

**Healthy California for All
September 23, 2021 Virtual Commission Meeting
Public Comment**

1. The following table shows public comments that were made verbally during the September 23rd Commission meeting:

| Count | Name | Verbal Comment |
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| 1 | Henry Abrons | Dr. Abrons from Physicians for National Health Program and the Healthy California Now coalition. The description today involves an enormous amount of complexity and we want to build a system that's secure and sustainable. Therefore, I think that a lot of attention needs to be given to simplicity for patients, providers, administrators and legislators. And I'm really interested in the Commission looking into representative Khanna's HR 3775, the state based universal health care act, which is a piece of legislation that has a long way to go but would consolidate funding streams and also lower any barriers posed by ERISA preemption. So I hope that is included in your deliberations. |
| 2 | Jeffery Tardaguila | This is Jeff Tardaguila, an advocate, Healthy California for All and various other organizations. Two things, in the last two monthly meetings, where are the patients? I appreciated the previous individual speaking about how you do it. I can speak to say to Dr. Ghaly, that with the Master Plan on Aging, the recommendations you came up, I don't see you in December, much less February, coming up with more than 15 recommendations. How do we go for a universal paying program? This year, I was involved with changeover as being a disabled individual for 10 years. And I started in March asking to see a urologist, I have yet to see them. The appointment keeps getting changed. So not only is it important that you promote the universal program, but also the timeliness. And you spoke about the workforce. And I remember with Dr. Pan, speaking about when the ACA what was done with there what you did with Riverside to make that work out. |
| 3 | Leah Schwinn | Leah Schwinn, Healthy California for All. I'd like to say two things. I'd like to stress what Commissioner Comsti said about savings. Savings is a very important part of financing. And in terms of sustainability, our for profit system has shown us that it is not sustainable because of the increases in premiums. And all of the studies about savings using a single payer system has shown savings for the first year and increasing savings as the years go on. The other point I want to make is that although tax is a dirty word in California, when people understand that they would not be paying premiums, they would be paying a tax that would be much smaller than their premium, then most people would be willing to pay a tax, a small tax, to make up the difference in funding that we need. So we need to count savings. We |

| Count | Name | Verbal Comment |
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| | | need to count small tax, and then whatever money we can get from the federal government. |
| 4 | Donald O'Sullivan | Thank you very much. I learned a lot today. It was very informative. And I'm hoping that there aren't meetings that are held in private that we could be at learning even more, because I think all of the meetings should be in the public domain. I just want to say that yes, it's been complicated and I believe that your job is to report to the governor, the single payer options and how that could be achieved. If you do it or when you do it, you will end on insurance in this state. And single payer won't end systemic racism but it will make it easier to use the healthcare system to combat racial disparities. And I checked the other countries Russia, Canada, Britain, Germany, etc. Canada's universal publicly funded health care system known as Medicare is a source of national pride and a model of universal health coverage. |
| 5 | Peter Shapiro | First of all, I feel like I've been at a law school seminar today. I'm not a lawyer. But I do think that this is as much about politics as it is about what the law requires or doesn't require. And politics is all about pushing the envelope. And I hope people bear that in mind. So much depends on how much we're willing to demand, how much we're willing to fight for it. I do want to reiterate what Leah Schwinn just said about savings. That is a huge picture of the puzzle it needs to be discussed. Right now I think public employees in California, there's a \$200 billion plus dollar of pension liability that's unfunded right now, this is an issue that instituting a single payer plan in the state would directly address, it would save a hell of a lot of money for a lot of cities and communities that are strapped for cash right now. And I hope our legislative representatives will take that into consideration as well. |
| 6 | Chris Hofeditz | I want to start with a question and it is whether it is time to begin to make some decisions to keep us on track for completing our timeline and providing information to the government. Commissioner Rupa Marya suggests that we make some bold steps, I suggest that the Commission adopt Assembly Bill 1400, as the roadmap to move ahead. It would serve to give specific direction for the commission to move ahead. And the first support call would be to design an interactive calculator with various options for financing AB 1400 and how much each financing mechanism would raise and debate whether or not they're possible or not, of course. Commissioner Comsti suggests this would make it easy for the public and legislators alike to weigh the pros and cons of the various proposed financing options. |
| 7 | Dr. Bill Honigman | Bill Honigman, retired emergency room physician from Orange County. I'm concerned, especially about both the needs of our communities and financing the resources to |

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| | | <p>meet those needs. Because when those needs are not met on the front end with attention to preventive care, and culturally sensitive untiered and unimpeded care, we all end up paying for it anyway in more ER visits, personal bankruptcies, homelessness and preventable pain, suffering, and untimely deaths. Commercial interests, in particular risk bearing intermediaries like health insurance underwriter, bring no resources to provide this front-end care. In fact, they misdirect care to demographics that they consider more marketable not to our communities in need. And pharmaceutical companies are just as bad or even worse in this regard. COVID-19 has shown us that universal health care such as we see with openly accessible free at point of service vaccines has positioned California as a leader among the states in overall performance now late in in the pandemic, but we've failed in terms of universal testing, contact tracing, and providing the comprehensive care for other conditions that put us all at risk. Thank you.</p> |
| 8 | Isabel Storey | <p>Isabelle Story, with California Indivisible. I want to thank the Commission for the work it is doing. But I think the continued ignoring of AB 1400 is really mystifying and a mistake. This bill provides a blueprint for a healthcare system that would completely fulfill the mission of this commission. So instead of ignoring this legislation, I think the commission should study it and discuss it. We really haven't received a concrete reason why the commission refuses to consider this bill. I've heard that there was sensitivity on this topic, and I'm really wondering what this sensitivity is, who is opposing this and why. The commission is endeavoring in many ways to be transparent. However, on this issue, there's no transparency.</p> |
| 9 | Richard Gallo | <p>I just sent my comments via email. But I just wanted to say for the commissioners that please go by AB 1400 instead of stalling this. Healthcare is needed now. I'm a mental health worker and we serve patients in the 5150 unit. The concerns that I have are for those that are uninsured. When we let them go, they can't seek help or get medication because they're uninsured. This is not acceptable in today's society. They have the right to have access to health care. Please proceed with AB 1400. Thank you.</p> |
| 10 | Nassim Nouri | <p>Hi, thank you very much. I'm a member of the Santa Clara County Single Payer Coalition and the Santa Clara County Green Party. I really want to urge every Commissioner who today raised concerns about implementing a single payer, about raising people's hopes, or all the other what if's to please recognize the urgency in adopting a single payer system such as AB 1400 to address this crushing impact of health care inadequacies and inequities in California. Commissioner Wright's comment that 80% of us don't deal</p> |

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| | | with the healthcare system on a regular basis is really not the reality that people live in. The overwhelming majority of people, especially in our marginalized communities deal with health care inequity and access every single day. Every woman who's on birth control, every diabetic and that's 13% of US adults, every person with heart disease, one out of four deaths are caused by heart disease, every person that's rationing their medication, every young woman of color who's pregnant and is looking at a terrible outcome. They all need AB 1400 and a single payer system, and they deal with health care inequities, every single day. |
| 11 | Mari Lopez | Thank you. We can remember that California will be a leader in the country when we pass single payer legislation. We won't know for sure what the federal government will say about single payer program until we try. But we cannot apply for waivers until we have the active legislation that sets up those terms of the program that authorizes the state to apply for a waiver. Single payer legislation is a first step not the last step to create a unified financing system and that allows all Californians equitable access to health care. The legislation would not need to go into effect until federal funding is secured. So California has gone through this exact process in the past, California passed bills to establish the program's budget by Carmen in 2009, contingent on anticipation of needing to apply for Medicaid Innovation waivers. The process of securing federal funds for a new way of providing Medicaid and Medicare benefits is not a mystery. Thank you. |
| 12 | Maria Behan | My name is Maria Behan, and I'm co chair of Sonoma County's Health Care for All working group. The dialogue we heard earlier between commissioners Ross and Marya made me want to quote Barry Goldwater of all people who said "Moderation in pursuit of justice is no virtue." Healthcare justice is hugely important for us as individuals and as a society. So yes, I urge the commissioners to use your expertise to develop plans that are not only bold, but achievable. But let's remember we already know universal health care can be achievable and affordable, despite the vested interests who currently have US healthcare in a stranglehold. They would have us believe otherwise. We just have to look to the many countries have done what we were repeatedly told cannot be achieved. Commissioner Pan talked about losing the trust of the public. If you want to lose the public trust, keep focusing on obstacles, some of them purely hypothetical, while people are dying. California would benefit from more zealotry and less moderation from this commission. Thank you. |
| 13 | C.T. Weber | C.T. Weber, I'm a member of the CARA legislative committee, Sacramento Central Labor Council, and member |

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| | | <p>of Peace and Freedom Party. We live in a system that actually has several health care systems. We have not only the fragmented private system built around insurance companies, but we also have a single payer system with Medicare. We also have socialized medicine with our VA and the military and so forth. The myth I want to leave everybody with is this is not socialized medicine. We have private doctors, it would have private nurses, private hospitals, private clinics, private pharmaceutical companies, even the manufacturer of medical would be private, everything would be private, for profit. The current system that we're using that we're so upset with is the one that wastes 25 to 35% of the cost of medical care is the overhead. The insurance companies, the profit, the administrative costs of contacting all the various insurance companies.</p> |
| 14 | Brynne O'Neal | <p>Hi, Brynne O'Neal, CNA. I'm team "push the envelope." As several commissioners shared federal health care program waivers, they aren't new and they aren't new for California. States use waivers to redirect Medicaid funds to expand program benefits, change service delivery and create new types of provider payment methods. Medicare innovation and demonstration waivers allow changes to methods of payment reimbursement, and delivery to increase the efficiency and economy of health services. We don't need blank checks from the feds, we can be creative about administration. Federal statutes specifically encourage innovations that implement systems of all payer payment reform or integrate Medicare and Medicaid to care for dual eligible individuals. Section 1332 lets states receive ACA funds directly for health programs. States like Hawaii and Minnesota have substituted federal ACA coverage with a state program. Federal law was designed to let states try new things to get better health coverage, more people for cheaper. We can do all of that with single payer.</p> |
| 15 | Ruth Carter | <p>Thank you for a very informative session. It was also enlightening to see the results of the surveys that were presented at Tuesday's webinar. My name is Ruth Carter and I'm the chair of the California Democratic Party Senior Caucus. And from a senior's perspective, many of the requests were requests for respect, and culturally sensitive care is definitely needed also. As a parent and grandparent of middle-class family members, they have exactly the same issues around accessibility of services and affordability. One of the things that concerns me about today's session was that I heard some commissioners look at only the possible problems with a single payer system, rather than looking at ways that could make it work. I would hope that having the objective of universal guaranteed affordable health care as a goal would obviate the statements at all begin with "Yes,</p> |

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| | | but" how about start with "Yes." And let's see how we can find a way to make this work. Thank you. |
| 16 | Phillip Kim | My name is Philip Kim with the California Nurses Association. I'm in Sacramento. I think it's clear from Carmen's citations of existing laws that we do not need Congress to change federal law to be able to establish single payer in California. Current federal law includes processes to waive Medicare, Medicaid and ACA program requirements if a state has a plan to offer care under those programs in new or better ways. And guess what? AB 1400 is an already drafted plan that can provide better care for less money for people eligible for federal health care programs. As Commissioner Comsti explained, each federal waiver authority has its own requirements and ACA section 1332 lets the state go through a unified waiver application process. Let's use that. Senator Bernie Sanders, go Bernie, introduced this waiver to the ACA with the goal of helping states enact single payer programs. To qualify, California needs to pass a bill that fits the requirements outlined in existing federal law and then apply for waivers. Californians will not accept excuses by commissioners or politicians trying to blame Congress for their own inaction. So please, do the right thing. Thanks everyone. |

Total Count of verbal comments: 16

2. The following table reflects public comments that were entered into Zoom Chat during the September 23rd Commission meeting:

| Count | Name | Comment |
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| 1 | Phillip Kim | Let's be bold and put forward a real solution to the health care crisis. Join the California Nurses Association for CalCare Fest -- a statewide, virtual day of action to pass AB 1400 -- this Saturday, September 25th at 2pm. If you support single-payer guaranteed health care, please join us! https://bit.ly/calcarefest |
| 2 | Robert Vinetz | Consider creating a graphic metaphor of a river or pipeline as a way to visualize, understand and plan for getting to "universal funding": Tributaries > River/Pipeline with it's branches; leaks; inefficiencies; graft/theft and; systemic inefficiencies. |
| 3 | Nel Benningshof | Thank you for this discussion. Our state stands to save hundreds of billions of dollars every year by creating a unified financing ("single payer") system. By the Commission's own estimates, Californians could save 1% of GDP by 2031. If we do nothing, we're all but guaranteed to face a \$200+ billion "unfunded liability" every year. Therefore we need to try |

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| | | everything in order get the waivers we need. We need to find a way. |
| 4 | Don Cherf | <p>There are a great many companies and corporations in California that provide healthcare to California workers and their families. The workers also pay part of their own coverage, money that is taken out of their paychecks and administered by the companies.</p> <p>Once CalCare is implemented, those companies will no longer have those costs.</p> <p>Has anyone considered diverting those monies to CalCare as a means of funding the program? Those companies could continue to administer those costs but, instead of sending those funds to various healthcare companies, they send the combination of their healthcare costs along with the share paid by the employees and forward those funds to the CalCare program.</p> <p>If this hasn't been considered, this will provide additional funding for CalCare.</p> <p>The other place for funding is from property taxes as well as from the wealthy who own investments that make tax-free income for them. Just some ideas in case we can't rely on the federal government.</p> |
| 5 | Louise Mehler | <p>At a previous session, I commented that this commission could best serve the people of California by considering the advantages and disadvantages of concrete proposals, preferably the current one, AB 1400, rather than maintaining an ivory tower attitude of purely theoretical deliberations.</p> <p>Since then, I have heard that some person, people or institution, acting behind the scenes, felt "uncomfortable" with discussing legislative proposals and consequently this is off limits to the Commission. To say the least, this seems an odd way to set the scope of a public body. I suggest that the people of California have a compelling interest in learning the source of this delicate sensibility and perhaps some reasons behind it.</p> |
| 6 | Don Cherf | <p>I believe it best to start moving on CalCare rather than not trying. We know the result if we don't start: nothing happens, no progress is made, and CalCare never gets up and going. Whereas, if we try, it will likely work as other countries have shown. It is definitely possible, these other countries have led the way on this. We should move forward on this and move aggressively.</p> |
| 7 | Phillip Kim | <p>Carmen cited all the laws showing that we do not need Congress to change federal law for us to establish single payer in California. And we have a strong legal argument to make if it's challenged. Let us be bold and pursue real solutions like AB 1400 that fix our broken, profit-driven system. In the 1930s during the Great Depression, when millions of working class people were struggling with mass</p> |

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| | | unemployment, low wages, and homelessness, when banks were failing and people were losing their savings, the people demanded bold legislation that FDR signed into law. The conservative Supreme Court ruled several of the initial New Deal laws unconstitutional, but the people continued to organize and pushed FDR and Congress to keep passing laws that gave substantial gains to the working class. Look at the community engagement polls. The people overwhelmingly want our state elected officials and policy makers to fight for a single-payer guaranteed health care system. Let's pass AB 1400. Be bold, pursue single payer! |
| 8 | Betty Toto | Please take the CalCare Solidarity Project visit the website here; www.singleminedforsinglepayer.com |
| 9 | Louise Mehler | Today's discussion demonstrates the complexity of health care finance and its centrality to planning. It should be soluble, though, since all analyses indicate that a unified system will save money. I encourage the Commission to model ways to collect the required funds to clarify the options and trade-offs, particularly as regards fairness and impact on vulnerable communities. |
| 10 | Don Cherf | The business of private health insurance is built on the denial of care. Our fragmented system of private health insurance views health treatments, life-saving medications, and each and every doctor's visit or diagnostic test as a liability to their bottom line. To increase profit margins, health insurers erect every barrier to stop patients from going to the doctor or hospital. They create complex schemes to deny care. Denial of care is what copays, deductibles, preauthorizations, and provider networks are meant to accomplish. |
| 11 | George Savage | I joined late today, but has anyone suggested that our California Health Security system could in fact be a hybrid system where we just continue with federally funded Medicare and Medicaid programs continue JUST AS THEY ARE NOW! In other words, don't let this waiver discussion stop our movement! |
| 12 | Ellen Yoshitsugu | In order for this commission, policy makers and the public to explore, weigh and understand the complex pathways being discussed here, please use commission resources to create a publicly accessible an interactive tool for exploring the choices. |
| 13 | Angela Conte | Is there a way to develop a small functional group of experts to design a plan that can be broken-down and evaluated by the commission, as a starting point to building a program? |
| 14 | Jeffery Tardaguila | Please take the CalCare Solidarity Project visit the website here; www.singleminedforsinglepayer.com or https://bit.ly/SM4SP-CSP |
| 15 | Betty Toto | Patients, timeline, recommendations. Please take the CalCare Solidarity Project Action!!! Visit the website here: The CalCare Solidarity Project |

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| 16 | Ernest Isaacs | Let's get a 5 year waiver as a start. After four years, people will LOVE their health care and to end the waiver will create a terrific public uproar that will motivate the HHS to continue it. |
| 17 | Winchell Dillenbeck | I appreciate this very complex discussion of waivers. I think the Commission should step up to the plate and challenge the Federal government in order to achieve a Single payer System / Unified Financing System. Remember that the impossible is not possible until it is possible. We cannot let the private insurance companies continue to be in control of a system that is now broken and which they caused to become broken. |
| 18 | Margo Freistadt | Very interesting and informative discussion. It was hard to hear opposite advice from the two main experts. Just want to remind us what we all already know: that every other wealthy nation has figured this out — financing and all. What's different here is that we lack the political will to make this happen. We need to remove the profit from the equation: the insurance and drug industries in particular. The situation as it stands is an immoral, unethical system that delivers health care on the basis of wealth. I'm with Carmen here: Let's push forward and discover what the obstacles are so we can overcome them. The fact that there are so many knowledgeable and committed people working on this gives me hope. |
| 19 | Patty Harvey | Winchell! Raise your hand and say that to them! |
| 20 | Mari Lopez | The existing federal waiver process would allow the fed government to allocate federal health care funds towards a CA single-payer system. Changes to federal law are not needed. You can read about it here: http://bit.ly/calcarewaivers |
| 21 | Sally Gwin-Satterlee | I completely agree with Carmen and Rupa to be bold and go forward with waivers. I have been working on getting universal healthcare in California for 20 years. Patients can not wait this issue is urgent! The savings with a Single Payer Program is huge. Please support AB 1400. |
| 22 | Betty Toto | The CalCare Solidarity Project growing community solidarity for AB1400 Check out the project and take the Action! The CalCare Solidarity Project |
| 23 | Robert Vinetz | Consider convening a national conference on how to get to universal financing and to fund messaging research/focus groups on how to best promote universal financing. |
| 24 | Betty Toto | The CalCare Solidarity Project growing community solidarity for AB1400 Check out the project and take the Action! Put a face on the humanity that AB1400 stands for! |
| 25 | Ginny Madsen | I have gone to federally funded health care clinics since 2007 because I want my health care dollars to contribute to a broader population even if it doesn't help me stay alive. I can't eat while being watched by a starving person, I don't feel good about being housed when so many are not, I don't |

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| | | <p>want to get health care when others cannot. I do not now believe I am alone in believing that public health depends on everybody getting what they need, even at a cost to them personally. Did I hear you say that a CA health care savings plan is possible? I won't pay into a Medicare MSA, but I would consider a CSA even it meant going without heat this winter. I'm willing to put my life on the line and will fight to the death to get away from the Medicare Advantage plan I got tricked into.</p> |
| 26 | Dr. Bill Honigman | <p>COVID19 has shown us that Universal Healthcare such as we've seen with openly accessible, free at the point-of-service vaccines, has positioned California as a leader among the states in overall performance now late in the pandemic. However, we have failed as much as any state in America in not providing universal testing, contact tracing, and in providing comprehensive care to our entire population that lowers risk for the disease by better treating chronic conditions like diabetes, heart disease, obesity, and high blood pressure.</p> <p>For that, at the very least, we need a Single Payer, coordinated system that provides care for all Californians, now, not years from now, and across the board with attention to the needs of all of our diverse communities.</p> <p>So please let's move ahead now with modeling the existent legislation of AB1400, so we can at least apply for the Sec 1332 waivers of the ACA, before more preventable suffering and losses needlessly occur.</p> <p>Thanks. William Honigman, M.D., North Tustin 92705</p> |
| 27 | Terry Winte | <p>We cannot afford not to go to a single-payer system. What we have now is inequitable, harmful, and absolutely unsustainable.</p> |
| 28 | Isabel Storey | <p>I appreciate the work the commission is doing – but the ignoring of AB 1400 is mystifying and a mistake. This bill provides a blueprint for a health care system that would fulfill the mission of the commission. Instead of ignoring AB 1400, the commission should study and discuss it.</p> <p>We've received no concrete reason why the commission refuses to consider this bill. I've heard that there is "sensitivity" on this topic. Where does this sensitivity come from? Who is opposing this – and why?</p> <p>The commission is endeavoring to be transparent. However, on this issue, there is no transparency.</p> <p>AB 1400 is the only "unified financing" bill introduced in this session of the California legislature. When drafting its report, this commission should include consideration of this bill as well as proposals for how to complete its financing.</p> |
| 29 | Patricia Clark | <p>This is an emergency...we can't wait another 30 years!</p> |

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| 30 | Danett Abbott-Wicker | Thank you, Dr. Bill! Very well said! |
| 31 | Winchell Dillenbeck | I agree that discussion on AB1400 is necessary. While you say you are avoiding politics, you are reporting to the Governor and you have a member of the Assembly and House on the Committee. This is a very political discussion despite what you say. Please build the best system based on Single Payer and let the chips fall where they may. Meet the challenge of the day. |
| 32 | Nel Benningshof | With Democrats in charge of the executive branch and both houses of Congress, the time is NOW to start serious discussions with the federal government on making Medicare for All real in California. We can't afford to delay: if the Republican Party makes gains in 2022's midterm elections, they could make it much harder for our state to move forward. Time to start moving forward with the request for waivers. |
| 33 | Robert Vinez | Consider creating a graphic metaphor of a river or pipeline as a way to visualize, understand and plan for getting to "UNIFIED FINANCING": Tributaries > River/Pipeline with it's branches; leaks; inefficiencies; graft/theft and; systemic inefficiencies. |
| 34 | Sandy Kurtz | It's been made very clear that we need to find a way to move forward with single-payer health care, ie universal funding. A blueprint is available in AB 1400. It is past time for the commission to start to seriously consider AB 1400, and stop just talking about the need for change. We know it won't be easy, but important things are rarely easy. |
| 35 | Maz Hadaegh | This commission should be laser focused on CalCare AB1400 because the legislation is far more mature than any other proposal you are considering. AB1400 gives a clear path to enact Single Payer healthcare. Studies after studies have shown a Single Payer healthcare system would have massive savings while covering everyone. This isn't theoretical. Just look at Denmark, Sweden, Canada, Taiwan, Australia. They all pay less, have better health outcomes, and cover everyone. Their people don't have to fight their insurance companies who put roadblocks in front of their care. This commission ignoring AB1400 is puzzling. If there are "sensitivities" about talking about AB1400, can we know who is opposed to talking about AB1400 so we can alleviate their fears. We've been talking about this too long. Let's get it done! Oh, and I'm a volunteer with NNU and I talk to tons of San Diego constituents every day. |
| 36 | Corinne Frugoni | Great quote from Goldwater. good comments Maria Behan. |
| 37 | Maureen Cruise | Thank you Dr.Bill, Isabel, Jeffery, Mari, Maria and all! |
| 38 | Robert Vinez | Consider covering a national conference on how to get to UNIFIED FINANCING and to fund messaging research/focus groups on how to best promote UNIFIED FINANCING. |

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| 39 | Betty Toto | I would like to paraphrase or riff off a principle plank of the Poor People's Campaign. In the richest country in the world and here in CA the 5th largest economy in the world it is a false narrative that we cannot afford policy that will lift people out of poverty. We have the money and it is up to our legislators to figure out the mechanism to funnel that money to pass AB1400 the CA Guaranteed health care for all. Yes AB1400 figures it all out for the commissioners and our legislators, the plan is there, the pathway is laid out the work is practically done it is all there in AB1400. This applies to trade off on social programs for low and middle income folks. No trade offs necessary the gig is up the narrative of not having the money is false we have the money for it all. |
| 40 | Phillip Kim | Let's talk about tradeoffs. Let's trade away the greed of the insurance companies, big pharma, and corporate hospital chains. Let's trade away the delaying and denying of care in our current profit-driven patchwork. Let's trade away the financial stress and medical bankruptcies. Let's trade away the needless death and devastation caused by heartless health care corporations. Let's trade it all away and replace it with a single-payer guaranteed health care system that would guarantee high-quality comprehensive care for all residents of California. Model AB 1400 and make a strong recommendation for true single payer. Create financing options and create a publicly available online calculator to explore them. Be bold! No more excuses. |
| 41 | Patricia Clark | Indeed, Phillip Kim! |
| 42 | Betty Toto | The CalCare Solidarity Project growing community solidarity for AB1400 Check out the project and take the Action! The CalCare Solidarity Project ...Put a face on the humanity that AB1400 stands for! |
| 43 | Pilar Schiavo | It's vital that the Commission urge Governor Newsom to engage with the Biden Administration to seek federal support for a single payer program in California. We cannot let the lack of approved legislation stand in the way of the negotiations necessary to identify federal funding and resources. As Governor Shumlin said to the commission, he himself engaged in such negotiations on an informal basis to get guidance and help shepherd through the process. He sees Governor Newsom as playing the leading role in securing federal support. We put in the chat a document outlining elements of current federal guidelines and regulations that provide some flexibility for states seeking federal waivers. Simply put, while legislation certainly will be part of the process, it is not necessary to pass legislation before engaging in the waiver process, making a formal waiver. As the Federal HHS regulations indicate, informal pre-application discussions are encouraged and can shorten the |

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| | | process to design a financing plan and secure program approval. Which can be passed through the legislature that would include the financing based on federal commitments. https://healthyca.org/clarifying-the-facts-on-medicare-for-all-in-california/ |
| 44 | Isabel Storey | Thanks for your comments, Phillip Kim. Spot on! |
| 45 | Betty Toto | I would like to paraphrase or riff off a principle plank of the Poor People's Campaign. In the richest country in the world and here in CA the 5th largest economy in the world it is a false narrative that we cannot afford policy that will lift people out of poverty. We have the money and it is up to our legislators to figure out the mechanism to funnel that money to pass AB1400 the CA Guaranteed health care for all. Yes AB1400 figures it all out for the commissioners and our legislators, the plan is there, the pathway is laid out the work is practically done it is all there in AB1400. This applies to trade off on social programs for low and middle income folks. No trade offs necessary the gig is up the narrative of not having the money is false we have the money for it all. |
| 46 | Richard Dawson | If Andy is right, and private insurance companies can administer, but states cannot, then why couldn't California create a private corporation in which the state is the majority stockholder, something like the Post Office. |
| 47 | Lynn Huidekoper | Yay |
| 48 | Betty Toto | YES AND!!! |
| 49 | Lucy A Geever-Conroy | SCC Single Payer Health Care Coalition. Push the limit... we must pass AB1400 and move on to funding in a concrete way, instead of all these abstractions. No excuse for California. We are smart, we are wealthy, get this done. Fund CA AB-1400! California is the 5th largest economy on the planet - no guaranteed full health care All of these places guarantee full health care! United Kingdom 6th largest economy. France 8th largest economy. Italy 9th largest economy. Canada 12th largest economy. Australia 17th largest economy. Put our businesses on a move level playing field with it comes to foreign competition. Spawn more small businesses and startups. Create healthy communities. We would have fairer better in this horrific pandemic if we have Single Payer Health Care in place. Just DO IT. It is the RIGHT THING TO DO. The suggestion that Private insurers would be more efficient, was infuriating to hear. Their endless hunger for profit keeps driving up costs. Lucy Geever-Conroy, Santa Clara County CA, Santa Clara County Single Payer Health |
| 50 | Isabel Storey t | Great comments, Betty Toto. Thank you! |
| 51 | Betty Toto | Yes Ruth!!! Yes And!!! |
| 52 | Lynn Huidekoper | Yay, Ruth!! |
| 53 | Ginny Madsen | Alaskan Community example brought up by Sandra Hernandez made me think: they KNEW their community and |

| Count | Name | Comment |
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| | | then just had to figure out who the individuals were. That is hard when you have a large(r) and more diverse population, that is hard to define by skin color, surname, Census ethnicity, zip code, age, etc. I get it. Maybe just if this Commission achieves better understanding of the demographics of Californians it will be a step toward a better system. Anything you do to take PROFIT out of the equation will be an improvement. |
| 54 | Winchell Dillenbeck | Stop letting the insurance companies and lobbyists control our healthcare system. The public overwhelming wants Single Payer. Move to what the public wants. |
| 55 | Lucy A Geever-Conroy | Push the limit... we must pass AB1400 and move on to funding in a concrete way, instead of all these abstractions. |
| 56 | Maz Hadaeg | We don't need to change federal law. We need to use existing laws. If you're not talking about AB1400 it means this commission is not serious, and just a stalling tactic. People can see you. |
| 57 | Kathryn Donahue | To those Commissioners who are putting a positive effort forward in figuring out how to accomplish the goal of healthcare equity and justice, craft a law with all needed components that establishes one unified system for all peoples in California ...thank you so much. Thank you for focusing on the positive and working to figure out how this can be done. Everyone on this Commission should be doing that. |
| 58 | Patty Harvey | There needs to be more emphasis on getting rid of wasteful middlemen. No HMOs, etc. no insurance companies! |
| 59 | Lynn Huidekope | Look at the glass half FULL, not half EMPTY |
| 60 | Maureen Cruise | California has 1.8 million veterans. 761,910 CA veterans are enrolled in VA health care. Over 1.2 million CA veterans are not enrolled and are subject to the same system as non veterans. CA has only 9 inpatient facilities and 62 outpatient facilities. Veterans can't get VA care include waiting lists at VA hospitals, high co-payments for VA specialty care and a lack of a VA facility in their community. |

Total Count of Zoom Chat comments: 60

3. The following table reflects public comments that were emailed to the HealthyCAforAll@chhs.ca.gov email address before the September 23rd Healthy California for All Commission meeting:

| Count | Name | Comment |
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| 1 | Edith Frederick | We in the U. S. must finally assume the responsibility of providing comprehensive healthcare as a human right to all humans in our country, as all other developed countries have |

| Count | Name | Comment |
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| | | been providing for decades. Shameful we allow profiteering in military before basic humanitarian needs. We as taxpayers are demanding a reversal now! |
| 2 | Carol Soto | Our climate complex, fraught future calls for equality, simplicity and resilience--these are things that a profit-driven industry cannot provide. Single-payer health care can. Let California lead. Bring single-payer to our state now. |
| 3 | Sandy Neumann | Please give us some encouragement that the governor wants to get Medicare For All in California...Especially if he wants our support in the coming election. We have been waiting too long. |
| 4 | Heather Connaughton | <p>I work for a small Business and this year when my policy was renewed, the Monthly Premium was \$1,280. The deductible increased AND my copay for medications has gone up.</p> <p>I don't have any major medical issues. I'm a healthy 54 year old Woman.</p> <p>If I had a medical emergency, chances that I'd get into a Hospital and have it taken care of during the COVID Pandemic would be minimal. Yet, my Insurance Company doesn't charge me any less per Month.</p> <p>We DESPERATELY need a Single Payer System.</p> <p>The Company that I work for complains and can't give me a raise because my Premiums are so high for medical coverage. I do have a Platinum Plan but I only make \$52,000 a year and if I WERE to have a medical emergency and actually was hospitalized, I couldn't pay 20% of my bill up to \$8,500.</p> <p>As it is, I take a few medications and 2 of them are Brand Name only. Those cost me \$85 for one of them and \$90 for the other each Month. The copays for Generics has gone from \$15 to \$50. It seems whatever it is that I DO happen to use in my Medical Plan, they manage to increase the cost so that I'm paying a larger percentage of it each year.</p> <p>I'm RIGHT at the level of Income to where getting Health Insurance through Covered California would cost me over \$500 out of pocket and I wouldn't get the level of coverage that I get through the Small Business Plan.</p> <p>People that are at my income level who have adult children and few tax write-offs can barely live with the high cost of Health Care in California where we also pay some of the highest taxes and living expenses.</p> <p>I've been hoping and praying that California would come out with Healthcare for All. There's no reason why we shouldn't be able</p> |

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| | | <p>to do it and show the rest of the Country that morally, everyone should have equal Health Coverage and shouldn't have to risk losing their home or never get a raise at work because premiums are so high.</p> <p>PLEASE CONTINUE THE FIGHT FOR CALIFORNIANS to be on a Single Payer System.</p> <p>Respectfully yours,</p> |
| 5 | Steve Scianni | Just wanted to thank you for the effort, work and organizing you're doing. Keep up the struggle and we will have Single-payer Health care in the state of CA soon enough! |
| 6 | Leah Schwinn | At the last Commission meeting on August 25th, Chair Ghaly said that the commission had agreed not to discuss current legislation. I assume that decision was made early on and therefor pre-pandemic. The need to pass universal healthcare is so much more urgent now. It's time to reconsider that decision. Everyone I know has had to reconsider decisions made pre-pandemic. AB 1400 is such an excellent model. If the Commission can study Taiwan's Single Payer model, and Vermont's Single Payer model, there's no excuse for continuing to consider AB 1400 the forbidden fruit. |
| 7 | Jeffery Tardaguila | I have asked repeatedly for high contrast font 20 to r as reports . Last meeting I heard nothing helpful to the client patient. How are you addressing Mental Health? |
| 8 | John Morris | Health care for all supports the social sustainability of America. Equal access to health care moves our country forward in the direction we need to go. It is the compassionate policy that unites us. All Americans, regardless of ideology want good affordable health care. This is something we can and need to do. Please support universal health care. Thank you. |
| 9 | Margo Freistadt | <p>To the Healthy California for All Commission:</p> <p>Regarding your upcoming meeting to address the "State/Federal Relationship and Financing Mechanisms" of universal health care for California.</p> <p>The Safety Net Action Committee of Or Shalom Jewish Community urges you to cut through the financial morass and to focus on the moral obligation of a rich society like ours to make sure all its members have access to decent medical care. Attached is our statement: "Health Care for All Is a Moral Issue." It is also pasted as text below in case there is an issue with the attachment.</p> <p>Please consider: Less wealthy countries have created systems much less broken in which many more people get better coverage for less money. All we need is the political will to remove the profit motive from our healthcare system.</p> |

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| | | <p data-bbox="581 262 1040 296">Thank you for your attention to this.</p> <p data-bbox="581 327 1032 428">Margo Freistadt & Corey Weinstein For Or Shalom Jewish Community</p> <p data-bbox="581 464 1308 630">Health Care for All Is a Moral Issue A faith perspective from Or Shalom Jewish Community “Supporting sick poor people is more important than the maintenance of a synagogue.” Shulchan Arukh, Yorah De’Ah 249</p> <p data-bbox="581 665 1427 798">As people of faith, we want to make our ideals and traditions manifest in the world. So we are obliged and committed to push for affordable health care for all. Our society can afford to do this. Morally and ethically, we can’t afford not to!</p> <p data-bbox="581 833 1424 1131">America’s contentious public debate about health care and health insurance has until now mostly focused on political, social and financial issues. We need to incorporate into the debate the ethical problem of rationing health care according to the patient’s ability to pay. A society as wealthy as ours should not allow people to suffer and die because they are poor. We believe our faith leaders and faith communities have a role here. We should use our moral standing to push our country to do the right thing: provide decent and accessible medical care to all Americans.</p> <p data-bbox="581 1167 1406 1400">American organizations have pushed for guaranteed universal health care without success since the 1880s. A patchwork of programs has developed over the decades — Medicare, Medicaid, CHIP (Children’s Health Insurance Program), ACA (Obamacare, the Affordable Care Act) — which provide care or insurance for most Americans over 65, many low-income and disabled people, and some children.</p> <p data-bbox="581 1436 1422 1734">Nearly 60 percent of Americans favor a national publicly funded health plan, as do many medical professional organizations. The California Nurses Association has spearheaded California’s current proposal for universal health care, Assembly Bill 1400 (AB1400), as well as a similar bill in the 2017-2018 session, Senate Bill 562 (SB 562). But we remain mired in a profit-driven health system that leaves many without care. Meanwhile, our scripture (Leviticus, 19:16) directs us to take profit out of the equation: “Do not profit by the blood of your neighbor.”</p> <p data-bbox="581 1770 1430 1900">While there is debate and confusion in the United States over the government’s obligations around health care, in much of the industrialized world, the public role has been much clearer. The debate centers on the moral imperative to reduce suffering, and</p> |

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| | | <p>proceeds logically toward “How can we efficiently care for the largest number of people?” Other countries, such as Taiwan, Japan and virtually all of Europe, have created universal coverage without the debate being driven by those pushing medicine to produce wealth rather than health.</p> <p>The European Union’s Charter of Fundamental Rights and the United Nations’ International Covenant on Economic, Social and Cultural Rights both declare the fundamental human right to health care and medical attention. The United States stands alone among wealthy nations by not acknowledging health care as a community responsibility. Our historical reliance on market-driven medicine seems to blind us to the moral imperative to care for our fellow humans. The existence of Covid-19 and the inequitable toll it has taken in our country, on people of color and poor people, amplifies the existing pain embedded in our ineffective health care system, reflected in both care and prevention. But our sacred text commands us: “Love your neighbor as yourself.” (Leviticus 19:18)</p> <p>We seek to join the voices of the faith community with those that have long called for a health-care system that cares for every person in the United States. Faith communities have a special duty to cut through the narrow debates about finances and control. We need to push ourselves to create a better version of America. We must call out the inhumanity of a profit-driven medical system and demand high-quality health care for all Americans, focusing on prevention and rational use of resources.</p> <p>“Anyone who saves a life, [it] is as if he saved an entire world.”</p> <p>— Mishna, Sanhedrin, 4</p> <p>In the quest for peace and justice, Or Shalom Jewish Community San Francisco, CA</p> <p>August 2021</p> <p>CONTACTS: Corey Weinstein, M.D. Margo Freistadt</p> <p>* Health-care cost figures are from the Organisation for Economic Co-operation and Development, an intergovernmental forum that studies economic and social issues.</p> |
| 10 | Collin Thormoto | <p>Hello,</p> <p>My name is Collin Thormoto, I'm a resident of Hayward, CA in the 94541 zip code. I want to urge the Healthy California for All Commission to recommend universal enrollment in a single-</p> |

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| | | <p>payer public insurer as a way to guarantee universal health care for all Californians.</p> <p>The COVID-19 pandemic has thrown into stark relief the inequities inherent in our fragmented health care system. Investing in a public single-payer system with universal enrollment would ensure that all Californians get the preventive care they need, increase health outcomes, and save costs for the State in the long run.</p> <p>This would also allow many people who are trapped in jobs which provide insurance to leave and pursue other avenues of employment. The Californians who receive their insurance from their employers are shackled to their place of work because the Marketplace is still more expensive than almost anything an employer will provide. By removing that incentive, many hostile and difficult workplaces will be forced to reckon with their practices and shape up in order to retain workers.</p> <p>The single public payer insurer with universal enrollment will improve the health of all Californians as well as provide a template for its implementation across the country. As the richest state in the Union, there is no reason we shouldn't be using our already considerable money and influence, which we already use in areas of Environmental Policy to great effect, to lead drastic change and make California an even better place to live for its residents.</p> <p>I urge you to recommend a single public payer option with universal enrollment as the best solution for California's healthcare future.</p> <p>All the best,</p> |
| 11 | Mariann Klinger | <p>To whom it may concern:</p> <p>I want to see California and the federal government offer health care for all. California should not have to wait, however, but should pursue the goal for all California. Universal healthcare benefits everyone. If we didn't know that before, certainly the pandemic made it obvious.</p> <p>Let's join the 180 countries that already offer universal healthcare.</p> <p>Sincerely,</p> |
| 12 | Cristine Ruiz | <p>At this moment we are still facing a "PANDEMIC" with the Corona Virus with no end in sight. I believe</p> <p>HealthCare is a fundamental RIGHT! How many more years do we have to wait for change? I understand</p> <p>the U.S. is the only FOR-PROFIT-HEALTH CARE-SYSTEM on the PLANET. Why? Profit Over People!!!</p> |

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| | | <p>California has the opportunity to change that. Governor Gavin Newsom can change this. Please help</p> <p>California as we go into the 21st Century with a WIN!!! Please find the courage to do this set an example of</p> <p>Yes this can be done!!!!!!!!!!!!!!!!!!!!!!!!!!!!</p> <p>Thank You</p> |
| 13 | William Honigman, M.D. | <p>Dear Commissioners:</p> <p>The survey data presented today once again confirms that to better serve all communities of California we need systemic reform that brings equity as well as quality and transparency and public accountability to the entire state, across the board.</p> <p>The survey data clearly confirms that especially among the underserved in our state, it's well appreciated that the only way to do that is to have a publicly accountable Healthcare system for California with unified financing and a public board managing the fund and the funding that provides those services.</p> <p>There is no place for commercial controlling interests in management roles. Acting as intermediaries, they only extract precious resources with no appreciable benefit, and often interject corrupting influences due to market dynamics that undermine the intentions of quality and equity as has been universally agreed upon here.</p> <p>Once again, it's past time to move forward with modeling of legislation for the unified financing and the necessary supportive services to make this reform a success.</p> <p>Too many Californians, especially of limited means and regional challenges, are suffering and dying as we speak.</p> <p>Thank you.</p> |
| 14 | Cheryl Tanaka | <p>Thank you to Dr. Ross, Dr. Hernandez, Commissioner Hernandez, Kiran Savage, Dave Metz, Paul Hernandez and Rosemary Veniegas for a great webinar! One that many of us have been waiting for.</p> <p>I do feel that one way to help communities navigate healthcare systems now and going forward is the community clinic and community organizations that offer social service support. There are also governmental social services/social workers. There are a lot of existing networks that could be integrated and expanded. That would mean more jobs, not less.</p> |

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| | | <p>It was jarring to hear the defensiveness from Dr. Pan demanding to know how many Californians were represented by the research and reports presented. Google, Dr. Pan, Google! I'm an older Asian American woman and that's what I did.</p> <p>1/3 Californians at/below poverty level (in a state that represents the 5th largest economy in the world - shame on us!) https://www.ppic.org/publication/poverty-in-california/</p> <p>I was excited to hear from those un and under represented and Dr. Pan sounded like they are the ones driving things when we know that no, they are not. They are barely "heard" or taken into account and Dr. Pan seemed to want to obscure and discount them further. Is he afraid for them to have a voice/say/power in decision making? Why?</p> <p>And to all Commissioners who brought up trade offs: those in near/at/below poverty and at lower income levels know what it means to make trade offs daily. The trade off can be whether to get prescribed and necessary meds or pay rent/utilities or to eat. It's not where or what to eat or whether to go meatless on Monday. It's meal-less Monday and who knows how many other days too.</p> <p>So do not talk about trade offs! The 1/3 know all about life or death trade offs! The 2/3rds need to get wise now!</p> <p>Dr. Scheffling, private insurance has got to go! Paul Hernandez's point about providers opting in and out of networks is a good one. So you have insurance only to be told by your provider that they don't accept that particular one. Not what you want to hear.</p> <p>Commissioner Wood, believe it was Commissioner Lee who pointed out that segregation, as in current Native American/1st Nations healthcare system, may be separate, but equal. All must receive equal, quality, appropriate/dignified/respectful, patient-centered care!</p> <p>Commissioner Lee, thank you for being positive and supporting the research and reports presented today!</p> <p>Commissioner Consti, I hear you loud and clear. Where are the community organizations at these meetings? They are out there. The issue might be to pick and choose. Arguably you could have 1 session with just African American groups, 1 with Latinx groups, 1 with East Asian groups, 1 with South Asian groups, 1 with Southeast Asian groups, 1 with Native Hawaiian groups, 1 with Pacific Islander groups, 1 with LGBTQIA groups, 1 with disability community groups, etc. Why are they not at this table? There is some representation from commissioners in community health, eldercare and unions. Can understand that the pandemic</p> |

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| | | <p>may make it harder to interface, but not impossible. Zoom town halls/gatherings are still possible. It might take more time, resources and work to set up. I would like the commission to hold community town halls/gatherings.</p> <p>Dr. Hsiao, Paul Hernandez had said that one comment on paying for Unified Financing/Universal Healthcare was that those un and underserved asked not to pay more than their fair share. We know that currently those getting a free lunch, free ride, etc. are often those in the 1% with the most money. Also please see my comments above about "trade offs." California's 1/3 know about trade offs all too well!</p> <p>Also studies have shown that Unified Financing/Single Payer can be affordable and feasible. Initially because there will be a lot of change, there will be costs. Certainly an entire industry will have to retrain/get new jobs, but there could be many provided by the new system (see above re navigating healthcare system). Everyone forgets that governments are already paying healthcare costs. So there's that money. Then most of us pay insurance premiums, deductibles, co-pays, out of pocket, etc. There's that money. So 2 revenue streams. Instead of paying premiums, deductibles, co-pays, out of pocket (maybe), an individual/family(?) could pay sliding scale tax based on income and maybe number in household? Studies have shown that that tax would be less than the premium, etc being paid now.</p> <p>Welcome, Commissioner Bass.</p> <p>Commissioner Wright, thank you for your comments re consumer experience. It will take much thought, training and effort to balance the power dynamic to bring dignity, respect and simplicity to our overly complicated healthcare system.</p> <p>Commissioner Chin Hansen, studies have already shown that the ER as the back door to any healthcare drives up healthcare costs. The most cost effective healthcare system is one that focuses on preventative care for all like Single Payer.</p> <p>Commissioner Flocks, thank you for your supportive comments.</p> <p>Dr. Pan, Dr. Pan, Dr. Pan! If we are to be whole patient, patient-centered, then we must open our definition of healthcare past Western/Allopathic medicine. Health is not just physical, but also mental, emotional, spiritual. African Americans, Latinx, Native Americans/1st Nations, Asian Americans, Native Hawaiians, Pacific Islanders, et. al. have long practiced natural, herbal medicine, food as medicine along with practices like acupuncture, acupressure, massage, meditation, yoga, etc. How open we can be, how much we can allow remains to be seen.</p> |

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| | | <p>We may not be able to offer this to everyone when having everyone covered equally is the top priority, but perhaps to those in the "1/3" who aren't pursuing these as leisure activities as the 2/3 already are? These patients are not asking you to overprescribe which many doctors do and which arguably caused the opioid epidemic. The Cancer Centers of America use every mode they can to help their patients, understanding that the best outcomes come from integrated care that addresses the whole patient.</p> |
| 15 | Angela Gardner | <p>I am a woman, person of color with a disability. I receive healthcare coverage through Medi-Cal and get healthcare services from public hospital and clinic run by the county of Los Angeles. I am also a advocate for people with disabilities, children, and underserved communities. I agree with the findings from the panelist.</p> <p>The concerns I have about healthcare are:</p> <ol style="list-style-type: none"> 1. Accessibility- cultural, financially, physically, and technology. 2. A system that is easy to navigate. 3. A healthcare delivery system that is holistic: focused on the whole person using care coordination to met their basic human needs. 4. Many people with disabilities cannot get married or get a job because of income restrictions with Medicaid, we lose healthcare coverage. <p>Most underserved communities receive healthcare from public healthcare plans and facilities.</p> <p>I believe a publically funded, publically run universal coverage healthcare delivery system is the best approach to meet the needs of ALL Californians especially underserved communities. I urge the commission to refer to Medicare as created in the 1965 bill and AB 1400 as a model and starting point to develop a publically funded, publically run healthcare delivery system.</p> <p>Thank you for your consideration</p> <p>*P.S. I also agree with another verbal comment that the Commission has not focused on scheduling Town Hall meetings for public engagement.</p> |
| 16 | wburfeind | <p>Literally hundreds of billions of dollars could come from savings generated by single payer financing of health care. In fact, a recent study by the Healthy California for All Commission showed that the present healthcare system would cost \$800 billion a year in 2031, and still not cover everyone. A universal system of guaranteed healthcare financing through a single, dedicated trust fund would cost \$223 billion less in 2031, and save those hundreds of billions in the meantime. And relieve the state and local governments of over \$90 billion in unfunded retiree health liabilities.</p> <p>We need universal enrollment in one comprehensive plan with one public payer and no financial barrier to service--and the</p> |

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| | | elimination of profit-driven entities from healthcare decision-making. |
| 17 | Catherine Cameron | <p>To our HCAC commissioners,</p> <p>There is a critical need for low income communities and communities of color to have a health system that is equitable, universal and does not have cost barriers.</p> <p>The time to act on this is now. If the Republican Party makes gains in 2022's midterm elections, they could make it much harder for our state to move forward on Healthcare for All.</p> <p>Thank you,</p> |
| 18 | Carol Calkins | <p>To Whom it may concern:</p> <p>I want to express my opinion that our state legislators need to act now while the Democrats are in power and move boldly toward creating single payer healthcare in our state for all. It is time! Medical and pharmaceutical costs are out of control. The divide between the rich who can afford good healthcare and the poor who can't is growing wider and wider. I know many people who cannot even afford the premium for Covered California. I know people on Medical who have to wait months to be seen by a doctor or to have a surgery. This is morally wrong in my opinion.</p> <p>All of the other First World countries have universal healthcare for all of their citizens. Clearly it works for Canada, Sweden, Germany, etc. We need to start the change here in California so that it will spread to the other states in our union.</p> <p>The pandemic has only highlighted the need for organized, uniform, affordable healthcare for everyone in our state! I firmly believe that timely and quality healthcare is a right for every human being. Our state and our entire country cannot be united and strong physically, economically, and fiscally, if our citizens are sick and unhealthy. It is greed and power that is ruining this great state and country!! Please urge our legislators to act in the best interests of all people, not just the wealthy!!</p> <p>Sincerely,</p> |
| 19 | John Morris | <p>Single payer health care is essential for a sustainable society. Health care for profit is unsustainable. Corporations relieved of the cost of providing health care to employees should support higher taxes to help cover the cost of government provided health care. Equal access to health care is foundational for all American families abilities to create a quality life for themselves. No individual; family; or community can grow to the limits of their potential until equal access to health care is available to every member of that community. It is high time we recognize that the</p> |

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| | | <p>values of equality, growth, and a quality life are what sustains all of us and that any alternative to health care for all is but a cancer on our collective body and needs to be eradicated ASAP! Thanks</p> |
| 20 | Ann Greene | <p>Hi, I am a registered California voter in Riverside County (92234). I want to see Universal Healthcare for everyone but getting something up and running in California is a good start. I think AB1400 is an excellent place to start.</p> <p>The arguments against it are weak. Federal Waivers can be addressed once we get AB1400 passed, There is no reason to stall the process while we wait for federal waivers. The federal government would not and, according to the procedural requirements under the law, could not approve federal consolidation waivers until California passes a law creating the single-payer program.</p> <p>I am very much in favor of seeing a calculator created. The commission should 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.</p> <p>I also believe it should be a single payer system, I am tired of insurance companies holding the public hostage by lining the pockets of politicians to be against Universal Healthcare. THEY are the problem, and should have no part in the solution!</p> <p>Thank you for your time,</p> |
| 21 | Steph Cauchon | <p>It's critical to our economy that we have a healthcare system that isn't linked to employment. Our healthcare system should no longer incentivize employers to reduce their workforce or their payrolls. I have seen in education how hourly employees are intentionally kept at 20 hours or less, regardless of what's best for students and the employees. The same for large and small business owners. Access to healthcare should no longer stop workers from making career changes. I chose to delay retirement and not make career changes due to my family's health care needs. It's critical to our public health that there no longer be barriers to accessing healthcare for everyone, regardless of ability to pay or social status. We all benefit the more people around us are healthy. Progressive tax system to pay for it and equitable fare share between companies if they remain involved in funding the system.</p> |

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| 22 | Kae Bender | <p data-bbox="581 226 1404 296">Please include my comment at the 1pm 9/23/21 hearing for the Healthy California for All Commission:</p> <p data-bbox="581 327 1430 562">As a resident of Lancaster CA, I have had the benefit of being enrolled through ACA in the MediCal program and now as a Medicare recipient in a Medicare Advantage plan. I believe that comprehensive coverage will help more Californians achieve better health outcomes, especially for people like (self-employed) me who, prior to ACA and Medicare coverages, could not afford private health insurance.</p> <p data-bbox="581 596 1425 1031">While I have been satisfied with my plans under ACA, MediCal, Medicare, and Medicare Advantage, I can see the benefit of a single payer system to cover everyone equally. One of the things I learned as an uninsured person for 13 years was that providers charge more to those who are not covered by insurance or a program that can negotiate prices down. The higher prices the uninsured are charged often end up as uncollectable debt for the institutions and providers, resulting in higher prices passed on to the insured to cover actual expenses of the system. I believe a single payer system would eliminate those gaps in coverage and stop driving up the prices with uncollectable debts and additional collection fees for what is paid late. These charges place a burden on the poor but also on the entire healthcare system.</p> <p data-bbox="581 1064 1427 1434">I am concerned that the Healthy California for All initiative seems to be stuck on the idea of waiting for federal waiver authorities to green light the idea before developing a viable State single payer system that integrates with federal health care payment programs. This seems foolish to me. The federal Health and Human Services department is not about to create a waiver for a program that does not yet exist. They would have to review the proposed program in as much detail as possible before granting a waiver. (In my distant past, I managed contracting for the Federal Employee Health Benefits Program (FEHBP) HMOs, and we required a lot of detail before approving applications.)</p> <p data-bbox="581 1467 1427 1736">It is my understanding that the legislature has already proposed a State single payer system that could be used as the model for the proposal to HHS. AB1400 seems to have a structure that would accommodate the needs of a State single payer system that could be integrated effectively with federal ACA, Medicaid/MediCal, and Medicare programs. I urge the committee to look at this proposal and consider it on its merits before proposing to apply for federal waiver approvals.</p> <p data-bbox="581 1770 1341 1860">I hope the commission will pursue the most expansive and thorough State single payer system to improve healthcare coverage for all residents of California.</p> |

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| 23 | G.G. Wasserman | <p>Id like to know exactly if and when Ab 1400 will be introduced. We can say all day long that single payer system ie Med 4 All is cost effective but that won't fly unless we can show the evidence of how this will work.</p> <p>Apparently this is why we haven't gotten anywhere with ab 1400. And for a system in Ca it will require negotiating with Fed Govt. I don't know how far present Administration will go with this. What's in budget bill seems very watered down Med 4 All. And then there's a filibuster problem. Many allies and Americans want single payer universal coverage. But many obstacles.</p> |
| 24 | Lynn Huidekoper | <p>I would like to suggest inviting either of 2 National Health Policy Experts to educate the Commission members about what the universal financing should NOT include in a Single Payer piece of legislation. They are Kip Sullivan out of Minnesota and Stephen Kemble, MD from Hawaii. They state that ACO's should not be part of a SP proposal. that capitation should be avoided and only global budgeting should be used.</p> <p>They have endorsed 2 pieces of legislation: HR1976 and AB1400 as pure SP bills. They feel that the NY Health Act and the Whole Washington proposal both are flawed as they contain ACO's. Dr. Hsiao supports ACO's based on what he said at the last Commission hearing in August but Kip and Stephen do not.</p> |
| 25 | Lynn Huidekoper | <p>Link to "Accountable care organizations don't cut costs. It's time to stop the managed care experiment"</p> |
| 26 | Lucy Geever-Conroy | <p>No excuse for California. We are smart, we are wealthy, get this done. Fund CA AB-1400!</p> <p>California is the 5th largest economy on the planet - no guaranteed full health care</p> <p>All of these places guarantee full health care! United Kingdom 6th largest economy France 8th Italy 9th Canada 12th Australia 17th</p> <p>Put our businesses on a move level playing field with it comes to foreign competition. Spawn more small businesses and startups. Create healthy communities. We would have fairer better in this horrific pandemic if we have Single Payer Health Care in place.</p> <p>Just DO IT. IT is the RIGHT THING TO DO.</p> |

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| 27 | Michael Lighty and Hank Abrons, MD | <p data-bbox="581 226 1435 327">o: Mark Ghaly, MD, MPH, Secretary, Ca Health and Human Services Agency and Commissioners of Healthy California for All Commission</p> <p data-bbox="581 359 850 394">September 22, 2021</p> <p data-bbox="581 426 1057 462">Dear Dr. Ghaly and Commissioners,</p> <p data-bbox="581 493 1435 663">We write to express a concern about the mention of "tradeoffs", a term that was used several times by Commissioners in discussing the presentation "Community Voices: Priorities and Preferences of Californians with Low Incomes for Health Care Reform" on September 21, 2021.</p> <p data-bbox="581 695 1419 930">As you know, the Commission is tasked with providing "options and recommendations to advance progress toward achieving a health care delivery system in California that provides coverage and access through a unified financing system" Furthermore, the Commission adopted five principles to govern its work: that health care must be accessible, affordable, equitable, high quality, and universal.</p> <p data-bbox="581 961 1435 1230">We take issue with any implication that recommending a single-payer program as the best -- and we believe only -- option meeting the Commission's stated criteria necessitates "zero-sum" tradeoffs in factors such as access (for example, the fallacy that provision of health care to those who are underserved would diminish access to those who are well served), covered benefits (for example, the fallacy that providing medically necessary services to all will necessitate rationing), etc.</p> <p data-bbox="581 1262 1419 1398">However, we do acknowledge the possibility of "tradeoffs" when a single state-wide government-run plan is compared to the present system. We submit the following for you to acknowledge and focus on:</p> <p data-bbox="581 1430 794 1465">Regarding cost:</p> <ul data-bbox="581 1497 1403 1734" style="list-style-type: none"> <li data-bbox="581 1497 1403 1598">o Under the current system (which we deem a "non-system"), around 20% of total expenditure is wasted on inefficiency, excessive prices, and other defective practices. <li data-bbox="581 1629 1419 1734">o Under a single -payer program, the tradeoff from the present system is prudent use of precious public resources in preference to private profit. <p data-bbox="581 1766 829 1801">Regarding access:</p> <ul data-bbox="581 1833 1378 1900" style="list-style-type: none"> <li data-bbox="581 1833 1378 1900">o Under the current "non-system," at least 25% of California residents lack timely affordable access to necessary care. |

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| | | <p data-bbox="581 262 1386 394">o Under a single -payer program, the tradeoff is equity in the form of universal access without financial barriers for all Californians and with net cost savings instead of our current fragmented and inequitable patchwork of programs.</p> <p data-bbox="581 430 824 466">Regarding choice:</p> <p data-bbox="581 499 1430 562">o Under the current "non-system," many are not free to choose their providers even if they're able to choose their insurance plan.</p> <p data-bbox="581 598 1419 730">o Under a single -payer program, the tradeoff is granting individuals the right to freely choose providers with a guarantee of culturally competent care instead of having that choice limited by financial stakeholders.</p> <p data-bbox="581 766 917 802">Regarding accountability:</p> <p data-bbox="581 835 1398 997">o Under the current "non-system," accountability to the consumers and ultimate payers -- the public -- is overridden by accountability to corporate shareholders and various oversight bodies that are largely shielded from public scrutiny and governance.</p> <p data-bbox="581 1033 1424 1165">o Under a single -payer program, the tradeoff is accountability to a publicly governed administration instead of deference to private actors who wield a dominant influence in the allocation of resources</p> <p data-bbox="581 1201 820 1236">Regarding power:</p> <p data-bbox="581 1270 1403 1432">o Under the current "non-system", power to shape policy, budgets, and allocation of resources is exercised by private interests that can exert influence on public officials and candidates through lobbying, campaign contributions, and dark money.</p> <p data-bbox="581 1467 1398 1570">o Under a single -payer program, the tradeoff is again equity through constraining the power of private interests and instead empowering the consumers and ultimate payers.</p> <p data-bbox="581 1606 820 1642">Regarding equity:</p> <p data-bbox="581 1675 1430 1738">o Under the current "non-system," there is no financial incentive to address long-standing structural inequities in health care.</p> <p data-bbox="581 1774 1424 1837">o Under a single -payer program, the tradeoff is focusing equity through</p> |

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| | | <p>o health care delivery as a public good in preference to a profit-driven enterprise.</p> <p>We encourage the Commissioners to continue a discussion of tradeoffs, comparing single payer to all other options. We trust that will lead you to the same conclusion we have reached after long and extensive study of the evidence: single payer is the only policy that can fulfill the Commission's stated objectives. Achieving those objectives is the responsibility of our elected officials.</p> <p>Respectfully,</p> |
| 28 | Jon Li | <p>"Health Reform & Social Justice: Opportunities for Reducing Inequity and Addressing Health Disparities".</p> <p>On Wednesday October 6 from 6:00pm - 8:00pm PT, The League of Women Voters Davis Area will be hosting a virtual Community Forum, "Health Reform & Social Justice: Opportunities for Reducing Inequity and Addressing Health Disparities".</p> <p>For this event, the League will be hosting an evening with Dr. Susan Rogers, President of Physicians for a National Health Plan (PNHP). Dr. Rogers's presentation will include an overview of the U.S. health care system through a social justice lens, followed by a discussion highlighting disparities resulting from our current policies and opportunities to improve inequities through health reform. The forum will conclude with an audience Q&A.</p> <p>Dr. Rogers is a Fellow of the American College of Physicians and currently an Assistant Professor of Medicine at Rush University. She has recently retired from her hospitalist practice in Chicago at Stroger Hospital of Cook County. She has previously served as co-director of medical student teaching at Stroger and as Medical Director of Near North Health Service Corp, a Chicago FQHC. Most recently, Dr. Rogers spoke at the June California League of Women Voters Annual Convention, providing the presentation: "Health Care: Inequities and Opportunities".</p> <p>This forum aims to educate voters about our current healthcare model and how it impacts local care access, affordability, quality and equity. Our guest speaker provides insights into how health reform can improve each of these to optimize community health and wellness. The LWVDA supports the National League healthcare positions in support of an affordable, accessible, quality, and equitable health care system, critical for the health, safety and economic security of all communities. Becoming an informed voter is fundamental to ensuring the engagement</p> |

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| | | <p>needed to affect meaningful reform. The future of our community health and healthcare systems will rely upon votes cast by those with a better understanding of current needs and resources and our opportunities to enact needed change.</p> <p>To help speakers best address your concerns, questions, and issues, we encourage attendees to please submit them in advance to komalh@lwwdavisarea.org before October 4.</p> <p>The Davis Area LWVC Health Care Committee thanks co-sponsors LWV of Washington DC, LWV of Amherst Massachusetts, LWV of Greater Hartford Connecticut, LWV of Tompkins County New York, LWV of Teaneck New Jersey, LWV of Ashville-Buncombe North Carolina, LWV of Charlotte Mecklenberg North Carolina, LWV of Manatee County Florida, LWV of Hillsborough Florida, LWV of Miami-Dade County Florida, LWV of Collier County Florida, LWV of Louisiana, LWV of Philadelphia Pennsylvania, LWV of Bucks County Pennsylvania, LWV of Lower Merion & Narberth Pennsylvania, LWV of Oakland Michigan, LWV of Copper County Michigan, LWV of McDonough County Illinois, LWV of Johnson County Kansas, LWV of Licking County Ohio, LWV of Tarrant County Texas, LWV of Richardson Texas, LWV of the State of Washington, LWV of Tacoma-Pierce County Washington, LWV of Benton-Franklin Washington, LWV of Seattle Kings County Washington, LWV of Central Yavapai County Arizona, LWV of Butte County California, LWV of Napa California, LWV of Alameda California, LWV of Southwest Santa Clara Valley, LWV of San Luis Obispo County California, LWV of Santa Barbara California, and the LWV of Long Beach California.</p> |

4. The following table reflects public comments that were emailed to the HealthyCAforAll@chhs.ca.gov email address during and after the September 23rd Healthy California for All Commission meeting:

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| 29 | Jean Jackman | <p>Dear Commissioners,</p> <p>I am for a single payer system. I am fortunate to have good healthcare but recognize that until everyone has access to good healthcare, I am vulnerable. What would single payer look like using existing waiver authorities. Please establish single payer in CA now. Please create a public online calculator with various combinations of financing options so that everyone can see different combinations of revenue sources.</p> <p>Thank you for your work.</p> |
| 30 | Lynn Huidekoper | I would like to suggest that every Commissioner read AB1400 so they are familiar with the current excellent example of unified |

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| | | financing. Some of the Commissioners make suggestions/comments that are included in AB1400. |
| 31 | Isabel Storey | <p>Dear Commissioners,</p> <p>I appreciate your assiduous work on developing a plan for a comprehensive health care system for California.</p> <p>However, the commission's continued ignoring of AB 1400 is both mystifying and a mistake. This bill provides a blueprint for a health care system that would fulfill the mission of the commission. It's a ready-made piece of legislation that can and should be used as a template. Instead of ignoring AB 1400, the commission should study and discuss it – and consider methods of financing costs that can't be recouped with federal dollars.</p> <p>We've received no concrete reason why the commission refuses to consider AB 1400. I've heard that there is "sensitivity" on this topic. Where does this sensitivity come from? Who is opposing this – and why?</p> <p>The commission is endeavoring to be transparent. However, on this issue, there is no transparency.</p> <p>AB 1400 is the only "unified financing" bill introduced in this session of the California legislature. When drafting its report, this commission should include consideration of this bill as well as discussion of how to complete its financing.</p> <p>I look forward to seeing progress on this issue.</p> |
| 32 | Janet Thomas | <p>Dear Commissioners,</p> <p>First of all, thank you so much for the time, energy, heart and mind that you are contributing to us all in trying to improve our healthcare system.</p> <p>After decades of personal involvement in trying to help move healthcare toward one that is more affordable, universal, efficient, compassionate and effective in meeting consumer needs, I feel I am hearing open, informed dialogue that offers hope in this regard.</p> <p>My brother is Canadian. He loves his healthcare system. I have traveled worldwide and have seen that so many countries offer a much better healthcare system than we have. I was a rural FNP, and have seen healthcare inequities. I was also a public high school teacher who saw how healthcare costs deprived teachers of salary increases.</p> <p>We have huge needs and problems- complexity, cost, inequity, inadequate workforce, inattention to public, dental and mental</p> |

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| | | <p>health, long term care, exorbitant med school costs... You know what the problems are. And from your discussion, I know you understand that there is a need -ASAP- for change.</p> <p>I agree with what you said today about having excellent models and consumer and practitioner wisdom that could help us craft an excellent, improved system.</p> <p>And as Carmen mentioned today, we need to design a program first which would hopefully include potential financing plans and then apply for waivers. Hopefully, your Commission will recommend robust work on constructing such a system and consider multiple financing possibilities, looking carefully at AB 1400 as a base. Your work could create a much needed dramatic shift in our cultural values that would save both lives and our diminishing moral spirit..</p> <p>With tremendous gratitude.</p> |
| 33 | Jeffery Tardaguila | <p>What requests can commission ask for ? Can I get copy beyond Monday meeting Tuesday, Wed now Thursday another tomorrow. I saw what MPA recommendations were made and what is happening . I don't see this body coming up with twenty suggestions . Much less what is needed beyond \$\$\$\$</p> |
| 34 | Sonia Baur, M.D. | <p>re: federal waivers</p> <p>I am so weary of hearing about why it might not be possible to get a waiver; the time has come to request it and move forward on providing a good comprehensive single payer system for all Californians. We can do no less if we care about the health care of Californians.</p> <p>Thank you for considering my opinion.</p> |
| 35 | Tom Michel | <p>Hello Healthy California Commissioners.</p> <p>Please enact a single payer system now. There is no reason not to implement AB 1400. Ultimately this is going to set up California as the best state in the US. There is financing available so do it, let California lead the way again! My business suffered when it wasn't apparent if I could stay in business because the ACA might not exist due to the Texas v California lawsuit. Healthcare can't be done nationally, it must be done individually by the states. Come on California enact AB 1400</p> |
| 36 | Millie Braunstein | <p>Dear Dr. Ghaly and Commissioners,</p> <p>I ask that the Commission not lose site of the requirements of SB 104 to “develop a plan that includes options for advancing progress toward achieving a health care delivery system in CA that provides coverage and access through a unified financing system, including, but not limited to, a single-payer financing system for all Californians”. This charge is to address one of at least six social determinants of health, the cost of health care.</p> |

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| | | <p>Other barriers to care are being developed by various social safety network programs.</p> <p>Unnecessary deaths and adverse health outcomes are correlated with the numerous barriers related to an emphasis on lowering costs within the system vs improving health outcomes. The high cost and unpredictability of financing impact the many diverse residents of the state, not only patients, but the providers.</p> <p>Research has concluded that single-payer financing would reduce health expenditures while providing high-quality insurance to every resident in the state. https://doi.org/10.1371/journal.pmed.1003013 A well-designed financing system will be able to include all residents and expand coverage to include vision, hearing, dental, and long-term care with enough money in the system so that premiums, deductibles and co-pays can be eliminated. Actual costs depend on the features of the model and t implementation plans.</p> <p>California taxpayers now pay for at least 70% of health care expenses through public programs (Covered California, Children's Health Insurance Programs, MediCal, Medicare, etc.). Consolidating these funds can pay for up to 2/3 of the costs of financing single payer. http://healthpolicy.ucla.edu/publications/Documents/PDF/2016/PublicSharePB_FINAL_8-31-16.pdf Several areas of savings can be realized. These include simplifying administration, reducing waste and fraud, and building in costs control measures. Money now being spent for unnecessary complex billing and payment systems can be shifted to clinical care.</p> <p>With a unified data base, comprehensive clinical data can be easily accessed. This can reduce duplication and facilitate tracking and evaluating care. Additionally, data can be used more readily detect waste and fraud. Further savings can be realized by negotiating prices for drugs and medical equipment and provider budgets.</p> <p>Additional revenue to fund the system can be generated by progressive taxes. Several models have been proposed. In 2017, a funding proposal for SB 562, The Healthy California Act, included two new taxes: A gross receipt tax for all businesses and a sales tax for families. Most businesses would have either seen a decrease in taxes little changes. Low-income families would be exempt from a new tax, and health care spending for middle-income families would have fallen sharply. https://www.peri.umass.edu/publication/item/996-economic-</p> |

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| | | <p>analysis-of-the-healthy-california-singlepayer-health-care-proposal-sb-562</p> <p>Residents of California are living in a crisis mode. The health of all individuals impacts the health of all in the community. The economy cannot rebound without a healthy workforce. A unified financing system, is an essential first step to achieving a health care delivery system that is accessible. This is the time to take bold action and change the power structure and free up our tax dollars to be used for a changed model - from one of controlling costs to improving health outcomes.</p> |
| 37 | Don Cherf | <p>To those at the commission on CalCare and being subsidized and begun already (since we are still waiting)</p> <p>There are a great many companies and corporations in California that provide healthcare to California workers and their families. The workers also pay part of their own coverage, money that is taken out of their paychecks and administered by the companies.</p> <p>Once CalCare is implemented, those companies will no longer have those costs.</p> <p>Has anyone considered diverting those monies to CalCare as a means of funding the program? Those companies could continue to administer those costs but, instead of sending those funds to various healthcare companies, they send the combination of their healthcare costs along with the share paid by the employees and forward those funds to the CalCare program.</p> <p>If this hasn't been considered, this will provide additional funding for CalCare.</p> <p>The other place for funding is from property taxes as well as from the wealthy who own investments that make tax-free income for them. Just some ideas in case we can't rely on the federal government.</p> <p>-----</p> <p>And, yes, I think it best to start moving on this issue rather than not trying. We know the result if we don't start: nothing happens and no progress is made. Whereas, if we try, it will likely work as other countries have shown. It is definitely possible, these other countries have led the way on this. We should move forward on this and move aggressively.</p> <p>-----</p> <p>The business of private health insurance is built on the denial of care. Our fragmented system of private health insurance views</p> |

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| | | <p>health treatments, life-saving medications, and each and every doctor's visit or diagnostic test as a liability to their bottom line. To increase profit margins, health insurers erect every barrier to stop patients from going to the doctor or hospital. They create complex schemes to deny care. Denial of care is what copays, deductibles, preauthorizations, and provider networks are meant to accomplish.</p> |
| 38 | Richard Gallo | <p>Good afternoon Commissioners,</p> <p>My name is Richard Gallo. A resident of Santa Cruz County. I am a volunteer State Ambassador, a program of Cal Voices.</p> <p>The Commission needs to move forward with AB1400. You want to be transformative, you need to move on instead of stalling. Time is essential.</p> <p>The Commission needs to look into peer counseling program as part of Healthcare services in meeting the needs of the mental health community. This saves money on unnecessary Emergency Rooms visits, homelessness, police involvement, medical bankruptcies, and more importantly, mental wellness is possible with adequate mental health care services including peer counseling programs.</p> <p>I am a mental health worker in a 5150 unit where we serve our patients with mental health including the uninsured patients. This shouldn't be happening. Once they are let go, they can't get medications and mental health services due to being uninsured. This is unacceptable especially to loved ones and families struggling with this dilemma.</p> <p>Currently the California Department of Healthcare Services is changing their Medicaid model with managed care under a current Waiver with Federal government. CalCARE Waiver can be done at a later time whether under Affordable Care Act or not, or under HHS Secretary of the Federal government at later time.</p> <p>This is about access to Healthcare for all in California. Please be transformative NOW.</p> <p>I pay approximately \$110 monthly on my private health insurance. My employer is paying almost \$700 for my premiums monthly. CalCare can saved money with a single payer model for employers in California. Employer can use saved money on Healthcare towards wages with employees to keep Californians in California.</p> |

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| | | <p>The Commission needs to include mental health community, but also seniors and all people with disabilities in helping with access to Healthcare and accessibility in healthcare.</p> <p>Healthcare is a Human Right.</p> <p>As an Ally with California Nurses Association, proceed with AB1400.</p> <p>Respectfully,</p> <p>Mental Wellness is possible</p> |
| 39 | Maureen Cruise | <p>Greetings Commissioners,</p> <p>Regarding coverage for Veterans and a CA single payer system. There are 22 million veterans in the US. But only 6 million are enrolled in Veterans Administration health care. 16 million veterans are subject to the same system as everyone else.</p> <p>California has 1.8 million veterans. 761,910 CA veterans are enrolled in VA health care. Over 1.2 million CA veterans are not enrolled and are subject to the same system as non veterans. CA has only 9 inpatient facilities and 62 outpatient facilities.</p> <p>Other than failing to meet a priority placement status, reasons veterans can't get VA care include waiting lists at VA hospitals, high co-payments for VA specialty care and a lack of a VA facility in their community, the researchers noted. "Veterans deserve a right to health care," Woolhandler said. "We think that every American deserves a right to health care."</p> <p>Point being is that the VA Health System is not meeting the needs of veterans in CA. Sustaining the VA system as a carve out program should not be a priority. Offering all persons, including veterans and Native Americans, the ability to join in a single payer state system should be part of any reform.</p> <p>Eligibility and Enrollment Not every veteran is automatically entitled to medical care from the VA. Veterans must meet basic eligibility requirements for enrollment. Eligibility for VA health care is based primarily on veteran status resulting from military service. Generally, veterans must also meet minimum service requirements; however, exceptions are made for veterans discharged due to service-connected disabilities, members of the Reserve and National Guard (under certain circumstances), and those eligible under special treatment authorities, such as Camp Lejeune veterans. In the enrollment process, the VA categorizes veterans into eight priority categories, based on factors such as service-connected</p> |

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| | | <p>disabilities, income, and combat veteran status (among others). The VA may limit enrollment based on the availability of funds—an authority provided by Congress. Some veterans without service-connected disabilities and whose attributable income exceeds established means tests cannot enroll in the VA health care system. Dependents, caregivers, and survivors of certain veterans are eligible to enroll in the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA), which reimburses non-VA providers or facilities for their medical care.</p> <p>Unfortunately, the Veterans Health Administration does not have enough resources to provide care to all veterans who need it. To address this issue, the VA has created eight priority groups for enrollment.</p> <p>When you apply, the VA will assign you to a priority group. In some cases, you may be asked to agree to pay co-pays in order to be placed in a priority group. If you are eligible for more than one priority group, you'll be put in the group that has higher priority. https://www.va.gov/health-care/eligibility/priority-groups/</p> <p>Be Well,</p> |
| 40 | William Honigman, M.D. | <p>As a retired Emergency Room physician, I'm concerned with both the needs of our communities and financing the resources to meet those needs, because when those needs are not met on the front end with attention to preventive care, and culturally sensitive, un-tiered and unimpeded care, we all end up paying for it any way in more ER visits, personal bankruptcies, homelessness, and preventable pain, suffering, and untimely deaths.</p> <p>Commercial interests, in particular risk-bearing intermediaries like health insurance underwriters, bring no resources to provide this front-end care. In fact, they misdirect care to demographics that they consider more marketable, not to our communities in need. And pharmaceutical companies are just as bad in this regard, if not worse.</p> <p>COVID19 has shown us that Universal Healthcare such as we've seen with openly accessible, free at the point-of-service vaccines, has positioned California as a leader among the states in overall performance now late in the pandemic. However, we have failed as much as any state in America in not providing universal testing, contact tracing, and in providing comprehensive care to our entire population that lowers risk for the disease by better treating chronic conditions like diabetes, heart disease, obesity, and high blood pressure.</p> <p>For that, at the very least, we need a Single Payer, coordinated system that provides care for all Californians, now, not years</p> |

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| | | <p>from now, and across the board with attention to the needs of all of our diverse communities.</p> <p>So please let's move ahead now with modeling the existent legislation of AB1400, so we can at least apply for the Sec 1332 waivers of the ACA, before more preventable suffering and losses needlessly occur.</p> <p>Thanks.</p> |
| 41 | Art Persyko | <p>Commissioners:</p> <p>I request that you study single payer and make a recommendation to the Governor that California find a way to finance and enact AB1400. Other countries have already made sure they provide health care to all in their country. Are people fundamentally different in California or the USA? We all have the same needs for healthcare no matter where we live in the world. There is no need for a uniquely Californian or American health care system, especially not the one we already have which leaves out millions of Californians. We should be ashamed of our Ability to discuss health care endlessly, and our INability to simply enact a health care law that already works elsewhere.</p> <p>Instead of pondering different design considerations that AB 1400 already addresses, this commission should focus on studying and proposing different methods of financing the remaining costs of single payer that can't be recouped with federal dollars. The most common question the public has about any sort of unified financing proposal is "how do you pay for it?" This commission should provide assistance in answering that question by creating a public online calculator with various combinations of financing options so that when crafting a system, legislators and the public can see different combinations of potential revenue sources and how they could be used to fund a single-payer system.</p> |
| 42 | Lucy Geever-Conroy | <p>SCC Single Payer Health Care Coalition</p> <p>Push the limit... we must pass AB1400 and move on to funding in a concrete way, instead of all these abstractions</p> <p>No excuse for California. We are smart, we are wealthy, get this done. Fund CA AB-1400!</p> <p>California is the 5th largest economy on the planet - no guaranteed full health care</p> <p>All of these places guarantee full health care! United Kingdom 6th largest economy France 8th largest economy Italy 9th largest economy</p> |

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| | | <p>Canada 12th largest economy Australia 17th largest economy</p> <p>Put our businesses on a more level playing field with it comes to foreign competition. Spawn more small businesses and startups. Create healthy communities. We would have fared better in this horrific pandemic if we had Single Payer Health Care in place.</p> <p>Just DO IT. IT is the RIGHT THING TO DO.</p> <p>the suggestion that Private insurers would be more efficient, was infuriating to hear. Their endless hunger for profit keeps driving up costs.</p> |
| 43 | Chris Hofeditz | <p>Dear Commissioners,</p> <p>My name is Chris Hofeditz. I live in Hemet, CA. Thanks to the commission for giving me time to speak this afternoon.</p> <p>I start with a question. Is it time to begin making decisions? Commissioner Rupa Marya suggests that we make some bold steps. I suggest that the commission adopt Assembly Bill 1400 as the road map to move ahead. It would serve to give specific direction for the commission to move toward a concrete plan. The 1st support column should be to design an interactive calculator with various options for financing AB 1400, and how much each financing mechanism would raise. Commissioner Comsti suggests 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.</p> <p>Thanks,</p> |
| 44 | Jenni Chang | <p>My name is Michelle Krug. I did raise my hand and do not have access to either writing in the chat or e-comments as I am blind. My friend is writing this on my behalf. Please keep in mind that not everyone is able to communicate without a voice comment. I am a member of the California Alliance for Retired Americans and Labor for Universal Healthcare. I implore this commission to recommend seeking the federal waivers ASAP.</p> <p>I think it is critical for us to open all possible doors as quickly as possible. I very much appreciated the words of my sister zealot, Dr. Rupa Marya, that we have a code blue and it's time to run, not walk. Thank you.</p> |
| 45 | Jenni Chang | <p>Commissioners: I appreciate your exchange of notes to figure out what is possible under the guidelines and current</p> |

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| | | <p>administration. I wonder if future engagements could involve those who have done the deep dive, perhaps some of the contacts suggested by Governor Shumlin, who might serve as guidance/admission counselors to help empower California's engagement and application for federal support. Would it be possible for this commission to get someone from the HHS and other relevant authorities from the current administration here on a Zoom meeting?</p> <p>To some of the naysaying commissioners, I can see the value of looking at problems and proposed solutions from all different angles. But it's clear that at least one or two of you are absolutely against getting rid of the insurance companies. I encourage you to think bigger. Imagine if you took all your intelligence and instincts and applied them to figuring out a way toward Single Payer—because that's where it's headed. I appreciate the process and am all for thoroughness, but have vision and be brave for the people who need us most, not for the insurance companies.</p> <p>Thank you for the time.</p> |
| 46 | Jerry Marr | <p>Dear Dr. Ghaly and Commissioners</p> <p>I believe your overall objective was to establish a system of healthcare for all Californians with the assumption of healthcare being a right, and not an expensive privilege . This system is also meant to be of access to all residents regardless of financial circumstances.</p> <p>However , the United States is still the only modern nation where medical debt is the leading cause of bankruptcy , and the main reason for Go FundMe appeals !</p> <p>You no doubt are aware of thousands of horror stories of the uninsured and even the insured incurring such debt resulting in bankruptcy.</p> <p>One disturbing trend I keep hearing about is how an insured patient has an emergency or elective procedure or catastrophe through their provider with the assumption all is covered. Then soon after, they are billed thousands of dollars extra because their network provider was unavailable and an out of network provider utilized instead.</p> <p>In trying to appeal and straighten out what should have been a standard situation, the time of appeals, billing, rebelling adds to the overall cost.</p> <p>For this reason and countless others, the main purpose of the Healthy California for All Commission must be the achievement of a Medicare for All Single - Payer Health Care Plan</p> <p>Numerous fiscal analysis studies have been shown time and time again how comprehensive and cost effective such a plan can be.</p> |

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| | | <p>Members of your own Commission have been very involved in the study of such a plan. Our own Governor Newsom has promised his support of such a plan as well, and it is high time the Commission aggressively began moving forward in the direction of establishment of a Medicare for All Single Payer Health Care Plan!</p> <p>The money and funding is largely there. It is a matter of making more efficient use of those funds!</p> <p>Just think for a moment of the cost California recently incurred over the Recall effort! Those millions alone could have gone toward the implantation and financing of a Medicare for All plan for all Californians.</p> <p>In closing, I once again thank the commissioners and you , Dr Ghaly, for your dedication and hard work for California.</p> <p>Sincerely</p> |
| 47 | Hilary C. Siebens, MD | <p>Hello Secretary Ghaly and Commissioners:</p> <p>I'm a geriatrician and rehabilitation physician involved with the California Physicians Alliance, CaPA, a non-profit organization advocating for universal coverage in California. We're updating our 2019 Road Map for achieving this and working with coalition partners.</p> <p>These meetings are better than an advanced university seminar on the issues! Thank you for your presentations and discussions while including the public in this enlightening process. May all our dynamic efforts achieve positive change soon.</p> <p>Regards,</p> |
| 48 | Craig Simmons | <p>September 25, 2021</p> <p>To: Healthy CA For All Commission</p> <p>From: Craig Simmons</p> <p>According to the Senate rules committee, estimated health care expenditures for AB 1400 would average \$400 billion annually. 2019 healthcare expenditures for health insurance premiums, diagnosis and treatment were an estimated \$ 441 billion. As premium rates rise and costs increase, lower income California residents and veterans will become increasingly priced out of the market. Affordability and equity will depend upon the commission formulating a plan whereby all California residents can receive quality healthcare regardless of income or eligibility status.</p> <p>According to the Bureau of Labor Statistics, 60 percent of the U.S. population are employed. In California, utilizing the same statistic, 24 million people out of our population of 40 million are employed. I have proposed a payroll healthcare tax of \$.25 cents</p> |

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| | | <p>per hour, based upon a 40 hour work week, to cover preventive care, surgeries, outpatient services, and prescription drugs. Richard Pan has said from the outset that success of a single payer, public option healthcare plan will depend upon public approval. I am proposing a ballot measure for the June primary election, to place a unified financing plan on the ballot. Sara Flocks, Carmen Comsti and Rupa Marya have expressed favorability for corporate taxes, payroll taxes and wealth taxes to fund a unified financing plan. Michelle Baass has expressed favorability to align with Medicare for standardization of costs and payment distribution.</p> <p>The Kaiser Family Foundation and the University of Utah have been working on the standardization of healthcare costs. The goal of standardization is to determine reasonable compensation and profit margins for physicians and hospitals. Private and employer provided health insurance would not be affected. People could maintain their current plans since eligibility for the unified financing plan would be strictly on a voluntary basis.</p> <p>If voters approved, my plan could partner with the federal government for subsidies for states with fewer populations. California would be responsible for the majority of costs, the feds could add to the plan with coverage for hearing , dental, vision and long term care which is a priority for Sen. Bernie Sanders and could be implemented nationwide.</p> <p>There is precedent for a payroll deduction to cover healthcare costs based upon a one cent per hour employee payroll deduction which provided multiphasic physical exams to cannery workers throughout the state. The Teamsters Union and Kaiser Family Foundation were sponsors. The program was strictly voluntary and provided employees with a complete diagnosis, the results of which were sent to their private physicians within two weeks of the exam for further diagnosis and treatment. My plan would accrue funding to the state, or Covered California, by determining the number of employees in a company and deducting the amount based upon a 40 hour work week. Self employees could participate on a voluntary basis, but still maintain eligibility to participate by signing up for the plan.</p> <p>I have expressed my interest to Dr. Ghaly in relocating to Sacramento, either in a staff position or consulting basis to : 1. Draft a ballot measure to be placed on the June primary and 2: Work on standardization of costs for inclusion in the voter information pamphlet.</p> <p>If voter approved, my plan could be activated either as a primary care vehicle, or as a supplemental policy for the Affordable Care Act or managed care program.</p> |

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| | | <p>Thank you for your interest and consideration. I would appreciate an open discussion in either, or both, of the September 28 and October 11 meetings. I look forward to your response.</p> <p>Craig Simmons</p> |
| 49 | Jean Jackman | <p>Dear Healthcare Commissioners,</p> <p>I am a senior with very good health care. I am fortunate. However, I don't feel I am safe until all members of my community have health care and with the economic inequalities in our system, unless we have single payer, all members of my community will NOT have health care. They can't afford it. They can't take time off of multiple jobs to access it.</p> <p>As long as we have the influence and power of the wealthy individuals and corporations running our country and making our laws to benefit them, we will not have good healthcare. We need a courageous act of commissions and government to make DEEP changes. We need the kind of healthcare found in other countries.</p> <p>We are dying sooner. Our projected death rates are sooner. People in other countries live longer. Isn't hat proof we need to make drastic, courageous changes to our healthcare system?</p> <p>Please act with courage</p> |
| 50 | Cheryl Tanaka | <p>Thank you, Commissioners Ghaly, Comsti, Schneider, and all Commissioners.</p> <p>Thank you, Commissioner Ross for your apology and Commissioner Marya for clarification. The Commission certainly presents many points of view. For instance even though Commissioners Comsti and Schneider were looking at Federal waivers, their conclusions were different.</p> <p>Thank you, Dr. Hernandez for talking about the need to change the existing power dynamic and for introducing Alaska Native Medical Center. I'm looking at their website and finding them inspirational. They've taken ownership of the health and well being of their community in the widest possible sense.</p> <p>I'm hoping that California will take ownership of the widest range of (personal and public) health and well being for all who live here. In many cities/communities, like San Francisco with its diverse population, there has already been an ownership, because of HIV/AIDS, to address healthcare for all, fairly recently for restaurant workers and now again all during the pandemic.</p> |

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| | | <p>I am aligned with Commissioner Comsti for giving it a try, passing state legislation and approaching the federal government for a waiver to pursue a Single Payer/Unified Financing healthcare system for California. I'm grateful that she is optimistic that there's a chance to improve healthcare in our state without waiting for the federal government, currently all but gridlocked, to move on existing Single Payer/Unified Financing legislation in either the House or Senate. And that Federal dollars don't necessarily have to come via a block grant or pass through grant. Medicaid matching funds are already coming directly to the state. ACA small business funds can also come directly to the state.</p> <p>It was hard to hear Andy Schneider's, the answer to whether the Secretary of HHS can waive money going directly to states is No, without legislation. That seemed to create an impassable road block, not just point to obstacles.</p> <p>While I hear and understand the concerns of those already dealing with the politics of MediCAID, CalAim, ACA Section 1332 and waiver renewals cycles, a lot of people want the questions of waivers and funding to be impassable road blocks. And hopefully we are trying to create a new system that hasn't existed before, so there are all unknowns including whether this 1st attempt will be able to get off the ground. That didn't stop the Wright brothers and is the reason we can fly. It needs to be presented to the public that way. That this is something we're hoping to get through/pass. The public understands too well the vagaries of legislation. As I've expressed before, am also hoping this won't be so set in stone, like a statue or monument, that there cannot be continuing tweaks and corrections.</p> <p>"Naysayers" keep forgetting that the issue is covering as many Californians as possible. It's shameful that in the 5th largest global economy, we do not cover everyone at a basic preventative level. I'm talking access to front end, regular, affordable (maybe free for some?) check ups, medical advice which might include nutrition, environment, mental health, alternative medicine/practices, vision, dental and medication and procedures as indicated (not on demand). Maybe changing some office hours and days instead of users having to take time off which can be so difficult. It might entail integration with community/social services already active, but perhaps under funded, in many communities.</p> <p>Studies have shown that Single Payer/Unified Financing can save money overall. It would do away with competing for profit insurance companies, medical groups, hospitals, etc. with ever increasing overhead and administrative costs. It would do away with the high cost of many using the ER for by then often</p> |

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| | | emergency healthcare because they cannot afford in time, money, etc. regular preventative care. It would save and enrich lives which I hope is the point. |

Count of email comments: 50
Count of verbal comments: 16
Count of Zoom Chat comments: 60
Total count of public comments: 126