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

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

Count	Name	Verbal Comment
1	William Bronston, MD	I'm a physician, and I'd like to speak to the larger question here that Carmen and Rupa have spoken to and Bill Hsiao. First of all, in the public health system there are 61 counties in the state of California, and underneath them are organized neighborhoods. The Democratic foundation for the assessment, evaluation, and priority setting needs to come from a formal inclusion of those neighborhood networks in every county. That work in close tie with the local public health department. The public health system has been bled of resources since the 1980s and needs to be doubled in size. Global budgeting needs to be provided to all health science public post-secondary schools in order to fundamentally fund with no education debt, a new workforce in the state of California that will address Bob Ross's concerns for altering the caste, class, race, and linguistic capability, the cultural competency, of all of those workers. I believe that there needs to be a profound decentralization in the system, which means that there has to be local decision making and local priority setting. And I believe that the single payer system will change society. It is a social paradigmatic, fundamental, foundational change that will alter society and the democracy.
2	Bruce McLean	Hi I'm Bruce McLean, I'm a member of the Butte County Health Care Coalition, a current member of Healthy California Now. I would like to recommend to the commissioners to see the film, Power to Heal. It's a documentary film which really demonstrates the power of the purse, and how the intersection between the civil rights movement and Medicare led to the beginning of the integration of our hospitals and healthcare system. This film's about an hour long, and it is very good in pointing out how the federal administration used the threat of nonpayment to force desired behavior and that was integrating healthcare facilities.
3	Peter Shapiro	My Name is Peter Shapiro, I'm a delegate for the California Alliance for Retired Americans to the Alameda Labor Council and a board member of Healthy California. Now. I am dubious about the claim that the high cost of health care is due to providers who were incentivized by the fee for service to over treat patients. The indicators from infant and maternal mortality to life expectancy suggests that people in this country get too little treatment and not too much. The problem is we pay way too much for the treatment we get.

Count	Name	Verbal Comment
		And I have to respectfully disagree with Dr. Scheffler. There have been a number of studies of Medicare's attempt to use accountable care organizations to reduce costs and they've all reached the same conclusion: it doesn't really work. I'd refer you to the August 23 issue of the Journal for General Internal Medicine for a summary of those studies. Personally, I do not care how providers are compensated, whether it's by fee for service or capitation, or whatever. I'm inclined to think the entire issue is something of a red herring because healthcare is a seller's market. The market forces determine how its delivered costs are going to keep rising and serious inequities will persist. If you have a pragmatic risk pool profit-making entities are incentivized to avoid risk, some of us are always going to get the short end of the stick. Usually, the most vulnerable among us.
4	Michael Lighty	My name is Michael Lighty, President of Healthy California Now. I really appreciate Dr. Hsiao calling out the role of the healthcare industry because I don't think it gets enough mentioned in our discussions. Medical managed care has diverted billions of dollars in profits away from care. The plans on Covered California are ultimately accountable either to their shareholders in the case of for profits or to the board of directors who allocate the net income for capital expansion. In the case of Covered California my own experience is that I am switching coverage because I lost my COBRA plan. Can't find a single plan on Covered California that gives me access to the same specialists that have been treating my disease. I think it's vitally important that we understand that we cannot have financial incentives under any system be it fee-for-service or capitation that diverts resources away from patient care. A finally, it's vitally important understand that if we're talking about hundreds of billions of dollars in savings under a single payer system, as the consultant report pointed out, those savings can go precisely to the interventions that are the social determinants of health. That is a key point.
5	Dr. Bill Honigman	Thank you, commissioners, fellow advocates, I'd like to add my testimony to the subject of accountability. As an emergency medicine physician for over 37 years here in California, I saw many patients who failed under our ridiculously complex, multi payer system. This is especially true for those with untreated or inadequately treated behavioral health issues, and often among our BIPOC communities and our unhoused populations. We're seeing this today play out right now in front of us in an exaggerated fashion with the crisis of COVID-19 as Dr. Marya says. The first and most important pathway to eliminating those barriers to equity, access, and care is to eliminate the multitude of commercial proprietary interest with a single standardized transparent financing system such as currently

Count	Name	Verbal Comment
		before the legislature in AB 1400. So please repurpose your goals commission, model AB 1400, and advise the governor to move it toward passage. Thank you very much.
6	Ryan Skolnick	Hi my name is Ryan Skolnick, and I want to address the refusal of this commission to discuss AB 1400. Because there are a few deeply troubling things Ghaly earlier today said there was quote, sensitivity to wholesale legislation being discussed. And I want to know who exactly is sensitive to discussing a model of financing already under active consideration? Was this a unilateral decision or has he receive feedback behind closed doors? This is why questions of process should be transparent and discussed in public. Second, this commission spent enough time discussing issues with our healthcare system. We all know them at this point, the commission needs to start discussing concrete policy, and the commission is statutorily obligated to address single payer in its final report. Ignoring a complete single payer model under active consideration is policy malfeasance, and it makes a mockery of the process. If commissioners have objections to AB 1400s model they should be openly discussed not bottled up by shadowy process. Get to work at stop ignoring AB 1400.
7	C.T. Weber	My name is CT Weber, I'm the legislative liaison for Peace and Freedom Party California. The main thing we need to talk about is the costs. If people look at the cost, they'll see that probably about 25 to 35% of the cost of medical care in California and the country is basically administrative costs due to the many, many insurance companies and debt collectors that they have to pay and also to the profit system itself. Once those are removed from the system, you got another 25% that you can add to our system to help pay for costs. The rest of the money can come from the normal sources where they're coming from now. And between those two sources, where the money is coming from now, and the savings that we get from the profit and the administrative costs, we're going to have enough money to fund the system. So, I think that this commission ought to, as other people have said, look at AB 1400, check out the analysis on the various savings and the costs and put those into writing so that we can all have something to work with. Thank you.
8	Sean Broadbent	My name is Shawn B. from the Democratic Socialists of America, Los Angeles Healthcare Justice Committee. As a report from the New York Times this Sunday showed insurers do not add value in our system of care, but rather seek to extract the maximum amount of profit from it. A long thought for price transparency rule showed random variances in the cost of procedures within hospitals from different insurers. That is to say they extract profit wherever

Count	Name	Verbal Comment
		whenever they can, and we are all the worse for it. This profit seeking has met its limits as millions now delay or go without care completely, rather than pay the ever-increasing co pays, cost sharing, and deductibles that accommodate insurers greed. California is sicker and poorer because of this. While we may have the choice to temporarily delay our care, eventually the bill comes due in the form of ill health, and too few of us have the guarantee of receiving care once we need it. A moral, rational system of care is possible under CalCare AB 1400. Instead of pondering different design considerations that AB 1400 already addresses., this commission should focus on studying and proposing different methods of financing for the remaining costs of single payer that can't be recouped with federal dollars. Thank you.
9	Ruth Carter	Thank you, commissioners for the work that you've put in so far. I'm the chair of the California Democratic Party senior caucus, and I'd like to speak a little bit about Medicare Advantage, which has been touted as being the answer however, upfront, it appears that his plans offer a better financial deal to seniors than traditional Medicare does. But the reality is quite different. The June Kaiser Family Foundation report found that over half of Medicare Advantage enrollees would pay more than the traditional Medicare for a six-day hospital stay. Additionally, the federal government is seeing large, year after year increases in the amount paid to Medicare Advantage providers. Insurance companies have nearly doubled the margins individual group markets for Medicare Advantage plan. Furthermore, June 2021, Government Accountability Office report found that MA beneficiaries and last year of life, disproportionately disenroll to join traditional Medicare because of issues with their care and the California Democratic Party is on board with a single payer system. And I urge you to look at AB 1400. Thank you.
10	Linda Chapman	I'm astonished to hear people believe that Medicare is transparent with regard to funding since I worked for the administration, we were taught exactly the opposite. And even my friend Betty Bernstein, who was the voice of Social Security more recently in San Francisco, the same thing. Doctors mine it, traditional Medicare, people who want to get rich. The only safe thing is to have managed care plans. I got into Kaiser not because of Medicare when I was very young, because my body was being treated as the way to get rich with all kinds of things, we were going to go to surgery, we did vast numbers of medical tests and x rays and all of this and when I went to Kaiser they said, drink more water, that took care of it. I have just known terrible conditions that happened to people because Medicare was paying. People who were, my friend who was in the hospital

Count	Name	Verbal Comment
		for $450,000 worth of mental health treatment, kept there against her will when she didn't need anything. My uncle who died slowly because Sutter would not let him die. They fought massive infections and so on because Medicare was paying for it.
11	Dr. Daniel Lee	Hi, my name is Dr. Daniel Lee. I'm also Vice Mayor here in Culver City in West LA. I wanted to talk a little bit about not just integrated cost, but integrated service and the need to create a platform for data sharing or an API that would allow customer data to be shared across the continuum of care. I think that's a necessary intermediary step between what we have now and a single payer system. In the context of single payer, I think there should be more specific discussion around AB 1400. And if the commissioners do not agree that AB 1400 is the way to go, then there should be a particular suggestion of a different type of single payer system based on some that already exists in Asia, the UK, and other places so that we can get to the type of care that I feel like we've been talking about really, sort of theoretically, really get to some practical considerations. Thank you.
12	Christian Shaughnessy	Good afternoon, sisters and brothers. My name is Christian Shaughnessy, I'm a community organizer with SPX Youth and Family Services. And I have come here today to testify to the immense importance of a single payer health care system. At the current moment in the United States the human being is not respected. We are treated very much as a commodity like any sort of basic good that's traded on the marketplace and the human being is not seen as worth something. We can see that in the way that one has to endure 1000s of 1000s, if not more dollars of medical debt in order to save lives oftentimes. We see many a time that taking an Uber to the emergency room is actually cheaper than taking an ambulance. And for my own personal experience, there was a time in my life where I wanted to take my own life. And then as a result of me actually going to the emergency room as the result of me actually wanting to get treatment, I had to pay $5,000 of medical debt. I had to endure that. That is a heinous and wicked system. The fact that this takes place in a country that has nearly a trillion-dollar military budget is despicable, and we absolutely need a better society. Thank you so much.
13	Brynne O'Neal	Hi, Brynne O'Neal, our accountability system needs to be charged with ensuring that all Californians can get culturally and linguistically competent care. Like the CalCare board mandate under AB 1400. CalCare would be responsible for ensuring that health care professionals receive the necessary education and training to increase delivery of culturally competent care for underserved communities. Importantly, funding could be directed to increase the

Count	Name	Verbal Comment
		number of doctors, nurses, and health care workers from underserved communities who come in with those diverse cultural and linguistic competencies. We also need to prioritize projects on health equity and ensure that there are dedicated funding mechanisms for projects that would improve healthcare services and address inequities. And we must structure our payment system to ensure that health care workers are fairly paid, fully resourced, and have the tools and time they need to provide that culturally competent care. Thank you.
14	Corinne Frugoni	Thank you very much. I'm a member of Physicians for a National Health Program and Health Care for All. And I'm a family physician. I want to tell a story about a patient that I saw once a number of years ago, who had been a member of a vast nonprofit, actually a single payer system in the United States that used accountability and transferred it to the individual providers. He came to see me, because he said that when he was seen at this other organization, because he had diabetes that is all the providers actually focused on, because that is where they either got incentives to get paid more or got punished if they didn't get the certain quality metrics. Why did he come to see me? Because he was coughing up blood and that was never addressed. So, we have to be very careful whether it's profit or nonprofit, when you start talking about accountability, and what you are trying to create accountability for. We also forget that under a single payer system, patients will contribute to the quality of care because they will have a choice of where they go. Now sometimes patients don't make good decisions. Sometimes they make much better decisions, but they will have a big voice. And lastly, the bill, as a friend of mine said, "the bill that cannot be mentioned" AB 1400. Please look at it. I haven't heard many original thoughts during this entire meeting, because they're all included in AB 1400. Thank you. Steven Martin, please go ahead. Can you hear me? Yes. Hi. Thank you so much. Hi, everybody. My name is Steven Martin, I'm a community organizer, and that is because the Affordable Care Act saved my life. When we're talking about finance mechanisms today, I would hope that some of the data that we would consider when designing the finance system for this health care plan, that we also include sexual orientation and gender identity data inside this analysis as some of our community members need more culturally competent care. And we need to find a way to pay for that on the front end before we have to go and fix it on the back end. The only other thing I would say is that if we are going to delegate powers to the counties, I would just hope that we would be very careful with payment mobility. When I worked on a congressional campaign, I held healthcare town halls. And one of the biggest things I

Count	Name	Verbal Comment
		heard in the high desert was their inability to access care, and that they would have to drive all the way into Los Angeles to get the kind of care that they need. That creates an interesting payment conundrum around counties. Thank you very much
15	Michelle P.	Michelle P., Director of Health Policy, National Nurses United. The first issue in integrating behavioral health is addressing California's hundreds of mental health professional shortage areas. The single payer system can prioritize funding underserved areas, including funding education for members of underserved communities so everyone has a licensed provider who understands them. Many health professionals now accept only private pay clients, largely because of poor payment by health insurers. Single payer will ensure that mental health professionals are paid fairly and guaranteed mental health care to all. It will eliminate the access and quality gap between patients who can afford to pay out of pocket, and those two get tightly limited services through insurance. Thanks.

Total Count of verbal comments: 15

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

Count	**Name**	**Comment**
1	Phillip Kim	The commission should discuss and model AB 1400, the California Guaranteed Health Care for All Act, which was introduced in the Assembly earlier this year. In the May 21, 2021 commission meeting, Professor Rick Kronick said he based part of his Overview of Analytic Findings and consideration of design options on the 2017 California single payer bill, SB 562. The Methods and Assumptions document (July 8, 2021) also references SB 562 several times. The commission should discuss AB 1400 -- the latest, most up-to-date single-payer bill -- which is a fully designed bill with important new features like global budgeting for institutional providers. Let Carmen Comsti present on the bill. As Dr. Marya said, we need bold solutions that restructure the system and truly challenge the racial capitalism that the current, profit-driven system is based on. Let's get this done and pass CalCare. California can lead the way!
2	Cheryl Tanaka	Thank you everyone for your reports and comment!
3	Talia Panadero	Will the recording / transcript of this meeting be posted?
4	Art Persyko	The three points they want us to emphasize are: In any effort to build on the work of this Commission in its recommendation to the Governor: transparency of the process with lots of robust public discussion of the benefits of Single Payer. Less one to one discussions behind closed

Count	Name	Comment
		doors. 2) Stop talking about "intermediaries" (read: insurance companies), and no "plan B" in their proposal to the Governor and legislature. The commission is supposed to consider Single Payer, that's their mandate, so no slipping in a model that includes the ins companies. 3) Talk about AB 1400 as a model, (so far there has been no mention of it), and discuss the financial analyses that are already out there. And put an interactive tool online, for the public and for legislators, to learn about single payer financing.
5	Patty Harvey	Accountability: all the questioned raised on this subject are wholly addressed by SB 1400. WHY NOT EXAMINE IT AS A BLUEPRINT!!!!????
6	Al Saavedra	AB 1400 is the first step towards a "unified financial" system i.e. single payer.
7	Betty Toto	First the accountability starts with you all the commissioners, and especially the legislators on the commission. I will personally hold you all accountable after this commission concludes if you allow the profiteers to continue to gouge us based on our health or lack of health.
8	Kevin King	Is there any initiative to have behavioral health professionals available in schools?
9	Gerald Hunt	It seems that many housing and homeless issues are closely related to behavioral health that I call social maladjustment.
10	Ellen Schwartz	I have so many things to say, but most important, I want to applaud Carmen Comsti for unsuccessfully asking the Commission to consider AB 1400, whether it would answer the obstacles that have been raised over the last years. And I want to point out, Dr. Ghali, that people are suffering and dying for lack of medical care, while your commissioners and consultants drone on endlessly about “oh, my, what kind of funding, what kind of system can possible address all these problems?” My thanks to Carmen Comsti and Dr. Rupa Marya and the (few) other proponents of a Single Payer system for your work on this commission. Also: I would not be part of a Medicare Advantage plan except that even with a relatively affluent retirement I just can’t afford to buy what is in practice obligatory supplemental private insurance, much less forgo the private insurance and pay what Medicare doesn’t cover. The care I get, however, often stinks. You get what you pay for.
11	Judy Jackson	I have COPD from asthma. My part D insurance has limited me to 1 emergency inhaler that Has broken on me twice in a month. I want all insurance "intermediaries" left out of the new system.
12	Patricia Clark	The HMOs all have "gate keepers" and their job is to say, "NO"
13	Jeff Tardaguila	You need data base, place to stay first contact for mental health

Count	Name	Comment
14	Sally Gwin-Satterlee	Please discuss AB 1400. Single Payer costs less and covers EVERYONE. People right now are dying because they can not get the healthcare they need. It is URGENT that we change our current healthcare system
15	Terry Brady	Thanks for the opportunity to provide feedback. I only have one very major issue that is the Elephant in the room. Bottom Line. Until we get the POLITICS out of the funding and delivery of health services that is Equitable, Quality and Access that is Measurable and a Whole Person approach. This must be addressed. This issue must be addressed from the outset if we have any hope of making progress on all these critical elements.
16	Allan Goetz	Single payer/Medicare for all, provides better comprehensive universal care for less cost and divorces care from employment. More that 30 countries have successful single payer systems. Why not conduct trade studies of how they handle the issues of 1) Universal chargemaster 2) Universal medical records 3) Universal billing and Collection 4) System Oversight and Fraud Detection.
17	Sara Roos	I’m astonished to have heard today that the singular focus of this commission seems not to be or have been single-payer, universal healthcare. This just boggles the mind. There is no way to square this peg: intervening middlemen will always escalate costs within the system. There is no way to retain efficiency in a system with bad actors siphoning money into private pockets all over the place.
18	Phillip Kim	To prioritize patient care, the system must minimize providers’ profit motive. Checks on provider profit motive can be built into the system. And a single payer system like CalCare can do this by paying providers closer to cost, so they are less incentivized to consider profits in care decisions. Hospitals can be paid annual negotiated budgets through a global budgeting system. They will not need to push their doctors to diagnose patients with illnesses that get risk-adjustment bonuses or to up-code services to maximize profits for shareholders, executive pay, and marketing. Transparent, direct rate negotiations between the system and providers would reduce inflated rates and minimize the distortionary effect of overpaying for some specialties and services and underpaying for others. AB 1400 contains these necessary features.
19	Kari Riley	The recording and transcript of this meeting will be posted at https://www.chhs.ca.gov/healthycaforall/
20	Mari Lopez	Single payer would begin to address health care disparities by eliminating financial barriers to care and other barriers created by our fragmented, market-driven system of private insurance. Single payer addresses the structures that drive racial, income, and other injustices in our health and health care by guaranteeing comprehensive health care benefits to

Count	Name	Comment
		all without regard to the ability to pay, no matter your race, ethnicity, gender identity, the language you speak, nor your immigration status. By placing everyone together in one network it eliminates structures that compound upon and prey on health disparities. Today, competing private insurance plans cherry pick the healthiest patients and avoid and limit care for low-income communities, immigrant and undocumented, and communities of color because we present a financial risk to their bottom lines. But this would end with single payer because everyone would be together in one single risk pool, one single network. Everybody in, nobody out.
21	Betty Toto	I heard one of the commissioners mention not to reinvented the wheel, however the willful disregard of AB1400 which has a robust equity piece is doing just that, reinventing what exists.
22	Patricia Clark	There are numerous ways to set up single payer...pick one and work towards getting all CA covered
23	John Greg Miller	I agree with Carmen's comment that a risk-based system deters equity, because it calls on providers to be accountable for financial risk, often in conflict with patients' interests. Also, her caution to be careful about using quality metrics, which may cause providers to profile patients, to the detriment of the patients.
24	Isabel Storey	California needs a healthcare system that works – and that works for everyone. I urge the commission to focus its work on developing a plan that can be implemented, not just vague theoretical concepts. In studying various models, I believe that 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. The commission is tasked with developing a plan that moves us toward a healthcare system with "unified financing." I believe that there should be less focus on "intermediaries." Health care systems that include a role for health insurers or other gatekeeping middlemen fragment our health care system, and inevitably result in a fragmented standard of care. Through a single-payer system, we can keep our system accountable to the needs of patients rather than accountable to profit-seeking corporate interest.
25	Brynne O'Neal	PACE is a good program that could continue with institutional global budgets in a single-payer system but -- despite the successes in PACE that Commissioner Chin Hansen mentions -- we should recognize that PACE is likely not a model of managed care that would be appropriate or desirable for most patients. PACE works well for a very specific opt-in group of patients who are elderly or disabled and eligible for nursing home care but able to stay in the community with intensive services. PACE includes spending

Count	Name	Comment
		time at elder day care centers multiple times a week on average. The level of control over patients' lives would not be appropriate for most people and is only cost-efficient when compared to nursing home care. Even among elderly people who qualify, it has been hard to expand the program because many people want to be able to choose their doctors or otherwise are not interested in the program design, which has very little flexibility in choice of provider.
26	Katharine Gale	Thank you for your work on this issue. I strongly urge this commission to look at the AB1400 law that is proposed and evaluate it as an approach to all the things this committee has been set up to look at: access, equity, quality and universality. The Commission could look at how this bill would meet, or not, these criteria, and to look at the methods to finance that. We have seen that the concerns about cost are well addressed through this proposal, and as a health care consumer I deeply want my state to adopt an equitable approach to provide universal and higher quality care for everyone. PLEASE take up AB1400 and discuss it and move forward to recommend it so we can move forward with the best possible care in this state.
27	Allan Goetz	Healthcare Cartels skim about $100 B/year. And spend some of it to slow roll us.
28	Isabel Storey	I appreciate the commission's move toward a more transparent process. I join those urging the commission to continue in that direction by designing an interactive calculator with various options for financing AB 1400, and how much each different financing mechanism would raise. This would make it easy for the public and legislators alike to weigh the pros and cons of the various proposed financing options and to see which combination of them would be suitable to fully fund the program. The puzzle of putting together a health care system for our large and diverse state will not be complete until a funding plan is in place. The commission would be doing a great service is moving us toward a workable healthcare system by providing recommended funding options. Please remember that this is not an academic exercise. You don't want to produce a hefty report that is put on the shelf to gather dust. You need to create a blueprint for action.
29	Michelle Grisat	We need to be cautious when we talk about integration of behavioral health into primary care. "Integration" is often a misnomer -- many behavioral health integration programs are better understood as a shift from specialty care to primary care. We should encourage primary care providers to give referrals to licensed behavioral health professionals and pay for consultations between different providers treating the same patient. However, we must avoid adopting models that managed care plans currently use to save money by denying

Count	Name	Comment
		and delaying care. These models ask a primary care doctor to provide care they are not trained to provide by acting as psychiatrists. “Behavioral health managers,” sometimes unlicensed, work directly with the clients often using rote mental health checklists and step therapy that puts roadblocks between a patient and the qualified professional care that they need. Getting patients to give up on seeking behavioral health care saves managed care plans money.
30	Ted Ragsdale	Thank you Michael Lighty! You speak to the truth of what many in MediCal are going through. There are specialists that are often time not within our County or provided under the MediCal coverage what so ever!
31	John Greg Miller	I think the commission should explore the model described by AB 1400.
32	Patricia Clark	Yes, indeed, Dr. Bill!!
33	Brynne O'Neal	Single payer with free choice of provider would advance equity in behavioral health treatment. Successful mental health and substance use treatment requires a relationship of trust between patient and provider. Each patient needs to be able to pick the right provider for them. The best referral may come from a friend or a list of providers who are queer-friendly, from the patient’s racial or ethnic background, or proficient in the therapeutic approach that matches the patient’s needs and values. The stigma around seeking mental health care means people want referrals from a trusted source. For some people that may be their primary care provider but for many it will be someone else. Currently, many people who can afford it pay out of pocket for behavioral health care because they can’t get care they trust through their managed-care plan. Others who cannot afford paying out of pocket for behavioral health, go without. Everyone should be free to choose a provider they can trust without barriers to access.
34	Allan Goetz	See https://pnhp.org for good discussions of these issues.
35	Betty Toto	The commissioners are behaving like anti-vaxxers ignoring what is proven over and over again to save lives and save money! Single Payer and currently AB1400 the Guaranteed Health Care for All Act does just that plus includes a robust provision that would usher in better equity in our heath care system.
36	Danett Abbott-Wicker	Thank you Ryan!!! PREACH
37	Betty Toto	The commissioners are behaving like anti-vaxxers ignoring what is proven over and over again to save lives and save money! Single Payer and currently AB1400 the Guaranteed Health Care for All Act does just that plus includes a robust provision that would usher in better equity in our heath care system.

Count	Name	Comment
38	Danett Abbott-Wicker	Thank you, Dr. Bill! Great points
39	Allan Goetz	Hackery, corruption, incompetence the three commission horses.
40	Christine Shimizu	Yes Ryan!!
41	Sara Roos	Well said Mr Skolnick indeed.
42	Cynthia Kinavey	Thank you, Ryan!
43	Betty Toto	The commissioners are behaving like anti-vaxxers ignoring what is proven over and over again to save lives and save money! Single Payer and currently AB1400 the Guaranteed Health Care for All Act does just that plus includes a robust provision that would usher in better equity in our heath care system.
44	Al Saavedra	Well said Ryan.
45	Bonnie Petty	Amen, Ryan!!
46	David Leibowitz	Good statements Ryan!!
47	Jeanine Rohn	Thank you, Ryan!
48	Danett Abbott-Wicker	We all see through this ruse. This has been talked to death. It's time for actual ACTION and POLICY! Get AB1400 passed!
49	Patty Harvey	You nailedit, Ryan! Get off your butts, Commission, and start DESIGNING THE SYSTEM! YOU HAVE A MODEL IN 1400!
50	Margie Hoyt	Go Ryan!!!
51	Christine Shimizu	We have been doing these meetings for a while and yet it doesn't feel like we are discussing anything new at all. It's time to start discussing proposed policies for SinglePayer in California. It's time to discuss AB1400!
52	Danett Abbott-Wicker	@Christine, that's because we aren't
53	Jeanine Rohn	This commission needs to act with the urgency this issue deserves!!
54	Phillip Kim	Why does the commission keep turning off my video? Does the public not have a right to show their face at this public meeting for this publicly funded commission?
55	Betty Toto	AB1400 is your road map stop reinventing the wheel and get working on it, figure out how to fund it and start saving lives!
56	Sara Roos	I'm trying to turn on my video as seems minimally polite, but the system says the host has blocked this permission? Is this a mistake? Can it please be remedied?
57	Allan Goetz	30 Countries have single payer systems. Why not copy one?
58	(h)Dr Bill PDA Calif Honigman	Also, Multi-payer commercial health insurance, for proprietary reasons in fact, discourages coordination of care and the sharing of medical information, discourages early and prudent use by patients of essential medical resources, and discourages open and transparent reporting by professionals and administrators of incidental or systemic problems that create such barriers and ultimately treatment failures. And, Some 26 thousand COVID deaths in CA would have been

Count	Name	Comment
		prevented if we had already done so. Model and pass AB1400 now.
59	Michael Colton	I am family therapist in Ventura County. I strongly support single payer as envisioned by AB1400. Transitioning insurance company employees from doing non-productive sales and administrative tasks (often focused on denying health services) into very much needed nursing and social service workers will greatly benefit the people of California. Private insurance has administrative overhead that is 5x higher than Medicare which is the most similar single payer model. Byzantine private insurance system procedures frustrates both health care providers and consumers._It diverts doctors away from patient care.It deprives consumersof security and makes them afraid toaccess health care. Afraid alsothat they could lose insurancedue to work layoffs as millions did during the pandemic and apst recessions. Universal singlepayer as per AB1400 would prevent that
60	Al Saavedra	Sean speaks for me.
61	Danett Abbott-Wicker	AB1400!!! Use this model. It WILL work
62	Danett Abbott-Wicker	Thanks Sean!
63	Jorge De Cecco	Please pass AB 1400.
64	Jeanine Rohn	Thank you, Sean - Support AB1400 and let CA lead the way!
65	Maz Hadaegh	It makes zero sense that this commission is not allowed to talk about AB 1400. Rupa and Carmen are spot on in their analyses. We need to focus on AB1400 with urgency, not pretend like we don't already know all the problems with our healthcare system, or the proven solutions from around the world. Private insurance companies should not have any seat at this table.
66	Bruce McLean	Ruth Carter - Thank you for bringing up the problems with Medicare Advantage.
67	Patty Harvey	YES, Ruth!
68	Danett Abbott-Wicker	@Maz, amen!
69	Allan Goetz	Medicare +..... plans are a grift.
70	(h)Dr Bill PDA Calif Honigman	100% true, Ruth. Thanks!
71	Ellen Schwartz	I wonder why the Commission can't find someone in the audience to speak against single payer. Commissioners: TALK ABOUT AB1400 instead of blathering on!
72	Danett Abbott-Wicker	@Ruth, yes!
73	Jeanine Rohn	Thank you, Ruth!!
74	Margie Hoyt	Global budgeting has greater support than capitation or fee for service.
75	Cynthia Kinavey	Ruth Carter, thank you! AB 1400!

Count	Name	Comment
76	Jeanine Rohn	Great point, Margie.
77	Allan Goetz	Universal Chargemaster, how are you going to write it?
78	Phillip Kim	The commission should use part of its multi-million dollar budget to design an interactive calculator with various options for financing AB 1400, and how much each different financing mechanism would raise. This would make it easy for the public and legislators alike to weigh the pros and cons of the various proposed financing options and to see which combination of them would be suitable to fully fund the program. Let the commission's final report be useful to the legislature and the public, and not just an academic exercise. CalCare now!
79	Allan Goetz	Universal Medicare Records. What format, who maintains it, what software and hardware?
80	Michelle Grisat	Regarding integration of behavioral health: Kaiser is held up as the gold standard for integrated care yet has repeatedly limited access to mental health care and received a the largest fine ever at $4 million from California's Department of Managed Health Care.
81	Jeanine Rohn	Thank you, Daniel Lee! AB1400 on the table -
82	Rhetta Alexander	Equitable, culturally competent care must be a priority for California that can best be achieved through public financing of our healthcare and the elimination of profit-making. I urge you to discuss AB 1400.
83	Patty Harvey	Why can't we hear what the Commission DOESNT like about 1400???? And how they could improve on it???
84	Margie Hoyt	Humans are considered ATM machines for investors.
85	Danett Abbott-Wicker	Horrendous!
86	Jeff Tardaguila	I have to leave for another meeting I am directing please do better for the MH patients first contact 24 hours. Where do mental health stay, little facilities.
87	Carol Eileen Mone	Let's re-invent the wheel repeatedly and we won't have to drive anyplace! AB1400, yes!
88	Sean Broadbent	Powerful testimony Christian.
89	Terry Brady	I just tried to email the commission with feedback and my message bounced. Can you verify the email address please.
90	Norma Wilcox	Thank you Ryan. =You are right on about the commission needs to be accountable about discussing AB 1400. The social determinants such as housing, income disparity, have a major impact on the mental health of our communities. We do need legislation for affordable housing. We also need a psychiatric facility in Northern California for crisis intervention. Housing for those 40% who do not believe they are ill and are not compliant with medications and their treatment plan. We need long-term housing with wrap around services for those in need.
91	Sean Broadbent	Thank you for being vulnerable in this space, Christian.

Count	Name	Comment
92	Danett Abbott-Wicker	Yes, thank you Christian.
93	Ted Ragsdale	Thank you Christian Shaughnessy !
94	Christine Shimizu	@Terry Brady HealthyCAforAll@chhs.ca.gov
95	Danett Abbott-Wicker	It's just maddening that we are still discussing and going over the same ground that we were six months ago! Please act and stop giving lip service
96	Ginger Alonso	Thank you Christian. That was a very powerful message
97	Allan Goetz	We seem to have the same meeting , over and over, I'm getting a deja vu feeling.
98	Margie Hoyt	Why is the commission not willing to discuss AB1440?
99	Margie Hoyt	AB1400
100	Christine Shimizu	Thank you Corinne!
101	Danett Abbott-Wicker	Yes, why are we not allowed to discuss AB1400? It's a great starting point to model and should be openly discussed
102	Allan Goetz	See Wendell Potter's, "Deadly Spin" for the Cartels Tactics.
103	Patty Harvey	Well said, Corinne!
104	Jeanine Rohn	Thanks, Corinne - so many stories that show how the current system isn’t working - and are hurting people,
105	C. T. Weber	We already have three med have private medical systems. We have private pay to play practices that charge what they want. We have single payer in our Medicare system where people go to the doctors, clinics and hospitals of their choice. And we have socialized medicine with the veterans administration where the doctors, nurses and support staff are employees of the government and the building and equipment are owned by the government.
106	Christine Shimizu	Why isn't there even debate allowed about whether to discuss AB1400? Not everyone on the Commission is against discussing it. O,ther than Commissioner Wood and Secretary Ghaly I don't know who on the Commission is against discussing AB1400. This lack of transparency is very suspicious.
107	Sara Roos	What?! That is very frustrating…. I have sat on this call for four hours in order to make public comment. And you are not accepting ten more minutes of commentary?
108	Caroline Sanders	Is there a deadline to provide written feedback on these questions?
109	Phillip Kim	Single payer can address structural racism in health care and structural health inequities by funding and allocating health care resources based on need, not profit. For example, AB 1400 includes mechanisms to identify health inequities and direct resources to begin the process of rebuilding our health care infrastructure in medically underserved communities. With all care in one system, we can identify gaps in access. We can use our collective power to end our tiered system of health care, explicitly target health care disparities, and

Count	Name	Comment
		demand that resources go towards our most vulnerable communities. A global budgeting process and special projects fund can prioritize projects that would address health care disparities in rural or medically underserved areas by paying for additional staff and resources, extended operating hours, or hospital construction and renovation. This means we can finally combat the epidemic of hospital closures for communities of color and rural and less affluent areas.
110	(h)Dr Bill PDA Calif Honigman	COVID--SP/MFA REALITY CHECK CALIFORNIA 629,651 Total COVID19 deaths in US to date* 65,157 COVID19 deaths CA to date* 26,062 lives saved in CA with SP (AB1400)** *Harvard University, COVID-19 Metrics for United States Congressional Districts **Lancet Comm, Feb 2021, Public policy and health in the Trump era
111	Phillip Kim	The system can also provide education and incentives to get more health care professionals in shortage areas. The CalCare bill, AB 1400, does all this!
112	Jessica Aparicio	We need to recognize that accountability and health equity won't be achieved unless we have robust regulatory standards and regional health planning for clinics and hospitals. We need to look out for the health of our black and brown communities who too often are inadequately serviced. Poor quality care to those that don't have the means to afford it is unethical. I urge you to prioritize the elimination of these barriers to access.
113	Jeanine Rohn	Michelle - I've lost 3 doctors in the last year who no longer take health insurance...
114	Riley Brann	Health equity must include safe and healthy jobs for health care workers. We should include health and safety standards in the requirements for participation in the healthcare system. Global budgets should account for safe staffing levels, strong health and safety practices, and good wages. A single payer will have the flexibility to provide emergency infusions of funding when it is necessary to protect workers and patients from pandemics, wildfires, and other threats. Hospitals won't be able to profit from emergency government funding while failing to protect their health care workers, like they have done during the COVID-19 pandemic.

Total Count of Zoom Chat comments: 114

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

Count	Name	Comment
1	Jamie Sheldon	When my husband came home to San Francisco very ill, for his summer break after his second teaching year in Cambridge, England where he had National Health Service, he immediately went into emergency at a local hospital and needed intensive medical care for 8 days for multiple myeloma and kidney failure/dialysis. He signed his entrance papers, and we rented so nothing except his bank account would be paying for his hospital bill worth over $200,000. He did not have health care in the USA during this time, though I was able to add him to my health insurance later. He could no longer work, and we did petition for health cost reduction which brought his initial hospital bill down to $22,000 which we both contributed monthly to those payments until he died 10 months later. So I ask, how can a hospital reduce nearly 80% of an initial hospital bill? And, the morality of making many people pay their hospital bills by selling off their home, making them homeless or die because they can't afford life saving pharmaceuticals or seek medical care when they desperately need it is unconscionable.
2	Edh Stanley	Hello, I am in favor of single payer health care. I am in favor of fair and equitably available medical care. We can lead the way in our State. Medicare will have an example to follow. Sincerely,
3	Jim Burfeind	My children both have health insurance with $6,000 deductibles. They can't afford to pay that kind of deductible so they don't go to the doctor. They think of their health insurance as just in case there is a catastrophic event. In both their cases the barrier is a solid wall. We need healthcare with no deductibles. Please look at AB 1400 as a template. Thanks for listening,
4	Domingo M. Leon	Hello I am not able to attend today's meeting. I do wish to share my health care story.

Count	Name	Comment
		During the fall of 2019, I had a stomach problem. After numerous tests, visits, etc., it was decided that i should have a procedure to see what was going on. My daughter and I were stunned to find out that only 2 doctors who could do this procedure in San Mateo County (!) were part of my insurance plan's network. The next available appt. was sometime in late January 2020, over 3 months away! I was so upset at the idea that I would be in such discomfort for so long. I had already lost nearly 15 lbs. At age 97, with a normal weight of 130 lbs., well, my regular doctor was very concerned. After many calls, an opening came up in early Dec. Whew. This past year, in order to save $$, I opted for a plan with slightly less benefits, but my premium was almost half. But this plan only pays for me to see my podiatrist about every 3 months. My daughter tries to do what she can taking care of my feet, but she is not a professional. My prior plan only paid for me to see my podiatrist every 60 days. I believe that while SM County may have the country's most expensive real estate and one of the highest cost of living rates, those extra tax dollars are not trickling down to most of us. Many medical professionals cannot afford to live here. My primary care doctor moved away at the end of 2019. So did my son's. That, along with insurance companies/medical groups cutting costs to get as much profit as possible, makes it harder and harder for me to have access to quality healthcare when i need it. When my wife was in hospice care, we could see how short-staffed they were, esp. in 2020. I think hospice is at the bottom of the funding ladder that is my healthcare story. My daughter, Susan Barrett, helped me write this. Sincerely
5	Christian Shaughnessy	To Whom It May Be Concerned: My name is Christian Shaughnessy. I am a Mixed Race community organizer who has endured hellish medical debt and fees to access healthcare. Like so many other Americans, I have had to choose between healthcare I desperately needed versus the pain of spending money I did not have. This culminated into a time in my past when I had suicidal ideation and almost took my own life. When my mental health improved I was terrified I had a lot to pay. It turned out me and my family only had to pay a relatively small amount to the actual facility I received my psychiatric care at. However, I was in debt

Count	Name	Comment
		over 5000 dollars for the one night stay in an emergency room and one medical transport ride from the hospital to psychiatric care. This is an obscene system that not only is economically inefficient but one at odds with the absolute dignity of the human soul. All barriers to care, whether gender based, racial, sexual, or especially financial based are pernicious and must be done away with in favor of a single payer system that actually respects the human being. Our working people and other oppressed minorities in the United States suffer far too much already, without it having to be cheaper to die than stay alive and pass medical bills onto their family. I hope you take this letter into consideration. Thank you.
6	Margaret Gooding	Hi, I am a senior (age 72) and on Medicare Advantage through Kaiser Permanente. This has not always been the case. There were many times in my adult life that I did not have insurance coverage at all or inadequate coverage. In 1978, I gave birth to our son by emergency c-section. Our insurance did not cover pregnancy, so needless to say, the medical bills were huge. We had to take out a loan to cover the charges and paid on him until he was 5. If we had had a single-payer system then, that would not have been a problem. A good friend had similar issues and ended up declaring bankruptcy and losing their house. This is a huge problem in our country. If you have lots of resources, then you can afford care, but if you don't, you can't. The discrepancy between those who have good coverage and those who do not is stark. The pandemic has brought this into even starker clarity. Many have employer provided health insurance, but if you lose your job, then you lose your insurance and COBRA coverage is extremely expensive. This should not be the case. Everyone should have a right to coverage regardless of their employment status or economic status. We need a system like they have in all other industrialized nations.
7	Debbie Lane	I’m only 33 and I have only like three teeth left. It really holds me back in life because I’m ashamed and insecure. I can’t speak to people in interviews or other situations. I avoid going out in public and to events like my son’s football games because I don’t want to be rude when another kids’ parents or coach tries to talk to me. I desperately need help getting implants and I have no money. I’m very low income. I’ve struggled all my life. I raise my son alone and I try to give him a normal childhood but it’s very difficult to do things with this problem of being in public. It would change my entire life for the better if I could just get my smile

Count	Name	Comment
		back. I appreciate any info or help I can get. Thank you for your time,
8	Jesse Valenzuela	I am unable to participate in the meeting of the Healthy California Commission. This is my written statement as public comment: Access to healthcare is of dramatic importance to Black and Brown communities and the barriers in our communities have resulted in an unacceptable and immoral level. As a result the Commission must develop a new system of Healthcare For All. Thank you for your consideration.
9	Corinne Frugoni, MD and Kathleen Healey, MD	August 24, 2021 Dear Dr. Ghaly and Members of the Commission; As members of the California chapter of Physicians For A National Health Program (PNHP-CA) we have been closely watching the HCAC commission meetings. We are impressed with your abilities as a facilitator and want to express our appreciation for the Commissioners time and dedication spent on understanding and analyzing a unified financing system for health care in California. We have noted a tendency by a number of Commissioners to blame the expense of our current health system on the fee-for-service payment model. CMS and private-for-profit entities are creating Direct Contracting Entities (DCEs) as a remedy to save money and promote quality. DCEs may be a conduit for intermediaries such as Medicare Advantage and other ACOs/HMOs to privatize Medicare. The Journal of General Internal Medicine recently published an article by Kip Sullivan JD and Jim Kahn M.D. documenting the failure of the four major ACOs to save money. The authors also wrote an op-ed published in STAT news on August 23rd entitled “Stop the failed accountable care organization experiment.” In this article they explain why the ACO capitation system developed to save money was based on the incorrect assumption that doctors abuse the fee for service model thereby contributing to the overuse of health services. We have listed the links below along with a link to a clear and concise PowerPoint presentation on DCEs by Ed Weisbart M.D. We would appreciate your forwarding these links to the members of the Commission. Thank you. Kathleen Healey, MD, co-chair Corinne Frugoni, MD, co-chair

Count	Name	Comment
		Promise vs. Practice: the Actual Financial Performance of Accountable Care Organizations Accountable care organizations don't cut costs. It's time to stop the managed care experiment Powerpoint explanation of DCEs by Dr. Ed Weisbart PNHP.org Resource for academic and activist information on Single Payer and Health Care Reform
10	Ana McNaughton	Dear commission members, I would like to thank you for your work and for taking the time to discuss such an important issue as this matter is more urgent now than ever. After all, if you have a body (as we all do) then it can break, get sick, and need care. Whether we live a healthy lifestyle or not, our bodies need healthcare. Until not too long ago I had no access to health care. What does it mean? There were hospitals, doctors, and clinics all around me yet I could not get a simple yearly health check up. For over 12 years I did not go to the doctor because my copay was very high. After my first health check visit cost me over $600, I decided to stay away from doctors. I did not have the additional income to cover such an expense. Luckily I did not experience any life threatening conditions during those years, otherwise I am not sure where I would be right now (living under a bridge?). The thing is, we really don't need to research this again and again. The main problem with our health care is that it is for profit. A profit motivated system cannot be the basis of our health care providing system! In order for all Californians to truly have health care, we need a single payer health care system. What we need now is political will and action. I urge you to be the ones who do it. Thank you,
11	Felipe Albertao	Hello, My name is Felipe Albertao, naturalized American citizen, and resident of Redlands, California. I am writing this email in support of single-payer healthcare, more specifically related to the issue of "Barrier to Access": We need to separate per capita payment methods from insurance risk and profit-making, because risk-based per capita payment methods can worsen healthcare disparities. It's imperative when designing payment methods for a California single payer system, that we avoid any financial incentive for providers tied to access to care. Public control of capital budgets can help eliminate the incentive to restrict care access among private health systems.

Count	Name	Comment
		We must recognize that accountability and health equity won't be achieved unless we have robust regulatory standards and regional health planning for clinics and hospitals. Though other countries with national healthcare systems utilize per capita payments, they do so without the financial incentives of our commercial insurance industry and do not create incentives for restricted access to care that has a disproportionate impact on BIPOC communities and reduces equity. Thank you,
12	Margo Freistadt	Dear Healthy California Commission: I see that today's session is focused on behavioral health. Two comments: 1) Behavioral health coverage (if this means mental health coverage) should be a part of universal health coverage, especially as it relates to helping people who are clearly mentally ill and homeless get the help they need. 2) Also mental health coverage should be financially accessible to working-class and middle-class people needing support so that their ordinary life stresses don't become crises. Thank you for your work on this.
13	Eddie Sanchez	Hello, My name is Eddie Sanchez with SoCalCOSH submitting public comment in coalition with our on the ground health advocates. I am writing to advocate for changes to our healthcare system. It is clear that low income communities of color face the worst aspects of our health system. Preventable health issues develop into serious illnesses because a real connection to the patients are disrupted by profit as priority and care that lacks a cultural and community connection. Equitable and culturally competent care must be a priority for California. That can best be achieved through public financing and the elimination of profit-making. We call on you to make the best decision for our low income communities of color. Thank you,
14	Stephanie Joyce	Hello, I'm an Occupational Therapist in the acute rehab setting of a "non-profit" hospital that's part of a huge chain. My profession and the care we are trained to provide is being eroded by insurance companies. There is a huge opportunity to improve

Count	Name	Comment
		patient care and reduce the student debt crisis by enacting healthcare for all. Myself and my colleagues (Physical, Speech, and Recreational Therapists) are being increasingly forced to spend more time doing things that make the hospital money instead of what's safe and best for the patient. Healthcare organizations call this "productivity" but it's just a code word for BILLABILITY. The cost to the patient is that content of their therapy session is now dictated by the insurance company- and they won't pay for the time we spend reading the patient's chart, speak with other team members about the patient's conditions, or allowing us to use our clinical judgement to provide the amount of care the patient needs. These new billability requirements are pressuring therapists to spend less time on the things that make therapy effective and SAFE. Additionally, the increasing educational requirements for therapists (a masters and doctorate degree) mean that most therapists are now enslaved with hundreds of thousands of dollars in student loans and we cannot afford to not work to pay this debt. Since the insurance companies are trying to make a profit off of our work, our salaries have NOT kept up with the cost of living and paying off these huge debts. All of this education doesn't benefit any of the patients since we are used solely to produce money for the insurance companies. Single payer healthcare can remove the requirement to 'bill, bill, bill' and the doctorate and masters degrees we are required to have can be put to use for patient care. The therapy practice in other settings is having a similar, dangerous effect on patient care. I've seen outpatient clinics where therapists are paid bonuses for passing a patient off to an aid after 15 minutes to get maximize the payment the clinic will get from the multiple payers. This deprives the patient of the therapy they desperately need! Especially as our population ages, Occupational, Physical, and Speech Therapy can make the difference between aging in place or having to live in a nursing home. But when the therapist is required to do only what gets reimbursed by the insurance company, the quality of the therapy is no longer effective for the patient. Lastly, the multiple payers who are trying NOT to pay for therapy for patients are requiring more cumbersome documentation and they DON'T pay for the time needed to do this computer work. It comes out of the time the therapist spends with the patient- this is dangerous because we cannot provide hands on or even visual attention to the patient when we are writing on the computer. But this practice is now necessary and it's why your visit with your PT, OT, or many other heathcare providers is

Count	Name	Comment
		spent with their face in the computer and not with you, the patient. The current system of insurance companies dictating “care” is ruining our careers, enslaving us to student debt, putting patients at risk, and depriving patients of effective and safe therapy. Let therapists put our education to work for the patients to help them live as safely and independently as possible. This can only happen when our healthcare facilities aren’t trying to get paid by multiple insurance companies. Thank you for reading,

4. **The following table reflects public comments that were emailed to the HealthyCAforAll@chhs.ca.gov email address during and after the August 25th HCFA Commission meeting:**

Count	Name	Comment
15	Chrys Shimizu	The current employer-based health insurance system is crippling small to midsize businesses and a huge drain on the California economy. As a sole proprietor of a small business I’m stuck in a Catch 22. I cannot even start to hire full time employees until I can make enough profit to pay the exorbitant heath insurance costs for them. Large corporations enjoy an unfair advantage at attracting and keeping talent by using the health insurance benefits as leverage. We need SinglePayer healthcare in California, AB1400, to pass. If the shackles of the employer based health insurance obligation are removed we will see a great surge in the growth of the middle class and small businesses. Thank you for this opportunity to share,
16	Allan Goetz	Single payer/Medicare for all, healthcare provides a better comprehensive universal care for less cost and divorces care from employment. More than 30 countries have successful Single payer systems. Why have you not done a trade study of these countries (that provide better care for less cost) and how they deal with health care?
17	Louise Mehler, MD, PhD	Dear people, The Healthy California for All Commission has a mandate "to develop a plan that includes options for advancing progress toward achieving a health care delivery system in California that provides coverage and access through a unified financing system for all Californians." Sometimes, however, the discussion appears oriented towards production of an academic analysis of

Count	Name	Comment
		medical delivery systems rather than a practical plan. In my view, that would be a poor use of the resources and expertise assembled for the Commission. The United States has taken part in a worldwide experiment, one well worth doing, the results of which have become clear: We find ourselves committed to a health care model that costs much more than any other developed country's and yields worse outcomes. We don't need abstract analysis. We need a roadmap for transition to a system that our experiment has identified as superior. Obviously, any transition will depend upon legislation. So I appeal to the Commission to engage with one or more of the available models for legislation, preferably the one now pending in the California legislature, AB 1400. If it has weaknesses, please identify them and suggest alternatives. Where it has omissions, most notably in identifying sources of financing, put your assets to work exploring the options. That would be a true service to the state and the nation Thank you for your careful consideration Sincerely,
18	Emily Bender	Dear Healthy California for all Commission Members, California needs a single payer system of health care now more than ever, and we have the opportunity to make it a reality through AB 1400. Even though our economy is huge, it is deeply unequal, and healthcare is delivered very unevenly based on jobs, income and location. A single payer system as laid out in AB 1400 could change that. I am a self-employed musician and music teacher, and, for years, I struggled to get and pay for health insurance. Certainly the ACA helped me access insurance, but it did nothing to address the cost. The cost of insurance for me and my son was more than I earned from my one steady music gig at a church, which was part time and did not offer me any insurance. We ended up in a lot of debt because of how much we had to pay for insurance. Luckily for my family, my spouse now has a job with excellent health benefits, however, if she were to lose that job, we would be stuck again in the terrible position of having now insurance AND no money to pay for it. In addition, she cannot leave that job right now, even if she was offered an even better position, because i am in the middle of a health treatment process. If she left, I could lose access to my care team, as well as to the treatment I have been receiving. It doesn't have to be this way. A single payer system like AB1400 would take the fate of my health treatment out of the hands of employers, and let

Count	Name	Comment
		self-employed people like me access quality care. it would be life-changing for me and so many of my fellow musicians and teachers, as well as the many gig workers and low-wage earners in our state. While many may be concerned that such a system would lead to more denials of care, private insurance is already built on such a model. A single-payer system under AB 1400 would prevent denials of care as a result of budget cuts by making all necessary and appropriate care a right for every resident of California. If designed correctly, like AB 1400, a single-payer system would place health care decisions into the hands of patients and their health care professionals rather than in the hands of insurance companies, and health care corporation boardrooms. 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 discuss AB 1400, include it in your final report, and help California guarantee health care for all in this urgent time of dire need. The constant refrain of many opponents to single payer systems is “How are we going to pay for it?” The truth is, we are already paying for it. As I understand it, California already spends more than 100 Billion dollars a year on health care only to have it delivered deeply unequally. Let’s put our collective money towards a more just and equitable system. I would be happy to pay more in taxes to fund this program. As far as I can tell, everyone wins, except health insurance companies. Employers wouldn’t have to pay for health insurance for employees, allowing them to raise wages, everyone would have access to the same, high quality care, which can decrease costs by preventing worse outcomes. Individuals would cease to be burdened high health care costs and health care related debt. People will be able to move to new jobs without disruptions of care. A single-payer system like the one in AB 1400, called CalCare, would eliminate financial barriers to care, keeping our health care system accountable to our goals of access, affordability, equity, quality, and universality. I have often said that creating a single payer health care system in California (and hopefully the US evenutally) will change more lives for the better than almost anything else a government body can do. Everybody gets sick. We all need health care. We are all humans.

Count	Name	Comment
		Please support AB1400, and make high quality health care a reality to for ALL Californians.
19	Wesley Falatoonzadeh	Hello, Please submit the follow as my public comment for today’s commission meeting. Thank you! 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. 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! 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: • Dozens of private insurance companies each with different formularies, reimbursement rates, authorized services, pre-approved providers that confuse my patients with formulas 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. • MediCare Part A,B,D,… • Secondary Insurances • MediCal/Medicaid • Emergency MediCal • Managed MediCal • Partnership Health Plan • Beacon Health Services • Operation Access / Aunt Bertha (findhelp.org) • CHDP • Family PACT / Every Woman Counts • Lions Eye Foundation

Count	Name	Comment
		• RQMC • Sliding Scale Fee Programs • Hardship Fee Waivers • Hospital Charities • Community Foundations (Angel Funds) • Optum RX • Express Scripts • Veterans Affairs • Various Community Non-profits • Kaiser Permanente • Specialty Pharmacies • DME Suppliers We need to simplify our system to a single payer by using AB 1400. Please help.
20	Nicole Miller	Hello, I support Medicare for All. CalCare AB1400 is a terrific idea. I want to mention that Canada Health works well as a single payer system. Canadians make their health system work efficiently and with moderate expenses. I hope that Canadian style healthcare will come to California. I also want to support capping out-of-pocket expenses. There is a major difference between charging 20% of $1,000,000 for a cancer surgery, meaning $200,000 in out-of-pocket expenses versus $9,000 as the allowed maximum out-of-pocket copay. $200,000 in cancer expenses is much higher than $9,000 as the capped amounts. Please keep the state using out-of-pocket caps for all major insurance plans and single payer options moving forward. It is totally not needed. Please consider using a cap on behavioral health expenses. Ideally major insurance plans cover it under the normal caps on out-of-pocket expenses for copays and deductibles. Capping pharmacy copays is a separate issue but needed for people on lithium and other modern psychiatric meds. Most people with behavioral health challenges need psychiatric meds and an annual limit of $7,500 to $10,000 in out-of-pocket pharmacy expenses can really help. Setting caps across the board occurs with private insurance plans and really helps. Thank you for your consideration. Sincerely,
21	Allan Goetz	It is the chairs responsibility to facilitate the assemblies business, NOT to pontificate on every topic (and to add personal comments).

Count	Name	Comment
		This time wasting strategy , see the “tyranny of structurelessness”, prevents the assembly from conducting its business. See Robert’s Rules of Order. Regards,
22	Sal Rosselli	August 25, 2021 Healthy California for All Commissioners Attn: Mark Ghaly, Chair Dear Commissioners, As the largest union of private-sector licensed mental health clinicians in California, we feel compelled to comment on the subject of August 25th meeting: systems of accountability to assure improved equity, quality and access and behavioral health integration and accountability. Our 4,000 therapists have struggled for a decade to overcome barriers to care which effectively continue to deny access to mental health coverage to millions of Californians. We support the movement to a unified financing system because we have firsthand experience with the struggle to hold insurers accountable making mental health care accessible to enrollees, and have witnessed a dramatic market failure when it comes to insurance markets for mental health and substance use disorder services. The pandemic has created a mental health crisis in which millions are struggling to get access to the care they need, and employer-provided mental health coverage is woefully insufficient to the task at hand. The commercial insurance market has failed to deliver accessible mental health care. Numerous studies and a litany of troubling personal stories have shown that Californians struggle to access timely mental health care through their health plans. Before the pandemic, two-thirds of Californians with a mental illness already did not get treatment.[1] Since then demand has soared. Much needed care is not being delivered by commercial insurers. A recent Milliman study found California patients seek mental health care outside insurance networks five times more often than they do for medical care, resulting in a tale of two marketplaces: accessible mental health care for those who care afford to pay out of pocket, and lengthy waits or denial of care for those who can’t.[i] Advocates have struggled for decades to strengthen mental health parity and timely access laws against the third party insurance companies which have sought to lower their costs by denying care.

Count	Name	Comment
		Low reimbursements and lack of participation with insurance hamper access. Insurers have claimed provider shortages are what cause their inability to provide adequate mental health care. Studies of California's mental health workforce have identified some shortages in rural areas, which would benefit from targeted public investment, but the state's metropolitan areas have some of the highest numbers of licensed providers per capita and still timely access problems persist.[ii] A key obstacle to accessing providers in our current system is that large portions of licensed providers don't accept insured patients; for example, 42% of California's licensed marriage and family therapists didn't accept insurance in a 2017 study.[iii] The Milliman study found that health insurers in California pay mental health providers 13% less, relative to Medicare reimbursement rates, than they do to medical/surgical providers. After a decade of pushing for accountability, advocates still struggle to hold insurers accountable to making mental health care accessible in our current system. Our union filed an initial complaint against the state's largest insurer in 2011 with the Department of Managed Healthcare (DMHC) which resulted in a record $4 million fine for violating the state's Mental Health Parity Act, but after years of subsequent complaints, citations, and follow ups, timely access to mental health care is still unattainable for many such patients. Our experience struggling to achieve mental health parity and timely access compliance from the state's largest insurer through the DMHC highlights the fundamental accountability problems with our current system. A unified financing system would remove the current layer of insurance company opposition and empower the state to respond directly to mental health needs. Our public mental health delivery system is an immense asset which is underutilized and fragmented. Because of the 1915(b) Medi-Cal Specialty Mental Health Services Waiver, public and non-profit contracted county health systems already deal with most of the severe mental health and substance use disorder cases of privately insured patients, through a complex and fragmented system of local, state and federal payers and oversight. In addition, the state has taken the lead in this year's budget by committing to spend billions on behavioral health focused on workforce development and infrastructure over the next five years, the largest commitment to behavioral health investment in the state's budget history.[iv] A unified financing system would give our state the ability to harness the substantial investment and local community-based expertise that already exists and make quality mental health care accessible to all, instead of only to the few who can afford it in the private marketplace.

Count	Name	Comment
		Respectfully, Sal Rosselli President [1]California Health Care Almanac, “Mental Health Care in Calfornia”, March 2018 [i] Stoddard Davenport, Travis J. (T.J.) Gray, and Stephen P. Melek. “Addiction and mental health vs. physical health: Widening disparities in network use and provider reimbursement” Milliman. November 2019. [ii]Janet Coffman, Timothy Bates, Igor Geyn and Joanne Spetz, “California’s Current and Future Behavioral Health Workforce”. UCSF Healthforce Center. February 12, 2018 [iii] CAMFT, 2017 Demographic Survey, Clinical [iv] “Floor Report of the 2021-22 Budget”, Assembly Budget Committee. Final Budget enacted 2021-22 budget Office of Statewide Health Planning.
23	Matthew Snyder	Hello Committee Members, Why are we having yet another commission meeting as a stalling tactic to avoid the elephant in the room: that the only unified system for achieving ethical and efficient healthcare coverage is a single-payer system? The system we have now is one of "emergency care" that has the least effectiveness and benefits the for-profit system in healthcare that underwrites many politicians (Democrats and Republicans) campaign funding (some of whom are on this commission). We've been here before. We don't need to get in the weeds or obfuscate: we need a Single-Payer system in California, and that becomes all the more obvious as we see how COVID is disproportionately affecting Black and brown communities, many of whom are being blocked out of healthcare access, even before COVID. It's time for Gavin Newsom and the Commission he hired to support AB1400. Full stop. Cheers,
24	Peggy Elwell	Dear Commissioners: I am unable to stay on for the whole meeting, so I am putting in my comments in email.

Count	Name	Comment
		I am co-coordinator of the Low-Income Self-Help Center in San Jose; I am also on the steering committee of the South Bay Progressive Alliance, and with the Santa Clara County Single Payer Health Care Coalition I have done many interviews in low-income communities, predominantly of color, and have found the following issues: People who are undocumented and are 26 and up do not qualify for MediCal, Medicare, or the ACA/Covered California. They will always try home remedies first. There is a lot of fear of officialdom Lack of money - Inability to pay a private provider, or insurance premiums, and especially co-pays and deductibles at the point of service. People delay or avoid treatment. Others, especially the young, would rather pay the $600 fine for not having health care than pay a lot more for Covered California plans which have a lot of limits Confusion, complexity and bureaucracy - navigating the many different health care systems, often different for various members within one family, is hard enough even for those who are well-educated, and almost impossible for others who do not have that advantage. Sometimes people who have good insurance don't know how to use it A single payer system, (I believe the term unified financing is also used) would resolve these issues. You must acknowledge that such a legislative proposal, AB 1400, is within reach in California, and the commission should address. There is no point in including insurance companies, gatekeepers, middlemen, etc., in a health care system. They only drain resources, and do not serve the commission goals of access, equity, affordability, quality, and universality. You must be accountable to those goals. Sincerely,
25	Allan Goetz	We need an outline for the systems analysis of a $400B/year comprehensive universal healthcare system. See enclosed. Notice that there are significant savings due to economies of scale for 1) universal chargemaster 2) Universal medical records, 3) Universal billing and collection, 4) AI monitored fraud and abuse detection and system maintenance 5) Universal Health improvement research using 2) 3) and 4).

Count	Name	Comment
		The whitepaper needs updating using data from more than 30 countries and PNHP analytical inputs. Savings of up to $150 B/year do not seem unreasonable for these software tools. The per capita expenditure for CA would be $250/35 million/year or about $7000/year (the total Cartel cost is now approaching $12,000/year/patient) Regards,
26	Allan Goetz	We need a behavior health center to replace Camarillo, see attached proposal.
27	Kayla Westergard-Dobson	Hi, my name is Kayla and I've lived in California my entire life. I'm emailing today to ask the commission to consider AB1400 CalCare. 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 AB 1400, the commission should discuss it and let Commissioner Comsti present on it. This is something California needs, and the majority of Californians have shown that they want and support this style of legislation. The Los Angeles City Council - the City Council for the largest city in the state - just today voted to support a resolution in favor of AB1400. CalCare will save the state - and its residents - billions of dollars a year. For me personally, I've been dealing with medical bills from an emergency cesarean section in December that resulted in the death of my infant son. The bills from that loss 8 months ago continue to roll in to the tune of $10,000 and I have no idea when they will stop. We need to take the stress of potential crushing debt off of traumatized, sick, and recovering people in our state. We as a community must step in to help each other. California can lead the way on healthcare for all. You should discuss AB 1400, include it in your final report, and help California guarantee health care for all in this urgent time of dire need. Single payer now!
28	Cheryl Tanaka	Flexibility/innovation b/c of lack of $!
29	Cheryl Tanaka	UF could bring equity in distribution of $
30	Allan Goetz	The speakers need to have time limits and only be allowed to address the agenda topic (or the motion before the assembly). See the "Tyranny of Structurelessness" , Jo Freeman. We are wasting time. Perhaps that is the intent? Regards,
31	Cheryl Tanaka	BRAVA, Carmen!

Count	Name	Comment
32	Cheryl Tanaka	Brava, Dr. Marya!
33	Reisa Jaffe	Listening to the Healthy California for All Commission meeting and the discussion about mental health care. It is important to recognize the systemic problems we have that increase behavioral and other health issues. I'm referring to the system we have that has resulted in billionaires getting wealthier in a pandemic while people working critical jobs were (and still are) putting their lives on the line and not earning a living wage. To all the people sitting on the commission, thanks for doing this challenging work!
34	Reisa Jaffe	After I sent this message I had the pleasure of hearing Rupa Marya addressing the systemic problem. Thankful to her for calling this out!
35	Chrys Shimizu	Dr. Marya spoke eloquently against incrementalism and brought up AB1400. She asked why the Commission doesn't just talk about this bill and get behind this bill. Secretary Ghaly quickly cut her off as soon as she started talking about it. He said "We agreed we wouldn't talk about it." This disingenuous comment was insulting. For an agreement to happen people have to get a chance to vote. I never heard of any opportunity for any of the commissioners to get to vote regarding talking about this bill. This was not something the Commissioners "agreed" on. This was a decision handed down by Secretary Ghaly himself and it is the number one reason I question his honesty, integrity, and compassion in leading these extremely important meetings. I beg Secretary Ghaly to reverse his decision and allow AB1400, the best and the most recently introduced bill for Medicare for All in California, to be discussed. People are dying, going bankrupt, and going crazy. Secretary Ghaly your decisions decide the fate of millions of people. Please choose to be compassionate and let the commission talk about AB1400.
36	Cheryl Tanaka	Thank you also, Dr. Ross!
37	Jeffery Tardaguila	First establish places to house. We have lost that at state and many counties level 2008 behavioral bed closed in Sacramento county. So even Kaiser sends to mental facility in Yolo Woodland. First contact training who, where to direct? Checklist could help procedures could . How and what do you finance? As in MPA Alzheimer was brought in but park or dementia and others LTC
38	Cheryl Tanaka	Would be good to have slides!
39	Isabel Storey	Dear Commissioners: I've been listening to the meeting today with interest. Thanks for doing this in-depth research on health care options for California.

Count	Name	Comment
		I was most impressed with comments by Commissioner Rupa Marya. As a front-line doctor she senses the urgency of providing comprehensive healthcare to all Californians. I was disturbed that she was cut off when she mentioned AB 1400. The commission is tasked with moving our state toward a health care system with unified financing. AB 1400 proposes just such a program. I believe the commission should study it, just as it studies other models. Putting on blinders and ignoring something that is NOW being proposed is a grave mistake and omission. That said, here is the comment I had prepared for you before the meeting: California needs a healthcare system that works – and that works for everyone. I urge the commission to focus its work on developing a plan that can be implemented, not just vague theoretical concepts. In studying various models, I believe that 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. The commission is tasked with developing a plan that moves us toward a healthcare system with "unified financing." I believe that there should be less focus on "intermediaries." Health care systems that include a role for health insurers or other gatekeeping middlemen fragment our health care system, and inevitably result in a fragmented standard of care. Through a single-payer system, we can keep our system accountable to the needs of patients rather than accountable to profit-seeking corporate interest. I appreciate the commission's move toward a more transparent process. I join those urging the commission to continue in that direction by designing an interactive calculator with various options for financing a single-payer system, such as proposed in AB 1400, and how much each different financing mechanism would raise. This would make it easy for the public and legislators alike to weigh the pros and cons of the various proposed financing options and to see which combination of them would be suitable to fully fund the program. The puzzle of putting together a health care system for our large and diverse state will not be complete until a funding plan is in place. The commission would be doing a great service in moving us toward a workable healthcare system by providing recommended funding options.

Count	Name	Comment
		Please remember that this is not an academic exercise. You don't want to produce a hefty treatise that is put on the shelf to gather dust. You need to create a blueprint for action – and that will help deliver healthcare to everyone in California.
40	William Bronston, MD	This model has been crafted among 40 national experts to address a world class model heretofore never consolidated in a unified single payer legislation. The California Life Time Care Health Care Policy Model, (CALTCHA) Summary Introduction (Title 1) The California Life Time Health Care policy model is a moral, equitable, cultural and economic imperative to establish a universal single payer health care system for the state of California, where there are no financial barriers to access the highest standard of guaranteed quality and deemed necessary by a licensed California health professional.. The CALTCHA model was designed by top public health policy experts and advocates from inside and outside of California. The current unaffordable, for-profit corporate controlled health care system would be transitioned by law into a highly efficient, publicly financed, publicly and privately delivered non-profit health care system, where there are no premiums, copays, deductibles or any other financial barriers to medically necessary care. CALTCHA asserts that health care become a 'public good', not a commercial commodity, providing the highest attainable standard and comprehensive spectrum of preventive, primary, and specialty health care. CALTCHA includes the training research and delivery of medical, mental health, surgical, nursing, social work, rehabilitation and habilitation, public health, dental, prescription drugs, and home and community-based individually planned "life time care." This will replace Medicaid's "long term care". California must establish critical infrastructure based on continual local assessment, participatory prioritized budgeting and regular reporting. Residents shall be able to freely choose care from any CA licensed health and community care provider Access to services and care will vastly expanded and equitably allocated statewide. No service nor access intermediary nor prior approval for clinical judgment will be allowed. Universal Access To Comprehensive Quality, Guaranteed Care To Every California Resident Ending All Out Of Pocket Costs (Title 2)

Count	Name	Comment
		All residents of California will receive a CALTCHA health care card at birth, or at the point of residential qualification, with a unique identification number that does not include one's social security number to ensure privacy protection. Residents will receive health care services from any licensed or otherwise qualified California health care practitioner of their choice with no limiting "in network" restrictions nor barriers. The CALTCHA "smart" card will contain each individual's medical history that can be downloaded by any licensed health practitioner in the state of California. Private health insurance coverage will only be allowed for any health care services not covered by the CALTCHA benefit program. Establish an Independent CALTCHA Trust Fund To Pay For All Medically Necessary Services, Infrastructure, and Health Care System needs (Title 2) A single CALTCHA Trust Fund, separate and independent from the State's General Fund, shall be established. State tax dollars, and all federal dollars that currently are redirected from existing taxes to California from programs such as Medicaid, Medicare, the Affordable Care Act and health foundation trust funds, will be consolidated into the CALTCHA Trust Fund. "Global budgets" will be paid quarterly to individual hospitals and community clinics. Fee-for-service and fee-for-time reimbursement will be paid to independent doctors and California health care providers. All reimbursements to health care providers will be done electronically, eliminating costly paper work and inefficient bureaucracy. The Fund shall cover capital development building costs to assure a locally decentralized, equitably distributed health care infrastructure. CALTCHA Budget Planning (Title 2) Each Local County Health Officer will submit a 3-year assessment plan, prioritizing health care needs to the CALTCHA Board. This will include the material input of "Neighborhood Health Assemblies," based on annual data studies from every community. Establish Individual "Life-Time Care" to Replace "Long Term Care" Institutionalization (Title 2) One of the highest priorities of the CALTCHA Life-Time-Care Policy Model is ensuring the dignity, identity and integrity of every California resident, from cradle to grave. Residents in need of life time care, will receive their care in integrated personal settings, such as home delivered care, community care, multi-generational settings or in an individualized environment, based on the patient, their family and professional assistance

Count	Name	Comment
		planning and CALTCHA funding. Elders and those with physical and or mental disabilities will no longer have to spend down to abject poverty, in order to be eligible for comprehensive care. CALTCHA replaces of Medicaid funded “Long Term Care” in out-of-home facilities that cannot assure an individualized, compassionate, comfortable, and loving environment. The funding of home care will be the priority while segregated institutional care remains an option until clinically replaced. Ensure Comparable or Improved Benefits to All Union and/or Corporate Trust Fund Members (Title 2) CALTCHA ensures that there will be no loss of coverage or reduction of health care benefits or services for individuals who have paid into, retired with, or possess health care through existing public and private trust funds for that purpose. Provide Unique & Improved Health Care Delivery to Specialized CA Populations (Title 3) CALTCHA provides for the development of unique personnel and service models to address the needs of K-18 school population health, mental health and addiction services, agricultural and environmental health needs, disability empowerment and habilitation, incarcerated and decarcerated populations, and transitional shelter and care for the enormous unhoused and dispossessed communities. Negotiate and Contain the Escalating Costs of Prescription Drugs/Complementary Medicine and Assistive Medical Devices For All (Title 4) Under CALTCHA, all medically necessary prescription drugs and needed complementary medicinals will be fully included at no out of pocket patient cost. The CALTCHA program will annually negotiate with prescription drug corporations using bulk purchasing power, to ensure that all residents of California have access to medically necessary, prescription drugs with no co-pays or deductibles. Residents will be able to go to any pharmacy or licensed seller of prescription drugs, show their CALTCHA card, and obtain any needed items. The CALTCHA program will also cover 100% of the costs of rehab engineering, orthotics, prosthetics, hearing aids, glasses, durable medical, habilitation, mobility and communication assistive devices. Provide Health Workforce Global Budget Tuition Coverage to Significantly Increase The Number and Cultural Diversity of The Medical And Public Health Professional Workforce (Title 5)

Count	Name	Comment
		In order to ensure there is a sufficient number of culturally competent ethnic, racial and linguistically diverse physicians, nurses, dentists, social workers, mental health, public health and any other health care workers from minority communities, the CALTCHA Trust Fund shall pay global budgets to public post secondary schools, universities and community colleges. Full tuition coverage will be provided for all healthcare professional graduate and post-graduate education involving training and expansion toward a licensed or certified healthcare professional workforce. This is in exchange, year for year, for paid services, by these students, in every needed urban or rural "health desert" across California. This shall greatly reduce the costs and end crushing student debt for students receiving a health professional education. Students will take classes in Spanish and other commonly used languages to ensure cultural parity to residents of California. Coordinate With all Relevant Federal, State and Local Agencies to Ensure the Social Determinants of Health Care such As Food, Housing, Transportation, Education, Clean Environmental Resources that are essential to health care (Title 6) Under CALTCHA, local County Health Officers and health care providers will work closely with any existing public or private service agencies or philanthropies to address the unmet needs of residents of California in order to ensure a physically robust and mentally secure, civically respected and productive. This comprehensive approach to health care fulfills the civic obligation to create, implement and maintain an ethical, and health system as a human right whose time has come. Decentralize the Existing Health Care System To Ensure Easy Access To Health Care Services (Title 7) A major feature of the CALTCHA model is to ensure that community clinics, migrant clinics, hospitals, and other medical providers are conveniently located in designated "health care deserts" and low-income communities in order to ensure unfettered access to health care. Transportation will be provided for all residents of California to and from verifiable medical appointments when requested. Establish Publicly Accountable Governance and Administration (Title 8) The CALTCHA Trust Fund and its financial distribution shall be administered and allocated at the state level by a professional Board of 29 members both appointed and selected as representatives. This shall be based upon Local Public Health

Count	Name	Comment
		Department triennial planning, budget prioritization, and accountability at the County and Neighborhood levels. Expand the Public Health System and End Population Health Disparities.(Title 8) CALTCHA aims to eliminate community race/class health disparities in California. Historically, communities of color, the urban poor and rural areas that constitute "health deserts", have disproportionate hospital closure, inadequate health care access and limited, public health services due to poverty. The high prevalence of uninsured or under-insured individuals, structural racism and discrimination throughout the system is worsened by insufficient numbers of culturally competent, medical personnel, and the absence of convenient transportation. CALTCHA shall address these needs by strengthening and expanding community professional education programs and increase targeted funding for services in specific areas determined by the state and local public health department's needs assessments local preventive services and ample diagnostic laboratories to ensure oversight and rapid response testing of residents in all neighborhoods. CALTCHA shall increase public health nurse numbers and practice, providing sanitation engineers for home and environmental based assessment and care. Democratize local assessment based planning by utilizing statewide organized Local Public Health Leadership and Neighborhood Health Assemblies CALTCHA seeks to create an authentic "health care democracy," whole population health care. Residents of neighborhoods and communities will have direct input on how, where and when their individual health care and collective public health needs will be met. Organized Neighborhood Health Assemblies will be established in every county to work closely with Local Public Health Officers, and staffed liaison offices, to resolve the untenable negative disparate health impacts resulting from disparate an inadequate medical and public health care. The CALTCHA goal is to expand the current public health information infrastructure to facilitate intervention by meshing professional health research experience with local input and integrative "whole health" approaches to public health. The mechanisms are: •local epidemiologically focused assessments for identifying disease and disorders that warrant targeted intervention (s); •participatory budgeting for supporting neighborhood-driven priorities; and •periodic reporting to

Count	Name	Comment
		•ensure on-going awareness, monitoring, and accountability. Local public health information systems are to be authorized at the state level, implemented at the county level and co-managed at the neighborhood level. The decentralization and expansion of prevention and resilience functions allow for a more responsive public health system that will identify the needs of growing populations seeking to correct race/class-based health disparities. CALTCHA Examples of Revenue Saving, Economic Investments and Prosperity Outcomes Elements Savings: • Incalculable but tangible societal consequences of promoting health and wellness and reducing compromising illness, suffering and premature death • Savings on pharmaceutical and medicinal bulk purchasing (> 15%) • Savings on major reduction of unnecessary and inflationary administration (18%) • Reallocate the massive multi billion dollar savings from unnecessary administration, artificial intermediary and medical industrial, corporate driven inflation and pharmaceutical cost reductions into wellness expansion, health based productivity and societal creativity outcomes from CALTCHA • Replace Medical Malpractice with Medical Compensation Fund • Convert all investor owned and for-profit medical care assets to non-profit status • Reduce the expensive burden of taxes used to support people unnecessarily disabled and unemployed due to poor health care, guaranteed access. Investments: • Buy out all existing CA residents medical debt • Buy out all health professional education debt • Buy out unfunded Public Employment Retirement System health coverage debt

Count	Name	Comment
		• Expansion of the county public health system and increase funding of public health community assessments • "Just Transition' for all workers whose jobs are eliminated or displaced • Development of regional and neighborhood health facilities, service decentralization and infrastructure. • Expansion of a culturally competent health workforce and California Health Service Corps • Staff CALTCHA governance, local and neighborhood assessment and planning bodies Prosperity: • Expand appropriate quantity and specialized personnel among special populations • Liberating the millions of unfunded caregivers of disabled and elder family members • End 'job lock' among many workers to significantly expand entrepreneurism and better job/career opportunities • Free small businesses from the onerous and inflating insurance costs for employees that can be reinvested in business and worker salaries • Free American corporations of non competitive, 15+% medical insurance costs • Revitalize underserved communities with an infusion of economic investment when health care "deserts" are replaced with the construction and maintenance of health facilities and services that promote jobs and predictable economic expansion in local neighborhoods. • Healthy populations are essential to productive and culturally creative societies.
41	Cheryl Tanaka	Thank you, Richard!
42	Ellen Schwartz	I have so many things to say, but most important, I want to applaud Carmen Comsti for unsuccessfully asking the Commission to consider AB 1400, whether it would answer the obstacles that have been raised over the last years. And I want to point out, Dr. Ghali, that people are suffering and dying for lack of medical care, while your commissioners and consultants drone on endlessly about "oh, my, what kind of funding, what

Count	Name	Comment
		kind of system can possible address all these problems?" My thanks to Carmen Comsti and Dr. Rupa Marya and the (few) other proponents of a Single Payer system for your work on this commission. Oh, by the way, I would not be part of a Medicare Advantage plan except even with a relatively affluent retirement I just can't afford to buy what is in practice obligatory supplemental private insurance, much less forgo the supplemental insurance and pay what Medicare doesn't cover. The care I get, however, often stinks. You get what you pay for.
43	Cheryl Tanaka	Fragmented data we do have already shows inequities/injustices
44	Cheryl Tanaka	Once again, fragmented data already shows - do just need for unified/shared databases
45	Cheryl Tanaka	Yes, more GP's, Yes, multilingual/cultural healthcare providers
46	Cheryl Tanaka	Coordinated care will be a must & 1 place where those displaced can retrain to work
47	Cheryl Tanaka	Good point that coordinated care/navigation doesn't just have to be at Dr. office/hospital
48	Cheryl Tanaka	What is the title of that NYT article?
49	Cheryl Tanaka	Good point - lots of room for more, not less jobs!
50	Elise Kalfayan	Today's commission discussion of accountability went in several directions, including economic accountability. A reimbursement model should incentivize a care-based doctor-patient relationship focusing on access and equity, instead of one based on economics. Copays, deductibles, preauthorizations, and provider networks lead to denial of care. The managed care model is also a rationing approach. If designed correctly, like AB 1400, a single-payer system would place health care decisions into the hands of patients and their health care professionals rather than in the hands of insurance companies, and health care corporation boardrooms. It's the commission's responsibility to protect the professional judgment of doctors, nurses and other health care professionals and to design a single-payer system that promotes high quality care. An intermediary option that preserves the extractive status quo should not be on the table as it preserves rationing and profit-driven incentives, and provides absolutely no health benefit. Both Sara Flocks and Dr. Rupa Marya spoke to the uselessness of third-party payment intermediaries. We absolutely cannot redesign or upgrade the system that we have.

Count	Name	Comment
		AB 1400 should be your model for designing a single-payer system and the commission should focus exclusively on proposing a single-payer system.
51	Cheryl Tanaka	Brava, Sara!
52	Cheryl Tanaka	Thank you, Dr. Hsiao - good question
53	Cheryl Tanaka	Like the idea of community boards
54	Chrys Shimizu	Sara Flock made a very good point that care coordination is necessary but need not be done by health insurance companies. This is something touched on by AB1400, the CalCare bill. It's the "Just Transition" portion of the bill. This is why this bill needs to be discussed. Pretending no one has attempted to answer all these great points when there is a comprehensive bill, the CalCare bill, that does answer all those great points is a big waste of time. Dr. Ghaly please stop forcing the Commission to waste this precious time. People are dying, going bankrupt, and going crazy.
55	Cheryl Tanaka	Thank you, Jennie!
56	Cheryl Tanaka	Must things be set in stone & not have any flexibility, allow for improvement/change?
57	Cheryl Tanaka	Feel UF is about Whole Person as opposed to current carved out system
58	Cheryl Tanaka	Currently cost containment used to justify denial of services
59	Cheryl Tanaka	Brava, Carmen! 1 system, 1 set of rules! direct negotiations!
60	Allen Partono	To whom it may concern, Hello, I hope you are doing well! My name is Allen, and I just wanted to comment to advocate the importance of unifying the system of healthcare through a Single Payer plan. It is important to do this to free up costs associated with administrative burdens associated with multiple insurance types. Having one system also eases the challenges discussed relating to the quality of care since it would be one system. Please consider visiting Single-Payer in California for the sake of improving health equity through universal healthcare in this plan. Best Regards,
61	Cheryl Tanaka	Hospital care already sometimes comes with a social worker who is supposed to help coordinate care
62	Cheryl Tanaka	Exactly - can buy out, medical tourism works both ways also
63	Cheryl Tanaka	Public education also benefits from $ from the community - so not equal at all!

Count	Name	Comment
64	Cheryl Tanaka	Love this equity adjusted idea!
65	Cheryl Tanaka	It's because of the $, Dr. Hsiao - corrupts and distorts
66	Dessa Kaye	My head is spinning! I found using MediCal during my cancer treatment daunting enough. How is someone in need of mental health services, let alone in crisis, supposed to navigate the jurisdictional complexities of the LA County Behavioral Health System??? Just one more indisputable argument for a single-payer, universally-accessible, and integrated physical/mental health care system. Sincerely,
67	Sally Gwin-Satterlee	Thank you to the Commission for discussing healthcare. However, it is very frustrating to me to watch and listen to the discussion because people are literally dying right now because they can not get the healthcare that they need. We need to change our healthcare system to base care on NEED not COST. i realize cost is important and the system has to be maintained. It has been researched and documented over and over that Single Payer decreases the cost of healthcare and covers everyone. I would ask that the commission really have an in-depth discussion of AB 1400 and discuss what is correct and what they want to change. My frustration with the commission is that it does not recognize the URGENCY of the need to change our current healthcare system. Thank you for your time and consideration
68	Cheryl Tanaka	Yes, must protect patients' rights!
69	Cheryl Tanaka	Can we say equity as opposed to risk adjustment? Risk sounds like denial of services.
70	Cheryl Tanaka	Cara Dessert never got to comment
71	Cheryl Tanaka	Thank you, Antonia. Certainly sounds like possibly more bureaucracy.
72	Kari Lekvold	Dear Commission, Please reach out to me and let me know one good thing you've found with our current healthcare system. Is it spending more money on worse outcomes than other first world countries? Is it the fact that medical bills are now the largest source of debt to collections agencies? Is it the fact that diabetics are rationing their insulin (a drug that was patented almost 100 years ago and sold for $1 so that everyone would have access) to the point of death? Is it the complete lack of price transparency allowing one

Count	Name	Comment
		Florida hospital to charge four different prices for an MRI, ranging from $262 to Medicare and $2,455 to Blue Cross? Is it our non-existent "choice" of provider? Is it our access for all? This issue is so emotionally charged for me. This system is broken beyond repair. It was going to fail regardless since there is no world in which quality patient care at a reasonable price will align with private insurance company's demand for profit. Eliminate the 20-30% administrative costs from the inefficient and oftentimes nefarious private insurers and adopt single payer for California. Save us from the current crippling and corrupt system. ADOPTING SINGLE PAYER WILL BE THE SINGLE BEST POLICY YOU CAN ENACT FOR THE PEOPLE AND THE ECONOMY OF CALIFORNIA. Thank you,
73	Bill Honigman, M.D.	Commissioners and fellow advocates, I would like to add testimony to the subject of accountability. As an Emergency Medicine physician for over 37 years in CA, I saw many patients who failed under our ridiculously complex multi-payer system. This was especially true for those with untreated or inadequately treated behavioral health issues, and often among our BIPOC communities and our unhoused populations. Multi-payer commercial health insurance, for proprietary reasons in fact, discourages coordination of care and the sharing of medical information, discourages early and prudent use by patients of essential medical resources, and discourages open and transparent reporting by professionals and administrators of incidental or systemic problems that create such barriers and ultimately treatment failures. We are seeing this play out before us right now in an exaggerated fashion with the crisis of COVID19 as Dr. Marya says. The first and most important pathway to eliminating those barriers to equity and access to care, is to eliminate the multitude of commercial proprietary interests with a single standardized transparent financing system such as is currently before the legislature in AB1400. So please, repurpose your goals, model AB1400 and advise the Governor to move it toward passage. Some 26 thousand COVID deaths in CA would have been prevented if we had already done so.

Count	Name	Comment
		Thank you.
74	Terry Brady	Thanks for the opportunity to provide feedback. I only have one very major issue that is the Elephant in the room. Bottom Line. Until we get the POLITICS out of the funding and delivery of health services that is Equitable, Quality and Access that is Measurable and a Whole Person approach. This must be addressed. This issue must be addressed from the outset if we have any hope of making progress on all these critical elements. Respectfully Submitted.
75	Peter Shapiro	My name is Peter Shapiro. I'm a delegate from California Alliance for Retired Americans to the Alameda Labor Council, and a board member of Healthy California Now. I am dubious about the claim that the high cost of health care is due to providers who are incentivized by fee for service to over-treat their patients. All the indicators, from infant and maternal mortality to life expectancy, suggest that people in this country get too little treatment, not too much. The problem is that we pay too much for the treatment we get. Several recent studies have assessed Medicare's attempt to use Accountable Care Organizations to reduce costs. They all reached the same conclusion: it doesn't work. Personally I don't care how providers are compensated and I am inclined to think the entire issue is a red herring. Health care is a seller's market, and as long as market forces determine how it is delivered, costs will keep rising. Worse, serious inequities will persist. When you have a fragmented risk pool and profit-making entities are incentivized to avoid risk, some of us will always get the short end of the stick—usually the most vulnerable among us. I have a Kaiser health plan. As a unionized federal employee, my coverage was arguably the best Kaiser has to offer, and as long as I don't need long term care, I can be reasonably satisfied with it. My brother in law had serious long term health issues. He worked as a security guard, and his employer stuck him with one of Kaiser's low-cost plans. We lost him two years ago, and while multiple factors contributed to his passing, his Kaiser plan simply did not give him the care he needed. His life was every bit as valuable as my own, and there is no good reason why he should not have received the same level of care as I enjoy. When operating as it should, Kaiser is capable of providing excellent care. I don't want that to stop. I just want Kaiser to get

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		the hell out of the insurance business and provide a single standard of care for everyone it treats. If we had a system of direct public funding, rather than public subsidies of private insurance, that just might be possible.
76	Kareema Abdul-Khabir	We need to separate per capita payment methods from insurance risk and profit-making. Care coordination that could be reimbursed through per capita payments may be necessary to ensure equitable delivery of care. Public control of capital budgets can help to eliminate the incentive to restrict care access among private health systems who would use net income for corporate expansion and priorities. Simply put, risk-based per capita payment methods can worsen healthcare disparities: For a summary of the research on how "value-based purchasing," and Accountable Care Organizations based on per capita payments exacerbate healthcare disparities see Rita Rubin, JAMA, February 21, 2018. Specifically, Rubin writes that In a recent study in Annals of Internal Medicine, McWilliams and his coauthors found that the PVBM (Physician Value-Based Payment Modifier Program) had no effect on the quality or efficiency of care provided and likely exacerbated health care disparities by disproportionately penalizing practices that care for lower-income or sicker patients. ACOs (accountable Care Organizations) have not worked for Medicare and will not work for the broader health care system. Per Health Justice Monitor (8/18/21), we now have a decade of impressive empirical evidence demonstrating minimal if any benefit from ACOs of several designs. It's imperative when designing payment methods for a California single payer system, we avoid any financial incentive for providers tied to access to care. Policy analysts have shown that efforts to restrict "unnecessary" care, such as the high deductibles that are included in Covered California health plans, inevitably restrict, and reduce necessary care. Regarding accountability for health outcomes and quality, it is possible to deliver high-quality care to the population that has access to care and the means to pay for it, while delivering poor-quality care to the smaller share of the population that lacks those means. The result may be an average level of

Count	Name	Comment
		performance overall but create a health system that nevertheless inadequately serves the sickest and most vulnerable, which are often from Black and brown communities. Instead, we need to recognize that accountability and health equity won't be achieved unless we have robust regulatory standards and regional health planning for clinics and hospitals.
77	Letitia Ochoa	Thank you for allowing my input to the Commission. Personally I would like to say, I am widowed and retired. I have a retirement insurance plan, I have medicare advantage, I have a dental plan. Premiums are $600 a month. I still had to pay $1900 out of pocket for dental in the past two months. Still have to pay for generic prescriptions. Still have copay on vaccines. I have been retired for 12 years now. I have to do creative spending, well, what health issues do I decided to take care of first. I am not a doctor. Within my own city I see lots of doctors offices, but most are not in my networks. We need more preventive healthcare. We need a CALCARE now. Please support AB1400 and discuss. It must be in the conversation. A lot well said by Rupa and Carmen. Please listen to them. They know. Health care should not be for profit. Patients are at the bottom of the food chain. And we have the least amount of food. I am all for a health care system that covers every person in the world Let's take care of California. We can do it. Thank you for your time.
78	Tom Michel	Dear Commissioner's It was great to listen to the Zoom call today. I wanted to be able to speak during the meeting but had to leave shortly after the intermission. Please consider the single payer model, ever other industrialized country has it. Why can't we? Why can't we get the best deal for the American Taxpayer by simply covering everyone at a lower cost. Anything else than a single risk pool become inherently inequitable and unequal. The ongoing band-aid approach doesn't really help anyone and serves to enrich health insurance companies. AB 1400 isn't a final solution but it is a great start. Thank you,
79	Craig Simmons	August 26, 2021 Healthy CA for All Commission

Count	Name	Comment
		Dr. Mark Ghaly Chairman Sacramento, CA Dear Dr. Ghaly, The stated goal of the Commission is to provide the people of California with a unified financing plan including, but not limited to, a single payer healthcare plan. For the past year I have participated in meetings which have failed to solve the problem of accountability and how to pay for such a plan. In the August 25 meeting there was discussion regarding AB 1400. The Bill coincides with the state legislature's estimate of annual costs of $400 billion based upon insurance company payments to providers for treatment. Richard Scheffler cited a progressive tax as a solution for creation of an integrated delivery system as a team effort to provide patients with access to providers. Each patient would have access to quality health care in hospitals and community health centers. One patient, one record, which would become an accessible permanent medical record for integration between providers. Sara Flocks is a proponent of sustainable financing via cost containment, or standardization of costs. Unified data as a system of accountability to provide transparency on pricing. She cited Medicare as a model. Unions can be a catalyst for employer based plans to control costs. According to the Bureau of Labor Statistics, 60% of the U.S. Population are employed. In California, applying the same statistic, 24 million of our population of 40 million are employed. If a $.25 cent per hour payroll deduction was approved by ballot measure, $6 million per hour would accrue into the state treasury or Covered California for preventive care, surgeries, outpatient services and prescription drugs. Physicians and hospitals would standardize treatment costs on a reasonable basis thereby eliminating the for profit fee for services and administrative costs associated with insurance companies. There is precedent established by a Kaiser Family Foundation and Teamsters Union program for cannery workers in the late 60's and early 70's. One cent per hour was deducted from employees' pay. On a strictly voluntary basis, workers were given multiphasic physical exams at their workplace. Results were sent to each employee's private physician within two weeks of the exam for further diagnosis and treatment. The program screened between 200 and 500 people per day. Jim Wood said it is imperative to "get our arms around costs" as a means to collect transparent patient data. He cited PACE as a model.

Count	Name	Comment
		Peter Lee said that an organizer was necessary, both for the standardization of costs and transparent access to patient's medical records. Clearly, standardization of costs is an imperative to address the issue of accountability. I would welcome the opportunity to work with the Commission, either on a consulting basis or a staff position, to; 1. Standardize healthcare costs and 2; Draft a ballot measure for implementation of a truly universal unified financing/single payer healthcare plan which can be used as a template, along with the federal government, for the other 49 states. I have been in contact with Senate Pro Tem Toni Atkins' office who seem to be in favor of a payroll healthcare tax as a solution to provide quality health care for all California residents. Thank you for your interest and consideration. I hope to be in Sacramento in time to meet the deadline for issuance of the final report to the Governor. I look forward to a timely response. Sincerely,

Total count of email comments: 79
Count of verbal comments: 15
Count of Zoom chat comments: 114
Total count of public comments: 208