. It could be arranged so that we'll to do individuals could pay for extra private coverage in addition to the basic. This is like paying for fast track lanes on a highway. This is something they do in Canada and in Australia. We can figure this out and it is so needed.

4. The following table reflects public comments that were emailed to the HealthyCAforAll@chhs.ca.gov email address during the May 21st Commission meeting:

Count	Name	Comment
49	Sandy Simon	It is up to California as the leader in the nation to create a public plan with choice of doctors and no cost sharing where all residents are covered. I strongly support immediate movement to such a plan to make sure everyone has healthcare coverage. Do not implement this a stepped up plan or transition slowly to single payer. This is absolutely the right thing to do. California should lead the nation in this area, as it does in many other areas. Do not allow insurance companies and drug companies to influence your decision to do the right thing. While I was working in California, I paid over $700 a month just for my wife's health coverage. This is unacceptable. Thank you for your time.
50	Jason C Small	Hello, My name is Jason Small. I'm a Member of both the LACDP & CADEM Party, as well as being a Member of Healthcare For All Los Angeles.Despite the gains made under the Affordable Care Act, nearly 3 million Californians have no health insurance, and millions more have insurance that they can't afford to use because their copays and deductibles are too high. Meanwhile, for-profit insurance companies are reporting record-breaking profits, even while the Covid-19 pandemic continues to ravage California and medical bankruptcies are at an all time high. The Covid-19 pandemic has also magnified the enormous racial disparities in health care, especially in California where Black, Indigenous, and other people of color are experiencing higher

Count	Name	Comment
		Covid-19 infection and death rates. Indigenous, Black, and Latinx people are being hospitalized from Covid-19 at around 4 times the rate of whites and are dying from Covid-19 at about twice to 4 times the rate of white people. In Los Angeles County, the average daily number of Latinx Covid-19 deaths increased by more than 1000% from November, 2020, through January, 2021. CalCare will ensure that underserved communities receive full funding for the construction, renovation, and staffing of health care facilities. CalCare health benefits will be fully comprehensive, including all primary and preventive care, hospital and outpatient services, prescription drugs, dental, vision, audiology, reproductive health services, maternity and newborn care, long-term services and supports, prescription drugs, mental health and substance abuse treatment, laboratory and diagnostic services, ambulatory services, and more. Patients will have freedom to choose doctors, hospitals, and other providers they wish to see, without worrying about whether a provider is “in-network.” The CalCare program would be a truly transformative change to California’s health care system. In addition to guaranteeing health care to all Californians, it would save families and businesses thousands in annual health care costs by cutting out the bloat, waste, and inefficiencies of our fragmented, for-profit insurance system. Now is the time for action. We urge the California state legislature to pass and enact AB 1400 into law. Thanks for your time & consideration.
51	Dr. Richard Huynh	To Whom It May Concern: As a practicing pulmonary and critical care physician, I have countless tragic stories (pre- and post-COVID) that exemplify the problems of our current tiered health system. I’ve had patients diagnosed with early stage cancer and while awaiting for insurance had progression of disease to stage 4 incurable cancer. I’ve had patients die while waiting for insurance companies to approve of proven therapies. I’ve had patients “beat COVID” but due to debility lost their jobs, lost their insurance coverage, and have no follow-up care, no access to rehabilitation, and now remain off of the work force. I’ve had innumerable patients go into bankruptcy because of medical bills/expenses (now unable to pay their insurance deductibles and copays). The stories go on and on, and you wonder why we have physician burnout—even in success it’s a failure. The failures of our current for-profit health insurance system were amplified by the pandemic. Meanwhile in the vaccination

Count	Name	Comment
		efforts, we received a preview of the efficacy and equity a single payer system would provide. The public option or ACA only perpetuates healthcare equity while subsidizing these billion dollar health insurance companies! This is why we need a true single payer system. We need health care equity. We need to solve the problem of the uninsured but also the growing problem of the underinsured. The more time we waste with the public option, the longer peoples lives remain at stake. Thank you for your time and commitment to our community's health.
52	Barbara Commins	What about AB 1400… While this bill was briefly in the public sphere, but then pulled, I'm hoping commissioners would have had a chance to look at it and can comment on it. Thank you
53	Allan Goetz	Every chair should read Jo Freeman's "The Tyranny of Structurelessness" that describes the degradation of meetings that have no Rules of Order into a monologue by the chair and friends. I notice that you have shut off the chat , an indication that your commission meetings have Already degraded into a structurelessness designed to prevent the "chats" that call for Single payer/ Medicare for all comments that oppose the commissioners comments.
54	Allan Goetz	TURN ON THE CHAT The commission would benefit from real time chat comments.
55	Sara H Deen DDS	Dear Health California For All Commission, I would like to submit the following public comment: As a dentist (and the partner of a physician), I find our current state of healthcare to be dire and urgent. It is not enough to address the issue of our uncovered or inadequately covered Californians. Certainly, it makes moral sense and better fiscal sense to ensure every Californian is covered—regardless of immigration status, employment status, etc. When folks are able to access good healthcare preventatively or at the early stages of illness, there is less health deterioration, less loss of life and less cost for taxpayers. Even for those who have adequate healthcare coverage, the quality is not there today. As a taxpayer, I am paying for 71% of all of our state's healthcare and yet those healthcare dollars are controlled by the private health insurance industry. Our current healthcare system is largely publicly funded and yet privately

Count	Name	Comment
		managed and delivered. I believe that the best health outcomes will result from public funding and managing of privately delivered healthcare. The healthcare insurance industry obstructs the sacred relationship between providers and patients. The healthcare industry negatively impacts the health of Californians by prioritizing cost reduction instead of prioritizing the care of patients. For example, the industry imposes lengthy preauthorization processes to delay critical treatment and preventing the best patient care by imposing step therapy protocols. The healthcare insurance industry also incentivizes providers to decrease costs at the peril of patients' health through the establishment of ACO's. Capitation schemes imposed by the insurance industry underpay for provider care extended to our most sick and overpay for provider care extended to our least sick. Therefore the very sick are underserved and the well are over-served. The health insurance industry is adding no value to our healthcare system; the industry is directly responsible for negative health consequences. The health insurance industry should not be directing patient care. It is critical that we identify the healthcare insurance industry as nefarious and deleterious for the health of Californians. This is why it is absolutely critical that we establish a single payer healthcare system. Secondly, the pandemic has exacerbated disparities in healthcare and health between various socioeconomic and racial groups. Certain communities have been disproportionately pushed to the brink of death due to how disparately our current healthcare system treats patients. Passing AB1400 is a necessary and urgent step towards moving towards a healthcare system which is equitable and centers patient health. The political challenges and fiscal challenges of passing AB1400 and implementing Single Payer healthcare are not insurmountable. Overcoming the political challenge will require reducing the obstructive influence of the healthcare insurance industry over our legislators and professional health organizations. Certainly, the California State Legislature will meet the challenge of funding single payer healthcare as our previous leaders have modeled in their initial implementation of state public education and many other public social services. Sincerely
56	Barbara Commins RN	Public should have had access to analysis too... before the meeting today!
57	Allan Goetz	Single payer/Medicare for all , healthcare provides better comprehensive universal care for LESS cost and divorces care from employment.

Count	Name	Comment
		Data from more than 30 countries shows that Single payer healthcare will save $100 B/year for CA. The existing funding needs only to be redistributed. 400 CA hospitals will be bought and block funded. A progressive payroll tax will replace the fragmented “insurance” premiums. Affordable premiums will fund the rest. Allowing residents to buy in to high quality healthcare. The State bank will be the fiduciary , bill and collect and pay providers.
58	Peggy Elwell	The Santa Clara County Single Payer Health Care Coalition has initiated a Health Justice Project. We have done a lot of outreach in the low-income downtown and eastside communities of San Jose about health care issues: Here are some of our results (I have highlighted the issues having to do with payment.) Undocumented: People who are undocumented and are 26 and up do not qualify for MediCal, Medicare, or the ACA/Covered California. This is 10% of the population of San Jose. They will always try home remedies first. There is a lot of fear. They are afraid to get tested, afraid of losing work, afraid to incur medical debt, afraid to get vaccinated, and afraid of any contact with officialdom. Lack of money. Inability to pay a private provider, or insurance premiums, and especially co-pays and deductions at the point of service, leads many to delay or avoid treatment. Others, especially younger people, would rather pay the $600 fine in California for not having health care rather than pay a lot more for even the Bronze Covered California plan, which is the lowest of the low. Confusion, complexity, bureaucracy - Navigating the many different health systems, often different for various members within one family, is hard even for those who are well-educated, and almost impossible for others who do not have that advantage. Sometimes people who have good insurance from their employment don't know how to use it. People have to rely on their children for explanation or translation, and the wording in any language is unintelligible. Other issues that have come up are the difficulties of transportation, availability of providers for MediCal, conditions such as overcrowding in housing and the lack of healthy food sources nearby, and the difficulty of maintaining quality mental health treatment.

Count	Name	Comment
59	Cheryl Tanaka	Does the Commission have no Black members? I'm not seeing any Black members of the Commission. That is concerning.
60	Barbara Commins	AB 1400 Jim Wood and Richard Pan are legislators and should weigh in what they thought of this bill and should it have been stopped.
61	Paul Newman	Comment: AB1400 CalCare Single-Payer Bill is the MARSHALL PLAN to deal with thousands of Homeless Mentally Ill people, who have been abusing drugs, defecating, vandalizing, sleeping on people's private property costing everybody millions more than if we had this problem under control. People have been attacked and killed , property has been set on fire and the police have no training to deal with this nor should they. Mental health experts are the ones who have the training to deal with this. If Gov.Gavin Newsom , under threat of recall, would get this bill signed , his opponents wouldn't have a leg to stand on. The Ab1400 CalCare bill deals with this major issue by insuring mental healthcare. This would save us millions to billions of dollars because these people need help. It would be an Economic boom for our State because businesses would have the need to spend money on benefits for their employees. This is my comment Please really consider this in your decision. Believe me its the better way. Recommend Governor Gavin Newsom pass AB1400, the CalCare Single-Payer bill. Yours truly
62	Monica Baudour	Dear Let's get healthy commission: I am A Health Care Worker at Salinas Valley Memorial Hospital. I'm writing to urge the commission to create a Medicare fo All System in our state. The pandemic showed us how important it is for every Californian to have quality healthcare. Medicare for All in California will save money and lives. Sincerely
63	Sandy Simon	I agree with Commissioners Comsti and the woman that followed her. You need more open discussions in public where those of us who are interested can hear what is going on. It would be annoying to be a commissioner and have the consultants not include everything that was said. Hopefully, the consultants are impartial.

Count	Name	Comment
		Thanks
64	Jeffery Tardaguila	Where is link phone# for May 21 meeting? Your website is not helpful
65	Cheryl Tanaka	To vote for more meetings for public Commission discussion. From what I'm hearing, there needs to be more responsiveness from the consulting team which is all white. As Commissioner Hsaio pointed out, it's the Commission that should be setting the agenda. As Commissioners Consti and Marya pointed out, there needs to be public Commission discussion (or the Commission is merely a figure head) with Mark Ghaly and his team along with the Consulting team setting agenda, etc. toward the outcome they alone decide upon. That is unfortunately the so called "democracy" we see in DC. California deserves better!
66	Patty Harvey	Why have we not heard over ALL the past mtgs any reference to the highly researched and vetted analyses on Single Payer that show how it would cover everyone, save money and lives. Even the most conservative, the Mercatus group, admits a $2 trillion savings over 10 yrs. There are some 20 or more such studies! Why are you re-inventing the wheel ? Just get to work ironing out the details of implementation of single payer! Personally my husband and I have spent some $50 K on dental work in the past decade, desperately traveling thousands of miles searching for reduced prices to protect our dental health, the gatekeeper for general health and survival!
67	Marilú Carter, M.S	Say, Yes, to California residents to be able enroll in one public plan, to choose doctors without excessive and burdensome cost-sharing. Say, Yes, to resources that will be coordinated system-wide to ensure equitable delivery of services to residents. Say, Yes, to Californians to benefit by having access to lower cost, integrated, comprehensive, preventative health care. California’s current health care systems are severely fragmented and egregiously complex; thus, costs are driven up artificially to extremes. Profit-driven intermediaries burden consumers, taxpayers, and the California State budget because: (1) surplus profits siphon off funds to pay for costly, unnecessary advertising and multiple administrators; (2) excess profits foster gross inequality for many communities; and (3) excess profits limit the patient's and consumer’s ability to choose desired providers and care. Say, No to incremental, cost-draining measures that delay transition to single-payer systems and deny care to the people of California. Funds must pay to care for patients’ needs. Respectfully submitted

Count	Name	Comment
68	Kathleen Healey, MD	Commissioners-- Please consider these statements regarding patient share of cost: 1. Co-pays and deductibles can discourage medical visits for diseases and conditions that should be treated. https://www.nejm.org/doi/pdf/10.1056/NEJMsa070929 2. Set co-pays and deductibles are regressive taxes. 3. Sliding scale cost sharing is theoretically better but is impractical. Incomes are not static. The COVID pandemic has resulted in the loss of many incomes, and gig workers can have incomes that vary wildly from month to month. Trying to create a bureaucracy that can expediently calculate equitable cost-sharing under these circumstances would be an expensive administrative burden for the state, require documentation and paperwork from the sick, and ultimately would fail patients. 4. It is not proven that cost sharing deters “overuse” of healthcare. The assumption that patients share our knowledge and judgment of what symptoms are minor and which are not is faulty and can be dangerous.
69	Linda Bassett	Dear commissioners, Single payer is the world standard for delivering health care. Advise the legislature to pass AB1400. The money is not an issue. 30% is paid for by savings with paperwork and profit taking reductions and we already pay the other 70% of all healthcare in the state. This 100% paid for and wanted by Califonians shown by many surveys. My family in Canada asks, “What's the problem down there?” They love their single payer health care and live longer, healthier lives because of it. Shake my head at this commission pondering over the obvious so long. Are we a democracy? Not with you in the way. Again, please advise single payer is the best way to deliver healthcare!
70	Arthur Persyko	Question on costs: Would it be useful to compare health care costs countries (which has universal health care) of equal in size to California? Question for the consultants and for the commissioners: Another way of looking at the potential cost savings of a unified health plan (or single payer) in California: Since we in this country pay about twice as much per capita for health care compared to other countries: Have the consultants given the Commission an insight into potential (future) cost savings for health care in California based on comparing our current

Count	Name	Comment
		California health care costs with current costs for health care in other countries (i.e. countries which provide universal health care) of a similar size to California?
71	Diane Ryerson	Dear Commissioners, The deaths associated with chronic diseases and disproportionate health problems in BIPOC communities before and during this COVID pandemic show us we need to change our healthcare system - full steam ahead - to meet the needs of all people completely and equitably. More than enough studies and analyses have been done that show us a single payer (Unified Financing) system without intermediaries eliminates waste, achieves cost savings and provides quality, comprehensive, equitable care for all California residents. We can do this if we choose people over profits for investors and CEOs of health insurance, medical devices, and pharmaceutical corporations. Thank you.
72	Cheryl Tanaka	There's already medical tourism in response to Commissioner Pan's question re private health insurance/care/procedures. Wish to thank Commissioner Pan re abortion issue. Must be open to all and not legislated away. Medicare is also a plan. We will still need "coordinating care"/:care teams," but not programs based on denying services - believe that is the core point - current systems are incentivized to deny care. Goal is to extend/expand care. To Commissioner Flock: let's label what she's talking about "coordinating care"/ "care teams" which are crucial and which are supposed to be the basis of "managed care." To Commissioner Moulds: Most other countries have universal healthcare systems that are government run. PBS had a great special recently which can familiarize the Commissioners with a few of those systems. https://www.pbs.org/video/critical-care-america-vs-the-world-f0cwgk/ PBS also just aired Frontline - Healthcare Divide - so frustrating! https://www.pbs.org/video/the-healthcare-divide-rv6npd/ To Commissioner Sandra Hernandez: lots of cost cutting is in administrative costs; single payer, don't have to spend so much time trying to get approval/payment from different insurers. Also when you have a large base such as Medicare has, you have power to negotiate prices with big pharma, etc. To Commissioner Woods: anything like the status quo won't work. We're living through extraordinary times and need to think outside the boxes we've been in.

Count	Name	Comment
		To Commissioner Scheffler: the basis for the historic Single Payer idea is a non-profit health system. Whatever happened to the reports for SB 562, "This bill, the Healthy California Act, would create the Healthy California program to provide comprehensive universal single-payer health care coverage and a health care cost control system for the benefit of all residents of the state"? They covered some of the same ground and made comparisons to the healthcare systems of various countries. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201720180SB562
73	Lorraine Watts	Medicare for All System in California May 21, 2021 My name is Lorraine Watts. I retired from Children's Hospital & Research Center at Oakland aka UCSF Benioff Children's Hospital Oakland in July 2020. I was an active National Union of Healthcare Workers (NUHW) steward representing Early Intervention Services' Business Office Clerical (BOC) workers and a member of the BOC bargaining unit. I am currently a member of the NUHW Retiree Committee. I am also the mother of a disabled adult. Over my 70 plus years and having maneuvered through and advocated for medical services for myself and my son, it is evident to me that there is an inequity and crisis of healthcare in America. Everyone is NOT covered under the current Medicare system. Private insurance company overheads cause trillions of dollars to be spend by Americans on healthcare. Time spent on dealing with insurance companies, billing requirements and costs, paperwork, and millions paid to top hospital executives would be better served by providing equal and quality healthcare to all citizens, regardless of age or citizenship through a single-payer system, evidenced by less spending and quality healthcare in other countries. America projected as one of the richest countries in the world has not been able to provide healthcare for all residents, regardless of age, medical condition, or citizenship due to the high and rising cost of medical services or lack thereof, age requirement for Medicare, pharmaceutical and medical reviewer decisions and expenses, just to name a few. I strongly urge this Commission to create a Medicare for All system in the State of California as an example of how everyone benefits from receiving healthcare. We need a system not driven by profit but focused on patient care and quality of life for all.

Count	Name	Comment
		Sincerely submitted for consideration, We Align Together To Succeed!
74	Lorraine Watts	Medicare for All System in California May 21, 2021 My name is Lorraine Watts. I retired from Children's Hospital & Research Center at Oakland aka UCSF Benioff Children's Hospital Oakland in July 2020. I was an active National Union of Healthcare Workers (NUHW) steward representing Early Intervention Services' Business Office Clerical (BOC) workers and a member of the BOC bargaining unit. I am currently a member of the NUHW Retiree Committee. I am also the mother of a disabled adult. Over my 70 plus years and having maneuvered through and advocated for medical services for myself and my son, it is evident to me that there is an inequity and crisis of healthcare in America. Everyone is NOT covered under the current Medicare system. Private insurance company overheads cause trillions of dollars to be spend by Americans on healthcare. Time spent on dealing with insurance companies, billing requirements and costs, paperwork, and millions paid to top hospital executives would be better served by providing equal and quality healthcare to all citizens, regardless of age or citizenship through a single-payer system, evidenced by less spending and quality healthcare in other countries. America projected as one of the richest countries in the world has not been able to provide healthcare for all residents, regardless of age, medical condition, or citizenship due to the high and rising cost of medical services or lack thereof, age requirement for Medicare, pharmaceutical and medical reviewer decisions and expenses, just to name a few. I strongly urge this Commission to create a Medicare for All system in the State of California as an example of how everyone benefits from receiving healthcare. We need a system not driven by profit but focused on patient care and quality of life for all. Sincerely submitted for consideration, We Align Together To Succeed!
75	Margie Hoyt	My name is Margie Hoyt. I live in Gardena in Los Angeles County. Because of my circumstances I have Medi-Cal and have selected L.A. Care as the "managed care plan." It's not all bad but a lot of it does not provide access to better care within my own area of the South Bay. The hugest issue is how the health

Count	Name	Comment
		care providers are part of medical groups and those groups decide the kind of providers you see and what hospitals you can be admitted to. In 2017 I had pneumonia and went to an Emergency Dept. They told me that the hospital I could be admitted to was north of downtown L.A. in China town because my primary care doctor was not part of a medical group with access to local hospitals. I had to scramble to find a doctor that belongs to a medical group that would allow me to be admitted locally instead someplace completely outside the South Bay region. A single payer system would do away with all that. I don't understand how regular people are supposed to be able to navigate this. There are lots of issues with this and if anyone would like to hear more please email me.
76	Monica Schwalbenberg-Peña, R.N	Appreciate the discussion but am appalled at the treatment of the women on the commission who spoke up for equality and transparency. aas it really necessary for New Grandpa to apologize to the facilitator for the “difficult start”, in other words, for Carmen Costi and Rupa Marya speaking strongly about equity and transparency? Is this a good old boys club? And if so, how can equity and transparency ever be achieved?
77	Marian Shostrom	All California residents need to be enrolled in one publicly financed health care plan with a choice of doctors. Single payer health care is the only way to ensure equitable care for everyone, and will save the state large amounts of money. Health care should not be tied to employment. The pandemic has shown the folly of that approach. It has led to extreme poverty, death, financial ruin, and poor health outcomes among our most vulnerable populations. The political constraints and opposition to an equitable health care system are funded by the health care for-profit industry. I really encourage the Commission to model a single payer system.
78	Dessa Kaye	In regard to your 5/21/21 meeting which is the first you've managed to hold since the pandemic (while every other entity in the world has been meeting on line for over a year now), please stop dithering and wringing your hands about holding a "robust" review of every health care system that exists in the world. Yes, it's a difficult issue, but the research, theoretical and practical, has been done, and single-payer has been proven repeatedly in the real world. If you want to educate yourselves, read what already exists. Or just talk to Dr. Hsaio who is a leading global expert in universal health insurance, which he has studied for more than forty years. He has been actively engaged in designing health system reforms and universal health insurance

Count	Name	Comment
		programs for many countries, including the USA, Taiwan, China, Colombia, Poland, Vietnam, Hong Kong, Sweden, Cyprus, Uganda and most recently for Malaysia and South Africa. He also designed a single payer universal insurance model for the state of Vermont which intended to serve as a vanguard for the USA. Stop spending money and time on consultants to get yet another report of what we already know. A single-payer saves lives, saves money & provides equity. Our current system is broken and needs to be changed, not reformed. COVID has made it clearer than ever that there's no time left; we need AB 1400 NOW! Thank you
79	William Honigman, M.D.	It is a travesty that the Healthy CA for All Commission suspended hearings at the height of the COVID19 crisis and consequently tacitly contributed by its inaction to the preventable deaths incurred by Californians due to the virus. Under a Single Payer system, thousands more lives would have been saved and would still be saved yet, if the Commission had completed its charge, during this critical time, and moved ahead by setting the mechanism into place for such a system, rather than suspending hearings until now. The conclusions of the consultants are clear, and echo those seen in studies done over decades or even centuries of analysis. The Single Payer system will save lives, make Healthcare more equitable, save money, and allow for controlling runaway costs. What are we waiting for? Commissioners Marya and Comsti are quite correct to move the request forward immediately for more open and public proceedings, and to do that taking into account the fierce urgency of now. We need to recognize that comprehensive medical care to decrease medical risk across-the-board and eliminate disparities, needs to be put into place with the utmost urgency, for the sake of those lives yet to be saved, and those public monies left unsquandered. No more delays. Please take AB1400 and make recommendations as to what it needs to be moved forward in the legislature now. Thank you.
80	Ruth Carter, MFT	As a marriage and family therapist, I hear my patients talk about members of their families, their friends and others in their communities and the issues that they face in navigating the waters of healthcare in California. As the Chair of the California Democratic Party Senior Caucus, I hear the same kind of stories from the members. Denial of care, skyrocketing prescription drug prices, surprise bills, even bankruptcy and losing their homes are the result of a deeply flawed health care system.

Count	Name	Comment
		The COVID-19 pandemic has taken these issues to a new level that are more obvious and blatant. The pandemic has had a disproportionate impact on communities of color, caused by decades of inequality and lack of access to care. Millions of Californians lost their employer-sponsored insurance through pandemic related job loss. 80% of California's uninsured are minorities. 2.7 million Californians have no form of health insurance. 12 million Californians can't afford to use their insurance because of costly co-pays or deductibles. Currently, one of the reasons that many people won't get vaccinated is because of their fear that they can't afford it. I believe that we can agree that our health care system needs fixing. However, if the Commission is considering health plans administered by "intermediaries" which would maintain insurers and require individuals to pick an insurer and a plan, we can look at a 2018 Department of Health & Human Services Office of Inspector General report which found "widespread and persistent problems related to denials of care and payment in Medicare Advantage plans." Findings include: when beneficiaries and providers appealed pre-authorization and payment denials, MA plans "overturned 75% of their own denials." However, OIG found that "beneficiaries and providers appealed only 1% of denials to the first level of appeal." (https://oig.hhs.gov/oei/reports/oei-09-16-00410.pdf). These kinds of plans would continue the confusion and complications that are currently experienced and would not lower the cost. Profit-driven intermediaries contribute to inequality and limit choice of provider and care. However, I'm hopeful that you and others on the commission will strongly advocate for single-payer coverage we Californians need and deserve. Yes to system-wide coordination of resources to ensure equitable delivery of services to all and one public plan with choice of doctors and no cost sharing (AB 1400 is a wonderful example). Thank you for taking the time to read this and for all that you are doing and, hopefully, will do for the people of California. Respectfully yours
81	May Kandarian, MPH	Thank you for opening up the process to the public. I got the impression that some of the commissioners are against or resistant to Single Payer in California.
82	Ernest Isaacs	Hello Commissioners - When I saw Dr. Kronick's cost estimates for UF systems as compared to

Count	Name	Comment
		the current expenses, I couldn't believe my eyes! They showed that UF saves peanuts at best. Every analysis done of a SP system has show that there are vast savings involved. The PERI report for SB562, the Lewin report from 2006, the other report PERI did for a national SP program, the report paid for by the Koch Brothers, many many others, showed that SP would be much cheaper than the current one. This analysis is way way out of line, what statisticians call "beyond the 2 sigma limit" outlier. Insurance companies are limited to a 80% Medical Loss Ratio, which means that they skim 20% of their income off the top. Medicare overhead is 3% to 5% depending on who you ask. All of these analyses assume a central agency like the CalCare from AB1400, and any intermediaries either don't exist or are very tightly regulated by the central agency. On top of that, the rest of the world uses some form of SP which gives better care for two thirds or less of what we pay. Commission Camsci wants to look at the "spread sheet", the data and assumptions, that Mr. Kronick has used. His numbers are very funny and the Commission needs to look carefully at what is wrong.
83	Kathleen Healey, MD	Commissioners-- Expansion of MediCal, Medicare, and ACA will not lead to universal access. It will lead to more people with insurance cards that are not accepted by many physicians and surgeons. I am a retired otolaryngologist and many of my colleagues refused to see MediCal patients. Patients with ACA and Medicare have trouble finding a primary care physician in our community. No more "intermediaries." Our people need healthcare, not insurance. Please study AB1400. It provides a blueprint for a statewide system of comprehensive care, organization, and

Count	Name	Comment
		payment. Use your remaining time to consider funding options for it. Then wrap it up in a bow and present it to the legislature. Your work is done.
84	Meredith Herman	While there may be managed care plans that do look out for parents' rights, the concept of someone managing a patient's care, deciding what is appropriate and what is not, denies that patient a very fundamental right, the right to choose medical care and medical providers she or he determines best. Traditional Medicare is the closest system we have in the United States to a single payer health care system. It works; it preserves the patient's right to choose his or her health care provider. I consider it the best health insurance I have had. It does have two problems, though. It is limited to people aged sixty-five and older, and it includes Medigap. The inclusion of Medigap means that two systems act on each claim. A much more efficient model would be for Medicare to pay the complete bill. Medigap seems to be nothing more than a way to keep private insurers in the loop. Why are we afraid to bid private health care insurers goodbye? A single payer system would offer absolute, not limited, choice of health care provider, offer health care to all people in California and eliminate the cost and inefficiency of private insurers. Please establish single payer health care. It prioritizes patients, not insurance companies. Thank you!
85	Michael Lighty	Dear Healthy California for All Commission, I write to extend my spoken public comments, which at 60 seconds were limited. The key conclusions from the consultant analysis, that single-payer financing saves lives, improves quality and realizes greater equity in a new system that costs less should guide further discussions. In order to consider single payer, it needs to be modeled, not precluded by predictions of its political viability. The analysis submitted today is a breakthrough for consideration of single payer in California and should recognized as supporting a bold approach to guaranteeing healthcare to all who live here. Those should be the watchwords: guaranteed healthcare. The point is to eliminate barriers to care, starting with financial ones as the analysis points out, and including those based on business models, race, liabilities, gender, sexual orientation and gender identity. The key point about political viability has to start with popularity. A recent poll conducted at the end of April by the premier

Count	Name	Comment
		healthcare research firm, Lake Partners, shows a Medicare For All type single payer system is extremely popular with over 60% of Californians supporting it. A huge majority of Democrats (84%) and a plurality of self-identified independents indicated support.The memo describing the poll results is here. The issue of what the federal government will or won't do can't be predicted but can only be addressed through engagement with them, and that needs to begin now so that it can further the Commission's ultimate recommendations. Given the presumptions and expressions of a few commissioners who seem to rule out single payer (including the ex-officio members who have had ample opportunities to support it and so appear to be opponents), it seems there will not be a "unified recommendation." Whatever the recommendation is should not be based on predictions that are by definition unknowable without engagement. On the question of the state constitutional issues, please consider that there are alternative theories about how legislative action can address the Gann limit (we some of that as currently applied to this year's budget surplus) and Prop 98 requirements, so they should be included in any such analysis. It may all be moot, as the special interests benefiting from the unregulated price environment and systemic denials of care and inequities will likely place a referendum on the ballot to challenge any unified financing program as similar interests did with the AB 5 and which opposed the drug pricing initiative. The comments regarding the present system that seeks to indict Medi-Cal or buttress an unregulated price environment ignore the dominant role played by for-profit insurance entities within Medi-Cal and the illegal excessive profits they have captured through denials of care, as well as the business models premised on restricting access: call that "net income," "profits," or "private equity," these models spend enormous amounts administratively to realize their bottom lines. Moreover, states can negotiate prescription drug prices, and we can achieve administrative savings annually because we are not spending that money every year going forward as the current system would. I reiterate that it's hard to understand how a system with intermediaries cost the same as one without it. That may reflect a non "apples to apple" comparison (eg including the unwinding "managed care" in the non-intermediary scenario), but it's not clear to me, since the unwinding is a function of fee for service not of single payer financing per se.

Count	Name	Comment
		Finally, we do need to ask, when considering yet another round of incremental approaches versus a comprehensive solution that the consultant's report makes clear would solve the key healthcare system problems: what is a life worth? Is it worth expending every bit of political capital we can generate to end the inequities revealed by the COVID pandemic and save the estimated 43,000 excess deaths in California that were likely proportionally part of the 436,000 deaths in 2018 the Lancet Commission report attributed to the lack of universal healthcare in the US? Yes it is because Californians deserve nothing less. It starts with leadership from Governor Newsom, and includes the state legislature, and this Commission. Thank you for your work
86	Chuck Adelman	Single Payer is the answer. AB 1400 provides a framework for the policy. The Healthy California for all Commission needs to develop recommendations for the funding mechanism. It's time for us to catch up to the the rest of the world and recognize heath care as a human right.
87	Kathleen Healey, MD	Commissioners-- RE: "If it were easy, someone would have done it by now." -- statement by a Commissioner at the May 21 meeting. Most industrialized nations have instituted a unified financed healthcare system. All of their citizens have healthcare without medical debt. There are multiple models for us to use--Canada is considered the best in some studies. Our own AB1400 is an excellent blueprint of a state based healthcare system that is comprehensive and provides access to all of our residents. We urge you to read it and work on a funding model for it. Single payer/Medicare for all is not a radical or revolutionary idea. It is not even innovative. It is the global standard and our nation is woefully and shamefully behind. Let California demonstrate the economic and moral superiority of a healthcare system that truly does value the health and financial welfare of its people over the profits of corporate giants.
88	Mary McDevitt, MD	Date: May 22, 2021 To: Mark Ghaly, MD and The Healthy California For All Commissioners From: Mary McDevitt, MD

Count	Name	Comment
		Commissioners: I'm a retired physician who spent the last 20 years of my career as part of the Administrative Team of two major hospitals here in the San Francisco Bay Area. As I mentioned yesterday in the Public Comment part of the meeting I have been waiting for a robust discussion of a Single Payer Healthcare system that is mandated by your charter ". . .including, but not limited to a single payer financing system". When was a Single Payer system included in your discussions? Did I miss it? I believe the work of the commission will not be complete until this discussion occurs. In regard to the cost-saving and fraud detection ability of our National Single-Payer system known as Medicare I offer the following: Hospital DRG payments: In 2008 Medicare implemented this system of paying hospitals a lump sum for a hospital admission based on the diagnosis independent of the number of services provided and the length of the hospitalization. In response the hospitals developed Discharge Planning Departments and close ties with Visiting Nurses organizations. Naturally the quicker the patient left the hospital, the greater the "profit" for the hospital. As a result of these fast discharges some patients had to be readmitted within days to weeks of their discharge. Medicare's response was to pass a rule that if a patient was readmitted with the same diagnosis within 30 days of discharge, the hospital would receive no payment from Medicare for the second admission. Discharges were subsequently based on patient condition rather than Medicare payment and the issue was resolved. Upcoding of Medicare(Part C) Advantage enrollees: For these primarily for-profit programs, Medicare pays a monthly capitation fee ($1100-$1500) for each enrollee. The system includes "risk scores" whereby the monthly payment for a Diabetic with Kidney disease would be more that that of a Diabetic with normal kidney function. Medicare does regular audits of these programs, reviewing 200 random charts. If "upcoding" was found, (listed risk scores not documented in the chart) the entity would be fined for the errors in the 200 charts reviewed. These fines were usually in the thousands of dollars and attributed to "coding errors" by the plans. Effective in January, 2019, Medicare introduced the "extrapolation" rule for these audits whereby the error rate in the random sample would be applied to the whole universe of patients. A 2020 report on Advantage programs estimated improper payments to the Advantage plans topped $ 16 billion in 2019.

Count	Name	Comment
		My last but primary concern is the effect our present multi-payer healthcare system is having on practicing physicians. With hospitals buying up physician practices, the physicians have less control. Often the practice administrator will admonish a doctor who is taking more than 15 minutes with a patient. Double booking is the rule in some of these situations. Physician burnout is increasing and a practicing physician friend would not advise his children to enter medicine. I urge you to seriously consider a single-payer system for California.
89	Ann Troy, M.D.	Hello Commission Members: This letter to the editor is my “AK47 for Single Payer” because it shoots down all the arguments against it: August 16, 2018 To The Editor: I am a physician and I advocate a single payer system or Medicare for all. Under a single payer system we would be healthier. It is well known that people without insurance or with high deductibles wait longer to seek medical care, thus, their illnesses and problems become more deep rooted and more difficult to treat. They suffer more from injuries, disabilities, and ill-health, resulting in decreased productivity and poorer quality of life. Sometimes they die because they put off getting care. Under a single payer system people would have a wider choice of doctors and would not have to change their doctors every time they change jobs or their employer finds a cheaper health plan. Continuity of care would improve and problems would be treated earlier (when easier and less expensive to treat). More people would receive vaccines and preventive care. Public health would improve and social problems associated with untreated mental illness and addiction would decrease. The U.S. ranks at or near the bottom of the developed world on every measure of health. According to the World Health Organization, we are number 37 on overall measures of health. Shameful for such a rich country that spends so much on health care! A single payer system would benefit us economically. U.S. companies are at a disadvantage compared to companies in other developed countries which are not saddled with the high cost of providing health care for their employees. Smaller

Count	Name	Comment
		companies can't compete for the best employees because they can't afford to provide health insurance. Unhappiness over health benefits is the leading cause of labor unrest. Workers commit Workman's Comp fraud to gain access to care. People stay in jobs they hate because they need health insurance, rather than going back to school or creating new ventures. Families struggle to pay astronomical health insurance premiums then to pay for care until they've met their deductibles. Half of all bankruptcies in the U.S., (approximately one million a year) are due to medical debt. All of this would change with a single payer system. Finally, there are the legal and moral arguments. Health care is considered a human right in every other developed nation. By not providing Medicare to all Americans, the government is not providing equal protection under the law: those with Medicare have more protection against the devastating effects of illness and injury, get more help overcoming or living with disabilities, and are protected against financial ruin. People say that single payer would cost too much. Not true. We could provide health care for all our citizens for no more than we are currently spending on our very dysfunctional, fragmented, and unfair system. How is this possible? Currently almost half of every health care dollar is spent on something other than health care: profit for insurance companies, multi-million dollar salaries for their CEOs, money spent on advertising, processing (and rejecting) claims, and creating mountains of paperwork and endless hassles for doctors and patients. Then there is the money we have to spend dealing with the insurance industry: billing, authorizations, etc. Dealing with insurance companies is so cumbersome that we have created intermediary entities (such as IPAs) to deal with them. It is estimated that American hospitals spend about 25% of their budget on administration, most of it insurance generated! Layers and layers of costly administration would disappear under a single payer system. We do not need more studies to prove this. Other developed nations provide health care for all of their citizens for an average of half of what we spend per capita and an average of 10% of their GDP (vs our 19%). It is time that we catch up with the rest of the developed world and provide health care for all with a single payer system. Sincerely, Ann Troy, M.D.

Count	Name	Comment
		This was published in the Marin Independent Journal on 8/28/18
90	Margo Freistadt	Dear Healthy California Commission: I attended the (virtual) hearing last Friday. I am a strong supporter of universal coverage. I would like to make two points. One: I believe the only way to make universal coverage affordable is to cut out the profit motive as it pertains to basic medical care. I believe this means cutting out the current iteration of health insurance companies. Our family has gotten our health care at Kaiser for many years. In the past, we went, paid a co-pay and got treatment with no surprise bills or follow-up paperwork. In the past few years, this has changed, which I understand has coincided with Kaiser splitting into two parts: the health care system, and the health insurance system. I have gotten surprise bills, one as large as $900. We get envelopes of paperwork every month, which tells me that Kaiser is spending lots of money on processing claims, instead of just focusing on health care. To my understanding, this is moving backwards. Kaiser used to just be a health care system, and it worked really well that way. Now it's a health insurance company, spending resources on trying to evade paying for health care. This is a major regression! Two: During the hearing Friday, some commissioners seemed to say that the laws as they stand allow California to use federal money from Medicare, Medi-Cal, etc. to help pay for a universal health care system in California. Other commissioners seemed to say that there are statutory and/or even Constitutional roadblocks to this. It seems to me that one very early research project should be to clarify this: We need to know for sure what are the legal and/or constitutional roadblocks to using the federal money that will be critical to the success of this project. Thank you
91	Mary McDevitt, MD	May 24, 2021

Count	Name	Comment
		To: Mark Ghaly, MD and The Healthy California For All Commissioners Consultant: Richard Kronick, Ph. D. Re: May 21, 2021 Commission meeting From: Mary McDevitt, MD Commissioners and Consultant: Terminology: During the early part of Professor Kronick's presentation he refers to the two possible Intermediaries as Canada (a single payer system) and Health Plan or Health System (similar to Covered CA and Medicare Advantage programs which are all sponsored by For-Profit insurance companies). In subsequent slides Canada becomes Direct Payment. It would have been difficult to label it Single Payer given the data he presented with no consideration of the elimination of the profits accrued to the private insurance companies in the Covered CA (Federal subsidies) and Medicare Advantage Programs. The definition of Health Plan or Health System is clearly defined as requiring all Californians to join a Health System or Health Plan with risk-adjusted capitation payments to providers. In this scenario Unified Financing equals Capitation in a system that would still be controlled by For-Profit insurance companies. Given this, I would ask independent private physicians to BEWARE. You may find yourselves in monopolistic health systems with a capitated patient base. Profit: Since we are still considering one option to be a system run by For-Profit insurance companies, I would like to give you a couple of Profit statistics. My supplemental Medicare policy is provided by United Healthcare Insurance, part of the United Health Group. In addition to their Insurance division, they also have Optum, consisting of Optum RX, which is their Medication Management division and Optum Care which is busily buying up Physician practices. I recently received an e-mail asking if I was interested in joining an Optum practice in Redlands, CA. Another part of Optum is Optum Insights which does Healthcare research using healthcare databases and AI technology. Recent Reports: Predictive Technology for Geographical Targeting AI analysis for Drug discovery and post-market surveillance. During our Pandemic year of 2020 United Health Group made a profit of $15 billion. Even our non-profit Kaiser system produced

Count	Name	Comment
		a profit (sorry Net Income) of $6.4 billion. This number was lower than expected however due to a decrease in their investment income. Waivers and Needed changes in CA Law: Federal waivers, as I understand it, could be granted by HHS secretary Becerra. There is some question as to whether such waivers could be granted without the passage of AB 1400. As noted by Professor Kronick, several changes in CA law would be required to implement a Single Payer Health Care system in CA. It would be very useful to the public if the Commission could review the waiver issue as well as the changes in CA law that would be required. Respectfully submitted
92	Sandra Floyd	To the Healthy California For All Commission, I am convinced that by controlling costs of services, drugs and eliminating "intermediaries" that determine eligibility and process claims we can provide health care for everyone in California equitably and with better coverage for the same cost as we now cover only part of the population. There is no question to me that California should be a leader in the United States and develop a single payer system to cover all residents. In addition to reducing administrative costs, a streamline single payer system reduces stress and anxiety caused by our current modes of providing health care. I know from experiencing single payer in Australia (where I was a resident for 8 years) how much simpler single payer can be. When I moved to Australia, I registered at the Medicare office and received my card and that was all I had to do. That card was accepted at any medical center and lab. No stress and no worry about whether or not I had coverage or whether my insurance was accepted. Australia has income- based cost sharing for most services. When I returned to the USA I did not (and still do not) have employer sponsored health insurance. I applied to Covered CA, a confusing process to say the least. Because our income is low and irregular, we got kicked over to MediCal. We didn't want MediCal but had no choice. We wanted to return to Kaiser for care because we had that before we moved but they would not accept us as MediCal. The only way we could et Kaiser was for one of us to enroll and pay full price for Kaiser and the other to get coverage as a family member with MediCal. This of course required a lot of phone calls and listening to the same Kenny G riff over and over on hold at MediCal. Then we had to go through the renewal process. An income source that had ended was somehow carried forward during the renewal process and we

Count	Name	Comment
		were told we could enroll in Covered CA even though we knew our income would not exceed the threshold, requiring more phone calls, frustration and anxiety. We were dropped by MediCal for having too much income, but could not enroll in CoveredCA. Eventually we got our coverage back but were without coverage for a month. The next year we were eligible for CoveredCA. We maintained the same plan, but we lost coverage for eye exams. We again had trouble getting our income data entered correctly for 2020 after we renewed with CoveredCA. There was an easy way to fix it but no one I spoke with at CoveredCA figured it out. I eventually stumbled on a way to delete an old statement when logged on the website. We enrolled at CoveredCA but were referred back to MediCal. We were then dropped by CoveredCA and had to have many more phone calls and office visits with MediCal to get our income data correctly recorded. We were reenrolled and then dropped because our plan changed then reenrolled. Later in the year we had to report an income change. I might add that during the renewal process we have to agree that if we don't report income changes we might face fines or jail. This is intimidating, causes anxiety, and is absolutely unacceptable. No one should face punishment when trying to get health insurance. I will also add that one factor in our decision whether to take on temporary work is having to go through reporting an income change with CoveredCA. I would rather not have the income than deal with the frustration and stress. Because of all the issues we had with coverage in 2020, we had 3 separate forms documenting our health coverage to file for our federal tax return and 4 separate documents for our CA tax return. I spend more time each year trying to arrange health coverage than I spend getting health care, and it is stressful and frustrating. It is not sustainable or acceptable. Eligibility should not be a persistent issue for health care. We shouldn't have to worry about whether or not we have health coverage and then worry again whether we can afford to pay for care even when we have health insurance. We shouldn't have to worry about access to health care at all. We should be free to focus on our lives and worry only if we are sick, but not about getting help to heal. I urge you to consider recommending financing schemes other than employment-based taxes. One such plan was explored in connection to the ill-fated SB-32 in 2016. it involved taxes on purchases of non-essential goods and levees on business profits over the threshold amount so that it would not hurt small businesses. There are many of us who chose alternative lifestyles to regular employment, but we still spend money and in that way those who spend and make money would support the health care fund, regardless of employment status.

Count	Name	Comment
		Unified financing for health care is achievable. I know many people, including members of the Health California Commission, believe that achieving universal funding for health care is too difficult. This should not be a reason to not pursue it and continue with the status quo of expensive, inequitable, incomplete health care. Please have the courage and vision to develop a plan for health care that will benefit the most people and tune out the complainers who want to maintain the status quo. The status quo is a fragmented mess. Universal, single payer care is done in other countries and we can do it here in California. There are many models of single payer on which to base our system. You don't have to invent the wheel. Thank you for the opportunity to comment

Count of email comments: 92
Count of verbal comments: 27
Count of Zoom Chat comments: 236
Total count of public comments: 355