

**Healthy California for All  
June 25, 2021 Virtual Commission Meeting  
Public Comment**

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

<b>Count</b>	<b>Name</b>	<b>Verbal Comment</b>
1	Peter Shapiro	My name is Peter Shapiro, I'm with the California Alliance for Retired Americans and the delegate to the Alameda Labor Council with Healthy California Now as well. I want to respond very briefly to Commissioner Pan. I can understand where he's coming from since he's been targeted by the anti-vaxxers., but I think it's not the job of the commission to anticipate the kinds of attacks and try to tailor its work to ward them off. I think the job of the commission is to come up with the best possible plan that we can and leave it to the legislature to slug it out. And hopefully, not water it down too much. So stick to what what people really need and not to what's politically possible. It's the job of the legislature to try and fight that out. And it's a job of the general public to try to influence the legislature.
2	Linda Breen	My concern is that the process is corrupted by the influence of money. The lack of single payer health care is costing small businesses and cities enormous amounts of money, and they don't know it. Because there are narratives that are promulgated by large businesses. And it is the these few corporations and the influence of their campaign contributions that are stymieing single payer health care. A recent study has indicated California could save over \$200 million over the next decade with AB 1400 and similar cost studies for SB 562 showed tremendous savings. We can make a difference in California. California can lead the way. And I do expect governor Newsom and all of his appointees to lead the way as he promised when I endorsed him in 2018. Thank you so much for your time.
3	Donald O'Sullivan	Hi, everyone. Thank you. I'm a Medicare member. And I would like to see the commission focus on single payer options only, and have all their meetings in public. I don't trust insurance companies. From my own personal experience, I've experienced their corruption and despicable practices. I'm a stage four cancer survivor. And had I not been eligible for Medi-Cal, I know I'd be dead now. I want to bring your minds back to 1948, less than three years after the end of the Second World War, when the British instituted their national health system. It would not have been possible had they not been aware of the trauma they all went through. We are in a period now when we are recovering from the pandemic, we need to remember that we're all in this together. And I want people to start behaving like that and aim for perfection. And hopefully we will get the best we

Count	Name	Verbal Comment
		can. But it has to be single payer. The British would never give it up. And unfortunately, it was the second world war that had to happen for people to know, hey, it's time for love.
4	Isabel Storey	I'm actually speaking on behalf of Indivisible California, which is a coalition of 80 groups in our state. I see you commissioners have an important task to provide a system of healthcare with a unified financing system. We've seen the need, especially during the pandemic when so many people lost their jobs and they lost their health coverage. We see that a system tied to employment is not going to work. I also would like to urge you to really focus your efforts on a single payer system. That's the only one that truly provides unified financing which is what you are tasked to develop. Please don't be distracted and lulled by this term "intermediaries." This is just a euphemistic word for insurance companies and other risk bearing entities. That's the system we have already, which is not working. We need a system that's focused on patient care and not on profit. I also understand you're not crafting legislation, but I'd ask you to please don't ignore AB 1400. It's a well thought out model for single payer health care. Please look at it and use it as a template for your deliberations.
5	Michael Lighty	Thank you, commissioners. And thank you for this opportunity. I'm Michael Lighty, president of Healthy California Now, a coalition representing around 6 million Californians. I think it's important that there can be no excuses. California has the existing authority to pursue federal government support through the waiver process under the Affordable Care Act and can initiate section 1115 waivers under the Social Security Act. And we understand from all the years before and since the Affordable Care Act that incremental changes will not solve the problems of endemic health inequities exposed by the pandemic. The hugely disproportionate impact of illness and death in the Latino communities, and in the Asian Pacific Islander communities in particular, reveal that this system has been unable to create healthy communities. We've got out of control costs, we've got denied care, we've got administrative waste, and restricted access that undermine the health and budgets of California. Your own commission analysis shows the substantial and unique exclusive savings that single payer financing will provide. I would urge the commissioners to focus on that, to focus on a solution not because it's ideal, but because it works. And that's single payer financing. Thank you.
6	Carolyn Long	I'm Carolyn Long and I am a member of Single Payer Now and PNHP - Physicians for a National Health Program. For many years, I was a clinical social worker working with cancer patients and their families in a large teaching

Count	Name	Verbal Comment
		<p>research hospital. Many of the families I worked with had no insurance or were under insured. Some had to spend down their funds and endure poverty so that one in their family could receive treatment. Others on limited incomes were stressed by the need to pay for deductibles and co pays. Some who had insurance worried that they might max out a million dollar insurance policy. For these families, our healthcare system is a disaster. Our seriously flawed health care system adds great stress to the stress of serious illness and stress promotes a negative outcome for cancer patients. Experience with the pandemic these last 15 months has exacerbated the problem with millions in California who are uninsured or under insured. This is a major crisis. Single payer improved and expanded Medicare for All is the answer. The Commission needs more discussion of AB 1400, and the public needs to participate in feedback ahead of the publication of the Commission's final report. Thank you.</p>
7	Jeffery Tardaguila	<p>My name is Jeffrey Tardaguila. I've been involved with many of the previous coalition's that have been talked about. And also been with Dr. Galloway with the Master Plan for Aging. You need more public input. At the same time, this commission needs to figure out: you have this pandemic, and you figured out how to solve it. You need to figure out how do you solve for every Californian that equally gets in the opportunity. Equity has been brought up, as well as the other matters and subjects. The disparities have been shown. Previously, I had, under the military coverage, but I'm a sole survivor. And here we go. So what is going to happen as we reach our senior years. We need better service coverage, long term and other definitions that have gone on. Thank you very much.</p>
8	Dr. Bill Honigman	<p>My name is Dr. Bill Honigman and as a retired emergency room physician, I would like to call attention to the moral imperative that the charge of this commission demands that prompt action take place now. With every day that passes, more and more Californians are losing their lives and livelihoods due to the waste, fraud, and abuse of commercial health insurance and drug company profiteering. This has never been clearer than since the horrible human suffering, loss, and inequity that we have all experienced with the COVID-19 pandemic. Therefore, it's past time for the commission to 1) advanced financial modeling, 2) establish a timeline for implementation, and 3) to immediately put before the governor initial steps to move forward with the single payer system that we all know will solve so much of what is making healthcare so costly and unjust in California. It's past time for action by this body. Thank you very much.</p>

Count	Name	Verbal Comment
9	Bruce McLean	<p>I'm on the board of the Butte County Health Care Coalition and Healthy California Now, and I find myself forced to spend many hours every week organizing teachings, car caravans, demonstrations, candidate forums, and attending meetings, working for expanded Medicare for All. You see, I have no choice. If you knew my dentist, you'd understand why. After working 50 years, I went on Medicare six and a half years ago. Medicare takes up a sixth of my social security, and after paying rent, there isn't much leftover. Every six months when I see my dentist he reminds me of all the dental work I need. And I tell him that I'm working as hard as I can to have expanded Medicare for all which will cover dental, as well as hearing, vision, and long term care. He tells me work harder, your teeth can't wait any longer. Now you know my dentist and how this commission can help millions of Californians like me. Thank you.</p>
10	Terry Winter	<p>I am a nurse and a graduate actually of Dr. Scheffler's program on Health Policy and Administration at Berkeley. And I applaud the efforts of the governor, Dr. Ghaly and the commission to build a system of universal financing. I was a nurse manager and planner on chronic diseases at Kaiser for decades. And while systems like Kaiser had become models for integrated care, it became clear to me that financial intermediaries and HMOs, for profit or not, inhibit the breadth, access, and quality of care that our money can buy. In short, financial intermediaries prioritize cost control and profiteering over patient care. A true single payer system without financial intermediaries that utilizes the care structure of places like Kaiser, it removes its financial structure, will effectively address many of the issues of quality, equity, cost, and sustainability. Thank you.</p>
11	Beatriz Sosa-Prado	<p>Hi, good afternoon. This is Beatriz Sosa-Prado from California Physicians Alliance. And today I'm pleased to hear that the proposed meeting dates for the rest of the year have already been set and announced to us. I'm also glad to hear that the commissioners will have opportunities to adequately exchange their expert knowledge and properly discuss and finalize their plans and recommendations. Very good. Dr. Ghaly has proposed that in November, the commission will discuss ensuring a smooth transition to an improved healthcare system. Yet he also mentioned that we can touch on this topic earlier. And CaPA's roadmap to Golden State care is a strategic, approachable, and realistic proposal to achieve a healthcare system that is universal, just, and equitable in California and to ensure that this transition to this new improved health care system, including single payer, is as smooth as possible and not disruptive to the current system. CaPA's roadmap is carried out in three phases and we can in fact, ensure that each stage and step that takes place as positive. So I'll share in the chat box</p>

Count	Name	Verbal Comment
		where you can find this roadmap, and I am available and willing to discuss this document with anyone on this call. Thank you.
12	John Greg Miller	Hi, I'm a retired nurse, and member of California Nurses Association Retirees and also the Santa Clara County Single Payer Health Care Coalition. I think it's a mistake for the commission not to discuss AB 1400, which is the only unified financing bill that's been introduced in this session of the California legislature. It has specific structures for governance, reimbursement, accountability, etc. You just need to plug in the financing. So AB 1400, which fulfills the mission of the Commission. With so many people suffering and dying due to the shortcomings of the current regime, the commission should seriously consider AB 1400 as a model. Thank you.
13	Tony Sowry	Hi, my name is Tony Sowry, I live in the San Francisco Bay Area. I'm a volunteer for the National Patient Advocate Foundation. My question today concerns the summary from the previous meeting of May 31st. And in this summary, there are numerous pages that attempt to itemize the benefits that can be anticipated from UF/UC. What I can't find in these estimates is the estimated financial benefits stemming from improved health in itself, such as less absenteeism, increased productivity. And this is both for patients and the caregivers. This sort of benefit, whilst hard to quantify would seem to me to be a critical, arguably the most critical part of any cost benefit analysis. And I'm wondering if I'd missed something in reading the minutes.
14	Erika Feresten	Hi, thank you so much. So you wouldn't know it by listening to this commission that California has a single payer bill AB 1400 known as CalCare. And it intentionally addresses the ideology of health care disparities by outlining the need to, "implement policies to ensure that all Californians receive culturally, linguistically instructionally competent care and by specifying measures to ensure CalCare governance is inclusive." I demand that the Commission use part of the 5 million taxpayer funded consultants contract to create a publicly available online calculator to explore multiple combinations of financing options for AB 1400. Thank you.
15	Berry Doumas-Toto	I'm speaking from a person's perspective impacted by our profit first healthcare system, both economically and having had loved ones denied care. And I'm imploring the commission to get down to the basics, which is that people need health care, and they need it right now. Especially living through this experience of the past year's pandemic, which basically blew open the disparities and inequities in our current system. We need it now. We have the opportunity to provide that care saving both lives and money right now by passing and implementing AB 1400. So I stress

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		that you all take the now route, and seriously consider and examine AB 1400. Figure out a funding mechanism, possibly and recommended it as the Commission's recommendation to the governor. We must move past the false narrative that we do not have money in the richest country in the world and here in CA the fifth largest economy in the world. Thank you.
16	Ryan Skolnick	Hello, Ryan Skolnick with the California Nurses Association. And I want to address this bizarre obsession we've heard about capitation because it's really the perfect embodiment of the worst moral depravities of our healthcare system. Capitation is literally a reimbursement model predicated on rewarding those who provide less care, and it incentivizes providers to cherry pick healthier patients at great detriment to vulnerable Californians. These perverse incentives constitute rationing, and they put patients last with absurd cost burdens and reduction and denial of care as a rule. But we can have a system that puts patients first, we can use global budgets for institutional providers and the option for a salary or reined in fee-for-service system as called for in AB 1400 to provide reimbursement in a single payer system that can control costs and change the current doctor patient relationship from one based on dollars to one based on care. That's how it ought to be. Thank you.
17	Sonya Vasquez	Hi, Sonya Vasquez with Community Health Councils. I'm hopeful that at some point in these discussions, we can really have a conversation about the robust workforce that we need, especially those who are the connectors, the community health workers, the navigators, the promotoras. Whatever the system looks like, we're going to need this workforce to help explain to especially our most vulnerable communities, what is happening, the changes that are going to impact them, we're going to need them if we really want a smooth transition. We all remember the Affordable Care Act, that wasn't just the the navigators, but we had a good hand in making sure that we made it through the other side. And even when we're on the other side, there's gonna be a lot of confusion. And I don't care what your education level is, how wealthy you are, we all need somebody to just pay attention to us and make sure we understand how to get through the system, especially in those parts of the state where we don't have a lot of access to providers and other specialty care. So I'm hopeful that we can include that in the conversation as well. Thank you.
18	Beatriz Sosa-Prado	Thank you, Professor Hsiao for your excellent presentation. Good afternoon. This is Beatriz Sosa-Prado with the California Physicians Alliance. Here's an overview of Ca-PA's roadmap proposal to Golden State Care. Each of its three phases consists of legislative and systems changes.

Count	Name	Verbal Comment
		Phase one streamlines and improves the existing state infrastructure to expand coverage, improve quality, and save money. Phase two consolidates the infrastructure for greater efficiency and added savings. Phase three implements a unified system of public financing. And five policy categories are addressed each of the three phases. Universality, responsible private insurance company behavior, reasonable costs and prices, improved efficiencies in public systems and improved workforce support. California must continue to protect the gains that we've made for the ACA, but we must also take major steps towards universal coverage and access while preparing for single payer. Ca-PA looks forward to advancing progress and achieving an equitable health care system for all Californians. Thank you.
19	C.T. Weber	My name is C.T. Weber, I'm a member of the CARA Lgislative Committee and also a member of Peace and Freedom Party legislative committee. One thing I'd like to assure the senator of is that the rich will always be able to have health care anywhere they want, just as public education, people who don't want to send their children to public schools will still find a way to send them someplace else. What I'm looking for is a truly high quality, comprehensive, universal, single payer health care system, with no co pays no deductibles, which will get in the way of our costs. So that's what I'm looking for. And that's what I sort of expect. And I don't put it past legislators to be able to find the ability if the desire is there, to come up with a true system, you're always going to have about 25% of the population for political reasons that will want to opt out of the system. But that should not stop us from moving forward. Thank you.
20	Brynne O'Neal	Brynne O'Neal, CNA. Single payer system is best for patients. Enrollment is simple and one time only so no paperwork stress every time your life changes. Patients will have freedom to choose their providers without worrying about networks. And then medical decisions can be made between the patient and their healthcare professional. No intermediary will be profiting from denying care. But no patient will have to submit appeals before getting needed care or get surprise bills because the company decided they didn't want to pay for it. But still single payer can keep costs down without that interference in care decisions for individuals because it will have all the data that it needs to monitor for the few doctors who over prescribe expensive care, and then investigate and intervene against those few bad actors. Integrated Care can be achieved within institutional providers paid by global budgeting, and by paying for coordination between any individual care providers. Californians want a system that pays for care, not

Count	Name	Verbal Comment
		middlemen. Use this commission to design a strong single payer system. Thank you.
21	Norma Wilcox	My name is Norma Wilcox. I am a retired RN. I am the president of the Butte County Health Care Coalition in Butte County. I'm a senior living on Social Security. I pay more for my for profit supplemental insurance that pays 20% than my Medicare that pays 80%. My Medicare costs are affordable and stable. My supplemental insurance increases at least twice a year. At some point I may not be able to afford my supplemental insurance. CalCare would cover my full premium. CalCare is legislation that already addresses benefits, provider reimbursement, governance, and the waiver process. I would like the commission to discuss AB 1400. An interactive calculator with various options for financing AB 1400 would make it easy for the public and legislators to monitor the proposed options. Thank you.
22	Eric Vance	I'm a single payer organizer with East Bay DSA. Earlier I prepared a longer piece for kudos and compliments to Dr. Ghaly commission. To be brief now, this is the most encouraged that I've been since I spoke before you at your inaugural meeting in Sacramento. I applaud Dr. Hsiao's expert presentation, which overwhelmingly demonstrates that single payer is the only answer. But similarly to how Dr. Ghaly advised of not considering existing legislation, AB 1400 as the Commission's purview to leave that to the legislature, I would ask that commissioners please also leave the worry of political and corporate interference and influence to the legislature and use your power to do the right, equitable, pragmatic and economic thing in focusing on single payer. If the commission doesn't ultimately recommend single payer? We'll know it was against the informed and passionate advice, evidence and demands of some of its own members and the vast majority of the public. The mechanisms exist with the federal Medicare waiver, and AB 1400. We need your political will, leadership, courage and we need it now. Thank you.
23	CS Lim	While Dr. Ghaly mentioned that the Commission isn't considering actual legislation, that should not stop the commission from using the detailed structure for single payer and health care equity for low income populations that is so beautifully laid out in the AB 1400 bill. As an Asian American immigrant, AB 1400 is a stunner, because for the first time that I know often the US, a health care reform bill has integrated culturally competent, culturally sensitive care into healthcare delivery. This is actualizing healthcare equity, and is hugely important in a majority minority state like California, where significant populations of immigrant communities, especially seniors don't speak English as their primary language. And we've seen from this past year that



Count	Name	Verbal Comment
		these are the very communities that have been hardest hit by COVID. So integrating culturally competent care is only one example of the detailed roadmap to achieving health care equity while saving on health care spending, that is laid out in AB 1400. And I bring this up because it is a feature of AB 1400 that is not usually remarked on. So I urge the commission, please use AB 1400 as a template to model your recommendations. It is ready made, you don't have to reinvent the wheel. So use it as your model and spend your remaining time figuring out methods for financing the remaining costs of single payer that can't be recouped with federal dollars. Thank you.
24	Peter Shapiro	A lot of the points that I was going to make have already been made. But I do want to ask one question. I do not understand why the next meeting of the commission is taken up with the role of intermediaries. I thought the whole point was to get rid of the middlemen so we could actually have our healthcare dollars go to directly pay for care, rather than siphoned off by middlemen. And if somebody wants from the commission wants to address that, I'd be grateful. But the other point I want to make though, is that Bob Ross spoke very highly and properly so of the work of community clinics. People I know work there actually support single payer, they're perennially underfunded, they have the job of cleaning up the mess left by the commercial healthcare system. They get all the people that private insurance doesn't want to bother with because they aren't profitable enough. And I think if we really want to have health equity, we have to put everybody in the same risk pool. So you can't have decide who to treat or who not to treat patients on the side on how much profits can be made from it.
25	Craig Simmons	Hi, I'm Craig Simmons. And I would just like to comment on two of the commissioners statements. One is from Peter Lee, who said that standardization of costs is the number one most important thing and in implementing single payer. Now the Kaiser Family Foundation and the University of Utah have been working on standardization of costs for some years now. And before you can have a single payer system, you have to have Doc's and hospitals agree on what's fair for payment for certain services. So Richard Pan said that the public is going to have to decide so I guess my question to the commissioners is, would anyone be opposed to a ballot measure for a implementation of a payroll health care tax, which would provide for all services including surgeries, prescription drugs, and preventive care if the public approved? Thank you.
26	Linda Chapman	I formerly worked for Social Security, so I view as alarm, the complaining of single payer with Medicare for all, or with AB 1400, which are both fee for service systems, basically. And

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		<p>that is the problem in the United States. That is why we have the highest costs in the world and also such poor patient outcomes. Part of our formal training for Social Security was having somebody from the Medicare system come in and tell us how hopeless it was to stop the industry profiteering is the word that was mentioned here, the fraud and the abuse of patients , the bad treatment and so forth, not because we were not efficient in our administration, but because it was just a hopeless system. And you would promote the worst incentivization by doing that. To talk about against capitation, that's to talk against Kaiser, which actually is on the whole an efficient system. The Social Security Administration encouraged people to join eventually, things like Kaiser and other HMOs, because they had no other way of controlling the costs and the abuses of Medicare, so that would be a horrible mistake.</p>
27	Christine Shimizu	<p>I am a member of Healthcare for All, LA, and my question is this: the managed health care capitation system benefits health insurance companies first. And everyone is saying everyone in this meeting, I mean, the majority of the people I'm hearing are saying that the most important thing is that everybody gets taken care of. But I haven't heard anyone bother to argue that the capitation is managed care system effectively takes care of everybody. And it doesn't, just look around. So my question is, why if everybody really wants everybody to be taken care of why is managed care even on the table? And one more thing, single payer doesn't just make sense, it makes dollars and cents. Economists are now saying that it would save employers \$5,000 or more per employee. Thank you.</p>
28	Maribel Nunez	<p>Hi everyone, Maribel Nunez with Inland Equity Partnership. And thank you so much Healthy California Commission. I ask that you pledge to take the challenge of transitioning the state to a single payer finance system. As a Latina, I am a big advocate of the Latino community and undocumented community, that still is one of the biggest percentages of people that are uninsured. You have California lulac choetech, co pham, Latino Roundtable, Pomona, Siren and various organizations that support single payer under COVID-19 it exasperate a lot of inequities. I do appreciate the commissioners, Dr. Bob Ross, and Rupa Marya, in regards to looking into equity, and I would really also make sure that we include cost savings. And I think single payer will address some of these issues. And I feel that just ditto to what everybody has said, getting single payer will save us \$223 billion. And there's been a lot of reports of we're looking at how we look at the undocumented community and everybody else. Science is clear that single payer will save us money, save lives. And please, please, let's move towards single payer. The governor already came out with a</p>

Count	Name	Verbal Comment
		federal waiver to ask the President Biden for single payer, so the governor is on board, the committee is on board, grassroots groups are on board, we just do to try to see if the commission can make that recommendation. And there's already legislation like AB 1400 as well.
29	Mari Lopez	My name is Mari Lopez, from Los Angeles, California. When it comes to receiving care under single payer, people will be free to choose the doctors and hospitals of their choice with no narrow networks. Under our current system, a system of middlemen and insurers and other intermediaries we do not have a choice about who provides our care. That's because insurance corporations limit which doctors we can and cannot see, Insurers decide when we could see them, insurers decide which providers are in or out of the network. But this decision is not based on price, the best care. Rather, insurance, insurers make decisions on our care based on maximizing their own profits. Narrow provider networks are just some of the many examples of how insurance plays profits before patient health care. Single payer means true freedom of choice and intermediaries or insurers or whatever you want to call them, have no place in our health care system.
30	Caroline Sanders	My name is Caroline Sanders. I'm with the California Pan Ethnic Health Network. I also really appreciate the presentation by Professor Hsiao. And I have questions about the fee for service single payer model of Taiwan. And I know I know that he noted that systems like that create equal access to covered health services, drugs and equipment. In California, even with access data shows communities of color tend to underutilize healthcare services and when they do utilize services, they experience stigma and discrimination. With managed care we have levers such as value based payments that reward for the value of care, and whether we're adjusting equity. And I'm just not as clear on what those levers are in fee for service. I'd appreciate hearing more about that. Because equity, I think is really important and needs to be a central component of whatever single payer or universal system was forward. I'm also curious, as others have mentioned, how the single parent system would redistribute resources to medically underserved areas like those that Commissioner Cara mentioned. And lastly, how do we ensure that provider payments are enough to really flip the incentive from high volume care to team based care, which really involves bringing in community health workers from the communities that are vulnerable and that we want to serve? So those are some questions for me and I really appreciate today's presentation and the discussion. Thank you.

**Total Count of verbal comments: 30**

**2. The following table reflects public comments that were entered into Zoom Chat during the June 25th Commission meeting:**

<b>Count</b>	<b>Name</b>	<b>Comment</b>
1	Joslyn Maula	Here is a link to the future meeting roadmap: <a href="#">Meeting Roadmap</a>
2	Phillip Kim	I echo Carmen's call for the commission to create a publicly available online calculator to explore specific financing options (various forms of progressive taxation). And I hope this will be included on the commission's schedule. I know the commission has a multi million dollar budget. Let's use part of that and explore financing and create a tool that will be helpful for the public, for community organizations and unions, and for legislators.
3	Christopher Hamilton	I want to see single payer health coverage in California; we can't wait for the federal government. It's amazing that this Commission is now the third time in three years that CA has "studied" single payer and its other modes of payment. I'm past waiting. The governor campaigned on getting single payer enacted; it's time for him and this commission to get it done. California can certainly seek a federal waiver under the ACA; after all, our own Xavier Becerra, who has for years championed single payer, is head of Health and Human Services now. Moreover, I believe that polls demonstrate that the majority of Californians want a cheaper, more reliable, less bureaucratic payment system like single payer. And they want insurance companies out of the picture; they're the entities that increase costs so much and make the challenge of securing health coverage so bureaucratic. Let's take the lead in this country and follow that of the countries with less expensive health systems that in fact yield better health outcome
4	Mary McDevitt	The PEOPLE are the Political Dynamic we have to listen to.
5	Winchell Dillenbeck	Re: Richard Pan. The direction was not to consider legislation or the process. The Commission's responsibility is to produce and recommend the best option for healthcare without taking into consideration legislation concerns and incremental change.
6	Ryan Skolnick (He/Him/His)	I want to quickly address the Governor's letter. Governor Newsom's letter to President Biden incorrectly asserts that California needs Congress to pass a new federal waiver statute in order for the state to implement single payer. The state of California need not wait for Congress to create a new federal waiver -- both Commissioner Hsiao in his report to Vermont and Commission Comsti in comments to the Commission have written on how current federal waiver authorities can be used for the purposes of funding state single payer.

<b>Count</b>	<b>Name</b>	<b>Comment</b>
7	Ann Harvey	Dr. Pan: fortunately, the majority of the public is already in agreement that we want a single payer system. The sooner the Commission agrees on a single payer system (I hope during the July session on intermediaries), you can get to the numerous questions about how to best provide it, with cost control, equity, accessibility, and transparency.
8	Tracey Rattray	I encourage the Commission to include sustained funding to address the health equity and the social determinants of health in discussion and the final report. This investment will ultimately save health care costs by keeping people from needing care in the first place.
9	Danett Abbott-Wicker	Governor Newsom campaigned on a pledge to tackle the challenge of transitioning the state to a single payer-financed system.
10	Ellen Yoshitsugu	Please provide and promote an online calculator on what a single payer guaranteed healthcare system would cost people, because for almost everyone would SAVE money under single payer.
11	Kim Bondad	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.
12	Joseph Donahue, RN	The COVID-19 pandemic has shown that we need the Improved and Expanded Medicare for All proposed in H.r.1976 and the California version - CalCare A.B.1400. Both provide more services and are shown to save money.
13	Sylvie Hurat	Studies have shown that the cost overhead of private insurance is many times higher than the overhead of single public insurance
14	Danett Abbott-Wicker	Only single payer financing saves lives and money – the debate over the policy and financing advantages of single payer is settled. This Commission is the third effort in the last three years to “study” single payer and the alternatives. Enough, already!
15	Sandra Kurtz	I have spent a little over 30 years as a physical therapist in our health care system. I found that the inefficiencies in the system were profound. Because of the complexity of insurance requirements and variety between the different companies, an enormous amount of time is spent dealing with insurance requirements. I probably spent 10-20% of my time on insurance, time that could have been spent on patient care. Every department in the hospital where I worked has one person who spends the majority of their time on insurance issues, as does every doctor's office I ever called. This is not just my own observation, it is borne out by

Count	Name	Comment
		multiple studies. This is an enormous cost that does not improve health care at all. We must get away from using insurance companies, or intermediaries as you are calling them, and move towards a single payer system. This would provide a more efficient framework, and more equitable care for everyone. Please focus on developing a single payer plan.
16	Jeffery Tardaguila	We need to explain how \$\$ can be should be spent?
17	Michelle Grisat	The Commission needs to put out a variety of financing options and total revenue raised by each. We need to be able to mix and match different options.
18	Danett Abbott-Wicker	There can be no excuses – California has the existing authority to pursue federal government support through the waiver process under the Affordable Care Act.
19	Danett Abbott-Wicker	Incremental changes will not solve the problems of endemic health inequities exposed by the pandemic, out of control costs, denied care, administrative waste and restricted access that undermine the health and budgets of Californians.
20	Michelle Verne	The commission ignoring AB1400 is a mistake, it is a ready made piece of legislation that can and should be used as a template for the commission's recommendations. Instead of ignoring AB1400, the commission should model it. As an employee of this immoral for-profit health insurance industry for the last 30 years. I can say, I do not believe this system is beneficial in anyway. In the last 10 years of employment my kids were on Medi-Cal because, my employer, UHG, would not pay me enough to afford their own HMO healthcare. That is atrocious, and there are many more like me. The taxpayers are subsidizing health care for the employees of healthcare insurance companies. I'm not sure anyone is aware of how bad this situation is. How much worse is this going to get before we move forward with Single-Payer Guaranteed Healthcare for all? No more excuses, no more bureaucracy. This is the 5th largest economy in the world and we've wanted this for years and all everyone does is keep talking about it.
21	Francesca Wander	Dr. Pan. I am your constituent in 95835. I am also an activist with Indivisible. I expect you to do everything in your power to support single payer in CA.
22	Nel Benningshof	I know that the commission can not address current legislation. But I feel I should express my disappointment that Assembly member Jim Wood introduced, AB 1130, the California Health Care Quality and Affordability Act this month. Why spent money on an Office of Health Care Affordability (OHCA) to analyze the health care market for cost trends and drivers of spending and develop data-informed policies for lowering health care costs? We already

Count	Name	Comment
		know how to lower health care costs. It is called single payer and there is a single payer bill AB 1400. Our first priority should be to pass AB 1400. This commission should work on the financing part of AB 1400 so that it can be implemented as soon as possible.
23	Mari Lopez	Given the new Presidential administration and because California would need state legislation enacted the program into state law for federal HHS to approve a consolidated waiver application, the governor has the opportunity to do more to move along the cause for single payer and unified financing -- namely the governor can provide reassurances that he will pursue federal waivers once we have an enacted program in hand and he can back state single payer legislation. I think these discussion on financing are incredibly important for the commission to have in terms of presenting this kind of roadmap on federal waivers and generating new revenue for unified financing, including single payer.
24	Judy Jackson	Judy Jackson, 75 years old. I was born with an ear infection and have been sick since. I am a board member of the California Alliance for Retired Americans. The only interactions I have had with insurance agents/intermediaries is when they deny me the right to medicine that work better for me than the generics they push because they are cheaper. Single payer without intermediaries is what I want.
25	Phillip Kim	Regarding the governor's recent letter to the Biden administration. I think it's great that the Governor says he supports single-payer. However the letter claims that states cannot pursue single-payer under current federal law and that's not correct. There is an existing federal waivers process that allows states to access federal funds to implement state-based single-payer. <a href="#">Calcarewaivers Link</a> We don't need to wait for new federal legislation. We can pass single-payer right now and we have a bill for it, AB 1400. Many respected policy experts from Rand Corporation, the University of Massachusetts Amherst, and others have written about this existing federal waivers process. The commission should model and recommend passage of AB 1400, the California Guaranteed Health Care for All Act.
26	Forest Harlan	I had three comments prepared. The first one, lack of communication between commissioners, has been met. the next one is lack of transparency towards public and the commissioners. The other one is that to my opinion is that the process seems designed to thwart single payer. Single payer is the only pathway to "unified financing."
27	Peter Shapiro	I do not understand what is meant by "intermediaries" Can someone clarify? I thought the whole point was to rid us of middlemen who needlessly inflate the cost of health care.

<b>Count</b>	<b>Name</b>	<b>Comment</b>
28	Danett Abbott-Wicker	The Commission must fulfill its mandate to offer a comprehensive, bold solution to guarantee healthcare for all Californians. Nothing less than a clear recommendation for single payer will meet the moment.
29	Gerald Rogan	Will single payer/funding threaten Medicare?
30	Robin Sunbeam	Most people I speak to are in full support of single payer universal healthcare for all Californians. We have been waiting not only 4 years since SB 564 and 2 decades since Prop 186 in 1997. How many more studies do we need before Californians can receive health care Justice?
31	Ann Harvey	Unified financing = single payer
32	Robert Vinetz	Definition: A "Unified System of Public Financing" of health care is a form of healthcare system financing where all medically necessary services are covered AND are paid fully from one public source. The delivery system itself can be fully public, fully private, or a hybrid (combination) of both. We believe that universal coverage that is just, equitable, diverse, and inclusive (JEDI) and "affordable" (JEDIa) is impossible to fully achieve in a multi-payer, for-profit driven system. Only a unified system of public financing can provide the platform to effectively achieve and sustain such universal coverage. Public Health and Prevention: We must include "prevention" and "public health" in the financing aspect of "health"...including "social determinants of health" (diversity, inclusion, justice, equity, accessibility...) in the definition of the "Unified System of Public Financing"
33	Sally Gwin-Satterlee	What happened to the Commission Plan to meet with community groups and get input??? The public needs input into their healthcare system.
34	Emily Olanoff	I am completely against the existence of intermediaries in our healthcare system. The only solution is a Single Payer system. Insurance companies add no value, they only cause harm as middle-men denying care. Every dollar of profit that they receive is money that would be better spent on providing actual care to Californians. A Single Payer bill already exists, AB1400. California is a world-wide leader in technology and innovation. We must untie healthcare coverage from employment so that people have the freedom to start their own businesses and develop new ideas.
35	Danett Abbott-Wicker	Healthy California Now's report reaches conclusions similar to those presented in the Commission's analysis released May 26th showing the substantial savings exclusively generated by single payer financing, and provides a deeper dive in fiscal analysis the Commission cannot ignore - it's clear we can't afford any other solution to our healthcare crisis than a single payer system.
36	Brianne McKenzie	Great comments. Single payer is the best option for patients



Count	Name	Comment
37	Danett Abbott-Wicker	The Healthy California Now report supports the goal to eliminate all barriers to care and liberate California from the greed of the health insurance and pharmaceutical industries stating specifically that, "Using conservative estimates, California could reduce total health spending by \$223 billion to \$764 billion over the coming decade – lowering its annual bill 7% to 19% by 2031 and giving its economy a strong competitive advantage over states that continue along current trends." California's economy cannot afford any other healthcare system than single payer.
38	Margo Krindel	You've had years to "study" single payer... why do we need more "study"? Why can't we DO something?
39	Isabel Storey	I'm Isabel Storey, speaking on behalf of Indivisible California, a coalition of 80 groups across our state.
40	Nel Benningshof	We know who the drivers of spending are in our health care system. It is the "intermediaries" better known as insurance companies and other risk bearing entities. A single payer system eliminates them. A system with a role for multiple health insurance plans would be neither single payer nor unified financing.
41	Brynne O'Neal	We need state legislation before we can get federal waiver approval from HHS Secretary Becerra. Because the legislature has not yet implemented a program to enact single payer and because the legislature has not yet passed legislation authorizing the Governor to seek a waiver from federal HHS, any waiver application now would have to be rejected by Secretary Becerra.
42	Danett Abbott-Wicker	This Commission is the third effort in the last three years to "study" single payer and the alternatives. Enough, already!
43	Robin Sunbeam	As a Registered Nurse working in Birthing Centers for 2 decades, it became very clear that White women got very different care than women of color. The shameful infant mortality rate of the USA makes it clear that health care for the rich is ultimately racist and classist.
44	Ernest Isaacs	It is obvious even before Mr. Hsaio's presentation that Single Payer is the only way to accomplish the goals of this Commission. To think in terms of compromise just won't work, the insurance industry just needs to be completely out, not "compromised" in.
45	Linda Breen	In order to educate the public, the commission should support creation of an interactive calculator so that residents and other stakeholders can see the financial impact, and the commission should focus on specific financing models for AB1400. Our small businesses and cities are struggling under the weight of increasingly expensive healthcare costs, and union negotiations are needlessly difficult. They DON'T KNOW that there is a solution that is being stymied for the profits of a few large corporations.

Count	Name	Comment
46	Georgia Brewer	Leaving insurer intermediaries in the mix will only prevent us from addressing the horrible racial and wealth inequities in our healthcare system! They answer to shareholders, not to patients, nor to communities. We need transformational change and this is clearer now - post COVID - than ever before.
47	Isabel Storey	I urge you to focus your efforts on a single-payer system, that is the only one that truly provides for "unified financing." Please don't be distracted and lulled by terms such as "Intermediaries" - this is just a euphemistic word for insurance companies and other risk-bearing entities. We need a system that is focused on patient care - and not profit.
48	Nel Benningshof	An Office of Health Care Affordability (OHCA) that AB 1130 would establish is not needed if a single payer system as described in AB 1400 were implemented. AB 1400 includes fraud prevention and enforcement mechanisms, reporting requirements that allow review of healthcare use and comparison across the entire state, measures that eliminate problematic payment incentives, and strong coding transparency features, as well as a duty of patient advocacy that requires providers to prioritize patient needs over economic factors.
49	Isabel Storey	Please don't ignore AB 1400, a well thought out model for single payer healthcare. Please use this as a template for your deliberations.
50	Kathleen Healey	Let's not overlook the tsunami of post-medical debt and bankruptcy
51	Mary McDevitt	Only elimination of "Medical" patients, to have all people in CA as "CalCare patients will eliminate "inequities" in healthcare.
52	Robert Vinetz	As a pediatrician with 45 years in primary care and some 3 years in public health (now retired), below are two reports I believe are vital reading that can assist in your work: Better is Possible: The American College of Physicians' Vision for the U.S. Health Care System; Ann. Intern. Med., 21 January 2020 Vol: 172, Issue 2 <a href="#">Link to Supplement</a> . This landmark, evidence-based analysis by the 160,000-member organization of internal medicine physicians is a clear, insightful and meticulously researched and documented presentation of vision, values and policy. A superb guide for all interested in moving our nation to a universal and better health care system. Projected costs of single-payer healthcare financing in the United States: A systematic review of economic analyses; Christopher Cai et. al. PLOS Medicine, 1/15/2020 <a href="#">Link to article: Projected costs of single-payer healthcare financing in the United States: A systematic review of economic analyses</a>
53	Judy Rice	The requirement to divert 30% of new taxation revenue to Education can be an asset single payer as creating a Health

Count	Name	Comment
		division within the Dept of Education which could fund school nurses, social workers, mental health providers. This would provide some equity for our children/ young adults by bypassing the inequity of property taxes as a full funding source
54	Gerald Rogan	Can we make medical staff peer review more effective?
55	Christine Shimizu	Yes! The CalCare Bill AB1400 is the solution! It IS the singlepayer bill. Let's save time and just start working with this bill!
56	Sally Gwin-Satterlee	Thank you Micheal Lighty. I completely agree with you. I am a retired Nurse who has been volunteering to get Medicare for All/Single Payer for the past 20 years. It would save money and cover everyone. Please discuss and support AB 1400. People are dying as we discuss this we need Single Payer NOW
57	Robin Sunbeam	The VA covered all veterans for free.
58	Kathleen Healey	Don't overlook the tsunami of post-COVID of medical debt and bankruptcy:
59	Kathleen Healey	<a href="#">Link to article: Concerns Mount Over Looming Surge in Bankruptcy as COVID Medical Debt Soars</a>
60	Isabel Storey	I'm glad to see this meeting open to the public and more public meetings scheduled. Please strive to make your deliberations more transparent by making more of the commission process and the role of consultants public.
61	Kari Lekvold	Dear Commissioners, It is with extreme urgency for the dignity and health of our community that I encourage you to support single payer healthcare. Healthcare is a human right. However, in the U.S., it is a major source of inequality, suffering, anxiety, and stress. How do the goals of a for-profit insurance company align with our goals of paying for affordable insurance and receiving quality care when needed? They don't and they won't. Profits are the goals of for-profits. And insurance profits are made by raking in as much as possible in premiums (aka my paycheck) and paying out as little as possible in claims (aka for my health). With this structure, the goals of insurance companies and the goals of our community will never align. Healthcare is a human right. However, in the U.S., it is a major source of inequality, suffering, anxiety, and stress. How do the goals of a for-profit insurance company align with our goals of paying for affordable insurance and receiving quality care when needed? They don't and they won't. Profits are the goals of for-profits. And insurance profits are made by raking in as much as possible in premiums (aka my paycheck) and paying out as little as possible in claims (aka for my health). With this structure, the goals of insurance companies and the goals of our community will never align. That leaves

Count	Name	Comment
		individuals and families in our community squeezed, stressed, and frankly, at wit's end. We're paying premiums for our families of sometimes 15-25% of our salaries.
62	Don McCanne	Stating the obvious, the commission members should deal with the severe deficiencies in our system and arrive at solutions that are universal, comprehensive, and equitable. Solutions that are limited to special interests should be avoided. It is the patient, all patients, that matter and everything else is secondary.
63	Kari Lekvold	But we pay the premiums because we think that when we need the care, they'll be there for us. Well, if you have health insurance, you know this is not the case. It's a battle to get care approved. I want to know who the claims adjuster at Anthem is who had never met my son yet who denied his medical request from two Stanford doctors. We are an interconnected species. We care for each other whether we want to openly admit it or not. Our brains are wired as such for survival. No one wants to do that job, day in and day out; denying their fellow human beings the medical care that they deserve. Let's do away with these morbidities and inefficiencies. Single payer. Universal healthcare. Medicare for All. Whatever you'd like to call it. We can do more with less and have better outcomes.
64	Kari Lekvold	There's a human being on the other side of every single one of these outcomes. A mother, a son, or a sister that could have a better quality of life. Let's join the other first-world countries and show our citizens that we truly care for them and value each individual. Unless you're voting to turn off every single citizens' water, there isn't a bigger issue. This affects 100% of the community. Everyone needs medical care. You have a decision to make. Please ask yourself: Do I want to vote for a better quality of life for myself, my family, and my community or am I okay with worse health outcomes? Thank you for your time. Please do not hesitate to contact me if you'd like further information on the issue. I have stats, studies, and personal stories galore. Yours in health, Kari Lekvold karilekvold@gmail.com
65	Michael Berlind	We absolutely need a single-payer healthcare system in California. This is backed up by public opinion, the inherent cruelty of our current system that leaves so many unable to afford insurance or treatment, and the economic studies showing SAVINGS with single-payer compared to the status quo. It is unacceptable that for-profit insurance companies dictate healthcare policy for the people of California. I urge the commission to focus on economic benefits, including job reallocation as we transition away from private insurance, as a way of quelling fear-mongering talking points about loss of

Count	Name	Comment
		jobs. To address another talking point, it must be stressed that union members will BENEFIT from guaranteed healthcare for all since they would be able to negotiate higher wages, etc - union leadership must not be allowed to fear-monger about losing healthcare benefits as a bargaining chip. Every reasonable person, armed with ample evidence and studies, knows that single-payer makes sense on a moral and economic level.
66	Forest Harlan	Our current system has forced my wife and I into poverty due to the cost of co-pays and deductibles. There is no rationale for continuing with this cruel system. Failure to enact a single payer system does cause excess death and poverty. No deductibles, no co-pays and affordable premiums are the only way to run an equitable system.
67	Dr Bill Honigman	My comments...As a retired Emergency Room physician, I would like to call attention to the moral imperative that the charge of this commission demands that prompt action take place now. With every day that passes, more and more Californians are losing their lives and livelihoods due to the waste fraud and abuse of commercial health insurance and drug company profiteering. This has never been clearer than since the horrible human suffering, loss, and inequity that we have all experienced with the COVID19 pandemic. It's past time for the commission to: advance financial modeling, establish a timeline for implementation, and to immediately put before the Governor initial steps to move forward with the Single Payer system that we all know will solve so much of what is making Healthcare so costly and unjust in California.
68	Gerald Rogan	Can we perform root cause analysis to stop fraud and abuse, such as happened at Redding Medicare Center 1998-2002? how can we stop it earlier before we lose millions?
69	Winchell Dillenbeck	It appears all public comment supports a Single Payer Health care system. I have heard no other alternatives proposed by the public. 69% of Californians support a Single Payer System. Please provide great leadership to pave the way to make a strong recommendation to the Governor and the Legislature.
70	Maria Behan	Yay, Terry!
71	Robin Sunbeam	Exactly, Terry!
72	Danett Abbott-Wicker	The Healthy California Now report supports the goal to eliminate all barriers to care and liberate California from the greed of the health insurance and pharmaceutical industries stating specifically that, "Using conservative estimates, California could reduce total health spending by \$223 billion to \$764 billion over the coming decade – lowering its annual bill 7% to 19% by 2031 and giving its economy a strong competitive advantage over states that continue along

Count	Name	Comment
		current trends." California's economy cannot afford any other healthcare system than single payer.
73	Laura Turiano	I support Dr. Honigman's comment: It's past time for the commission to: advance financial modeling, establish a timeline for implementation, and to immediately put before the Governor initial steps to move forward with the Single Payer system that we all know will solve so much of what is making Healthcare so costly and unjust in California
74	Kim Bondad	Insurers and other so-called intermediaries add nothing of value to our health care system: they do not increase access or quality, nor do they make care more affordable. In fact, they will likely include narrow networks with limited choice of doctors and hospitals.
75	Danett Abbott-Wicker	Healthy California Now's report reaches conclusions similar to those presented in the Commission's analysis released May 26th showing the substantial savings exclusively generated by single payer financing, and provides a deeper dive in fiscal analysis the Commission cannot ignore - it's clear we can't afford any other solution to our healthcare crisis than a single payer system.
76	Emily Olanoff	I currently pay \$5000/yr for health insurance premiums and have no dental insurance. I regularly go to Tijuana for healthcare because it is more affordable to pay out of pocket there then use my insurance here with my high deductible. Single Payer is the only solution.
77	Gerald Rogan	single payer/funder must support only managed care delivery systems, not fee for service.
78	Lorraine Watts	Over my 72 years and having maneuvered through and advocated for medical services for myself and my son who is autistic, 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 spent 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, 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. I strongly urge this Commission to create a healthcare system for all.

Count	Name	Comment
79	Allan Goetz	See Wendell Potter's, "Deadly Spin", for what is going on and the playbook employed by the commission, They are just trying to wear us out.
80	Christine Shimizu	You talk about the fraud and abuse, such as happened at Redding Medicare Center 1998-2002. But what about the much greater fraud and abuse of all the insurance companies? They right the rules so they don't have to be worried about being accused of breaking the rules.
81	Danett Abbott-Wicker	I have a new crown that is painful and I'm putting off going to the dentist because I know it's going to cost thousands of dollars
82	Christine Shimizu	write, not right
83	Linda Breen	Frankly, the "diverse opinions" on healthcare are related to the influence of very well funded stakeholders whose goal is to maximize profit at the expense of California's medical and fiscal health. Single payer healthcare will save money and save lives, and it is a no brainer.
84	Maribel Nunez	will there be more time to do verbal public comments later in the meeting?
85	Robin Sunbeam	Agreed, John /greg Miller!!!
86	Terry Brady	As a member of the Placer County Democratic Central Committee and a strong local activist for CalCare and universal healthcare. I have had several family members deal with the potential of losing everything and suffering a potential medical bankruptcy. I agree with all the comments so far and if something isn't done to solve our being the only major society in the world without universal healthcare. As a retired Paramedic I have seen way too much loss as a result of no medical insurance or very poor coverage. We must not let this continue. Thank you for listening.
87	Sally Gwin-Satterlee	Totally agree with John Greg Miller. Commission please discuss AB 1400!!!
88	Christine Shimizu	Thankyou Mr. Miller! Why are they not talking about legislation? How does that progress this discussion?
89	Gerald Rogan	christine, fee for service is a problem. managed care works well with less hassle.
90	Zac McDonough	AB 1130, the California Health Care Quality and Affordability Act authored by Assemblymember Jim Wood.
91	Margo Krindel	Yes, discuss AB 1400!
92	Beatriz Sosa-Prado	CaPA's Road Map can be found here: <a href="#">Road Map Link</a>
93	Zac McDonough	Jim stated in a recent twitter post that the way to provide healthcare to all is reduce the cost of healthcare. the system he wants to create focuses on quality reporting to improve quality. in actuality a great deal of quality reporting hinges on how larges health systems can afford the expenses and labor contractors you can hire to implement your ehr and teach

Count	Name	Comment
		your providers how to do this. this benefits large health systems and will give them leverage over less advantaged health systems. Jim's donors include \$42k from CMA and \$25k from blue cross/blue shield. why is someone so entrenched in these industries part of the conversation?
94	Cadence Chance	We've got your well developed blueprint for unified financing 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. AB 1400 was introduced in the CA legislature back in February and it would create a single-payer health care system that would fulfill the mission of the commission. There are 3 million Californians with no insurance, millions more underinsured, and we're still in the middle of a deadly pandemic. You should model AB 1400 and help California guarantee health care for all in this urgent time of dire need. Single-payer now!
95	Ellen Schwartz	I want to thank the commissioners for the time you have spent pursuing this issue, but I really wish the commission had spent ANY of that precious time examining funding options for a "unified financing system" which as you must realize but avoid saying the words, means a single payer system, where the government pays providers out of a common pool. This will mean eliminating private insurance (or as you call them, "intermediaries"), and I believe those of you with political ties listen to them more than to people who were struggling even before the pandemic, to have access to medical care. I urge you to spend your remaining time honestly examining what it will take to set up a single payer system in California, and using AB1400 as a model would be very useful.
96	Linda Breen	There is additional public comment after Commissioner William Hsiao's presentation.
97	Carol Fodera	The commission needs to consider AB 1400. It's an excellent single payer bill and if supported by the commission and passed, will expedite health care for Californians.
98	Dr Bill Honigman	Yes, discuss AB1400, model financing, present a timeline, and first steps to the Governor, now please!
99	Zac McDonough	*i want to erase labor from "labor contractor" i meant to write labor from contractors
100	Linda Bassett	Thank you, John Greg Miller. The commission has a blueprint to follow - AB1400. Discuss it, and how to educate the public on the best ways to pay for and implement. No need to discuss the inequities, pain and suffering of where we are now. ACT ON AB1400 NOW!
101	Zac McDonough	Thanks Greg!
102	Joslyn Maula	Public can submit comments to HealthyCAforAll@chhs.ca.gov.



<b>Count</b>	<b>Name</b>	<b>Comment</b>
103	*Bob Ross	one other thought Mark -- the Vermont paper was great but boy we should could use a session on why Vermont didn't succeed...lessons there? I wonder if there exists a "postscript" of lessons on the Vermont experience....
104	*Cara Dessert	same thought, Bob!
105	*Jennie Chin Hansen	I also agree with that question of Bob's as well.
106	Betty Doumas-Toto	As person who is impacted by our profit first health care system both economically and having had loved ones denied care. I am imploring the commission to get down to basics which is people need health care and they need it right now. Especially living through the experiences of this past years Pandemic which blue open the disparities, and the inequities in our current system . We have the opportunity to provide that care saving both lives and money right now by passing and implementing AB1400. So I stress that you all take the NOW route, which is seriously consider and examine AB1400, figure out a funding mechanism possibly and recommend it as the commission recommendation to the Governor. We must move past the false narrative that we do not have money in the richest country in the world and here in CA the fifth largest economy in the world. We need to write recommendations on policy always keeping first the Health Care is a Human Right.
107	Christine Shimizu	Gerald managed care works well with less hassle for the insurance companies, not for the patients. With managed care it is insurance companies who are watching their bottom line who make decisions about what care patients will get. With fee for service or global budgeting as would be the case in SinglePayer, the healthcare workers would be making the decisions instead of a rep who is incentivized to deny care
108	Paul Newman	Unified Financing means healthcare comes from one source.
109	Jim Burfeind	My name is Jim Burfeind and I live in Chico, CA. I'm a volunteer with the Butte County chapter of the National Alliance on Mental Illness. Every month, year after year we have family members ask for help because a loved one is experiencing severe symptoms of illnesses like schizophrenia or bi-polar disorder. They are further traumatized by trying to deal with the insurance companies, what you refer to as "intermediaries". Please don't model a system that has a role for health plans as "intermediaries". A system with a role for multiple health insurance plans would be a costly mistake. Insurers add nothing of value to our health care system: they do not increase access or quality, nor do they make care more affordable. Insurers only add administrative complexity and higher costs. Please use AB 1400 as the model for your recommendations.

<b>Count</b>	<b>Name</b>	<b>Comment</b>
110	Shirley Toy	Please do not ignore AB 1400. This should be at the center of the commission's discussion; We do not have funding for our current system - and it is costing us in human pain and financial ruin. AB 1400 should be at the core of your discussion. Thank you, Shirley Toy, retired nurse
111	Betty Doumas-Toto	As person who is impacted by our profit first health care system both economically and having had loved ones denied care. I am imploring the commission to get down to basics which is people need health care and they need it right now. Especially living through the experiences of this past years Pandemic which blue open the disparities, and the inequities in our current system . We have the opportunity to provide that care saving both lives and money right now by passing and implementing AB1400. So I stress that you all take the NOW route, which is seriously consider and examine AB1400, figure out a funding mechanism possibly and recommend it as the commission recommendation to the Governor. We must move past the false narrative that we do not have money in the richest country in the world and here in CA the fifth largest economy in the world. We need to write recommendations on policy always keeping first the Health Care is a Human Right.
112	Louise Mehler	I would like to add my voice to the many participants who have pointed out that, while many specifics need to be addressed, on the general subject of healthcare delivery, the experiment has been done and the results are conclusive. Around the world, all the other developed countries achieve better outcomes than ours at substantially lower cost per capita. They do this by eliminating the profit motive, in most cases via a single-payer mechanism. I appeal to you to use your time to explore ways for us to attain this demonstrably superior system. I urge you to make use of the work that was done in drafting AB 1400, and augment it to encompass strategies for redirecting the funds our present regime uses so inefficiently.
113	Judy Jackson	I don't want a system like the one I left that told me that we don't do that test on people once they reach the age of 80
114	Jon Li	Bill Hsiao's brother has been at UC Davis for 40 years
115	Peter Shapiro	The main thing to remember about Vermont is that they did NOT get by the necessary federal waivers. California needs to pursue this aggressively.
116	Christine Shimizu	Thank you Erika!
117	Alberto Saavedra	Well said Erika
118	Zac McDonough	Love to see it Erika
119	Robert Vinetz	Dr. Hsiao: Could or would single payer help save the private practice of medicine? If so how? If not why?

Count	Name	Comment
120	Dr Bill Honigman	Dr. Pan, with all due respect, your comments are completely based on anecdotal information and not supported by the immense body of scientific literature that supports Single Payer systems that save money and save lives.
121	Ginger Alonso	@Peter Shapiro that is a really good point
122	Linda Bassett	Great job, Ericka!!
123	Dessa Kaye	We don't need to reinvent the wheel; AB 1400 exists as a template, and single-payer health care exists all over the world as a model. "Unified financing" means health care financing comes from one source, i.e., single-payer. AB 1400, single-payer legislation, is the only "unified financing" bill that's been introduced in this session of the California legislature. Multi-payer, for-profit, or a public option do not meet the Commission's mandate for unified financing and should not be considered or included in your final report. "Intermediaries" is just another word for for-profit insurance companies; they have no added value, and in fact, increase costs and narrow access, and should not be included as an option in the Commission's final report. Capitated payments, risk-based payments, and so-called "value-based" payments are administratively complex, burdensome, and expensive.
124	Sally Gwin-Satterlee	YES thank you Betty!!!
125	Rhetta Alexander	Models of unified finance systems (aka single payer healthcare) abound in other countries. We needn't start from scratch. I urge the commission to study and discuss AB 1400 aka CalCare. Spend the remaining time discussing how to implement and finance AB 1400 then send your recommendation of support to the Governor as soon as possible.
126	Allan Goetz	The commission has degenerated to members of hackery, corruption, and incompetence and is obviously purposed to prevent single payer/Medicare for all from even being considered. It should be abolished.
127	Michelle Grisat	Yes, Dessa!
128	Emily Olanoff	Unless I missed it, why don't Commissioners have to disclose at the beginning of meetings as to how much money they take from Health Insurance Industry? Seems a conflict of interest that should be made public. For example, Richard Pan's #1 industry donor is the Healthcare Industry. He's taken over \$1.3M dollars from them, that is a very important detail in this conversation. Thanks. <a href="https://www.followthemoney.org/entity-details?eid=13008437">https://www.followthemoney.org/entity-details?eid=13008437</a>
129	Lorraine Watts	I hope the Commission will keep in mind that any healthcare model needs to be directly tied to equitable and equal access to education, housing, location of housing and job opportunities which under our current fragmented system has

Count	Name	Comment
		drastically impacted the Black and Brown, and underserved communities.
130	Alberto Saavedra	Incrementalism costs money and lives.
131	Dessa Kaye	These payment schemes have not been shown to save money or improve quality or choice, and in fact, incentivize and hasten health provider consolidation and concentration. This model creates an incentive for providers to reduce costs by reducing care. Capitation leads to rationing of care and rewards providers when they ration care. The incredibly important topic of health care in California should be discussed and debated in an open and transparent manner. Too many critical conversations are being held by hired consultants behind closed doors. The commission is going out of its way to not put forward a strong recommendation for single-payer health care, despite overwhelming demand from those who attend these meetings and make public comment that they do so.
132	Christine Shimizu	Thank you so much for letting Betty finish! Yay Betty!
133	Dessa Kaye	By relying so heavily on “consultants” who appear to have their own agendas, much of the work of this commission, rather than intending to have genuine discussion on reaching solutions to guarantee health care to all Californians via single-payer health care, appears to be an attempt to deflect and distract proponents. The commission’s final report should be made public well in advance, so there is adequate time for engagement, discussion, and debate before it is adopted.  Californians overwhelmingly support single-payer. It has proven to be fair, affordable, and effective throughout the world. It has been studied to death, and there are real-world working models available all around us. AB 1400 exists as a template for your work. Stop stalling; stop considering systems that don’t fulfill your mandate; focus on single-payer now. We can’t waste any more time.
134	Winchell Dillenbeck	Would love to get a copy of the presentation by Bill Hsiao.
135	Linda Bassett	Yes, the inequities in the system are so bad they are laughable. “Essential” workers had no healthcare yet were essential to the well-being of all during a pandemic.
136	Allan Goetz	RYAN! RYAN!
137	Jorge De Cecco	Please recommend AB 1400 and go home.
138	Erika Feresten	Yes Ryan!
139	Vickie Mueller Olvera	THANK YOU Ryan!!!

Count	Name	Comment
140	Zac McDonough	Thank you Rupa and Sarah for your comments!
141	Sally Gwin-Satterlee	YES please put Patients FIRST
142	Robert Vinetz	Dr. Hsiao: What protections would be needed by a single payer and/or a hybrid system need to have to to minimize or deal with its disadvantages?
143	Alberto Saavedra	Well said Ryan
144	Marian Shostrom	Will Dr. Hsiao's Vermont paper be available on the Commission website?
145	Danett Abbott-Wicker	I don't understand why we keep going around and around the same arguments and explanations! We've been through this over and over and it seems to me that this is just more stalling from people that are taking money from big insurance. Please dissuade me of this opinion
146	Linda Bassett	Thank you, Betty Doumas! Commission use your money to educate the public about AB1400.
147	Eric Vance	Dr. Hsiao's presentation is included here <a href="#">Link to Dr. Hsiao's presentation</a>
148	Art Persyko	This commission has the opportunity to do something truly great and groundbreaking for our state. You've talked about this long enough. You know the right thing to do: recommend single payer. Single payer is truly universal and equitable. It saves lives, psychological stress, and money. No other health system will do nearly as much to address out-of-control costs, denial of care, administrative waste and undermining of the health and budgets of Californians individually and collectively. This Commission should tell our Governor what he already knows: California can do what every other civilized society already does: make sure everyone within our borders has access to health care. Single payer would save us money AND be a comprehensive, bold solution to guarantee healthcare for all Californians. It would meet the moment with courage, pragmatism and kindness; and would elevate California's reputation around the country and around the world as a place which respects human rights when it comes to healthcare.
149	Paul Newman	Profiting on Patients is not ethical and can only spread the Pandemic. The number one reason for bankruptcy is Healthcare Bills. AB1400 is the Solution.
150	Allan Goetz	Prof Hsiao is incompetent.
151	Phillip Kim	Capitation is capitulation to the insurance companies. Please do better. Model and recommend the passage of AB 1400. This is the best way to fulfil the mission of the commission.
152	Dessa Kay:	Sen. Pan: Your mandate is for a unified financing, single-payer system. Instead of finding fault and saying why single-payer won't work, use your time & experience with Taiwan to

Count	Name	Comment
		fix the problems. Use the advantage of their model to design a better system. No system is perfect; of course there are tradeoffs. But the systems we use here are definitely dysfunctional & inferior to any single-payer system. No one in a single-payer system is denied care or medication or goes bankrupt due to illness or accident. There may be some delay for less critical care in a single-payer system (which some would call rationing), but we already ration care in the US by ability to pay rather than by medical urgency. Yes, the rich can always game the system for better access & treatment, but the current status quo in the US disenfranchises the poor, the uneducated, the non-white, disabled and chronically ill. Our current dysfunctional system doesn't work and cannot be allowed to continue.
153	Peter Shapiro	Agree with Ryan Skolnik's comments about capitation. The community clinics Bob Ross spoke so highly of are left to clean up the mess. They are underfunded and deal with people the private insurers don't consider profitable enough to cover. We can't have equity without a universal risk pool which puts us all on the same footing.
154	Zac McDonough	Thank you to whoever last spoke
155	Dessa Kaye	Single-payer covers everyone, costs less and provides more care.
156	Erika Feresten	@Carmen Comsti and @ Dr. Marya, you are champions of the people. Thank you for standing up for truth. Thank you @CNA for AB1400 which will guarantee health care for All and lead the Nation in health care justice!
157	Danett Abbott-Wicker	@Dessa, YASSSS
158	Dr Bill Honigman	And Dr. Hsiao, please let me add that Taiwan, like South Korea benefitted by having integrated medical information systems AND very importantly a publicly determined allocation of resources to include PPE, testing, contact tracing, and treatment of chronic conditions that impact outcomes of COVID infections.
159	Allan Goetz	Single payer/Medicare for all provides better comprehensive universal care for less cost, and divorces care from employment. Universal means equitable.
160	Joseph Donahue, RN	The COVID-19 pandemic showed how desperately we need Improved and Expanded Medicare for All by passing H.R1976, and California's version, CalCare A.B.1400. Model what you do on A.B1400. Mark, have your timeline have a DEADLINE in 2021. I've supported Governor Brown and Governor Newsom who both had HEALTH CARE as a pillar of their campaigns. Yet, we are still having meetings and commissions with out the SINGLE PAYER HEALTH CARE SYSTEM THAT WE NEED TO SAVE LIVES NOW.

Count	Name	Comment
161	Michelle Grisat	I think Prof Hsiao is a thoughtful and intelligent single-payer advocate. Though I may disagree with him on some of the details on implementation.
162	Erika Feresten	Yas!! Pass Single Payer bill AB 1400
163	Marian Shostrom	Governor Brown never had Health Care as part of his campaign.
164	Betty Doumas-Toto	New Talking Point; Don't Get Capped!
165	Allan Goetz	Copy any one of thirty countries!
166	Vickie Mueller Olvera	this is an opportunity for the commission to meet with community based organizations, the health care system does not belong to the legislators, it belongs to the people
167	Danett Abbott-Wicker	I'm dizzy from all the going round and round
168	Jorge De Cecco	New York State might pass Medicare for All before California. We can't let that happen. AB 1400 NOW!!
169	*Bob Ross	Mark, I would be in support of an independent analysis/examination of AB 1400 coming before the Commission. I understand the "risks" of bringing active legislation to a non-political body but Commission members should at least be educated about what's in the proposal. That said, I do not believe the Commission should take a position on any active legislative proposal.
170	Allan Goetz	The SARS-CoV-2 vaccination project shows that comprehensive universal care is NOT so hard, less then one year and we could have M4A. Taiwan transitioned in ONE year.
171	Ron Birnbaum	My comment: Dr. Pan is correct that whether the payer is public or private, some break on utilization is inevitable because there is always something at the edge of utilization acceptability. But the private sector utilization reviewers look to profits as their northStar and have fiduciary conflicts between profits and and patient well-being. The public sector payer is publicly accountable and doesn't have profit motive. Single payer is better.
172	Veesh Soro	Thank you, Dr. Hsiao, for the very informative presentation & to the commissioners for the spirited discussion. Single-payer is the only way forward. As a commissioner noted, it is quite telling that the data show that a classic single payer model is best equipped to contain costs & increase equity. We can't ignore this. Shying away from single-payer because of some shortcomings in implementation in Taiwan (which were outweighed by the massive benefits) is simply lazy in a state which is a hotbed of innovation & thought. A point to comparative studies such as this is to allow us to think about ways in which to improve upon global systems that were developed decades before the one we will develop here.

<b>Count</b>	<b>Name</b>	<b>Comment</b>
173	Veesh Soro	I'd also respectfully request that any commissioner who receives campaign contributions from so-called intermediaries do the right thing and recuse themselves from this commission.
174	Erika Feresten	Thank you, Norma Wilcox. Yes, this commission needs to discuss and support AB 1400!
175	Nurse Judy	Part of the Opioid crisis derived from DRG's in the 90's I remember when patients were not allowed to be released until they were off "heavy" pain medications and were close to using OTC pain medication--but since the hospital pocketed the money from unused days post op patients were sent home after 3 days rather than the budgeted 7 days
176	James Sarantinos	The commission hasn't proposed any policy or legislation beyond its circular discussions. No system is perfect but none is as flawed as ours. Make a decision and pass AB1400.
177	Leah Applebaum	AB 1400 is already on the table and addresses most of the questions this commission has devoted its time to discussing. It addresses specifically how we reimburse providers, how governance works, what the waiver process would look like, and more. Please be efficient in looking what has already been created and presented. We must make SINGLE-PAYER the way forward for California. Everyone deserves quality health care without insurance companies and big pharma interfering.
178	Francesca Wander	Dr. Pan is my state senator. He is a corporatist Dem who relies heavily on large corporate donations. Thus his pushback against the single payer model.
179	Lorraine Watts	The passage of the affordable health care act is demonstrative that through our democratic process, the vast majority of the American people are fed up with the current system and want a healthcare model that is affordable, equitable, accountable, and sustainable, and which also eliminates the enormous monies paid to CEOs, pharmacy and insurance companies, and fraud.
180	Stepjen Vernon, MFT	I concur that under the current competitive system FFS incentivizes (though how excessively is often in the eye of the beholder) –incentivizes excess service and lack of integrated care. It is important to make clear that the very idea of, the mind-set of, the culture of SP is a collaborative one. Any comparison of FFS from the managed care culture perspective is bound to be culturally incompetent. This is not the Commission of if but how to do SP.
181	Zac McDonough	Thanks Eric, great points
182	Linda Bassett	Yes!!! Well said!!
183	Sally Gwin-Satterlee	Thank you Eric!! AB 1400!
184	Paul Newman	Pass AB1400



Count	Name	Comment
185	Christine Shimizu	@Eric there were so many questions that went unanswered. But AB1400 addressed that. We need to discuss AB1400!
186	Danett Abbott-Wicker	@Francesca, of course he is. So transparent
187	Emily Olanoff	In the 1960's, the US created Medicare and over 19 Million people signed up in the first year. With typewriters and punch cards. Ha. We can easily create a system for ALL of California with current technology!
188	Sandra Floyd	I am grateful to be able to virtually attend these meetings. I urge the Commission to recommend a system that makes accessing health care as easy as possible for those who need care. That means no uncertainty
189	Jorge De Cecco	If Single Payer is good enough for the New York legislature, it should be good enough for their California peers.
190	(h)Dr Bill Honigman	@CS Lim: 100% truth
191	Erika Feresten	@Francesca, Dave Jones is a single payer supporter and will be running for Pan's seat. Please support his campaign <a href="https://davejonesforsenate.com/">https://davejonesforsenate.com/</a>
192	Christine Shimizu	Yay Cheng Sim!!! Yes! That was my public comment but said better!
193	Zac McDonough	Last summer, pain and righteous anger burst forth in protests and demonstrations in every state of our country. They did not seek destruction, they sought to not be destroyed. In summer of 2020, Gavin Newsom told a crowd of protestors that he had lost his patience with institutional racism, and that the protestors were right to feel wronged. In June of 2021, institutional racism remains unchanged. Our leaders have not proposed a defined course of action towards equity or remedy for the victims of colonialism, racism, and exploitation. In California, Covid-19 infection and death rates continue to demonstrate the absolute disregard for Black, Indigenous, and other people of color living in California. AB 1400 Guaranteed Health Care for All mandates a defined course of action in which Gavin Newsom and our California Legislature must begin to materially address the ravages of California's current and historical colonialism, racism, and exploitation.
194	Joni Simon	Well said!
195	Christine Shimizu	Dave Jones is a single payer supporter and will be running for Pan's seat. Please support his campaign <a href="https://davejonesforsenate.com/">https://davejonesforsenate.com/</a>
196	Mari Lopez	A feature of single payer that we cannot get with a multiplayer system is care without financial barriers, free at the point of service. In a single payer model with no cost sharing -- no copays, no deductibles, no premiums, and no prior authorizations for care -- when you need treatment, you go to your provider and get the care you need. It's that

Count	Name	Comment
		simple. People would no longer need to delay or ration care because they can't afford it, leading to more severe health issues later.
197	Emily Olanoff	Thanks Christine. I will donate!
198	Danett Abbott-Wicker	YAY Dave Jones!
199	Eric Vance	I think Senator Pan's lengthy comment in response to Dr. Hsiao's expert and fair presentation is in bad faith — Senator Pan criticized Taiwan's system under the guise of transparency and anecdotal evidence, but he should also be transparent about his campaign donations which depend alarmingly and heavily on insurance corporations, big pharma, and corporate health providers: <a href="https://www.followthemoney.org/entity-details?eid=13008437">https://www.followthemoney.org/entity-details?eid=13008437</a> That seems to be pretty clear evidence of a vested interest and bias against single-payer.
200	Thomas Nguyen	are middlemen needed in currently existing forms of Medicare?
201	Patricia Clark	Thank you, Peter Shapiro
202	Michelle Famula	Thank you Peter Shapiro11
203	Zac McDonough	My continued comment: Indigenous, Black, and Latinx Californians have been hospitalized from Covid-19 at four times the rate of white Californians throughout the pandemic. Indigenous, Black, and Latinx Californians have died from Covid-19 infections at a rate two to four times higher than that of Covid-19 infected white Californians. In Los Angeles County, the average daily number of Latinx Covid-19 deaths increased by more than 1000% from November, 2020, through January, 2021. Ensuring guaranteed healthcare for all residents, including noncitizens, is the only way for the State to affirm a portion of its promise to create racial equity. Passing AB 1400 into law will allow California to prevent future victims of the State's insufficient response to the first major pandemic of our time. Many Californians are now burdened with injuries and pain that Covid-19 patients will suffer from for the rest of their lives. Latinex, Black, Indigenous, and other people of color will carry this hurt in higher proportion
204	Erika Feresten	Right on Peter Shapiro!
205	Ron Birnbaum	Well said, Peter Shapiro
206	Nurse Judy	health insurance companies are protection racketeers
207	Cadence Chance	Insurers and other so-called intermediaries do not provide meaningful choices: the choice people care about in health care is who provides that care. Using intermediaries will likely mean narrow networks. Freedom to choose your care doctor or nurse practitioner is never positively impacted by an

Count	Name	Comment
		unnecessary middleman. We need health equity and one risk pool. Universal care and single payer is CRUCIAL during this pandemic and afterwards. The current system is unsustainable and immoral.
208	Zac McDonough	Last part of my comment: Latinex, Black, Indigenous, and other people of color will carry this hurt in higher proportions, as they always have. An entire generation of older Californians will soon need long term care services. These services will be more intensive by necessity to accommodate the needs of patients who survived Covid-19. It is projected that by 2035 demand for long term care facilities and long term care workers will exceed supply.
209	Dr Bill Honigman	TY Peter: Yes, no more intermediaries. That's how we got in this mess that we're in.
210	Brynne O'Neal	In addition to the savings on cutting billing administration, a single payer program can negotiate lower prices for care and prescription drugs and curb spending growth. There will be transparency and accountability on prices. CA will have substantial negotiating power to reduce drug spending because it is negotiating for the whole state of 39 million residents. As the only healthcare buyer, it will have the power to set budgets and payment rates that cover the costs of care, not the profits of healthcare corporations. It can also reduce disparities between specialist and primary care providers to help build our primary care provider workforce and increase preventative care that saves lives and money. Having multiple payers, aka intermediaries, interferes with that power.
211	Erika Feresten	@Eric Vance thank you for the follow the money link on Pan.
212	Forest Harlan	There is no need for intermediaries, unless they would be used as a short-term transition, and must be non-profit. As presently constituted, intermediaries represent the greatest inefficiency in the health care system.
213	Zac McDonough	By passing AB 1400 into law, underserved communities receive full funding for the construction, renovation, and staffing of health care facilities. CalCare will heal this generation and build the essential tools which will benefit the Californians to come. Passage of AB 1400 into law is a first step in giving all Californians a chance to live a life worth living. Please fulfill the decades of promises of change made by you and your predecessors to California and its exploited peoples. Demonstrate your commitment to your constituents.
214	Allan Goetz	A Universal Chargemaster needs to be determined by an oversight committee. Other countries have these and could serve as a model.
215	Stepjen Vernon, MFT	DR Ghaly has said, multiple times that this is a commission of how, not if, to do Universally Financed healthcare.

<b>Count</b>	<b>Name</b>	<b>Comment</b>
216	Jorge De Cecco	"Intermediaries" profit from human suffering.
217	Stepjen Vernon, MFT	I concur that under the current competitive system FFS incentivizes (though how excessively is often in the eye of the beholder) –incentivizes excess service and lack of integrated care. It is important to make clear that the very idea of, the mind-set of, the culture of SP is a collaborative one. Any comparison of FFS from the managed care culture perspective is bound to be culturally incompetent. This is not the Commission of if but how to do SP. (repeated for emphasis).
218	Allan Goetz	The commission needs to be abolished.
219	Peter Shapiro	I'm in Kaiser myself. They'd do a lot better if the doctors in their system did not have to justify everything they do to the bean counters.
220	Allan Goetz	Capitation comes in different cloths , depending on what system.
221	Erika Feresten	Capitation continues apartheid care where the wealthy and often white get great care, but those who can't pay get subpar or no care.
222	Joslyn Maula	Public comment can also be sent to <a href="mailto:healthycforall@chhs.ca.gov">healthycforall@chhs.ca.gov</a>
223	Jorge De Cecco	I work in mental health. So much time spent trying to justify and keep track of what we do, instead of actually doing it.
224	Ellen Schwartz	I spend a lot of time disputing with God, never realizing it was practice for my disagreeing with Professor Hsiao. Other than that, I have no credentials for what I'm going to say. I don't get Prof. Hsiao's description of universal insurance as a contractual arrangement, distinct from welfare – that people pay in, and in return they get health care – as with Medicare. So if he means, as it seems, that the professor is talking about individual access to care is dependent on having met one's side of the contract, That's the Original Sin of the Puritans, I think, poisoning us with this idea that it's wrong to "give" people anything, even though people who have lost their jobs have lost their means of paying their share. I mean, do we need a contractual social arrangement for individuals to use streets and highways? Our collective taxes pay for most roads – and I wonder what you'd find if you looked into what the collection infrastructure adds to the COST of toll roads. We don't have to prove that we have earn
225	Zac McDonough	Instead of pondering different design considerations that AB 1400 already addresses, this commission should focus on studying and proposing different methods of financing the remaining costs of single payer that can't be recouped with federal dollars.
226	Patricia Clark	I would like to know what commissioners have donations from big insurance/big pharma

Count	Name	Comment
227	Michael Pan	I have a question, and the host skipped me. My hand is raised.
228	Christine Shimizu	I agree Zac!
229	Zac McDonough	The commission ignoring AB 1400 is a mistake; it is a ready-made piece of legislation that can and should be used as a template for the commission's recommendations. Instead of ignoring AB 1400, the commission should model it.
230	Erika Feresten	@Thank you, Maribel AB 1400 now saves money saves lives
231	Brian Stompe	I'm a member of HC For All - Marin.
232	Betty Doumas-Toto	He did not ask for a the right waiver...lololololol
233	C. T.	AB 1400. It's a good start
234	Allan Goetz	HSIAO is incompetent. We should ask Wendell Potter should be asked to respond.
235	Zac McDonough	Don't model a system that has a role for health plans as "intermediaries". A system with a role for multiple health insurance plans would be neither single payer nor unified financing.
236	Erika Feresten	Speak on it, Mari!
237	Allan Goetz	MARI!Mari!
238	Zac McDonough	yeah mari!
239	(h)Dr Bill Honigman	Kaisers provider model is excellent. Their business model has including an increasingly predatory insurance model including deductibles and other out of pocket costs to patients that work against their excellent group model practice. Kaiser needs to reform their business model to exclude their own commercial insurance operations.
240	Zac McDonough	This commission has already identified deficiencies that come with a model that has a role for health insurers as intermediaries. Including an intermediary role for insurers is not the "choice" patients want. Patients want to choose their doctors and where they go for care, having a choice of insurers that pay for care on the back end isn't important to them. No reason to sacrifice the quality of the system for the sort of "choice" that patients don't even care about.
241	David Leibowitz	Dr Hsiao has eloquently shown that capitation and FFS each have pluses and minuses. I think having docs on salary with some kind of quality bonus (as is kind of down at Kaiser now) is workable. The key to avoid excesses with capitation is that any money not spent in a year does not go to the docs, but back into the system to be used for pts.
242	Phillip Kim	I think that Professor Hsiao's description and warning about a multi-payer health care system that uses health insurance plans and market competition is absolutely correct. Any system that uses a so-called "hybrid" model with competing

Count	Name	Comment
		insurers (or intermediaries) would create tiers of healthcare and would lead to unequal access and higher costs. And as Dr. Marya said, that's not health equity. These "hybrid" models are NOT single payer. "Hybrid" models use health plans and other risk bearing entities to divide up the risk pool, while single-payer has a single risk pool as Carmen talked about.
243	Phillip Kim	Everybody in, nobody out. In a single risk pool where we as a society protect the most vulnerable. A multi-payer, divided risk pool would require unreliable attempts at risk adjustment, encourage cherry picking of healthy patients, lemon dropping of the sickest patients, and incentivize undertreatment. In order to manage the competitive risk pool, a multi-payer "hybrid" model rewards corporate consolidation and punishes small, independent practices who cannot manage the fluctuation of risk. What we need is a real single-payer system like AB 1400, where providers will be able to focus on patient care.
244	Martha Kuhl	As a nurse for 40 years and thus an advocate of health care justice I have listened to many discussions about how to improve our health care system. We no longer have a system. We have a market and we are paying more and dying sooner than many other developed countries. AB 1400 will address the many structural problems I see daily in my work with children with cancer and other chronic diseases. If the pandemic has taught us anything it is that we must address the devastating inequities and racism my patients face. My patients can't wait. Focus on how to finance AB1400. Martha Kuhl RN Pediatric nurse. CNA Treasurer
245	Carol Fodera	Listen to the nurses who are on the front lines. Please review and discuss AB 1400, it supports health equity and provides cost controls.
246	Brian Stompe	I don't understand why Dr. Hsiao used Taiwan as a model, rather than Canada which has a population very much like CA and which has voted the man who got single payer started in Canada, Greatest Canadian of All Time.
247	Becky White	Multiple studies have shown the economic superiority of a single payer approach to healthcare funding. Why are other payment approaches being considered? IMO, the commission should embrace single payer, then clearly explain to legislators and the public why single payer is economically superior. That it insures every Californian makes it morally superior.
248	Jorge De Cecco	Providers spend so much time and effort justifying treatment. My LMFT friends are slaves to paperwork. Everything they do has to be fit into rigid molds of diagnostic and approved interventions.
249	Vickie Mueller Olvera	THANKS Mari, we need a system based on patient need not corporate greed

Count	Name	Comment
250	Nancy Greep	As with any malady finding a cure means you must understand the cause. The cause is our dysfunctional healthcare system and the invasion of profit into what should be a public service. The insurance system is dysfunctional because it is multipayers which leads to administrative war; THE FACT THAT IT IS TIED TO EMPLOYMENT AND BECAUSE PRIVATE INSURERS PRIORITIZE PROFIT OVER HEALTH. To fix our system we need to eliminate private, for-profit insurers so that everyone is one and no-one is out.
251	Veesh Soro	Here is the follow the money link for Assembly member Wood: <a href="https://www.followthemoney.org/entity-details?eid=90105">https://www.followthemoney.org/entity-details?eid=90105</a>
252	Allan Goetz	See Ezekial Emanuel's, "Who has the best Healthcare System?" for a description of the Taiwan system.
253	Phillip Kim	BTW, the main payment method in AB 1400 (CA single-payer health care bill) is global budgeting, and doctors would have the option to be either Fee-for-Service or salaried under a provider's global budget. As Professor Hsiao mentioned, half of doctors in CA are already salaried and many may likely continue being salaried under AB 1400 if that's their choosing.
254	Pilar Schiavo	Thank you Dr. Hsiao for presenting today for highlighting the importance of sustainability. What we know is that our current healthcare system is unsustainable. The verdict is in, and it has been for decades. Healthy California Now released a report today on <a href="http://www.Healthyca.org">www.Healthyca.org</a> that affirms what was found in the commission's own findings - single payer saves billions. It will save, conservatively, \$223 billion a year. But if leaders don't act it will cost us \$350 billion more a year by 2031. We need the commission to make the best use of everyone's time to deal with how to transition to single payer as quickly as possible. The commission must create a roadmap for the Governor to lead and the legislature to act on financing a single payer solution.
255	Emily Olanoff	We will save \$\$\$ when people can get preventive care and early treatments, instead of delaying and ending up in the ER. Or saving \$\$\$ for people who go to ER because they have no primary care physician!
256	Brian Stompe	All Dr. Hsiao did was raise questions, no solutions. We need people on the board with solutions. Why not take the solutions Canada used and go from there?.
257	Sandra Floyd	I am grateful to be able to virtually attend these meetings. I urge the Commission to recommend a system that makes accessing health care as easy as possible for those who need care. That means no uncertainty about coverage or costs. That means a single payer system. There are many models of universal care out there to learn from, including AB 1400. I am sure you will study many of these plans in your formulation of a plan for California. I was hoping to hear

Count	Name	Comment
		much more discussion on the final topic of how would we start to implement a single payer plan. Hopefully soon you will get past discussion of what sort of plan and into the details of designing a single payer system well as the critical plan for transition. Thank you to the Commissioners for giving your time and expertise to this task.
258	Leah Schwinn	My concern is Mark Ghaly's initial statement about the commission not being involved with legislation. A crucial part of paying for a Single Payer financing system is getting the waivers from HHS that will allow us to roll the federal dollars into our financing. I believe in people working together. I think it's important for the Commission to work with both the Governor and the legislature so that we can create a plan with all the stakeholders' input. Please work with the Legislature through AB 1400 and with the Governor. All work together.
259	Lynn Jacobsson	I have been working on single payer health care for CA ever since Sheila Kuehl started the campaign. This debate over multi-payer vs. single payer financing is a total distraction for the work of this Commission. We need to pass AB 1400 first and then design a real single payer financing system that provides the quality, equity and access that our current system does not. Lynn Jacobsson, PhD professor emerita, social welfare policy, Ca
260	Zac McDonough	MUA/MUP/HPSA lots of information from HRSA on where/who we need to focus our efforts for equity
261	Michelle Famula	The majority of the sickest and highest risk patients are already in government administered systems...elderly, pregnant. Neonates. Private insurance covers the lowest cost lowest risk already
262	David Leibowitz	Dr Ghaly: you did a fantastic job with this meeting
263	Allan Goetz	ABOLISH THE COMMISSION!
264	C. T.	The U.S. has three different health systems. The private fee for service, single payer as used by Medicare, and socialized medicine as used by VA and military
265	Quintilia Avila	Thank you commissioners for an opportunity to speak. I am an immigrant and know the struggles of many communities with limited resources. The COVID-19 pandemic has exacerbated the need of a single-payer program for all regardless of income, employment or immigration status. With single payer, patients can pick their doctor and insurance companies will not decide which providers we can see. Why do they make decisions on who we can see instead of determining what is in their best financial interest. AB 1400 is a great model for CA to take one. As the commission, please review best financing plan. This commission should provide assistance in answering how we pay two sit by creating a public online calculator with various combinations



Count	Name	Comment
		of financing options so that when crafting. System, legislator and the public can see different combinations of potential revenue sources and how they could be used to fund a single payer system. Thank you all!
266	Laurence Lewin	A much improved meeting. Great attitude. At last you're on the right track. Thanks.
267	Erika Feresten	Thank you,@ Veesh.

**Total Count of Zoom Chat comments: 267**

**3. The following table reflects public comments that were emailed to the HealthyCAforAll@chhs.ca.gov email address before the June 25th Commission meeting:**

Count	Name	Comment
1	Elizabeth Westgard, MSN, RN	<p>Dear Commissioners:</p> <p>Please accept my written public comment to support single-payer health care.</p> <p>I am a registered nurse in Butte County with a disabled child and have seen much distress and illness caused by the lack of universal health care. Still, despite the resilience I've developed from 25 years nursing in the ICU, my family's health insurance company often brings me to tears when I'm struggling to obtain the healthcare they have promised to my family.</p> <p>Please read about the latest example of how my employer's national insurer treated my family despite the thousands of dollars in premiums, copays, and deductibles I pay. Butte County's healthcare system has been disrupted by the wildfire closure of services and other drastic social impacts. So, yearly, during open enrollment, I spend hours trying to reach the right person at commercial insurers to learn if my disabled child's life-saving biologic infusion medication and specialty providers will be covered during the upcoming year before enrolling. In 2021 after confirming they would cover my child's necessary care, during the pandemic, the commercial insurer changed their policy so that they no longer would pay for the infusion provider they approved during open enrollment. Instead, they would only pay for one particular provider in a 75 mile radius, which did not accept my child's gap insurance. The new infusion provider also required that a large box of medications be delivered to our home so that now we have to transport thousands of dollars worth of medication and infusion supplies to the infusion center by private car. When we tried to appeal, the insurer made three calls to my child's specialist doctor, who was busy with procedures and could not answer the phone at those times. The very busy specialist's office was unable to reach the correct person at the insurance company's peer-to-peer appeal office within the 72 hours required for a direct provider appeal. Thus, a</p>

Count	Name	Comment
		<p>multiple page written appeal had to be prepared by me and the provider together and sent via FAX. The insurer provided 3 different fax numbers or electronic filing/faxing options and instructions to the doctor's office and it took a month of telephone calls during my time off from work between me, the doctor's office, and the insurer to get the written appeal to the right person's desk. The insurer could not locate 27 pages of medical information provided by the doctor for several weeks. I have pages of my own notes from telephone calls with the insurer with conflicting instructions and conflicting written instructions from the insurer. Once the FAX arrived to the correct insurance employee, he did nothing with the "urgent" appeal for 72 hours even though I made daily calls to the insurer. After speaking with a third supervisor at the insurance company, the employee finally filed the urgent appeal within the insurer's own filing system. The people in the "member" services team say they may not speak to providers and the "provider" services may not speak to members. Neither are they allowed to speak to each other. It seems that only supervisors can speak outside of their departments, so as a member or a doctor you have to spend hours on the phone to even be allowed to speak to a supervisor to find out the status of an appeal that requires members and doctors to both submit information. So, now I have to pay thousands of dollars that my gap insurance used to pay, receive delivery of biologic pharmaceuticals and infusion supplies at my home and transport these to the infusion center, and rather than the experienced infusion nurses who used to administer high-level biologic medication in concert with the doctor's practice, it is now delivered without the same level of care coordination. These hours lost and thousands of dollars are all due to the fact that there is no universal insurance in California. With universal insurance my child could continue to receive life-saving medication in a safe facility, where the nurses are familiar with his long medical history, where they can communicate regularly with the doctor, and where medications can be safely delivered and stored. Additionally, the insurance gap of thousands of dollars would not exist. My family's story is just one among thousands who experience similar or worse with their insurers. Please do everything in your power to ensure that we get a single payer system as soon as possible. Every day that goes by thousands of people lose their health, lose their lives, lose productive work time, and have their mental resilience tested by the current system, which actually drives up the overall costs to California and Californians.</p> <p>Thank you for your kind attention.</p>
2	Gerald Rogan, MD	<p>How realistic is obtaining the Medicare funds when the State of CA cannot manage the EDD properly and has given up on FFS Medicaid? I suggest Medicare beneficiaries will object to the State administering Medicare. There are better solutions than single payer to improve access and equity.</p>

Count	Name	Comment
3	Lorraine Watts	<p data-bbox="581 226 1057 262">Medicare for All System in California</p> <p data-bbox="581 296 1403 659">My name is Lorraine Watts. I retired from the Early Intervention Services Division, Children’s Hospital &amp; Research Center at Oakland aka UCSF Benioff Children’s Hospital Oakland, as the administrative coordinator in July 2020 managing the department's contracts and community training sessions. 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 who is autistic.</p> <p data-bbox="581 695 1430 1094">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 spent 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</p> <p data-bbox="581 1129 1430 1331">America, 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.</p> <p data-bbox="581 1367 1419 1568">I strongly urge this Commission to create a Medicare for All system in the State of California that is equitable, affordable, accountable and with equal access as an example of how everyone benefits from receiving quality healthcare. We need a system not driven by profit but focused on patient care and long-term quality of life for all. Health care is a RIGHT, not a privilege!</p> <p data-bbox="581 1604 1070 1633">Sincerely submitted for consideration,</p>
4	Chris Holland	<p data-bbox="581 1640 837 1669">Dear Commission--</p> <p data-bbox="581 1675 1427 1864">Thank you for serving our residents. You want a strong economy, a vibrant state? Ensure people are healthy, strong workers - by making healthcare truly affordable, not just for the well-off. Single payer is the only cost-effective solution. Let's lead the nation in catching up with other Western nations in citizen health!</p>

Count	Name	Comment
5	Reisa Jaffe	Hello, I am not able to participate in the June 25th meeting so want to take this opportunity to share that it is way past time for the U.S. to have a single payer health care system. Since that is not going to happen any time soon, then it is imperative that it happen in California ASAP!. There is no justification for not moving forward. I am fortunate that I can afford the co-pays and Medicare premiums but do worry about the costs of things that are not covered by Medicare. So many are less fortunate. Please do everything in your power to move this forward.
6	Lorraine Watts	I was the assistant to the Oakland City Clerk and Deputy City Clerk for the city of Oakland and am quite aware of the Democratic process; Roberts Rule of Order and the Brown Act. Under open comment, a person can also relinquish any of their time to another speaker. That information should be announced so the public is aware of their right to be heard.
7	Lorraine Watts	Does the Commission plan to greatly reduce time allotted for Welcome and Introductions to allow more time for open discussion between the Commission and public on the issue of universal healthcare for all? The 1- minutes given to the public at last month's meeting was insufficient. A three minute time allotment is more common in the Democratic process. How much time will be given for public input, comments or concerns?
8	Michelle Famula, MD	<p>Good morning</p> <p>Upon review of the Commissions original document " Healthy California for All Commission Charter" , I can see several dates relating to work completion and Commission reporting in the establishment of the Commission by SB 104 (copied below). I would like to ask if will get an update at tomorrow's meeting (6/25/21) regarding any changes in the current time line we are working under in light of the required delays due to COVID-19 Public Health response.</p> <p>Thank you in advance for your kind response</p> <p>Michelle Famula, MD</p> <p>-----</p> <p>I. Commission Purpose</p> <p>The purpose of the Healthy California for All Commission is to provide the Governor and the Legislature with options and recommendations to advance progress toward achieving a health care delivery system in California that provides coverage and access through a unified financing system, including, but not limited to, a single-payer financing system, for all Californians.</p> <p>II. Background</p> <p>Senate Bill 104, approved by the Governor on July 9, 2019, established the Healthy California for All Commission to develop a plan that includes options for advancing progress toward</p>

Count	Name	Comment
		<p>achieving a health care delivery system in California that provides coverage and access through a unified financing system, including, but not limited to, a single-payer financing system, for all Californians. The bill envisions the Commission's work being completed by January 1, 2022.</p> <p>SB 104 requires the Commission, by July 1, 2020, to submit a report to the Governor and Legislature with, among other things, an analysis of California's existing health care delivery system and options to transition to a unified financing system, including a single-payer financing system. The bill also requires the Commission, by February 1, 2021, to submit a report to the Governor and Legislature that includes options for key design considerations for a unified financing system, including a single-payer financing system. SB 104 also requires those reports to be posted on the California Health and Human Services Agency's internet website.</p>
9	Patricia Clark	<p>AB 1400 addresses most of the questions this commission has devoted its time to discussing. It addresses specifically how we reimburse providers, how governance works, what the waiver process would look like, and more.</p> <p>Insurers and other so-called intermediaries add nothing of value to our health care system: they do not increase access or quality, nor do they make care more affordable. In fact, they will likely include narrow networks with limited choice of doctors and hospitals.</p> <p>The commission should quit wasting time talking about "intermediaries" and focus on the specifics of funding AB1400 past the waiver funding. This is what the voters want, this is why CA elected Bernie Sanders in the primary. We do not want more delays and stalling. We need single payer now, and it is the commissions job to figure out the logistics towards achieving it.</p> <p>Thank you very much,</p>
10	Maria Behan	<p>I'd like to start by thanking all the commissioners for their service on Governor Newsom's Healthy California for All Commission.</p> <p>Along with healthcare-reform advocates around the state, and indeed, the country, I've been closely following the Commission's meetings and reports: sometimes with hope, sometimes with despair. We've seen pantomimes of reform before, and at times it seems like that may be happening yet again.</p>

Count	Name	Comment
		<p>For instance, I believe the Commission is currently considering expanding its mandate to flesh out how our state can build and fund a healthcare model that uses the unified financing of services, as in a single-payer system, by examining a second option. That second option involves “intermediaries” and “health plans,” which doesn’t sound unified, and does sound like code for insurance and managed-care companies.</p> <p>Unified financing seems to indicate financing in which one entity consolidates all sources of funding (i.e., taxes on individuals and businesses) and pays for healthcare in a streamlined way, the better to save money and expand care. Therefore, intermediaries and health plans—which are not contributing money but merely collecting and passing on others’ money, and taking a cut for performing that unnecessary service—are a complication to, and a perversion of, the notion of unified financing.</p> <p>Leaving intermediaries in the mix would also be a fiscal mistake. Rick Kronick presented some pretty dramatic numbers to the Commission last month, and the two most pertinent to this issue were these: If our state had a unified financing system with “direct payment to providers,” it would save us \$42 billion on administrative costs next year. Leave “health plans/health systems” in the mix, and those savings would be more than halved.</p> <p>So why are we even talking about leaving intermediaries in the mix? Where is the advantage, other than to the intermediaries themselves?</p> <p>I’m hopeful that with your sophisticated knowledge of healthcare policy and your commitment to public service, you will do all you can to make the Healthy California Commission a vehicle for the kind of real change that will save lives as well as taxpayer dollars. And in my opinion, the way to do that is to develop a robust plan for funding and building a single-payer system that will cover all Californians.</p> <p>Sincerely,</p>
11	Carol Fodera, MA, OTR/L	<p>Dear Commissioners:</p> <p>My comments are based on my personal and professional experiences. The title of the Commission is “Healthy California for All”. I do not think of the word “healthy” when I think of insurance companies. I see a system that is confusing to navigate and understand from the very start. Choosing a health plan is very complicated. Once you start using your insurance you have to make sure that your providers- doctors, labs, hospitals, therapists, pharmacies are all in network; so that you</p>

Count	Name	Comment
		<p>don't pay more on top of the already expensive premiums and co-pays. Insurance companies delay care since we need to wait for approvals. Why does an administrative assistant who does not have education or training in medicine have the responsibility of denying or approving a medical recommendation that a physician with years of education and training thinks would be best for their patient? If your insurance company denies care, you and your doctor have to spend extra time to try to reverse the denial. This is time taken away from taking care of yourself and your family and time taken away from other patients who depend on the doctor. The answer to why insurance companies play these games is – profit. Patients are used as gambits for health insurance executives and stockholders to make profits. AB 1400 acknowledges that health insurance does not have a role in keeping Californians healthy.</p> <p>I do not think of the words, “for All” when I think of a system that has multiple payers. A public option system would allow insurance companies a bigger role, thus adding more confusion, delays and denials of health care. AB 1400 is a true single payer system for all Californians, despite their economic status, age and racial or ethnic background. Too many Californians are going without care, receiving less than optimal care and declaring bankruptcy due to exorbitant health care claims that insurance companies deny.</p> <p>If you truly care about the health of all Californians, you will recommend AB 1400. Time is of the essence. AB 1400 is already in the legislative pipeline. Your support for AB 1400 will expedite improvement of the current health care system for all Californians.</p> <p>Sincerely,</p>
12	Robert Vinetz, MD, FAAP	<p>Dear Commissioners and Commission Staff:</p> <p>As a pediatrician with 45 years in primary care and some 3 years in public health (now retired), below are two reports I believe are vital reading that can assist in your work:  Better is Possible: The American College of Physicians' Vision for the U.S. Health Care System; Ann. Intern. Med., 21 January 2020 Vol: 172, Issue 2_Supplement;  <a href="https://annals.org/aim/issue/938337">https://annals.org/aim/issue/938337</a> . This landmark, evidence-based analysis by the 160,000-member organization of internal medicine physicians is a clear, insightful and meticulously researched and documented presentation of vision, values and policy. A superb guide for all interested in moving our nation to a universal and better health care system.  Projected costs of single-payer healthcare financing in the United States: A systematic review of economic analyses; Christopher Cai et. al. PLOS Medicine,1/15/2020</p>

Count	Name	Comment
		<a href="https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1003013">https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1003013</a> Wishing you well in your vital efforts,
13	Peter Shapiro	Re. the proposed topic for HCAC's July meeting: What on earth is meant by "intermediaries"? Isn't the whole point of a unified financing system to eliminate intermediaries so that the state can compensate providers directly and eliminate the middlemen who siphon off 15 to 30% of our health care dollars? What would be the point of keeping them?

**4. The following table reflects public comments that were emailed to the HealthyCAforAll@chhs.ca.gov email address during the June 25<sup>th</sup> Commission meeting:**

Count	Name	Comment
14	Danett M. Abbott-Wicker	It was not acceptable to even have the question function available. Gallery view would be nice too. It seems like you are trying to mute people and not allow free communication. Shame!
15	William Honigman, M.D.	As a retired Emergency Room physician, I would like to call attention to the moral imperative that the charge of this commission demands that prompt action take place now. With every day that passes, more and more Californians are losing their lives and livelihoods due to the waste fraud and abuse of commercial health insurance and drug company profiteering.  This has never been clearer than since the horrible human suffering, loss, and inequity that we have all experienced with the COVID19 pandemic.  It's past time for the commission to: 1. advance financial modeling, 2. establish a timeline for implementation, and 3. to immediately put before the Governor initial steps to move forward with the Single Payer system that we all know will solve so much of what is making Healthcare so costly and unjust in California  It's past time for action by this body. Thank you.
16	Todd Snyder	As a stakeholder, I strongly support establishing and fully funding a Single Payer healthcare system in California. The commission must focus on how to fund it! I urge the commission to use AB-1400 as a template for its recommendations. I implore the commission to drop consideration of "intermediaries" since it means that for-profit insurance companies are making decisions on care based on their own bottom line rather than the needs of patients. The commission is tasked with developing health care



Count	Name	Comment
		<p>plans with a "unified financing system" and any system with a role for multiple insurance plans is clearly not unified.</p> <p>Most importantly, there is a severe lack of transparency in the commission's process. I demand that the commission reveal the role of any consultants! We the People must know who is influencing the commission.</p>
17	Alberto Saavedra	What about AB 1400?
18	Michelle Verne	<p>Hello Healthy California for All Commissioners,</p> <p>Hope you are doing well. My name is Michelle Verne and I live in Woodland Hills, Los Angeles County. I'm sending comment today on a personal note as to why I believe the commission ignoring AB1400 is a mistake, it is a ready made piece of legislation that can and should be used as a template for the commission's recommendations. Instead of ignoring AB1400, the commission should model it.</p> <p>As an employee of this immoral for-profit health insurance industry for the last 30 years. I can say, I do not believe this system is beneficial in anyway. In the last 10 years of employment my kids were on Medi-Cal because, my employer, UHG, would not pay me enough to afford their own HMO healthcare. That is atrocious, and there are many more like me. The taxpayers are subsidizing health care for the employees of healthcare insurance companies. I'm not sure anyone is aware of how bad this situation is. How much worse is this going to get before we move forward with Single-Payer Guaranteed Healthcare for all? No more excuses, no more beauracracy.</p> <p>This is the 5th largest economy in the world and we've wanted this for years and all everyone does is keep talking about it.</p> <p>Frustrated Californian,</p>
19	William Bronston, MD	we are all frozen!!!! Why??? Turn on our video and the Chat to insure we can provide continuous input!!! Insulting!!!
20	Judy Jackson	I am opposed to all forms of Intermediaries. My experience with them is that they exist to convince people to change to cheaper medicine/generics that don't work as well for me.
21	Larry Woodson	Can the letter from Governor Newsom to President Biden be posted in this meeting for the public to see or a link provided. Thank you.
22	Virginia Madsen	I am an elderly, third generation Californian. My great grandparents fought to bring doctors here in the 1800's. My grandparents subscribed to have hospitals built and my parents supported all of the rich diversity of health care professionals in the Bay Area until they died. I worked in biotech and am proud to

Count	Name	Comment
		<p>have been part of the team that developed PCR because I got to see real fruits of that with Covid. I didn't have my own employer provided health insurance until I was in my 30's, and in the subsequent 40 years I feel like I have watched the insurance industry destroy the health care system around me, while I was paying for it in lieu of other necessities. And I am white.</p> <p>Now, my healthcare is controlled by Medicare, an insurance company and most recently something called an IPA. When my doctor prescribes something I have to call 4 or 5 different entities before I can proceed. This is a self-interested, self-replicating bureaucracy that is clearly intent on delaying and denying me healthcare. These intermediaries are going to be the death of me because their interests have created a system that does not work ... for me or for doctors, hospitals.</p> <p>If this Commission completes its upcoming report by considering intermediaries to be solutions for the future of health care, I will be convinced that it is not being intellectually honest or really considering people or health.</p> <p>Let me end simply: I am just one of millions who distrust the entire healthcare system because of the insurance companies and this is behind covid vaccine hesitancy WHICH WILL AFFECT THE HEALTH OF EVERYONE. You have a big role in rebuilding trust in medicine and science.</p> <p>Sincerely,</p>
23	Linda Breen	<p>To the Healthy California commission, Governor Newsom requested my endorsement in 2018, and I endorsed him based upon his support for SINGLE PAYER healthcare. The time for Single payer is NOW, and the Governor and his appointees on this commission must lead the way. AB1400 deserves your clear support.</p> <p>Let me be clear: INTERMEDIARIES are insurance companies who are in business to make a profit, which comes at the expense of human lives due to denial of care. They are major campaign donors, and their influence IS stalling progress on single payer healthcare. Thousands of Americans have died needlessly of COVID19 who would have survived if we had single payer healthcare. Our small businesses and cities are struggling under the weight of increasingly expensive healthcare costs, and union negotiations are needlessly difficult. They DON'T KNOW that there is a solution that is being stymied for the profits of a few large corporations. A new study indicates that California could save over \$200 Million over the next decade with AB1400, and cost studies of SB562 had indicated similar savings.</p>

Count	Name	Comment
		<p>In order to educate the public, the commission should support creation of an interactive calculator so that residents and other stakeholders can see the financial impact, and the commission should focus on specific financing models for AB1400.</p> <p>Frankly, the "diverse opinions" on healthcare are related to the influence of very well funded stakeholders whose goal is to maximize profit at the expense of California's medical and fiscal health. Single payer healthcare will save money and save lives, and it is a no brainer.</p> <p>Thank you for your time and your work.</p>
24	Taylor Jackson	<p>Below are my official comments for the record of the Healthy California for All Commission Meeting on Friday June 25, 2021.</p> <p>My name is Taylor Jackson with the California Nurses Association, representing over 100,000 registered nurses statewide. CNA welcomes Governor Newsom's show of support for single-payer healthcare for Californians in his letter to President Biden. Largely pasted from his 2019 letter to President Trump, Governor Newsom asks that President Biden work with Congress to pass new federal waiver legislation. However, existing law could be used, without additional Congressional action, to integrate federal funding into a state single-payer system. We must first pass single-payer legislation in California. We urge the Governor to demonstrate his commitment to single-payer by encouraging legislators to pass the CNA-sponsored single-payer bill before them this session, AB 1400, and signing this bill into law. After California enacts single payer into law, the Governor should submit a waiver application to allow federal funds to be directed to the single-payer program, guaranteeing comprehensive healthcare to all Californians. This should be the Commission's plan for unified financing.</p>
25	Wesley Falatoonzadeh, RN	<p>Hello,</p> <p>Please submit the following as my public comment for today's commissioner meeting:</p> <p>I am a primary care registered nurse case manager working at the Anderson Valley Health Center here in Boonville, California. I graduated from UC Berkeley, then UPenn and have trained at UCSF and the San Francisco Department of Public Health. I work every week within our current healthcare system and a significant driver of poor health outcomes derives from our multipayer, pay for service, fragmented financial structure. The system we have now is hurting people and it is hurting them disproportionately. I struggle everyday working around insurance companies, around a fragmented and incomplete safety net, around a broken healthcare finance system to provide my patients with what they need to survive. We need change now.</p>

Count	Name	Comment
		<p>I urge the commission to work more transparently, and in public view. I urge the commission to push hard for a single payer system without intermediaries. I urge the commission to use AB 1400 as a model to develop guaranteed healthcare for all. As both a provider of services and healthcare consumer, we need what has been proposed by AB 1400 to provide ethical and affordable healthcare to our constituents!</p> <p>To expose some fragmentation in our system here is a list off the top of my head of entities I am forced to navigate to provide necessary services to my patients:</p> <ul style="list-style-type: none"> <li>• Dozens of private insurance companies each with different formularies, reimbursement rates, authorized services, pre-approved providers that confuse my patients with formluas of premiums, co-pays, co-insurances, out-of-pocket maxs, in-network vs out-of network, prior authorizations, covered vs non-covered benefits, gap insurances, etc.</li> <li>• MediCare Part A,B,D,...</li> <li>• Secondary Insurances</li> <li>• MediCal</li> <li>• Emergency MediCal</li> <li>• MediCal Administrators</li> <li>• Partnership Health Plan</li> <li>• Beacon Health Services</li> <li>• Operation Access</li> <li>• CHDP</li> <li>• FamilyPAC</li> <li>• Lions Eye Foundation</li> <li>• RQMC</li> <li>• Sliding Scale Fee Programs</li> <li>• Hardship Fee Waivers</li> <li>• Hospital Charities</li> <li>• Community Foundations (Angel Funds)</li> <li>• Optum RX</li> <li>• Express Scripts</li> <li>• Veterans Affairs</li> <li>• Various Community Non-profits</li> <li>• Kaiser Permanente</li> <li>• Specialty Pharmacies</li> <li>• DME Suppliers</li> </ul> <p>We need to simplify our system to a single payer by using AB 1400. Please help.</p>
26	Héctor Hernández-Delgado	<p>To whom it may concern,</p> <p>My name is Héctor Hernández-Delgado with the National Health Law Program. I'm interested in the Commission's work, and wanted to ask if there was any listserv or way to sign up to</p>

Count	Name	Comment
		<p>receive notifications of new events from the commission. I often find that the only way of staying up to date is by going directly to the website, and was wondering if there are other ways to stay in touch.</p> <p>Also, at today's meeting there have been various references to a letter submitted by Gov. Newsom to the Biden administration. My internet searches have been unproductive in finding this letter. Could you share the letter or a link to it with me?</p> <p>Thank you very much,</p>
27	Emily Olanoff	<p>My name is Emily Olanoff. I live in San Diego. I am completely against the existence of intermediaries in our healthcare system. The only solution is a Single Payer system. Insurance companies add no value, they only cause harm as middle-men denying care. Every dollar of profit that they receive is money that would be better spent on providing actual care to Californians. California is a world-wide leader in technology and innovation. We must untie healthcare coverage from employment so that people have the freedom to start their own businesses and develop new ideas. As a small business owner, I currently pay \$5000/yr for health insurance premiums and have no dental insurance. I regularly go to Tijuana for healthcare because it is more affordable to pay out of pocket there then use my insurance here with my high deductible. Single Payer is the only solution. We must move forward AB1400 now!</p>
28	Janet Thomas	<p>My name is Janet Thomas. I am now 70 and feel I have gained some important insights during my life in California. I worked in my twenties as a family nurse practitioner in a community clinic in the Central Valley and from this and other experiences am deeply aware of the lack of health equity throughout our state. In my thirties, I became a public school high school teacher and from this life experience into my sixties, became aware of how much money school districts pay for rising health insurance costs for their employees, making it difficult for them to offer salaries that increased with cost of living. I have a young relative currently paying half a million dollars in medical school costs, causing him to seek a career as a highly paid specialist. I am aware that young people, even those with insurance, often don't seek care as their co-pays and deductibles are too high. I have been a Kaiser patient for over forty years and am aware that over five executives of the Kaiser insurance arm make over \$1 million in salary.</p> <p>I have been fortunate to have traveled widely with my family and am aware that other countries have health care systems that far surpass ours in offering efficient, cost-effective and equitable care. Their systems also act as a value statement to a whole culture. The systems say, "We care enough about each of you to make health care affordable, equitable, efficient and available</p>

Count	Name	Comment
		<p>as a human right." My brother who lives in Canada loves his health care system, which has served his entire family well.</p> <p>I am grateful to Mark Ghaly for the road map he displayed earlier in this meeting and for offering to play a more active role in engaging the commissioners in dialogue. I look forward to hearing frank, honest and transparent discussion about concerns and challenges in moving a new way of financing health care forward.</p> <p>Bottom line, I am appalled at the amount of profit that is made by insurance companies, health care plans, including Kaiser, pharmaceutical firms and hospital systems in California. I am aware at how the fragmentation in care decreases quality and efficiency. As part of any dialogue, I would hope you will talk about the importance of primary, holistic care and discuss ways of lowering medical school costs and bring quality healthcare to current health care deserts in our state. I encourage the commission to adequately discuss how a single payer financing system can best be implemented in California, given what legislative obstacles and partnerships exist in the US. And I hope that social equity, public health, mental health, dental health and chronic care continue to be part of any dialogue.</p> <p>Thank you so much for your service.</p>
29	Arthur Chen, MD	<ul style="list-style-type: none"> <li>- Sorry I need to leave this meeting .</li> <li>- I am a practicing family doctor at FQHC Asian Health Services and inpatient SMC Oakland, Sutter Health for over 30 years – and member of the BOD of CA Physicians Alliance with its Roadmap to Golden State Care, mentioned by our Exec Director Beatriz Sosa-Prado.</li> <li>- I see almost exclusively Medi-Cal, uninsured and Medi-Medi patients – so my perspective is informed by this experience</li> <li>- thank the governor , sec Ghaly and staff and commissioners for all your efforts in approaching this topic in a thorough and comprehensive way.</li> <li>- I fully endorse a unified publicly financed system of care and an improved Medicare4All/SP model as highly efficient and cost effective.</li> <li>- I also recommend attention to SDOH, Health equity and our statewide Social Service Capacity and creative reimbursement models to address these challenges--- we have systems and structures that have already been established by those of us in the safety net - FQHC’s, public health clinics, and private Medi-CAL providers – that work and yet STILL NEED Investment and Improvement.</li> <li>- I appeal to you to take these priorities into consideration.</li> <li>- Thanks again for your attention to this and other public input</li> </ul>

Count	Name	Comment
30	Francesca Wander	<p>I attended today's commission meeting but was not selected to comment, so allow me to do so here:</p> <p>I was unemployed during all of 2020 due to COVID19. I could not afford COBRA, which would have cost several hundreds of dollars a month for a high-deductible plan for a single individual. Instead, I applied for Covered CA, which, although less expensive than COBRA, was still expensive. I selected a low-cost high-deductible plan, that essentially would have offered a financial buffer if I experienced a life-threatening accident or illness, but beyond that, I had to pay for all preventive care out of pocket - which essentially meant I went without any medical care for an entire year and hoped and prayed that I would stay healthy until I could find another job with health insurance.</p> <p>Even now that I am working again and covered by a medical plan, I still find myself "rationing" my care. Because I am not yet covered by dental insurance, I am paying out of pocket for my preventive dental care, going once a year, instead of twice, to save money. I also needed to get hearing aids, but with a \$250 co-pay available only once every three years for the "lowest cost" option of \$1,250, I had to settle for one hearing aid instead of two, and will have to wait another three years to purchase the second hearing aid, because I can't afford another \$250, let alone the full \$1,250 for a second aid.</p> <p>Suffice it to say I am a well-educated white woman with a fairly privileged background. I simply can't wrap my mind around the challenges the many millions of Californians who are far less fortunate than I, when trying to navigate our corrupt, poorly performing health-care system. CA represents the fifth largest economy in the world, yet our nation has worse health outcomes than every other western industrialized nation in the world - and several emerging and "third world" nations as well. This is not just shameful - it should be criminal!</p> <p>Do NOT try to convince me that CA can't afford single payer health care. CA can't afford NOT to provide it! I am a strong supporter of AB1400. I am also a voting constituent of Senator Richard Pan, who participated in today's call, in zip code 95835. As such, I expect him to do EVERYTHING humanly possible to support and pass AB1400, when it reaches the Senate, NOT to make excuses why he cannot.</p> <p>Thank you,</p>
31	Lorraine Watts	<p>Medicare for All System in California</p> <p>My name is Lorraine Watts. I retired from the Early Intervention Services Division, Children's Hospital &amp; Research Center at Oakland aka UCSF Benioff Children's Hospital Oakland, as the</p>

Count	Name	Comment
		<p>administrative coordinator in July 2020 managing the department's contracts and community training sessions. 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 who is autistic.</p> <p>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 spent 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</p> <p>America, 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.</p> <p>I strongly urge this Commission to create a Medicare for All system in the State of California that is equitable, affordable, accountable and with equal access as an example of how everyone benefits from receiving quality healthcare. We need a system not driven by profit but focused on patient care and long-term quality of life for all. Health care is a RIGHT, not a privilege!</p> <p>Sincerely submitted for consideration,</p>
32	Erika Feresten, MA, PCC	<p>CA has a single-payer bill, AB 1400, CalCare and it intentionally addresses the etiology of healthcare disparities by outlining the need to "implement policies to ensure that all Californians receive culturally, linguistically, and structurally competent care" and by specifying measures to ensure CalCare governance is inclusive. I demand that the commission should use part of the \$5M tax-payer funded consultant's contract to create a publicly available online calculator to explore multiple combinations of financing options for AB 1400. Your champion.</p>
33	Michelle S. Famula, M.D.	<p>Dr. Hsiao Currently insurance uses "networks" in theory to "integrate care" through a single paying entity ( the insurance group)...however they also use this system to DENY payment to enrollees</p>



Count	Name	Comment
		<p>resulting in huge costs to patients. This also results in wasted duplication as networks exclude resources from each other. Truly integrated care that optimizes use of resources and truly makes care affordable would be a single payer where there are no “out of network “ element.</p> <p>Isn't this an important element of care “integration “?</p>
34	<p>Suzi Goldmacher Nurse Practitioner</p>	<p>Many patients in this country want prescriptions just like in Taiwan</p> <p>Look how many patient doctors must see at Kaiser. They see them every 10 minutes, that is not care. That is like a machine. I have been a provider and am now retired.</p> <p>I strongly believe in a single payer system because what we have now is not working. It is very costly for most of us. So much of us retired folks pay a huge portion of our income for healthcare.</p>
35	<p>Marian Shostrom</p>	<p>Dr. William Hsiao's presentation gave us a clear view of the issues that the Commission and the Legislature need to wrestle with. I would really like to see Commissioners with different points of view discuss these issues publicly.</p> <p>Covering everyone is critical. We have chronic diseases in the United States because so many people do not have healthcare. Preventive and primary care for children and young people would be a huge step forward. We need to acknowledge the intersection of racism, environment, housing, and food insecurity with health care. An integrated data system like that in Taiwan, would help control costs, fraud, and waste.</p> <p>We often have to wait for care because of gatekeeping. I think having intermediaries would be a huge mistake. We want health care providers to make patient care decisions, not insurance companies or corporate entities.</p> <p>California doesn't have adequate democratic processes in place. Wealthy corporate interests have access to legislators in a way that the rest of us do not.</p>
36	<p>Cheng-Sim Lim</p>	<p>While Secretary Ghaly mentioned that the commission isn't considering actual legislation, that should not stop the commission from using the detailed structure for single payer and healthcare equality for BIPOC and low-income populations that is so beautifully laid out in the AB1400 bill.</p> <p>As an Asian American immigrant, AB1400 is a stunner of a bill because for the first time that I know of in the US, a healthcare reform bill has integrated culturally competent, culturally sensitive care into healthcare delivery. This is actualizing healthcare equality and is hugely important in a majority minority state like California where significant populations of immigrant communities, especially the seniors, don't speak English as their</p>

Count	Name	Comment
		<p>primary language; and we've seen from this past year that these are the very communities that have been hardest hit by COVID.</p> <p>Integrating culturally competent, culturally sensitive care is only one example of the detailed roadmap to achieving healthcare equality while saving on healthcare spending that's laid out in AB1400. And I bring it up because it is a feature of AB1400 that is not usually remarked on.</p> <p>So I urge the commission, please use AB1400 as a template to model your recommendations. AB1400 is readymade. You don't have to re-invent the wheel. It's been done for you. Use it as your model and spend your remaining time figuring out methods for financing the remaining costs of single-payer that can't be recouped with federal dollars.</p>
37	Francesca Wander	<p>With all due respect to my Senator, Dr. Pan, if he wants to talk about bureaucracy, he need look no further than Kaiser Permanente - the nightmare of all bureaucracies. I can't describe the number of times and the number of hours I have had to spend being transferred from department to department to department at Kaiser, trying to get a basic idea of what my out-of-pocket costs might be, associated with standard tests that are ordered and administered by Kaiser doctors on my behalf, using all Kaiser services and Kaiser healthcare insurance coverage.</p> <p>It's not like when dealing with Sutter The Anti-Health, wherein patients are sent to a variety of medical providers, including labs, etc. that are only loosely affiliated with Sutter. In the case of Kaiser, ALL the medical services are provided by Kaiser, and the non-healthcare plans are also provided by Kaiser. And I STILL can NEVER EVER get even a reasonable approximation of what my standard tests are going to cost me out of pocket, with such "estimates" typically off by several hundreds of dollars. Ordinary people can't budget like that! They need to know what standard tests are going to cost, before they commit to them - not receive a surprise bill after the services have already been rendered!</p> <p>Often when I am being given the runaround by multiple Kaiser departments in search of an answer to a very reasonable question, I break down in exhaustion, wondering how someone who is battling some debilitating illness, disease or condition manages to deal with such bureaucracy. So PLEASE don't talk to us about bureaucracy, when our current "healthcare" system is chock full of it. (And don't even get me started on the BURUAUCRACY one has to go through should, heaven forbid, a claim be denied! PLEASE!!)</p>
38	Paul Newman	<p>Bill Hsiao's comment about Taiwan and how they handled covid-19 is inspirational to having a true single-payer public healthcare system provided by AB1400.</p>

Count	Name	Comment
		<p>1.It puts people over profit and stops the spread of a epidemic / pandemic.</p> <p>2.It is economical feasible and businesses will have more money to invest in their models ie., their employees.</p> <p>Thank you.</p>
39	Jeffery Tardaguila	<p>Mistake Taiwanese made was Airline pilots shorting wait period. Inpact new outbreak. Lesson Public HEALTH NEEDS TO REMEMBER is what worked in past needs to be checklisted for the Future.</p> <p>This was a very different meeting. Thank you for the change.</p>
40	Chrys Shimizu	<p>It seems that after all these years that we've been having these HCN meetings, after going through the battle with SB562 and now with AB1400, after this meeting with 3 hours of comprehensive explanations about SinglePayer, I don't understand why the commission has brought on new people who are taking up time in the meeting saying they still don't understand SinglePayer or whether it would be better than the current system. Can we please stop going around and around and around arguing about whether a SinglePayer system will serve us better than the current system because it's pretty clear to me that that particular fact has already been established. People are dying while this commission keeps going around like this. Let's spend time looking at AB1400. It addresses so many of the concerns that were brought up. Let's work together and come up with a few different scenarios of how to pay for it if that's what they want. The PERI analysis is a scenario that was developed for SB562. Bernie Sanders laid out a very clear plan about how he would have had Medicare for All paid for. This is doable and we have the brain power to develop something that will work. Please stop trying to please large corporate interests by delaying this and speed up the process of getting SinglePayer in California. Millions of lives are at stake.</p>
41	Jon Li	Dr Hsiao's brother has taught at UC Davis for 40 years
42	Jorge De Cecco	<p>Dear Commission:</p> <p>I'll be brief. Recommend Single Payer--Medicare for All--AB 1400 and go home.</p>
43	Ellen Karel	<p>Thank you, Dr. Hsiao. My favorite slide is the one with the 7 Advantages of Single Payer because it paints such a beautiful picture of what health care in our state and country could be. Thank you for showing us both Taiwan's achievements and its current issues to help us in creating and developing our single payer system. We know it will always be a work in progress. And what meaningful work it will be!</p>

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		<p>Twelve years ago President Obama said if we were starting from scratch, he would be for a single payer system. So instead of bucking powerful corporations, the ACA built long overdue reforms on top of a severely cracked foundation that continues to swallow up taxpayer dollars and support billion-dollar insurer profits while millions of people who can't afford the care they need continue to experience unbearable anxiety, financial stress, physical degradation, and preventable death.</p> <p>Today Senator Pan said we should shun visions of an ideal healthcare system, that we should look for compromise. Why should we aim for compromise when we are already suffering the tragic consequences of past compromises? We don't need compromise from our elected officials. We need compassion. We need commitment. We need courage.</p> <p>This is very definitely the moment to sweep away excuses and fear and to make guaranteed health care for every single person a reality through the most cost-effective model that exists—a single payer system. As Martin Luther King said, "It is always the right time to do the right thing." Of course it's not easy. Just necessary.</p>
44	C. E. Moné	<p>Commissioners:</p> <p>I am recently retired. While employed, I had excellent employer-provided health insurance. Now I currently pay 1/12 of my GROSS retirement income on healthcare insurance. However, it does not cover dental or vision or a hearing aid, if, God forbid, I should go deaf. Employer-provided health insurance needs to be abolished. It depresses monetary compensation for the employee, distracts the employer, and negatively affects retirement compensation. A single-payer universal system would take care of this problem.</p> <p>If California legislators do not do something very soon, we will all face huge increases in the price for health care insurance, which does not necessarily correlate with healthcare delivered. It has been estimated that we could be paying \$350 billion more per year by 2031 than we do today (an increase of over \$8,000 per resident). We need for the Commission and the Governor to actually LEAD in assuring that Californians like me don't go broke paying so much for medical insurance. We need to separate healthcare from profit to private entities by providing a universal single-payer system. Single-payer would also be much more equitable since everyone would be included. We need the money to go to healthcare system with a minimum in overhead. Again, a universal single-payer system would do this.</p>

Count	Name	Comment
		<p>The commission's ultimate report is only a very small baby step toward what we need, but one that I am pleased to see. Policy has been drowned by politics. We have a template in AB1400 for how to achieve the healthcare system a majority of Californians appear to want. Let's do it.</p>
45	Dessa Kaye	<p>We don't need to reinvent the wheel; AB 1400 exists as a template, and single-payer health care exists all over the world as a model. "Unified financing" means health care financing comes from one source, i.e., a single-payer. AB 1400, single-payer legislation, is the only "unified financing" bill that's been introduced in this session of the California legislature. Multi-payer, for-profit, or a public option do not meet the Commission's mandate for unified financing and should not be considered or included in your final report.</p> <p>"Intermediaries" is just another word for for-profit insurance companies; they have no added value, and in fact, increase costs and narrow access, and should not be included as an option in the Commission's final report. Capitated payments, risk-based payments, and so-called "value-based" payments are administratively complex, burdensome, and expensive. These payment schemes have not been shown to save money or improve quality or choice, and in fact, incentivize and hasten health provider consolidation and concentration. This model creates an incentive for providers to reduce costs by reducing care. Capitation leads to rationing of care and rewards providers when they ration care.</p> <p>The incredibly important topic of health care in California should be discussed and debated in an open and transparent manner. Too many critical conversations are being held by hired consultants behind closed doors. The commission is going out of its way to not put forward a strong recommendation for single-payer health care, despite overwhelming demand from those who attend these meetings and overwhelming support from the general public. By relying so heavily on "consultants" who appear to have their own agendas, much of the work of this commission, rather than intending to have genuine discussion on reaching solutions to guarantee health care to all Californians via single-payer health care, appears to be an attempt to deflect and distract proponents. The commission's final report should be made public well in advance, so there is adequate time for engagement, discussion, and debate before it is adopted.</p> <p>Californians overwhelmingly support single-payer. It has proven to be fair, affordable, and effective throughout the world. It has been studied to death, and there are real-world working models available all around us. AB 1400 exists as a template for your work. Stop stalling; stop considering systems that don't fulfill</p>

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		your mandate; focus on single-payer now. We can't waste any more time.
46	Jerry B	<p>Is it possible to get on a distribution list to be kept up to date on the progress of this commission? I was not aware of the June 25th meeting so I would appreciate the outcome and/or highlights of that meeting as well. Thank you.</p> <p>I am all for a single payer healthcare system and since the Federal government appears influenced by the insurance industry more than they are the constituents it seems necessary to go at it from the State level. I am hopeful our state politicians listen to their constituents and not the insurance lobbies. I am watching NYC closely but insurance it laying a heavy hand on their process.</p>
47	Gerald Rogan, MD	<p>Good morning. Rather than focusing on the destruction of commercial insurance and transferring Medicare to State management, which, in my view, will never be supported enough to become law, I suggest the committee focus on an idea that is more practical as suggested by Paul Waldman in today's Sac Bee: expanding Medi-Cal by adding it as a public option that is premium based for those who can afford it, not free for all. It would be a State sponsored public option. The State sponsored a public option many years ago (circa 1992) but adverse selection caused it to fail. The details matter.</p> <p>Unlinking Medical care insurance (which is misnamed as "health insurance") from employment is an appropriate goal. Offering a State sponsored public medical care insurance plan exclusively via several managed care delivery systems, instead of fee for service is a critical success factor. Fee for Service is dying a slow death because of its high fees, overpayment of specialists, waste, abuse, and fraud, with little effective prospective mitigation.</p> <p>Delivery systems are just as important as financing. Commercial plans are not the enemy.</p> <p>More incremental change suggestions:  California can enact legislation to forbid advertising of drugs on TV and media, if not unconstitutional. Medi-Cal can issue a non-coverage decision for the new antibody drug for Alzheimer's disease, which is not proven to be effective. The state can require root cause analysis of medical disasters, but will then accept the risk of finding negligence of State Oversight, which I discovered when I researched the root cause of the Redding Medical Center disaster. Licensing and Certification did a terrible job reviewing Redding Medical Center 1998-2002, when it had enough evidence to know there was a problem there with Drs</p>

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		<p data-bbox="581 226 1430 363">Moon and Realyvasquez, and well as the hospital administration. L&amp;C did not like hearing about its negligence and unsuccessfully attempted to hide some facts from my discovery. My report is on my web site. <a href="http://www.roganconsulting.com">www.roganconsulting.com</a>.</p> <p data-bbox="581 394 1430 632">California can move medical malpractice dispute process into an administrative law judge process for patients who are on State sponsored plans, as a condition of enrollment. This change might reduce med-mal premiums, especially for OB docs. To offset the current value offered by Med Mal litigation to reduce negligence, peer review would have to become more effective. The Committee should study this option.</p> <p data-bbox="581 663 1430 737">In other words, incremental change to improve value is more likely to succeed than a single payer plan for all of California.</p> <p data-bbox="581 768 1430 898">With respect to equity of health outcomes, most of the factors that impact inequity are unrelated to medical care. They are related to social factors. To help, The State can do more to encourage electric cars which pollute less.</p>
48	Don McCanne, MD	<p data-bbox="581 898 1430 1035">At the Commission meeting of June 25, 2021, several expressed the concept that we can learn from Vermont why their single payer system failed, but we cannot really learn much since they never enacted a single payer system.</p> <p data-bbox="581 1066 1430 1171">The statement from Physicians for a National Health Program issued on April 7, 2011 explains why Vermont was never a test of single payer.</p> <p data-bbox="581 1203 735 1234">An excerpt:</p> <p data-bbox="581 1266 1430 1602">"We appreciate the enthusiasm for progressive health reform shown by Gov. Shumlin and the many dedicated single-payer supporters in Vermont. However, it is important to note that the bill passed by the Vermont House falls well short of the single-payer reform needed to resolve the health care crisis in that state and the nation. Indeed, as the bill moved through the House the term "single payer" was entirely removed, and restrictions on the role of private insurers were loosened."</p> <p data-bbox="581 1633 1430 1703">For the full statement: <a href="#">Link to PNHP on Vermont's "single payer" legislation</a></p>
49	Karen Reside	<p data-bbox="581 1703 760 1734">July 27, 2021</p> <p data-bbox="581 1766 898 1797">Dear Healthy California:</p> <p data-bbox="581 1829 1430 1902">The Long Beach Gray Panthers have been advocates for a single payer healthcare system since our founding in 1974. It</p>

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		<p>has taken a pandemic and 604,000 deaths for us as a country to see how critically important it is to have an affordable healthcare plan that works for all of us. The loss of family members and friends is beyond a dollar figure. Many of them who waited too long to seek medical treatment due to inadequate insurance. We have seen how the emphasis on medical care for profit has cost too many people their lives.</p> <p>The only system that will work is a single payer system for everyone. For Seniors, we also need dental, vision, hearing, mental health, and long-term care services and supports so we can age in place. These are not healthcare issues the private insurers are willing to cover. A single payer system only works if everyone is covered under the system. If healthcare professionals are correct, this is only the first pandemic of more to come. Are you willing to risk the lives of your family members and friends by putting together a piecemeal plan that only ensures the wealthiest of high quality care because they can afford to pay cash for health care.</p> <p>No intermediary plan will work. California can serve as an example for the rest of the country on how to create a plan that works for everyone. We know it will not cost any more than what we are already paying. But the outcomes would be so much better for everyone.</p> <p>Sincerely,</p> <p>Karen J. Reside</p>
50	Larry Woodson	<p>I have a request which I tried to make via chat in the last Commission meeting but was unsuccessful. Dr. Ghaly described the letter Governor Newsom sent to President Biden regarding Single Payer efforts in California, which also mentioned waivers. He provided copies of the letter to all the Commission members he reported. Given the high level of interest by all members of the public who attended the meeting (virtually) can you or appropriate staff post this letter on the website or provide a link for us, so that we can read the letter in its entirety, ourselves.</p> <p>Thank you.</p>

**Count of email comments: 50**  
**Count of verbal comments: 30**  
**Count of Zoom Chat comments: 267**  
**Total count of public comments: 347**