

**Healthy California for All  
December 9, 2021 Virtual Commission Meeting  
Public Comment**

**1. The following table shows public comments that were made verbally during the December 9<sup>th</sup> Commission meeting:**

<b>Count</b>	<b>Name</b>	<b>Verbal Comment</b>
1	Cindy Young	Thank you, commissioners. My name is Cindy Young and I'm Vice Chair of Healthy California Now and serve on the board of directors of CARA. I'm speaking here today as Cindy Young because I want to tell you, I took care of my parents in my home for 16 years, my mom lived till she was 92 and my dad until he was 97 and a half. We didn't want my parents in a Medicaid facility, although they would have qualified, we actually took care of them in our home because we wanted them to be under our care and love. So, I can't speak loud enough about getting long term care incorporated into a unified financing system. I never felt like I did anything well. I didn't feel like I did my job well, I didn't feel like I took care of my marriage. I didn't feel like I took care of my friends, or myself. It's impossible to meet all the demands without having someone come in and help you. I encourage you to move forward on this. Thank you.
2	Michael Lighty	Thank you, Commissioners for a really robust discussion. Michael Lighty, President of Healthy California Now. I think an effective transition requires establishing infrastructure for controlling costs, lowering costs, negotiating rates, setting global budgets, and a state healthcare budget. Really, an effective transition must begin with the elimination of barriers to care, including networks that limit access and eliminating out of pocket costs. In my view, there's no legitimate role in a transition or a new system for entities that allocate care based on financial risk or restrict access to care based on financial incentives, integrated care delivery based on insurance risk or anti-competitive consolidation of hospitals or purchase of medical groups by hospital systems for revenue maximization, is not efficient, and diverts resources from patient care and raises costs, care coordination, and equity. The elimination of barriers to access based on equity is essential and care coordination, particularly for low-income people and people with chronic conditions is essential.
3	Dr. Bill Honigman	As a retired ER physician in Orange County, I recommend the following for smooth transition to universal care under unified financing. Number one, workers in health insurance claims processing can be readily retrained from deniers of care to facilitators of care ensuring patients receive the treatments needed to prevent more complex and therefore more costly conditions. Number two, long term care like dental, vision, and hearing, addiction care, and behavioral health care are all health care and must be included, again to avoid more costly caregiver neglect. Number three, as COVID-19 has shown us time is of the

Count	Name	Verbal Comment
		essence as the longer we delay, the more costly these conditions become with more suffering and preventable deaths as a result. Number four, proposals for needed revenues have long existed and require only your prioritization. Finally, number five, using system legislation as temporary, AB 1400 has all the mechanisms to take care of the hands of third parties and place it in the capable hands of patients and providers. Thank you.
4	Terry Brady	Thank you. I am the Chair for the Foothills Coalition for Universal Health Care and I'll try and keep my comments brief. Commissioners Wright and Comsti as well as others were correct in pointing out the significant need to start the necessary transition steps now. This much needed reform is not to be shortchanged by not providing the needed resources that must be applied to be successful with the transition. Traditionally, based on many years of corporate project management experience, the area that most frequently kills the success of a project of this magnitude is the choice or lack of willingness to apply the data resources to facilitate success. Typically, most management organizations that try to cut corners to save money, end up with significant failure to reach even the basic goals. We must start now to prepare a detailed funding and implementation plan. We must start preparing now for transition, not years from now, which would almost surely lead to failure and disillusionment for a critical issue that must be addressed. It's about addressing the health needs of all.
5	Ryan Skolnick	Thank you, Ryan Skolnick with the California Nurses Association, and I can't emphasize enough how important it is that we stop acting like the current managed care model has any place in a system that wants to guarantee health care as a human right. Managed care under our current system is predicated on the notion the ideal way to reduce healthcare costs is to use payment schemes to encourage providers to provide less care. You cannot reconcile healthcare as a human right with payment schemes that discourage providers from providing care. For this reason, capitation and other risk-based payment schemes are the antithesis of guaranteeing health care as a human right. And they also miss the point. Our higher costs are sky high because of prices, not over utilization. Those sky prices are a natural consequence of a system that tries to play nice with both the free market and public health. Those interests can never be reconciled. The free market wants to pay out as literally claims as possible. Patients want the care they need. They're diametrically opposed, and I want the commission to decide if they want to side with profit seeking middlemen, or the health of Californians. They cannot do both.
6	Robert Vinetz	I am a retired pediatrician with about 45 years in primary care and three years in public health, almost all of them serving low-income people. I'm also a member of the California Physicians Alliance. And the main message I want to give you today is that I

Count	Name	Verbal Comment
		urge you to read the California Physician Alliance Roadmap to Golden State Care. It is a focus exactly on the transition that the commission has been discussing today. And it includes hundreds of hours of deep thought and expertise in creating the roadmap. It includes three phases, and each phase includes legislative and non-legislative system changes, policy, values, and attributes. I think it will really help you. Thank you so much.
7	Phillip Kim	Thank you. Philip Kim with the California Nurses Association, I'm in Sacramento. Regarding a speedy transition to unified financing. The commission should not stick to our current flawed set of payment systems merely because you're worried that providers cannot handle change. Transitioning to a unified finance system of any kind will require providers to change how they manage payments. However, providers are well equipped to make such a change quickly because they have to do it constantly now. Under our current multi payer system providers juggle dozens of different federal and private payment schemes that each make frequent changes even within managed care and capitation models. Furthermore, complexity in these flawed risk-based payment schemes create massive administrative burdens on doctors, nurses and other health care professionals. Transitioning to a single payer means that providers will only have to deal with one set of rules and far reduce administrative burdens. So, switching to a single stable system like CalCare, AB 1400, will make providers lives easier and free up their time and energy to provide better care to all Californians. Thank you.
8	Isabel Storey	I'm representing Indivisible California, a coalition of 80 groups across the state. We believe that the transition to a single payer system needs to be done as quickly as possible. There are 3 million Californians with no insurance, millions more under insured, and we're still in the midst of a deadly pandemic. And as Carmen Comsti mentioned, the transition to Medicare just took one year. And we already have a plan for single payer health care system that would fulfill the mission of this commission. It's AB 1400. This legislation needs to be included in the Commission's final report. In fact, in order to transition to a single payer system legislation, such as AB 1400, needs to be passed to apply for the federal waivers. So, the Commission needs to emphasize that passing state legislation is a crucial step in the plan to transition to unified financing. And finally, we think long term care, long term care should be included in the plan.
9	Farmarz	Yes, please recommended rapid transition to single payer. I'm one of 3 million Californians who are uninsured. Private health insurance is built on the denial of care. Financial incentives that restrict care cost poor people not to get the care they need. Given the disproportion of poverty among black and indigenous communities, it's a cause of the disparate medical outcomes we see. Medical debt is the top cause of bankruptcy. And even those with insurance delay care because they can't afford the co

Count	Name	Verbal Comment
		pays and deductibles. A single payer system like AB 1400 would eliminate these barriers, as self-imposed delays and care related to affordability would no longer occur. And this personally affects me as someone who can't afford care right now. Single payer lets people keep their providers not worry about the insurer dropping them. A rapid transition would prevent insurers from dropping patients, raising prices, and denying reimbursements and services. Thank you, please move as many as possible at the same time for bargaining power.
10	Robin Sunbeam	I'm Robin Sunbeam and I'm a member of National Nurses United. I'm a professional long term service professional. I do nursing assessments on people applying for long term care. I see two classes of people, the rich and union members. At this time, only the rich can afford the prohibitively high premiums for long term care insurance. Otherwise, I see retired bus drivers and janitors and school secretaries, all union members with the CalPERS union benefit of long-term care, they're the lucky ones. It's clear that everyone, all of us are going to need long term care, especially now that the birth rate has gone down and so many single people live alone who don't have children to take care of them.
11	Jenni Chang	Thank you, Jennie Chin-Hansen, for your human centered presentation, those who know you sing your praises. I have thoughts on Senator Pans remarks, I think the 5% increase based on existing for-profit system really just underscores the problem rather than financial projections for LTSS under a single payer system. I do think it is crucial to consider how much children's education and growth suffer when they're forced to grow up too soon, because they're heavily involved in making sure their loved one is taken care of. In lower income families, it is so challenging and family members have to lean on each other so much more. And it can take great emotional and psychological toll, especially on younger people who may feel like they're perpetually drowning or the fires at home are never out. So, it can be immensely difficult for these young people as well to suddenly find independence, such as when they pursue college, or other endeavors. And the graduation rates reflect that. LTSS would also benefit domestic workers and we need to make sure they're paid fair wages for all hours worked, paid when the family decides to go on vacation and make sure they have paid time off for their own.
12	Jeffery Tardaguila	My name is Jeffrey Tardaguila, I'm an advocate here in Sacramento. And OWL, HCFA CalCare, other aspects is all been involved with, there needs to be a single payer and as suggested, it needs to happen now. I will say to you, Mark Ghaly, is you don't have the patient there with you and you're trying to solve the problem. I hope you get people involved because there's a limited number of people that are here involved. And yet we're all pushing for something that needs to happen. AB 1400 is

Count	Name	Verbal Comment
		a policy statement that the state of California needs to make, and the legislature needs to determine how to finance it. That's my comments and recommendations that you get on the ball. And Richard, you're only here for another year. Make this happen. Figure out the way to do it. I'll wait for the rest of you.
13	Hilary Siebens	Hello, I'm a geriatrician and rehabilitation physician physiatrist. And I volunteer with the California Physicians Alliance. And Dan, one of the co authors of that document First to Britain in 2019 with the input of many healthcare experts and our physician and supporter membership. All you commissioners have received this phased approach which resonates with a lot of the wonderful comments made by you commissioners today. And we target five key strategic areas including universality, responsible insurer behaviors, cost and price, efficient public systems improving upon Medical and huge efforts are going on there, which we praise, as well as workforce development. I also would like to take exception to Professor Scheffler's way of framing of winners and losers. I shouldn't repeat that. As George Lakoff says, "Don't say it." We are all losers right now. Let's all be winners. Thank you.
14	Betty Doumas-Toto	I just want to remind everybody, it's impossible until it's done. And it is a false narrative that in the richest country in the world, in the fifth largest economy in the world here in California, that we cannot afford to provide health care as a right to every resident of California and in fact, the country, I recommend AB 1400 CalCare as the solution to our broken, fragmented, separate, and unequal system. It fulfills the mission which this Commission was tasked with. And I will speak for a friend of mine who struggles with long term care as she is an inter-generational caregiver of someone in kindergarten, someone getting ready for college and someone taking care of an elderly father-in-law who suffers from kidney failure, diabetes and bipolar disorder. She struggles taking care of all of these people on limited income. We need AB 1400.
15	Carrie Madden	Carrie Madden from Cal Life Independent Living Center in downtown Los Angeles, and the LTSS grassroots coalition. Most health plans currently provide minimal to no coverage for LTSS nor does Medicare. This forces people who require LTSS to rely on Medical, resulting in poverty being a precondition to qualifying for care. Even when a person does qualify for some LTSS coverage under Medical, there's an overwhelming bias towards the institutionalization over home and community-based care despite the desire of patients to remain in their homes and communities. Even then, when a patient does qualify for care in their home and community, they are often forced to wait for years to receive that care. That is why home and community-based care should be prioritized when including LTSS coverage under a unified financing system, unless the patient explicitly opts out

Count	Name	Verbal Comment
		of institutional care. Thank you. Thank you, Beatrice. So, Soprano, please go ahead.
16	Beatriz Sosa-Prado	Good afternoon. This is Beatriz Sosa-Prado, Executive Director at California Physicians Alliance. To ensure a smooth transition to a public financing system, we need a roadmap that is strategic, approachable, and realistic. Going from the status quo to a unified system of public financing overnight would be nearly impossible because the legislative process just doesn't function this way. Even if it did such a giant leap would cause unwanted disruption to people that already rely on the health care system like Medicare beneficiaries for example. A master plan for health is one approach. But because one doesn't exist a phased roadmap is a critical building block. To support the commission and writing your final report, we encourage you to use CaPA's roadmap that lays out phased systems changes to create Golden State Care, a unified public financing system. These steps are not incremental, but pragmatic and sequential to quote Commissioner Wright, that will lead us to a universal, equitable, affordable, comprehensive, high quality, and sustainable health care system. Thank you.
17	Mari Lopez	Mari Lopez, California Nurses Association. The commission should recommend a speedy transition to protect patients who are suffering under our current system to reap the health benefits of a single payer system faster. Every day that single payer is not implemented more people die from delayed or denied care and more people are going into debt just to survive, and more of them are making life changing decisions based on keeping health insurance. We cannot let health plans or insurers take advantage of delays in transitions by raising prices or by shutting down plans before the new system is fully implemented. Additionally, the new system will get the best savings by transitioning as many patients and providers as possible into the program at the same time, so the state has the best leverage to negotiate with providers. We need single payer now and we shouldn't delay and leave room for patients to fall through the cracks interim by creating a long transition process. Thank you.
18	Art Persyko	Thank you, commissioners, for listening to the public today. My name is Art Persyko with San Francisco Gray Panthers, California Alliance for Retired Americans and Long-Term Services and Supports for All grassroots coalition in San Francisco. This Commission's own modeling shows that LTSS can be fully covered under a unified financing system while achieving cost savings. And that covering all Californians including full coverage of LTSS with no cost sharing would save California money compared to our current system by year three. Furthermore, a single payer unified financing system will save billions of dollars and allow the state to offer a comprehensive set of benefits, including LTSS to every resident in this state. This is by far the best and most efficient way to pay for LTSS for

Count	Name	Verbal Comment
		all Californians who may need it. No more patchwork. Guaranteeing access to LTSS for all would ease inequity and the burden on families who are forced to provide unpaid care for their elders. Thank you.
19	Larry Woodson	Larry Woodson, Chair of the Health Benefits Committee for California State Retirees, we have 41,000 members. I've tied into all the meetings and appreciate the contributions and discussion of all the commissioners and the chair. There's one point that has not been addressed in these meetings, and that is that there are over 100,000 CalPERS retirees receiving health benefits living out of state. The single payer today discussion has been for people living in California, the system must address how these elderly have been promised health coverage, will continue their benefits. If not, all those that are pre 65 would lose all their benefits and all those on Medicare would lose their supplements. I'd ask the commission to please address this issue short of asking people to move back to California. Thank you.
20	Brian Stompe	I'm Brian Stompe, Healthcare for All Marin. Thanks for the great job the commissioners are doing. If Saskatchewan and Canada with an economy a small fraction of California's could get single payer done and working so well that the rest of Canada followed, then California can do it and the rest of the United States will follow. The governor of Saskatchewan has two first names. That was Tommy Douglas. I think Tommy is probably gone by now but he was voted by Canadians, the greatest Canadian of all time. So if anybody says Canada doesn't like their health plan, the greatest Canadian of all time was Tommy Douglas. He got single payer going. Thank you. Thank you.
21	Sally Gwin-Satterlee	Sally Gwin-Satterlee, I am a retired registered nurse, and I am still part of the CNA NNU retiree group. I'm also co leader of Medicare for All in Santa Cruz. This is very emotional for me. I've worked on this for 20 years, have Sheila Kuehl brought up a bill for single payer 20 years ago, I think even longer. I have been working on this for that long. I've lost so many patients and friends because they couldn't get the health care that they needed. We have to transition quickly. People are dying. And please, AB 1400 is an excellent plan. Please discuss that and use that and please support it. We must have health care that covers everyone. And we need to have care based on need, not profit. Thank you.
22	Susan Meyer	Susan Meyer, California Alliance for Retired Americans. I live in Orange County and was my mom's caregiver for seven years, I did the best I could while maintaining a full-time job to provide for my family. In the end, I had to take an early retirement from my job that I love to care for my mom. Currently only 4.2% of California's have private long term care insurance, which is far from comprehensive and less than 1% have access to publicly funded LTSS benefits. Most people needing LTS cannot afford to pay for the services for the length of time they need them, and

Count	Name	Verbal Comment
		either run out of money depend on family members to provide care without compensation or spend down their resources to become eligible for public programs or placed into institutions. I believe that the best, most efficient, cost-effective way to provide an LTSS is as part of a statewide single payer unified finances system.
23	Jean Jackman	Thanks to all who have invested so much time, energy, passion, and wisdom on this issue. Please, AB 1400 is an answer to so many problems. It should be the template for the Commission's recommendations because it addresses most questions the Commission has discussed. How we reimburse providers, how governance works, what the process would be, AB 1400 would fulfill the mission of the commission. Medicare transition took one year, and people are grateful for Medicare. Let's move rapidly like the country of Taiwan did, and by doing so we'll save lives, save bankruptcy, save heartbreak. Please open your hearts and minds and move AB 1400 forward rapidly.

**Count of verbal comments: 23**

**2. The following table reflects public comments that were entered into Zoom Chat during the December 9<sup>th</sup> Commission meeting:**

Count	Name	Comment
1	Henry Abrons	What more do we need to know about the impact of current financing of long-term care on the critical issue of wealth disparity among various population groups? MediCal requires spending down to poverty level to qualify for long-term care and wipes out personal assets with highly regressive implications for both health equity and economic equity. (Henry Abrons, MD, MPH; Physicians for a National Health Program)
2	Robert Vinetz	Dear Commissioners: I am a retired pediatrician with 45 years in primary care and 3 years in public health. As a member of the California Physicians Alliance (CaPA) I urge you, urge you to read CaPA's Road Map to Golden State Care. CaPA's Road Map focuses on exactly the TRANSITION you are discussing today. Hundreds and hundreds of hours and deep thought and expertise have created this Road Map...It uses: Phases x3 (Sequential but not deadline or time focused): Immediate, Mid-term, Final Each phase includes: Legislative and Non-Legislative system changes Policy/Values/Attributes addressed: - Universality,



Count	Name	Comment
		<ul style="list-style-type: none"> <li>- Cost and Price</li> <li>- Private Insurance Company Behavior</li> <li>- Improving Public Systems</li> <li>- Health Care Workforce</li> </ul> PLEASE, PLEASE read the CaPA Road Map to a unified financing system I truly believe it will help you, big-time, in your crucial work. Thank you. Robert Vinetz, MD, FAAP rsvinetz@gmail.com
3	Harry Baker	Mark Ghaly mentioned a letter that Assembly Member Kalra sent to the Commission—would one of you please place a link here? Thank you.
4	Sally Gwin-Satterlee	Please consider AB 1400. I support it completely.
5	Jason Small	AB1400.
6	Patty Harvey	Why would there be any discussion about “keeping your health plan”?” Wi single payer everyone would have the same plan, as good as the best anyone has now and better than all the others!
7	Harry Baker	Medicare for All - A Citizens Guide, P. 30, “Complexity Is Costly - Our private insurance system doesn’t only enable high medical prices. It’s also very costly in and of itself, saddling the American healthcare system with the highest administrative costs anywhere in the world. High administrative spending is the second key reason that US healthcare costs are so high. A comprehensive study estimated that in 2017, the United States spent \$812 billion on healthcare bureaucracy—almost a quarter of the \$3.5 trillion we spent on healthcare that year. That’s nearly \$2,500 per person. Meanwhile, Canada’s single-payer system spent only \$550 per person on healthcare bureaucracy. For comparison, the \$812 billion we spent administering the healthcare system in 2017 is larger than the budget for the US military, larger than the budget for the entire Medicare program, and more than we spend nationally on public K-12 education.” ( My emphasis. Book is rich with original source references.)
8	Katie Anne	How can we help? I’m a college graduate would love to volunteer to help with maybe marketing, social media, emails
9	Brynne O’Neal	While every Californian will benefit from a single payer system, the Commission should plan for a just transition for workers who administer our current fractured health insurance system. First, we can ensure that these workers receive preferential hiring for jobs within the new system. Second, the legislature should dedicate funding and programs to support any workers who may be displaced or affected by the transition. AB 1400, for example, would devote at least 1 percent of the program budget to just

Count	Name	Comment
		transition programs for the first five years, including for job training, job placement, preferential hiring, wage replacement, retirement benefits, and education benefits – This wide range of programs for a just transition ensures the greatest amount of flexibility possible for these workers. Importantly, the consultants' modeling and other economic analyses of single payer show that we can pay for a robust just transition while still covering everyone in California with comprehensive benefits and paying less than we do today.
10	Reisa Jaffe	Currently having to choose between having insurance pay for my dental care or keeping my dentist and paying out of pocket. Would appreciate not having to make that choice under the new system.
11	James Sarantinos	I've heard reports that some Starbucks workers prefer medicare to employer health benefits. Let that sink in
12	Jacqueline Hernandez	AB1400 would help patients AND medical providers. mental health is a need for all in this country. medical providers have depression because of how horrible the for profit system is, and the only solution is CALCARE. no subsidizes or covered California have truly made a fair and compassionate system. we must have AB1400 especially after this pandemic, we should be learning that patients and healthcare providers deserve AB1400
13	Phillip Kim	The longer we maintain the current market-driven system of private insurance, the more people will die because they cannot get the care they need. Therefore, the transition to a single-payer system should be done quickly.
14	Suzi Goldmacher	From Suzi Goldmacher. I agree that we can the get the support for single Payor in our state. My partner and I are paying about \$1000 a month outrageous. Not to mention the cost of prescription drugs.
15	Michelle Verne	The system is broken, I worked at the largest healthcare insurance company in the world, and for the last five years of my employment, I couldn't pay the premium to my own employer for the health insurance for my kids. They became eligible for MediCal and were on it for five years while I worked at the Health Insurance Company, the taxpayers were subsidizing their healthcare. I was not the only one, several employees were in the same boat. That is immoral and atrocious. Healthcare is a human right! We need CalCare AB1400 and we need to be the first state in the nation to lead this country in guaranteed healthcare for all.
16	Phillip Kim	A quick transition to single payer is necessary to ensure that its implementation cannot be sabotaged by insurance companies by dropping the sickest and most costly patients and pushing them onto the government-financed program before a single-payer system is fully implemented.
17	Katie Anne	Hi all, I'm a college graduate would love to volunteer to help with maybe marketing, social media, emails

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18	Dr Bill Honigman	AB1400 has all of the mechanisms to take care out of the hands of third parties and place it in the capable hands of patients and providers, add your recommendation for financing, and send it to the Governor for him to get it passed.
19	Lynn Huidekoper	Kaiser will continue to exist under Single Payer under AB1400 as it is except the insurance part. The hospitals and doctors will stay as they do now. Kaiser members will have more options because choice of any provider will be available under SP. If they don't like the restricted network of doctors at Kaiser, they .can look elsewhere.
20	James Sarantinos	Transition should be a matter of months not years
21	Ryna Cotlin	Re Jennie's data on high turnover in institutionalized LTSS facilities. A recent NYT's report: "The researchers found the average annual rate was 128 percent, with some facilities experiencing turnover that exceeded 300 percent."https://www.nytimes.com/2021/03/01/health/covid-nursing-homes-staff-turnover.html
22	Danett Abbott-Wicker	http://www.pnhp.org/facts/health_care_reform_in_the_united_states_arguments_for_a_single_payer_system.php#:~:text=Health%20services%20in%20the%20United,their%20insurance%20as%20the%20highest.
23	Phillip Kim	Long-term care is, in fact, health care, and it should be fully covered under any system of unified financing. CalCare (AB 1400) is a fully comprehensive single-payer guaranteed health care program and includes long term services and supports.
24	Angela Gardner	The interest and needs of Californians who need healthcare must be the top priority. I support the remarks of Carmen Comsti, Jennie Chin Hansen, and Bill Hsiao. I support AB1400 as the framework to implement single payer, universal publicly run healthcare system. The transition should happen quickly and comprehensively.
25	Patty Harvey	There is another reason for haste in establishing SP not only in CA but the nation: DCEs are poised, along with the fraudulently named "Medicare Advantage,"
26	Alberto Saavedra	Single payer AB 1400 will save lives and \$billions.
27	John Greg Miller	A quick transition to single payer is necessary to ensure that its implementation cannot be sabotaged by insurance companies by dropping the sickest and most costly patients and pushing them onto the government-financed program before a single payer system is fully implemented. A prompt transition is also necessary to ensure that insurance companies cannot take advantage of a delay by raising prices during a long transition, squeezing as much profit from patients as possible before implementation of single payer is complete.

Count	Name	Comment
28	Michelle Verne	Consumers of Healthcare such a crazy thing to hear out of someone's mouth. As if healthcare was a car, or an object.
29	Art Persyko t	This commission's own modeling shows that LTSS can be fully covered under a unified financing system while achieving cost savings; and that covering all Californians, including full coverage of LTSS with no cost sharing would save California money, compared to our current system by year three. Further, a single payer, unified financing system will save billions of dollars and allow the state to offer a comprehensive set of benefits, including LTSS, to every resident in the state. This is the best and most efficient way to pay for LTSS for all Californians who may need it. And guaranteeing access to LTSS for all would ease inequity and the burden on families who are forced to provide unpaid care for their elders or family members who have disabilities, a burden which disproportionately falls on women.
30	Jacqueline Hernandez	Lobbyist talk about the "cost" single payer would be, but rarely do legislators consider the cost of keeping this scam of a health insurance system. Significant change must happen NOW. As a public health practitioner, I cannot do my job properly when government doesn't guarantee quality care for ALL. Healthcare is a human right, and Covered California only encourages more insurance scams, not quality care. AB1400 is the key to ensuring patients and medical providers are truly fair and just
31	James Sarantinos	Managed care = bonus to providers for cutting costs
32	Patty Harvey	There is another reason for haste in establishing SP not only in CA but the nation: DCEs are poised, along with the fraudulently named "Medicare Advantsge,"
33	Kathleen Healey	Thank you, Ryan! Great comment!
34	Sascha Bittner	Sascha Bittner, member of hand in hand, and a proud CA dem delegate who is a co chair of its leg committee. I was so proud the party endorsed AB 1400, because health care should be universal. As part of Medicare for all, we need LTSS for all as well. as a recipient of homecare, i know how critical that all Californians are able to stay at home without having to pay exuberant amounts for homecare or ending up in a nursing home or being cared for by a unpaid care worker'
35	Brynne O'Neal	Long-term services and supports must be included in the unified financing plan. For people with disabilities and older adults, health care is both a matter of life and death and of liberty and civil rights. Long-term care is vital to individuals' self-determination, independence, empowerment, as well as their integration and inclusion in their communities. Guaranteeing the long term care from licensed health care professional under unified financing would remove the burden on family members, particularly women, to drop out of the workforce to care for loved ones. And we can pay for it.

Count	Name	Comment
		Even the consultants' conservative modeling shows that with long-term care and no cost sharing, CA would save money over the current multiplayer system by year 3.
36	Brynne O'Neal	Importantly, long-term care benefits should emphasize care in communities first over institutionalization, which is what most people who need these services want. And there should be an advisory committee made up of people who use long-term care, providers, and family caregivers.
37	James Sarantinos	You cannot be murderer and peacemaker at the same time
38	Danett Abbott-Wicker	Thank you so much, Dr. Bill for your timely and important comments!
39	Patty Harvey	To privatize Medicare as we know it. Their narrow networks, lemon dropping, cherry picking, upcoming and focus on profit over patients are anathema to what this Commission is purportedly pursuing.
40	Angela Gardner	I am a woman and person with a disability, many people with disabilities cannot get married or get a job because of the income restrictions with Medicaid, we could lose healthcare coverage and LTSS that mostly Medicaid provides. It is important that LTSS be included and fully covered.
41	Ellen Gould-Silcott	Hi- as Carmen has reiterated, a quick transition to single payer, without delay, is imperative to save thousands of lives. A good friend's husband just died after living a profound 17 years with ALS. My friend Lindsay struggles on a weekly basis to continue to get care for her husband, who was lovingly cared for at home by my friend, his mom, & countless friends, as well as health care workers paid by their insurance and the state. Single payer with LTSS would have enabled her to spend more time with her husband, & less time fighting with insurance & state agencies.
42	Michelle Verne	As an employee in the healthcare insurance industry for 22 years, I can attest that we would feel much more dignified working in a single payer system. We are at a point where Medi-Cal is subsidizing the healthcare of the actual healthcare insurance employees because the premiums are so high. This is insanity!!!
43	Sandy Kurtz	Dr. Pan wants to understand why so many Medicare patients are on Advantage plans. He needs only to look at how much advertising is directed at Medicare recipients, through a variety of media. There is an emphasis on the low costs of these plans and no explanation of the denial of care. This is very similar to why so many people are on Kaiser. SO, it is essential that there be public explanation and education on the reasons for transitioning to single payer. There is large public support for single payer already. The transition should be made as quickly as possible. The only people to benefit from delaying are the ones who are currently profiting from our current broken system.

Count	Name	Comment
44	Betty Doumas-Toto	It is impossible until it is done! And it is a false narrative in the richest country in the world and the 5th largest economy that we cannot afford to provide health care as a right here in CA! Recommend AB1400/CalCare as the solution to our broken fragmented, separate and unequal system. It fulfills the mission to that this commission was tasked with.
45	Angela Gardner	People with disabilities deserve to live in the community and receive care at home. The Olmstead Decision from the Supreme court states that LTSS are necessary for people with disabilities to live a quality of life, in the community NOT institutions, Everybody in Nobody out!
46	Isabel Storey	As the commission wraps up its work, it's clear that the transition to a single-payer system should be done as quickly as possible. There are three-million Californians with no insurance, millions more underinsured, and we're still in the middle of a deadly pandemic. The longer we maintain the current market-driven system of private insurance, the more people will suffer and die because they cannot get the care they need. As an example, the transition to Medicare took one year, without the benefit of modern computing and technology and for a populace of seniors that spans the entire nation, not just California. There is no reason why an effective transition couldn't be done quickly and effectively. A plan for a single-payer health care system that would fulfill the mission of the commission already exists: AB 1400. This commission should discuss AB 1400 in its final report.
47	Richard Dawson	My name is Richard Dawson. I reside in Los Angeles. We know from numerous studies as well as examples around the world that single payer will provide superior care with cost savings and cost control. The commission should focus on how to do eliminate the middle-men from our health care system, not whether or not to keep them. AB 1400 is a good place to start.
48	Isabel Storey	If designed correctly, like AB 1400, a single-payer system would place health care decisions into the hands of patients and their health care professionals rather than in the hands of insurance companies and health care corporation boardrooms. We should not retain payment models that are built on providers' financial motives to maximize profits and incentivize delaying and denying care merely because they are the status quo. In order to transition to a single-payer system, legislation (such as AB 1400) needs to be passed to apply for federal waivers. The Commission must emphasize that passing state legislation is a crucial step in the plan to transition to unified financing. In addition, as discussed today, we believe that long-term care is, in fact, health care, and it should be fully covered under any system of unified financing. Isabel Storey, Indivisible California, California Nurses Association

Count	Name	Comment
49	Maz Hadaegh	Single Payer healthcare is popular (far more popular than the ACA has ever been). Don't worry about us (the public). We resist bad policies, but we get behind good policies, i.e., ones that expands our choice of providers and reduce costs, and make sure everyone's covered as CalCare would. All you have to do is check the polls on Medicare and Medicare For All to see how popular they are across the board.
50	Jeffery Tardaguila	I am not allowed to unmute.
51	Danett Abbott-Wicker	All of these comments! Please fix this broken system now; we have already lost too many people.
52	Betty Doumas-Toto	It is impossible until it is done! And it is a false narrative in the richest country in the world and in CA the 5th largest economy in the world, that we can not afford to provide health care as a right here in CA! Recommend AB1400/CalCare as the solution to our broken fragmented, separate and unequal system. It fulfills the mission to that this commission was tasked with.
53	Jacqueline Hernandez	We need rapid transition if "Healthy California for All" is a serious goal for California, and AB1400 be the foundation for justice and equal care for all. Long term care and ALL of the items in AB1400 is 100% necessary
54	Maria Behan	Commissioner Pan mentioned learning the lessons of history, and Commissioner Comsti cited the one I think is most pertinent for the Commission's work: the rollout of Medicare. That was done on a tight one-year deadline, and it's hugely important to remember the reason for that quick rollout: because powerful groups, including the AMA, were amassing immense forces to try to kill Medicare. As you're all likely aware, the plan at the time was that Medicare for seniors would just be the first step before extending the program to all Americans. The subsequent steps, the part that reformers opted to do slowly, became the things that didn't happen at all. And here we are, more than 50 years later. We're still fighting that battle, and the forces arrayed against healthcare reform have only grown stronger. I hope the commission heeds that lesson, for the good of our state and all Californians.
55	Isabel Storey	@ Jeffrey Tardaguila, the moderator is allowing people to unmute in the order they raised their hand to make public comment.
56	James Sarantinos	Medicare Advantage is only advantageous if you need minimal care. If you become too expensive they kick you out. Ab1400 Calcare has suggested financing plans to fund the shortfall
57	Corinne Frugoni	As my colleague Patty Harvey has suggested. we need to move quickly to set up a non-profit unified publicly financed health care system before Medicare advantage and direct contracting entities completely drain the Medicare trust fund

Count	Name	Comment
		and completely privatize Medicare for their own profit without any congressional oversight. The DCEs are pilot programs authorized the center for Medicare and Medicaid innovation- the very department that Dr. Ghaly referred to. This move to privatize Medicare needs to be researched by the commission immediately and hopefully will provide impetus to set up a single payer system before Wall Street destroys our public trust.
58	Nel Benningshof	Katie Anne check out <a href="http://www.healthcareforall.org">www.healthcareforall.org</a> and select Take Action. You can put you in touch with single payer activists in your area.
59	Leah Schwinn	I commend the Commission for the thoughtful research you've engaged in these past months. Now you must write your report. Californians are dying. Our need for a healthcare system that puts patients over profits is urgent. I beg you to use your report to recommend passage of AB 1400 with various options for financing. And then I urge each of you to do everything in your power to get it passed this year. Californians will thank you for generations to come.
60	James Sarantinos	Losers will be insurance companies
61	Carol Moné	Single Payer delayed is Health Care denied. It could happen in a couple of years at MOST. AB 1400!
62	Tracey Rattray	I appreciate the Commission's recognition of the impact of the social determinants of health on most modifiable health outcomes. As such, I request that you include sustained investments in addressing social determinants and health equity funding in your plan.
63	Michelle Verne	Thanks Betty!, Crying!
64	Margie Hoyt	Medi-Cal is a NIGHTMARE for people having to navigate getting the care they need because of the byzantine provider groups. That needs to go away.
65	Phillip Kim	I welcome the commissioners and the public to join the upcoming CalCare campaign events and explore the fact sheets listed on the new CalCare (AB 1400) web page of the California Nurses Association / National Nurses United. <a href="https://www.nationalnursesunited.org/calcare">https://www.nationalnursesunited.org/calcare</a>
66	Tracey Rattray	Diabetes is just one example of a high-cost chronic condition that disproportionately impacts over one in three young Californians of color. Yet, Today, in many neighborhoods where Californians of color live, when a mother walks out her door to purchase food to make dinner for her family, all she sees are liquor and convenience stores. This doesn't promote a healthy lifestyle, does not lend itself to cost savings in health care, and importantly, it's not fair. As we say in public health, we must make the healthy choice the easy choice. we will never truly achieve health equity or contain health care costs in California if we do not make sustained investment in community-based prevention part of



Count	Name	Comment
		any plan to reform healthcare. I heard the concept of healthy equity woven into much of today's conversation. Thank you for your hard work and commitment to improving health for all Californians.
67	Cody Potter, RN, MSN, PHN	My name is Cody Potter, I'm an RN and a member of CNA-NU. I'm a UCSC and UCD grad, spent my whole life in CA. I agree with Commissioner Carmen that Californians need and will support healthcare for all in California. Our pandemic and historical unmanaged marginalization of so many communities shows the need for it. CalCare is the solution for me, my family and our communities. It allows me to work where I want while continuing to receive continuous care from the providers we know. We need transformational care for my family, my community, my state. I understand the enormity of our healthcare project and it's transformation and agree it needs to be done astutely and proactively with transparency and assertive messaging that protects the changes we so desperately need. A healthcare market simply doesn't work. I see the dysfunction as a nurse, father, patient, son, community coach. It will help with the climate chaos and severe inequalities we live under. A rapid transition to CalCare is the solution we need.
68	James Sarantinos	I also urge the commissioners to denounce the lies perpetuated by the industry about waiting times, rationing and dangerous wait times. Calcare is simple - you get medically necessary care
69	Rhetta Alexander	Equitability, quality, sustainability is most likely to be achieved with a unified financing aka single payer (publicly funded, privately provided) health care system. None of this is possible under the current profit-driven multi-tiered complex system. Regarding provider choice, under a single-payer system those wanting to keep their current doctor may keep him or her as long as he or she continues to provide care in CA. Most importantly, those who currently have no provider or cannot afford our profit-driven healthcare system will actually be covered with complete choice of provider. Regarding the question raised about Kaiser, Asm. Ash Kalra, author of AB1400 acknowledged a role for Kaiser as a provider under the bill absent the insurance arm. Please support AB1400 now.
70	Ellen Schwartz	My name is Ellen Schwartz and I'm speaking as an old person. Doctor Pan wants to know why more and more people are choosing Medicare Advantage plans. It's not because the care is better. I'm 78 years old, and every year I am less and less happy with the care I am getting from the Kaiser system. My primary care doctors are good but change often, and when I see an overworked fill-in, I'm likely to lose a body part. Yet every year I find more and more daunting the prospect of switching to Original Medicare, will I need

Count	Name	Comment
		supplementary insurance? How do I decide? Prescription drug insurance, how do I decide? How do I find new doctors – and does my Supplement insurance control whom I see? Will the doctors be able to consult with each other? The wrong decision can lead to a health or financial disaster and in any case, there will be a blizzard of forms. At my age I can't evaluate plans and fill out forms. So every year I stick with the simplicity of Kaiser and hope for the passage of AB1400.
71	Pat Kanzler	It took ONE YEAR to implement Medicare, please remember this!!!!!! The only obstruction is the health insurance company , or the denial industry.
72	Phillip Kim	The California Nurses Association is organizing a CalCare Day of Action on Saturday, January 8th, to push for the passage of AB 1400, the California Guaranteed Health Care for All Act. CNA will host a large car rally in Sacramento, followed by a car caravan to the Capitol. Additional car caravans will be hosted by volunteers in other parts of the state. Please join us! <a href="https://act.medicare4all.org/signup/calcare-jan8">https://act.medicare4all.org/signup/calcare-jan8</a>
73	Corinne Frugoni	PNHP-California supports AB 1400. Commissioners please read this bill which provides a well founded and complete template to set up the goal that the commission was originally created for. we do not need phased steps that promote public private partnerships. please consider inviting Ash Kalra
74	Margie Hoyt	Incremental vs sequential is a distinction without a difference.
75	Corinne Frugoni	inviting Assembly member Ash Kalra to speak on financing and other aspects of single payer for California. He is a wealth of information.
76	Betty Doumas-Toto	In Solidarity with AB1400/CalCare out your selfie our favorite photo on the Photo Pledge Petition for AB1400. The CalCare Solidarity Project, Photo Petition Pledge is supported by the Los Angeles County Democratic Party representing millions of Democrats in the Los Angeles Area <a href="#">Link to CalCare Day of Action on Saturday, January 8th!</a>
77	James Sarantinos	Speed is of the essence. Go.
78	Betty Doumas-Toto	In Solidarity with AB1400/CalCare out your selfie our favorite photo on the Photo Pledge Petition for AB1400. The CalCare Solidarity Project, Photo Petition Pledge is supported by the Los Angeles County Democratic Party representing millions of Democrats in the Los Angeles Area <a href="https://www.singlemindedforsinglepayer.com/the-action">https://www.singlemindedforsinglepayer.com/the-action</a> . Do you mean AB1400/CalCare Art??? In Solidarity with AB1400/CalCare out your selfie our favorite photo on the Photo Pledge Petition for AB1400. The CalCare Solidarity Project, Photo Petition Pledge is supported by the Los Angeles County Democratic Party representing millions of

Count	Name	Comment
		Democrats in the Los Angeles Area <a href="https://www.singlemindedforsinglepayer.com/the-action">https://www.singlemindedforsinglepayer.com/the-action</a> . Art have you heard of AB1400/Calcare?
79	Terry Brady	Commissioner's Wright and Comsti and others were correct in pointing out the significant need to start the necessary transition steps now! This much needed reform must not be shortchanged by not providing the needed resources that must be applied to be successful with the transition. Traditionally based on my many years of corporate project management experience the area that most frequently kills the success of a project of this magnitude is the choice or lack of willingness to apply the needed resources to facilitate success. Typically, most management organizations try to cut corners to save money and end up with a significant failure to reach even the basic goals. We must start NOW to prepare a detailed funding and implementation plan. We must start preparing now for the transition not years from now which would almost surely lead to failure and disillusionment for a critical issue that must be addressed if we are serious about addressing the real health needs of all Californians.
80	Betty Doumas-Toto	In Solidarity with AB1400/CalCare out your selfie our favorite photo on the Photo Pledge Petition for AB1400. The CalCare Solidarity Project, Photo Petition Pledge is supported by the Los Angeles County Democratic Party representing millions of Democrats in the Los Angeles Area <a href="https://www.singlemindedforsinglepayer.com/the-action">https://www.singlemindedforsinglepayer.com/the-action</a>
81	Dr Bill Honigman	As COVID19 has shown us, time is of the essence as the longer we delay, the more costly these conditions become, with more suffering and preventable deaths as a result. The time to act is now!
82	Betty Doumas-Toto	Guess what we have the money and we can pay for it...so CalPers wouldn't loose their coverage.
83	Jason Small	AB1400.
84	Betty Doumas-Toto	In Solidarity with AB1400/CalCare out your selfie our favorite photo on the Photo Pledge Petition for AB1400. The CalCare Solidarity Project, Photo Petition Pledge is supported by the Los Angeles County Democratic Party representing millions of Democrats in the Los Angeles Area <a href="#">Solidarity Support website link</a>
85	Danett Abbott-Wicker	Tommy Douglas!!!
86	James Sarantinos	We have the answer - Calcare.
87	Phillip Kim	You can read more about Assembly member Ash Kalra's recent CalCare Policy Tour to Canada, NY, and DC. Assembly member Kalra recently confirmed with the U.S. Department of Health & Human Services that existing federal law allows for these waivers, meaning Congress does not need to pass any new law on waivers, but that California

Count	Name	Comment
		cannot apply for waivers until state legislation implementing CalCare is enacted. <a href="#">Link: CA Legislator Ash Kalra Meets With Single-Payer Leaders in Canada, NYC, and DC on "CalCare Policy Tour" for AB 1400</a>
88	Betty Doumas-Toto	AB1400/CalCare is the solution!
89	(h)Dr Bill Honigman	Gov. Newsom could be our Tommy Douglas, help him pass and sign AB1400.
90	Danett Abbott-Wicker	Canadian Medicare — Canada's universal, publicly funded health care system — was established through federal legislation originally passed in 1957 and in 1966. How shameful that the US doesn't have M4A for our people!
91	Angela Gardner	Thank you for your consideration for my comments! AB 1400 and LTSS EVERYBODY IN NOBODY OUT! Please speak to Assembly member Ash Kalra about what he has done to move this forward.
92	Mary Mcdevitt	I would ask the commissioners to look at the many audits that have shown the overpayment to advantage programs related to upcoding. Millions of dollars in overpayment have been paid to these advantage programs
93	Taiji Miyagawa	For people in Los Angeles that are open to learning about healthcare disparities facing Asian/Pacific Islander communities, please attend this event at noon this Saturday: <a href="https://bit.ly/HealthcareForAPIs">https://bit.ly/HealthcareForAPIs</a>
94	David Openshaw	It's a bit curious to me to hear people on the Commission saying that the ACA was 'transformational.' We need radical, not incremental, reforms. Mr. Scheffler says we need a sustainable system? The system we have is already not sustainable, it's already unstable and in crisis. Change is inevitable, the only question is whether we choose to steer and direct that change or relinquish control to other forces. We need to choose single payer, AB 1400, push through the legislation, and the financing will follow. Some on the Commission feel you need to have a financial plan clearly spelled out before proceeding? OK. Three words: Tax. The Rich. That'll free up some money, I think, and it's popular. Let's move on this.
95	Denis Recendez	California has the power to keep people from living in desperation. People in the United States should not be resorting to GoFundMe to cover healthcare costs. We are the 5 largest economy in the world, even larger than Canada, who has a comprehensive, not-for-profit, healthcare system for all their residents. Please show your concern and support of the people of California and support AB 1400 (CalCare).
96	Danett Abbott-Wicker	ACA was NOT transformative!
97	Denis Recendez	^^^

Count	Name	Comment
98	Bwana Payeye Kizito	Everybody should get healthcare!
99	Leah Schwinn	It's time to stand up to the healthcare profiteers, and not worry if they are losers under Single Payer. They've made billions at our expense. Stand up to them and say "Enough"
100	Janice Rothstein	Hello, Commissioners. I am Janice Rothstein. I've been a CA nurse since 1981. I work with National Nurses United and with the San Diego Single Payer Initiative. I have no interest in preserving the profits of insurance companies, as those profits come at the direct expense to people's health and survival. We already have expert and sophisticated implementation plans for a state wide unified health plan - it's called Assembly Bill 1400. I urge all the Commissioners to study the bill and to include serious discussion of it in your final report. The piecemeal and wholesale denial of health services during a global pandemic screams out that enacting AB 1400 CalCare is sensible, viable and the only way we will get to equitable and comprehensive healthcare. We need a single payer plan. We need to prioritize streamlining provision of direct health services for all, and stop prioritizing profits of the privatized health industry. I urge you to include thoughtful analysis and discussion of AB 1400 in your final repo
101	James Sarantinos	Our problem is inefficient use of tax dollars ☹️ health insurance companies like it that way
102	Mary Mcdevitt	Please consider using the Medicare Claims database. This database supports clinical studies and 4.5 million CA are already in this database.
103	C. T. Weber	California has three separate health care or health insurance plans. The Veterans Administration is a socialized medicine. Medicare is a single payer health care system, and the for-profit health insurance system. AB 1400 is a single payer plan.
104	Phillip Kim	The California Democratic Party recently passed a resolution: "THEREFORE BE IT RESOLVED, the California Democratic Party supports the idea of the Healthy California For All Commission articulating an operational path for a single-payer unified financing system in its final report to the Governor and legislature, especially in a manner that eliminates the role for private and for-profit health plans or risk-bearing intermediaries that make it harder and/or more expensive to access care."
105	Ellen Schwartz	Yay Jean Jackman! So well said.
106	Pilar Schiavo	Pilar Schiavo from Healthy California Now. Agree with Dr. Ghaly that we need the "fastest and soonest" transition. Your study showed we save \$535 Billion over 10 years if we transition to a unified financing system. We very much cannot afford to keep our current broken system. Please ensure the savings found from the economic impacts of lost work and wages for those providing care for long term. Those are lost

Count	Name	Comment
		dollars in the economy and tax dollars for the state. We cannot afford to lose more Californians and waste billions. Let's sprint to the a robust public health system and equity. The lessons from the pandemic show we need a robust statewide health system to provide care for all.
107	Elsa Schafer	Stellar Commission: PLEASE get this excellent information to the Assembly Legislators in the next 4 weeks or else the ideal Bill, AB 1400, will be lost for yet another year. Unless you help get AB 1400 passed this year by providing your excellent info, the Assembly will file to pass it by January 14th in the Health Committee. Such a waste of your fabulous work - if it can't go anywhere in 2022! We need AB1400.
108	Ellen Schwartz	We're no punks! We're gonna fight for what we want!
109	Cody Potter, RN, MSN, PHN	We have the wealth and cultural capital to lead our nation in this change. Companies like Apple, Google/Alphabet, Facebook, Kaiser, Disney, Chevron, Wells Fargo all headquarter here. We have such incredible levels of wealth and prosperity. There is no legitimate reason at all we can't have and finance CalCare here, and I understand the threats and talking points coming from monied interests. Let's do this! This is our chance is now. The chaos of now and the foreseeable future- droughts, fires, significant and growing numbers of feral shanties- requires transformational and quick change of course now.
110	Maz Hadaegh	AB1400 please, NOW!
111	Michelle Verne	No more excuses!
112	Danett Abbott-Wicker	AB1400 NOW!!!
113	Dr Bill Honigman	AB1400 will save \$\$\$ and save lives!
114	Elsa Schafer	Elsa Schafer, Chair, San Mateo County DFA Healthcare Task Force.
115	Bwana Payeye Kizito	AB1400!
116	Pat Kanzler	Thank you to all my esteemed colleagues in the medical profession, who also feel the way I do, single payer is the answer, as the commission understands, the only obstruction is the money from insurance lobbyists....
117	Maz Hadaegh	Remember that under our current system, ordinary Californians are dealing with change and transitions in our healthcare system all-the-time. Transitions happen every time anyone changes or loses their job. Transitions happen every time an entrepreneur leaves their corporate job to start their own business. Transitions happen every time someone gets married or divorced. Transitions happen every time one's employer changes their health insurance provider or when that insurance company makes changes to limit their network.

Count	Name	Comment
118	Maz Hadaegh	So while it's important to think through the transition plan towards a new system, it's important to understand that our current system is a system of constant and disruptive transitions, where on any given year you risk losing your doctors. Transition to Single Payer would be a one-time event, and would be a transition away from a complex system and towards a simplified one. I urge this commission to write their report in favor of AB1400, and to help pass it without delay.
119	Jason Small	AB1400!!!!
120	Eric Vance	Imagine if Drs. Pan and Wood had the initiative to be regarded as one of the greatest Californians by helping enact single-payer here, like Tommy Douglas in Canada, rather than the corporate sponsorship that they feel prohibits them from truly serving their constituents and the rest of the 40 million in California. This could be a political legacy. I challenge all Commissioners to do what paid detractors say isn't feasible and listen to the overwhelming public support.
121	Danett Abbott-Wicker	@Eric, YASSS
122	Robert Vinetz	Road Map to Golden State Care by California Physicians Alliance:
123	*Cara Dessert	Thank you to the public for your powerful comments.
124	Janice Rothstein	AB 1400 is doable and the only conscionable option.
125	Bwana Payeye Kizito	We're no dummies! We're gonna fight for what we want!
126	Robert Vinetz	<a href="http://caphysiciansalliance.org">caphysiciansalliance.org</a>
127	Mario Galvan	With respect and appreciation for all of the detailed perspectives offered here today, I want to offer a broader perspective. The United Nations Universal Declaration of Human Rights (Article 25 - "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services...") addresses the human right to health care. This is a human right; let's not let be treated as a commodity!
128	Jacqueline Hernandez	There are no excuses to not pass AB1400, it is a lack of will to move it forward at this point. so if we are serious about healthcare for all and human rights, passing AB1400 has to pass NOW.

**Total Count of Zoom chat comments: 128**

**3. The following table reflects public comments that were emailed to the HealthyCAforAll@chhs.ca.gov email address before the December 9<sup>th</sup> Healthy California for All Commission meeting:**

Count	Name	Comment
1	Andy Liberman	<p>Hello:</p> <p>I have now an ongoing conversation going on on email with LA Times writer George Skelton, on funding health care for all in CA. He wrote an article today on how to spend the new CA surplus—and I said on health care for all Californians.</p> <p>How would health care for all be funded in CA? By taking the 1%?—as I had suggested?</p> <p>Could the new CA surplus put a dent in health care for Californians?</p> <p>Thanks.</p>
2	Cheryl Tanaka	<p>Physicians for a National Health Program has provided 2 info pieces on the Medicare Direct Contracting Entities. My understanding is that you sign your Medicare benefits over to them in return for "total" services. Aha. Can anyone spell SCAM? Isn't it bad enough that we Medicare recipients need to get Part D on our own and should get supplemental insurance as well?</p> <p>Cheryl Tanaka kealakaha96701@gmail.com</p> <p>1-pager  <a href="#">Direct Contracting: Quietly Handing Medicare to Wall Street</a>  <a href="#">90 minute webinar</a></p>
3	Cheryl Tanaka	<p>What we need is global cooperation in global health as well, not just national, but global vaccine and health equity. There can be no such thing as retail healthcare that is prevalent today.</p> <p>Cheryl Tanaka kealakaha96701@gmail.com</p> <p>The good - Spain sharing info without profit  <a href="#">Article: WHO Covid-19 Test Deal With Spain Shows 'Path to a Better World' With Vaccine-Sharing</a></p> <p>The bad - richer countries hoarding vaccine leaves global gap where variants can grow  <a href="#">Article: It Was Entirely Avoidable': Rich Countries Blamed as New Covid Variant Sparks Global Alarm</a></p>
4	Jorge De Cecco	<p>Dear Commission:</p> <p>Please adopt AB 1400 and move forward, not backward.</p> <p>Thanks.</p>
5	Richard Johnson	<p>We must join the world's other wealthy countries in providing truly universal health care and take advantage of the savings that will accrue when we're no longer enabling insurers' profits at the expense of taxpayers. Single Payer is the simplest and best way to go.</p> <p>Best,</p>



Count	Name	Comment
6	Erika Feresten, MA, PCC	<p>Study after study from Stanford to Yale has proven time after time that a publicly financed single-payer health care system saves lives and saves money. CA has a single-payer bill, AB 1400, The Guaranteed Health Care for All Act (CalCare) that would give every CA resident regardless of age, race, gender identification, employment, marital, or immigration status high-quality comprehensive health care from birth to death AND save CA billions of dollars. This bill would effectively end the caste health care system that insurance corporations, hospital associations, medical device companies, big pharma, the medical-industrial complex's foundations, lobbyists, and purchased politicians perpetuate.</p> <p>The public has repeatedly shown up to the commission hearings in support of AB 1400 and has been ignored. Yet, we continue to show up and write in as I am doing now, demanding that this commission, funded by tax dollars discuss and consider AB 1400.</p> <p>Your champion,</p>
7	Thea Blair	<p>Hello,</p> <p>My name is Thea Blair and I am a California resident. I am 62, employed as a teacher. I have health insurance through Covered California. I dread a hospital stay, because I don't know how I will ever pay for it.</p> <p>That day has come. I am in the hospital receiving testing. I don't know which is worse - worrying about my health or worrying about the hospital bill. Will I be forced to launch a Go Fund Me campaign? Will I need to declare bankruptcy?</p> <p>In addition to my personal reasons for wishing I had comprehensive single-payer health coverage, I think it makes sense from the stand point of public health. For limiting the spread of disease, providing health care to all residents promotes early testing and treatment, resulting in minimizing the spread of an outbreak. For the general economy, it produces a healthier, happier, and therefore more productive work force. Businesses might worry about losing employees if their health insurance wasn't tied to their job, but the ones who stayed would do so for other reasons such as job satisfaction, creating a more productive company. Relating to the cost, there have been several studies and they all show a significant savings after about 10 years. Socially, it creates an atmosphere of unity by erasing class distinctions when it comes to something that is a basic, universal need. I believe a comprehensive, single payer healthcare system will make California a healthier and happier place to live.</p> <p>I urge you to continue discussing this bill. It is of vital concern for all of California's constituents.</p>
8	Teresa Palmer M.D	<p>Please support Single Payer coming in ASAP: it is the only way we will actually be able to take care of each other.</p>

Count	Name	Comment
		<p>I am a semi-retired physician--afraid to totally retire because friends and family might need me in our broken health care system. There is a constant need for me to step in and help people just negotiate the systemic barriers to care now, even when their medical or psychiatric needs are clear!</p> <p>Pass single payer and you will not need to hear from me when I am increasingly irritable and querulous about the mess our corporate system is in. Incremental fixes just make the whole situation more labyrinthine. Let's not put off the inevitable!</p>
9	Laurel	<p>Dear Healthy California for All Commission,</p> <p>My name is Laurel and I'm a California constituent living in Berkeley. I'm writing to tell you that Californians of all kinds are desperate for a better healthcare solution. Please consider the importance of California's actions on the national stage and recommend single-payer through the passage of AB 1400. It makes economic sense, and is the only way to ensure equity in healthcare.</p> <p>In 2015 I had an emergency appendectomy at Alta Bates hospital. I was very fortunate that I was able to receive such quality medical care from such a beautiful and accomplished hospital and staff. At the time I was an adjunct teacher in the UC system, which meant I wasn't eligible for benefits. My husband is an entrepreneur, so we buy our own health insurance through the California exchange. Even though we were insured, and gave our insurance information and asked whether the hospital and staff were in-network FIVE times over the course of the visit (at each new 'point' of care we asked again), we still received many different bills for thousands of dollars each for the procedure. In particular the largest bill was because the doctor himself, the only doctor on call to do the surgery, was out of network. I did not have a choice of doctor, and even if I had, was in no condition to negotiate my care. It took me easily 50 hours of phone calls with the insurance company to finally find someone who was able to approve a partial payment, specifically because we had asked about "in network" so many times. In the end I "only" ended up being responsible for \$10,000 worth of medical bills, which amounted to my entire adjunct salary for the semester and many hours of work to keep the cost that "low." The only reason we were able to cope with it at all is because we are incredibly lucky to have a successful business and the safety net of supportive family and friends.</p> <p>I have since left teaching, a job which I loved, partially because the low pay and lack of benefits leave our family vulnerable to this kind of danger. The insurance company did not care about my salary, my limited choices for care because of the emergency nature of the procedure, or anything else that matters to ordinary people. They only cared about their bottom line and winning the</p>

Count	Name	Comment
		<p>"fight" with the hospital over how much money goes to whom. And yet we still must pay them thousands of dollars a month just to avoid catastrophe if the worst should happen.</p> <p>I would MUCH rather that the money I am paying go directly to provide quality care for me, and to help pay for those less fortunate. I would gladly pay, even the same monthly total I am paying now, if I knew that it was also helping people who can't afford it get proper care. Our current system has created a fight between healthcare providers and insurance companies, where each tries to outmaneuver the other in an attempt to keep their hands on the profits. The people caught in the middle of that fight are ordinary Californians who just want to have access to healthcare. We are suffering. Please help us end this.</p> <p>What we do now can pave the way for other states and the nation as a whole. It's always hard to change in the beginning, but this change is worth the effort.</p>
10	Stephanie McKenna	<p>Healthcare is a human right, and California could be at the forefront of making sure everyone is insured.</p> <p>I personally have avoided going to the doctor in the past because I knew it would cost me an expensive co-pay that I didn't have in my bank account. And I can only imagine the hundreds of thousands of Californians who do the same, and how many of them could potentially have been saved from a life-threatening diagnosis had it been caught earlier.</p> <p>The truth is: if taxes increase to cover healthcare for all Californians, most people will save money and pay less than they already do in expensive insurance premiums. Health care insurance companies are relying on making billions off people who pay for health insurance and never use it, and the unfairness of medical costs not being standardized hospital to hospital (or even within the same hospital!) is bogus and preys on people who are already struggling to make ends meet.</p> <p>Eliminate the need for predatory insurance companies, ensure ALL Californians have access to life-saving, quality medical care, and be a leader in this movement for the rest of the country. Please pass Single-Payer Healthcare through AB 1400.</p> <p>Thank you,</p>
11	Pete Farruggio	<p>WE NEED SINGLE PAYER!</p> <p>I have seen so many friends, relatives, and neighbors forego necessary medical treatment because they CAN'T AFFORD IT.</p> <p>Medicaid is insufficient. Practically no specialists and quality medical practices will accept it. Obamacare is like a cruel joke:</p>

Count	Name	Comment
		<p>so expensive that few people I know can afford to sign on for it. Our daughter is an unemployed student. We paid for her Obamacare plan for a year, but she received inferior services with it and we couldn't afford to keep it. Finally, she qualified for California medicaid; but she can't find doctors who accept her coverage.</p> <p>WE NEED DENTAL COVERAGE IN A SINGLE PAYER SYSTEM</p>
12	Cheryl Tanaka	<p>Excellent news about the city of Sacramento from my dear friend. Excellent points given for non-profit healthcare.</p> <p>Sacramento Approves Single-Payer Resolution  <a href="#">Article: 'For-Profit Healthcare Hurts All of Us': Sacramento Approves Single-Payer Resolution</a></p>
13	Elizabeth Connors-Keith	<p>Dear Commissioners,</p> <p>People from other countries are shocked when they find out how much we have to pay for healthcare and how some Americans go bankrupt because they can't pay high medical bills. They pity us because we don't have a single payer system like they do (every other industrialized country). We let our people go without the healthcare they need (and sometimes die) because insurance companies deny covering it. How can we continue to let insurance companies get insanely rich at our expense? It's barbaric to let corporations rule the country, buying off politicians. Healthcare is a human right. Please support a single payer healthcare system for California, and it will be a model for the rest of the country.</p> <p>Thank you,</p>
14	Julieanna Thompson	<p>Dear HealthyCAforAll Commission:</p> <p>Because of not being able to attend the virtual meeting today organized by National Nurses United staff for MediCare4All, I'm writing you directly to encourage your serious intent to establish for California, CalCare - a more universal system of healthcare for this state.</p> <p>I have suffered immeasurably dealing with the "networking" of my BlueShield health insurance, causing delay after delay which, in three cases, resulted in the worsening of the condition I had. The three situations are summarized at the end of this email. But I have endured delays with the healthcare system even before these three situations.</p> <p>Please consider a universal SinglePayer-type healthcare system for California (which, of course, the entire country needs)!</p>

Count	Name	Comment
		<p>These films will enlighten most viewers as to the efficacy of SinglePayer type systems. They will say what I would want to say if I wrote an entire "thesis" on the value of such a system. Universal SinglePayer-type healthcare exists in most developed countries - and even in some under-developed countries. I know you've heard that often--especially from the Medicare4All Senator, Bernie Sanders, and others!</p> <p>Please enjoy and seriously consider: <a href="http://www.FIXitHealthcare.com">www.FIXitHealthcare.com</a> Thank you.</p> <p>Below are my grievances concerning my own corporate healthcare insurance--mild yet serious grievances perhaps, compared to other horror stories I've heard:</p> <p>1 - a simple flu going into "walking pneumonia" - which I've never had and which luckily finally was treated and remedied swiftly by Emergency (instead of being remedied by the PCP &amp; staff at the time, due to their delays for "authorizations" and prior, due to their being so glutted with patients, their office was even a delay). I had to pay for Emergency, when the flu, if taken care of earlier, would not have led into something worse and I would not have had to pay.</p> <p>2 - a serious burn wound: Urgent Care suggested I go to a burn-wound center for final and specific care. There was a burn-wound center 1/2 block away, but I could not go there under my insurance plan. I had to get a center "in network" - wherein NONE was available or open! After several WEEKS a national/corporate "mobile wound unit" was appointed - and that in itself was understaffed and gave delays as well. I was at the point of tears when I decided to be "street smart". I walked into a hospital and told them I needed better bandaging - that wound center care was delayed - and already Urgent Care had broken their rules to see me twice, but couldn't go back there again. Compassionately, they arranged for me to go to their Emergency Center where I was given the proper bandages for use in the next weeks. And they refused to take payment. The wound was finally healing more properly! Imagine - my insurance would not allow me to go to the Wound Center 1/2 block away from Urgent Care the same day - and they were overly busy anyway for outside-network payment!!</p> <p>3 - A delay by many bureaucratic messes and "authorizations" to get help for "Silent Reflux": essentially a year's delay. It's such a long story that I can't burden you with it here, but rest assured it has been a nightmare and a stealing of my time for more positive things! I am writing a full report to BlueShield's GrievanceAppeals Department ~ and to BlueShield</p>

Count	Name	Comment
		<p>generally. Additionally, I am asking them to "get on board" for a SinglePayer Healthcare system--perhaps a naive request on my part (but there may be some personnel within BlueShield who honestly realize and want to embrace that some sort of universal SinglePayer-type system is the best and only way to go)!</p> <p>Again, thank you for your serious consideration. I look forward to hearing about your deliberations!</p> <p>Kind regards,</p>
15	Jeffery Tardaguila	<p>What is meant by LTC ? \$\$\$,terms exclusions ? I will want any PP to be word responsive, contrast, and font 20+ please. I thought last week 1-4pm?</p>
16	Ann Troy, MD	<p>In the third quarter of 2021 each of the major health insurance companies made over a billion dollars in profit. This is money we paid in premiums to pay for health care but, instead, went into the pockets of shareholders and corporate executives.</p> <p>The United States is the only developed country without a national health plan. We spend double the average spent per capita in other developed nations and almost double the percentage of GDP yet we have millions uninsured and the worst health care statistics in the developed world. The WHO ranks the U.S. number 37 in overall measures of health and wellbeing.</p> <p>Worried about how much it will cost, Americans wait longer to seek help for medical problems, thus, their problems become more deep rooted and more difficult to treat. Sometimes they die early because they waited too long---an estimated 50,000 a year. Lack of access to mental health care contributes to the high rate of gun deaths and opioid overdoses in this country---more than in the rest of the developed world combined.</p> <p>American companies are at a disadvantage compared to companies in other developed nations which are not saddled with the cost of paying for health insurance. Small companies can't compete with larger ones because they can't afford to pay for health insurance. People stay in jobs they don't like rather than going back to school or starting their own businesses because they need health insurance. Workers often have to change doctors every time their employers find a cheaper health plan, disrupting trusted relationships and continuity of care. Unhappiness over health benefits is the leading cause of labor unrest.</p> <p>In addition to the health and economic benefits of a simple and equitable single payer system there are ethical considerations. It could be argued that by not providing Medicare for all, the government is not providing equal protection under the law. The</p>

Count	Name	Comment
		<p>U.S. is the only developed nation that doesn't consider health care a human right.</p> <p>California has lead the nation in many areas. We now have the opportunity to lead in much needed and long overdue healthcare reform. AB1400, which will be introduced in the Assembly in January, would create a simple and equitable single payer / Medicare for All system in California. We need to urge our assemblymen to support this bill.</p>
17	Isaac Salazar	<p>My name is Isaac Salazar and I live in Los Angeles and I just want to express my support for a unified financing system (aka "single-payer") which must include establishing the infrastructure for lowering costs, negotiating rates, and setting global budgets and a state health care budget, and the elimination of health plans that divert revenue to profits and that create administrative complexity, as well as the standardizing of benefits, in addition to the elimination of barriers to care – including networks that limit access – and moving to eliminate out of pocket costs. In regards to the Covid-19 crisis, public officials need to articulate the urgency for a new system of "unified financing," especially considering the profound inequities revealed by the pandemic. Thank you.</p>
18	Michael Jelf	<p>Taiwan proved a world leader in combatting a deadly pandemic in 2020 largely because it has a single health care system for all.</p> <p>Pandemics will not be a thing of the past when Covid 19 is a distant bad memory. The question is whether we will have accepted the obvious lessons Covid 19 tried to teach us.</p>
19	Todd Snyder	<p>Dear Commissioners,</p> <p>As a constituent, I strongly support AB-1400 and urge you to fully recommend single payer in a unified financing system. Utilizing the Commission report should drive timing since momentum will be a key to a successful transition. Overcoming the intense political opposition will require persistence and making the establishment of a unified financing system a priority is essential. As public officials, you must articulate the urgency for a new system of unified financing, especially after the profound inequities revealed by the pandemic.</p> <p>Thank you,</p>
20	Scott Johnson	<p>Comments for Healthy CA for All commission hearing 12-9-21 from Scott Johnson</p> <p>Just Transition for Health Insurance Workers</p> <p>1.) Under AB 1400, at least 1 percent of a multi-billion dollar budget will be set aside for the first five years of CalCare to</p>

Count	Name	Comment
		<p>implement programs to assist workers who are affected by the change to CalCare. Economic analyses of single-payer programs, including the economic analysis by the Commission's consultants, have included the cost of paying for a just transition.</p> <p>2.) Just transition funds should be used for, wage replacement, retirement benefits, job training, job placement, preferential hiring, and education benefits, including covering tuition if people seek to return to school to learn a new trade.</p> <p>3.) The unified financing system could provide preferential hiring for workers transitioning from insurance-based administration jobs.</p> <p>Transitioning to a Single-Payer Health Care System</p> <p>1.) California needs to pass legislation establishing the program. The state needs to pass single-payer legislation in order to apply for federal waiver authorities. The Commission must emphasize that passing state legislation is a crucial step in the plan to transition to unified financing.</p> <p>2.) Transition from the current market-driven system of private insurance should take no more than 18 months. The longer the transition takes the more people will die because they cannot get the care they need. Medicare took only one year to transition and that was in the early 1960's without the benefits of the technology now at our disposal. And Medicare was for all U.S. seniors. We only need to cover all Californians.</p> <p>3.) A quick transition to single payer is necessary to ensure no sabotage by the insurance industry in the form of dropping sick patients and or raising prices.</p> <p>4.) Quickly transitioning to single payer for the greatest number of people possible will allow for greater savings by pooling the buying power of CalCare on behalf of patients in negotiating with providers and drug manufacturers.</p> <p>5.) A quick transition to a single-payer system would dramatically simplify life for doctors, nurses, and other health care professionals allowing providers to spend more time with their patients.</p> <p>6.) We should not retain payment models like capitation that are built on providers' financial motives to maximize profits and incentivize delaying and denying care merely because they are the status quo.</p> <p>Long Term Services and Supports (LTSS)</p> <p>1.) Long term care should be fully covered under any system of unified financing. The commission's very own economic modeling shows that LTSS can be fully covered under a unified financing system while achieving cost savings compared to the current system.</p>



Count	Name	Comment
		<p>2.) Home and community-based care should be prioritized when including LTSS coverage under unified financing, unless the patient explicitly opts for institutional care.</p> <p>3.) As is called for under AB 1400, LTSS should be guided by an advisory committee made up of people who use LTSS (seniors and people with disabilities) as well as LTSS providers, caregivers, and family members.</p> <p>4.) Guaranteeing coverage and access to LTSS would ease the burden on families who are forced to provide care for their elders or family members who have disabilities, a burden which disproportionately falls on women.</p> <p>Developing a Financing Plan for a Single-Payer Health Care System</p> <p>1.) The commission should use some part of the consultant's contract to design an interactive calculator with various options for financing AB 1400, and how much each different financing mechanism would raise. This would make it easy for the public and legislators alike to weigh the pros and cons of the various proposed financing options and to see which combination of them would be suitable to fully fund the program.</p> <p>2.) California must pass single-payer legislation before it can apply for necessary federal health care waivers to secure federal financing. California's legislature can discuss and debate the policy details of a single-payer system while also separately considering new state revenue plans on a parallel track.</p> <p>AB 1400 (CalCare)</p> <p>1.) The commission ignoring AB 1400 is a mistake; it is a ready-made piece of legislation that can and should be used as a template for the commission's recommendations. Instead of ignoring AB 1400, the commission should discuss it, and let Commissioner Comsti present on it and not just federal waivers.</p> <p>2.) This commission should use AB 1400 and work on completing it with financing when drafting its report.</p> <p>3.) AB 1400 would create a single-payer health care system that would fulfill the mission of the commission. There are 3 million Californians with no insurance, millions more underinsured, and we're still in the middle of a deadly pandemic. You should discuss AB 1400, include it in your final report, and help California guarantee health care for all in this urgent time of dire need.</p> <p>Commissioner Objections to Single-Payer</p> <p>1.) Blaming high health care costs on fee-for-service payments is not accurate. The U.S. spends so much on health care because our prices are too high. We spend too much on administering our</p>

Count	Name	Comment
		<p>complex system of insurance not because we use more care due to doctors abusing the fee-for-service system. AB 1400 would establish checks on all forms of reimbursement, including fee for service. Only individual providers are eligible to accept reimbursement on a fee-for-service basis, and individual providers can opt to receive negotiated salaries instead of fee-for-service payments.</p> <p>2.) The argument that under single-payer payer patients would be denied care is unfounded. Under the current private insurance system, rationing and denial of care occur today. This is often self-imposed because people cannot afford health care. Even those who have insurance delay care because they cannot afford the co payments or deductibles. Under a single-payer program like AB 1400, self-imposed delays in care related to affordability, would no longer occur because AB 1400 eliminates cost sharing like deductibles and co pays. Under AB 1400 all necessary and appropriate care is a right for every resident of California. If designed correctly, like AB 1400, a single-payer system would place health care decisions into the hands of patients and their health care professionals. It's the responsibility of the lawmakers on the Commission to protect the professional judgment of doctors, nurses, and other health care professionals when designing a single-payer system so that government bodies cannot single-handedly slash budgets and deny care. AB 1400 should be your model on how to do so.</p>
21	Peter Shapiro	<p>My name is Peter Shapiro. I'm the delegate to the Alameda Labor Council for the California Alliance for Retired Americans and a board member of Healthy California Now. I can't attend the December 9 meeting, but I want to weigh in about the transition to unified financing.</p> <p>First of all, I hope there is no longer any question about either the necessity for the transition or the breadth of popular support for it. Both the Community Voices study and the report from the UC Berkeley Labor Center released last month clearly indicate that there is no legitimate basis for continued temporizing on this issue. These reports were commissioned by this body and their conclusions were unmistakably clear.</p> <p>I speak as a lifelong union member who has, on too many occasions, felt compelled to join picket lines in front of my local Kaiser Medical Center, where stationary engineers who maintain medical equipment have been on strike for close to three months and mental health workers have been battling far longer against serious understaffing and poor patient care. I am appalled that one in five health care workers have left the profession since the onset of the pandemic, and even more so that 12% were actually laid off. These are the people who have been called on to protect us in the midst of the worst public health crisis in over a century.</p>

Count	Name	Comment
		<p>We are facing the consequences of a grave and continuing misallocation of resources that will persist as long as our health care dollars continue to be channeled through intermediaries that exist not to treat the sick but to manage financial risk. The Commission has acknowledged that widespread inequities and discrimination characterize our health care system; these will persist as long as we try to use financial incentives to determine access to care.</p> <p>I am a longtime Kaiser member. I would like to see Kaiser get out of the insurance business and do what it does best, namely, provide coordinated care that is easy for patients to navigate. I would like to see it accessible to all, not simply to those enrolled in one of its health plans, which run the gamut from good to shamefully inadequate. I would like to see its providers compensated directly by the state of California, at prices that are negotiated in the public interest rather than the bottom line of the Kaiser Foundation Health Plan.</p> <p>It is well within the powers of the state of California to assure that all California residents, regardless of citizenship status, have access to the care they need. We cannot assert that health care is a human right and still continue to treat it like a commodity.</p>
22	Gail Dolson	<p>Health care fir All is needed Now in California. We can afford this although yes small raise in taxes might be necessary . Europeans pay larger portion of income in taxes in order to have Heath care the same across the board</p> <p>I have been in healthcare since 1966 and we have needed this since before then</p> <p>Be bold and support it It will cost more if folks without insurance need to go to hospital - we all pay for this.</p>
23	Karen Jacques, Ph.D.	<p>I cannot call in to the December 9th Healthy California for All Commission meeting, so I am submitting written comments. I am writing as both a retired health care provider (clinical psychologist) and as an individual who saw two close friends die because the financial barriers created by our for-profit health care system made it too expensive for them to seek care until it was too late. I view health care as a human right. For as long as I have been a healthcare provider, I have viewed a single payer system as the only way to provide high quality health care to everyone. The pandemic that the world is currently experiencing underscores the desperate need for a single payer system. Far too many people died and far too many went without testing or needed care because they did not have health insurance or had insurance with impossibly high deductibles and co-pays.</p>

Count	Name	Comment
		<p>As long as our health care system is run by for profit insurance, medical and pharmaceutical corporations, California and the US will remain stuck with a health care system that always puts profit before patient needs, that forces clinicians to spend hours fighting with bean counters to get approval for desperately needed care, that leaves inpatient and outpatient clinics badly understaffed and that, all too frequently denies badly needed care or finally approves such care when it is too late. Then there is also the problem of limited provider networks that can leave patients without access to needed specialists or leave them paying huge, unanticipated bills because, for whatever reason, they saw a provider who was 'out of network'.</p> <p>Our current for profit health care system has a negative impact on providers as well as patients. Until we have a single payer system that removes the profit motive from health care, providers will burn out and retire early exhausted by understaffing and fighting with insurance companies or corporate health system administrators to get authorization for needed care, to make referrals to specialists and/or to prescribe needed medication that isn't on whatever formulary the patient is stuck with. All of this leads to burn out and to early retirement. This was starting to be a problem before the pandemic. It is a much bigger problem now and it will continue to be a problem until we have a health care system that is focused on patient outcomes rather than profit.</p> <p>California needs a single payer system now. It is the only way to provide health insurance to the roughly three million Californians who don't have it and to make it possible for under insured Californians who can't afford care to get it. AB1400 (CalCare), which was introduced in February of 2021, provides a solid framework that the Commission can use in its efforts to provide Californians with a health care system that works and that serves all of us, poor or rich, without leaving any of us bankrupt or dead due to the high cost of medical care. AB 1400 is a ready made piece of legislation that addresses most of the Commissioners questions, including how to reimburse providers, how to hold providers that abuse the system accountable, how a governance process could work and what the federal waiver process (California will have to apply for this) could look like. It addresses how to provide a just transition for people in the for profit health care industry that lose their jobs and it includes desperately needed long term care which is currently an expensive, often cruel disaster with few alternatives to institutionalization.</p> <p>Please move forward with the framework that AB 1400 provides. Please use your expertise to help identify different funding mechanisms that legislators can use in developing a final funding</p>

Count	Name	Comment
		<p>plan. Please move forward on the idea of developing an 'Interactive Calculator' that can help clarify funding options. Thank-you for this opportunity to testify.</p>
24	Tomisa Starr	<p>Dear Members Healthy California for All Commission,</p> <p>When considering issues related to transitioning to unified financing, the most important consideration is how we can ensure that Californians are smoothly moved onto the system and how Californians can promptly begin to receive the care that they need.</p> <p>In order to transition to a single-payer system, California needs to pass legislation establishing the program. The state needs to pass single-payer legislation in order to apply for federal waiver authorities. The Commission must emphasize that passing state legislation is a crucial step in the plan to transition to unified financing.</p> <p>The longer we maintain the current market-driven system of private insurance, the more people will die because they cannot get the care they need. Therefore, the transition to a single-payer system should be done quickly.</p> <p>The transition to Medicare took one year, without the benefit of modern computing and technology and for a populace of seniors that spans the entire nation, not just California. There is no reason why an effective transition to single payer couldn't be done quickly and effectively.</p> <p>A quick transition to single payer is necessary to ensure that its implementation cannot be sabotaged by insurance companies by dropping the sickest and most costly patients and pushing them onto the government-financed program before a single-payer system is fully implemented.</p> <p>One significant element of a single payer system is that the system, by enrolling all patients in the state, has the leverage to negotiate lower prices from the health care industry. For the single payer system to have as much negotiating power as possible against the health care industry, we need to transition as many people into the system as possible at the same time, where we the people of the state of California join together to use our collective strength to bargain against health industry profiteering.</p> <p>The transition to a single-payer system would dramatically simplify life for doctors, nurses, and other health care professionals because it would reduce the amount of time they spend juggling and negotiating with a variety of payers and</p>

Count	Name	Comment
		<p>plans. This would reduce burnout and stress, while allowing providers to spend more time with their patients.</p> <p>I am urging to consider these suggestions for implementing a smooth and quick transition to a single-payer system.</p> <p>Thank You for Your Time,</p>

**4. The following table reflects public comments that were emailed to the HealthyCAforAll@chhs.ca.gov email address during the December 9<sup>th</sup> Healthy California for All Commission meeting:**

Count	Name	Comment
25	Harry Baker	<p>Mark Ghaly mentioned a letter that Assembly Member Kalra sent to the Commission. Would you please place a link to the letter in the chat? If that's not possible, would you send it to me?</p> <p>Thank you.</p>
26	Sandra Trinidad	<p>My name is Sandra Trinidad and I am an IHSS parent provider to my son who is on the autism spectrum.</p> <p>LTSS must be included in unified financing of healthcare. My son has Medi-Cal as a secondary insurance, and it provides IHSS. I could not work full time as my son needs 24 hour protective supervision. After school care is not an option as he elopes and has no sense of safety. By being his IHSS provider, I have income and I can provide the best care as I know how to manage his behaviors.</p> <p>Please include IHSS as part of California's unified financing of healthcare.</p> <p>Thank you,</p>
27	Isabel Storey	<p>Dear Commissioners:</p> <p>As the commission wraps up its work, it's clear that the transition to a single-payer system should be done as quickly as possible. There are three-million Californians with no insurance, millions more underinsured, and we're still in the middle of a deadly pandemic. The longer we maintain the current market-driven system of private insurance, the more people will suffer and die because they cannot get the care they need.</p> <p>Decades ago, the transition to Medicare took one year, without the benefit of modern computing and technology and for a populace of seniors that spans the entire nation, not just California. There is no reason why an effective transition couldn't be done quickly and effectively.</p>

Count	Name	Comment
		<p>A plan for a single-payer health care system that would fulfill the mission of the commission already exists: AB 1400. This commission should discuss AB 1400 in its final report.</p> <p>If designed correctly, like AB 1400, a single-payer system would place health care decisions into the hands of patients and their health care professionals rather than in the hands of insurance companies and health care corporation boardrooms. We should not retain payment models that are built on providers' financial motives to maximize profits and incentivize delaying and denying care merely because they are the status quo.</p> <p>In order to transition to a single-payer system, legislation (such as AB 1400) needs to be passed to apply for federal waivers. The Commission must emphasize that passing state legislation is a crucial step in the plan to transition to unified financing.</p> <p>In addition, as discussed today, we believe that long-term care is, in fact, health care, and it should be fully covered under any system of unified financing.</p>
28	Patricia Chadwick	<p>Healthy CA For All Commission:</p> <p>My name is Patricia Chadwick. I live in Sacramento. I'm asking the commission to support a single payer universal healthcare system. Anything other than that is just a waste of money, time, and resources. We need to get insurance companies out of the equation and use the profits that they make for actual health care like long term care and disability care in the home.</p> <p>In 2020, the CEOs of the top health insurance companies made from \$16 million to \$24 million in compensation for the year, including the CEO of United Healthcare who denied my friend her medication and basically caused her death, leaving her four disabled children without a mom.</p> <p>Dealing with insurance companies wastes a huge amount of time. Even now, as I am going on regular Medicare, I've had to spend a ridiculous amount of time trying to figure out which plan or part to get. I would much rather spend that time working, exercising (better for my health), or volunteering in the community. Our current system is just a waste in so many ways.</p>
29	Martha Kuhl RN	<p>As a pediatric nurse who takes care of kids with cancer and other diseases of the blood I see every day at work that care is rationed by ability to pay and whether or not the care is profitable. I work at a safety net hospital so most of children are either uninsured, under-insured or already insured by the state. We all strive to provide a single standard of care in spite of this, but so much about health is determined both before and after a</p>

Count	Name	Comment
		<p>hospital stay. I see access to care and outcomes determined by profit and ability to pay. Children with sickle cell, who are predominantly black, are treated far worse throughout the health care "system" than children with chronic diseases that are predominantly white. There is less funding for research, fewer treatment modalities and less long term support. This is due to structural racism but also due to the fact that there is not significant profit in treating these patients. With a single payer system ensuring that the financing provides equitable access to care to all it is more likely that we can address the many other social determinants of health.</p> <p>AB 1400 addresses most of the questions this commission has discussed. It addresses specifically how we reimburse providers, how governance works, what the waiver process would look like, and more.</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 cannot be recouped with federal dollars.</p> <p>The longer we maintain the current market-driven system of private insurance, the more people will die because they cannot get the care they need. Therefore, the transition to a single-payer system should be done quickly. My patients can't wait.</p> <p>Martha Kuhl RN</p> <p>As a pediatric nurse who takes care of kids with cancer and other diseases of the blood I see every day at work that care is rationed by ability to pay and whether or not the care is profitable. I work at a safety net hospital so most of children are either uninsured, under-insured or already insured by the state. We all strive to provide a single standard of care in spite of this, but so much about health is determined both before and after a hospital stay. I see access to care and outcomes determined by profit and ability to pay. Children with sickle cell, who are predominantly black, are treated far worse throughout the health care "system" than children with chronic diseases that are predominantly white. There is less funding for research, fewer treatment modalities and less long term support. This is due to structural racism but also due to the fact that there is not significant profit in treating these patients. With a single payer system ensuring that the financing provides equitable access to care to all it is more likely that we can address the many other social determinants of health.</p>



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		<p>get the care they need. Therefore, the transition to a single-payer system should be done quickly. My patients can't wait.</p> <p>Martha Kuhl RN</p>
30	Louise Mehler	<p>Please bear in mind that insurance companies are big businesses. They have been influenced (I would say corrupted) by Milton Friedman's argument that "an entity's greatest responsibility lies in the satisfaction of the shareholders." That is, businesses should maximize revenue by any legal means, including, in the case of health insurers, lying to subscribers about the benefits available to them.</p> <p>I first encountered this in an article on the Affordable Care Act. A Sacramento man was told that his insurance would not pay for cancer treatments because he was not curable. The ACA provided patient advocates who successfully forced the company to fulfill its obligations to the patient. But the company thought it worth trying to evade them.</p> <p>Later, I heard Wendell Potter speak. (He was once an insurance executive but now campaigns against their abuses.) He said that insurers established such limited criteria for approving coverage that it became debilitating to the employees who had to issue denials for care that was clearly needed. The insurers' response was to assure their workers that they were not denying care, only coverage--as if that were not effectively the same thing.</p> <p>That's what you get when you try to harness the profit motive to make health care efficient. Please don't make that mistake again.</p>
31	William Honigman, M.D.	<p>Dear Commissioners,</p> <p>As a retired ER physician, I recommend the following for a smooth and just transition to universal care under unified financing:</p> <ol style="list-style-type: none"> <li>1. Workers in health insurance claims processing can be readily retrained from deniers of care to facilitators of care, ensuring patients receive the treatments needed to prevent more complex and therefore more costly conditions</li> <li>2. Long Term Care, like dental, vision, and hearing, addiction care, and behavioral health care are all health care, and must be included, again to avoid more costly care due to neglect</li> <li>3. As COVID19 has shown us, time is of the essence as the longer we delay, the more costly these conditions become, with more suffering and preventable deaths as a result</li> </ol>

Count	Name	Comment
		<p>4. Proposals for needed revenues have long existed, and require only your prioritization, and finally</p> <p>5. Use existing legislation as a template. AB1400 has all of the mechanisms to take care out of the hands of third parties, and place it in the capable hands of patients and providers, add your recommendation for financing, and send it to the Governor for him to get it passed.</p> <p>Thank you.</p>
32	Terry Brady	<p>Respectfully submitted to the commission.</p> <p>Commissioner's Wright and Comsti and others were correct in pointing out the significant need to start the necessary transition steps now! This much needed reform must not be short changed by not providing the needed resources that must be applied to be successful with the transition.</p> <p>Traditionally based on my many years of corporate project management experience the area that most frequently kills the success of a project of this magnitude is the choice or lack of willingness to apply the needed resources to facilitate success.</p> <p>Typically most management organizations try to cut corners to save money and end up with a significant failure to reach even the basic goals. We must start NOW to prepare a detailed funding and implementation plan. We must start preparing now for the transition not years from now which would almost surely lead to failure and disillusionment for a critical issue that must be addressed if we are serious about addressing the real health needs of all Californians.</p>
33	Adriene Coulter	<p>To whom it may concern,</p> <p>I am writing to ask the Commission to make a truly landscape-changing decision - one that will unleash CA businesses from the immense time, energy and money wasted negotiating with middle-men for the insurance industry. one that will let businesses of any size hire as many people as they need to be profitable and grow, without the financial strictures of providing health care benefits one that will allow CA companies to compete head-to-head with foreign competitors who already have universal health care coverage. one that will make CA a magnet for the best employees from across the country. one that will allow Californians to start up new small businesses without worrying that they or their families will lose essential health coverage. one that will remove "job-lock," where workers are trapped in jobs solely because of the health benefits one that will welcome employees back to the workforce who'd been sidelined by health issues that they couldn't afford to treat, either out-of-pocket or under high-deductible plans.</p>

Count	Name	Comment
		<p>one the will protect the jobs of older workers, who start to become more expensive to insure, encouraging businesses to lay them off.</p> <p><a href="#">Article: Medicare-for-all would be a boon to the American labor market, study finds</a></p> <p>In other words, it is a step forward befitting a state that by itself, is one of the largest economies in the world. And while it will supercharge California's economy, it will change life for the better for every resident.</p> <p>I understand this on a personal level, as I went through a long process to deal with breast cancer. I was lucky - I had no health care from my own job at a very small company, but my husband had good coverage from his university job. I received first class treatment for 5 years, with only minimal co-pays. Later, I walked alongside fellow cancer survivors on fundraising walks, and listened to their stories of financial and emotional trauma as they negotiated the system to get the surgeries and treatments that they needed to live. Not only were they dealing with trying to heal, physically and emotionally, they now had crushing bills, and bankruptcies - financial disaster that will follow them for years.</p> <p>They were just like me - well-educated professionals who made the strategic mistake of working for small companies, or for themselves, and had no health insurance. The only difference between us was that they didn't have a husband with benefits. I have never forgotten their stories, nor the serendipitous cruelty of a healthcare system that ties one's very survival, not to how hard you work, but to a particular job's benefits.</p> <p>Yes, there will be people in the huge billing ecosystem who will be out of a job. Transitional training should be provided to bring them back in more useful ways that directly provide health care, not bills. This could include outreach and education to populations that have historically had low access to quality health care. In addition, nurses and other health care professionals need to be recognized as the essential workers that they are and treated fairly in pay and working conditions. The pandemic has shown us how quickly we take these highly skilled and educated workers for granted.</p> <p>This would also be an opportunity to more closely regulate or remove faith-based medical systems that refuse to provide full reproductive healthcare to women, and medical care to the LGBTQ community.</p> <p>Please, do something extraordinary. Make health care for all Californians a reality.</p>

Count	Name	Comment
34	Jeffery Tardaguila	Timeline, process, method, mission of Long term care
35	Robin Sunbeam	<p>I am a professional long term service professional. I do nursing assessments on people applying for LTC. I see 2 classes of people, the rich, and union members. At this time, only the rich can afford the prohibitively high premiums for LTC. Otherwise, I see retired bus drivers, janitors and school secretaries, all union members with the CalPERS union benefit of LTC. It is clear, that everyone will need LTC. Especially single people, who don't have children to take care of them.</p> <p>My mother took care of my father until he fell and she was too small to pick up her big husband. The LTC insurance was a godsend, providing an aide M-F x 4 hrs, who got my father out of bed, bathed and dressed every morning and did light housekeeping until he died. Everyone will need this kind of help. My county is rural and mountainous. It is nearly impossible to find caregivers in some parts of our county, i.e. Gualala. I have seen many clients in remote locations, i.e. Stonyford. You take what you can get.</p> <p>I did In Home Supportive Services for a while, as a favor for a dear friend of mine with advancing dementia. As I worked for \$45/hr as an RN in the hospital, the standard rate of pay for IHSS was \$9.47/hr. I was horrifying. IHSS workers in our area are mainly Spanish speaking immigrants, family caregivers, and people who plan to sell the possessions of the senile client to feed their drug or alcohol habits. No one can live on \$9.47/hr. Only the bottom of the barrel will work for those wages. Of course, the union has fought to increase IHSS wages since then, but they are still embarrassingly low.</p> <p>I have seen clients both at home and in facilities all over northern California. There is a huge need for more dementia units. Many people would rather be cared for at home, but they become a huge burden on the families. A LTC aide would keep people in their own homes.</p> <p>Another issue in LTC and keeping people in their own homes includes home repair and gardening. I have been to homes in which LTC paid for an aide, but the bushes along the front path were so overgrown that they scratched me as I sidled though to the front door. Gutters fall down and smoke alarms need batteries replaced, staircase rails come loose. Who pays for those maintenance issues?</p> <p>I recently saw a client with early dementia whose home is heated with a wood stove. A kind neighbor comes in daily for free to build her fire. The fire died down, so she crumpled up paper and put it on top of the glowing coals without adding any wood. I hope she had a spark arrester on her chimney, because the sparks of that paper could set the forest on fire. Installing an electric central heater would benefit this client and perhaps prevent another wildfire. Will LTC pay for that?</p>

Count	Name	Comment
		<p>I lived in the Peoples Republic of China for 14 months. My husband studied acupuncture and Traditional Chinese Medicine while I taught English to PhD scholars planning to be exchange scholars. While there, I did a study of the Chinese health care system and published a paper call “The Home Bed.” In the PRC, they keep LTC patients, and recovering acute care patients at home. They have legions of “barefoot doctors” who can be compared to LVN’s, who visit the home bed patients to deliver care as needed, daily or more often. LTC will create jobs, jobs, jobs, for trained caregivers, programs to train them and case managers.</p> <p>AB1400 guarantees LTC. Transitions</p> <p>Most of the people losing the clerk jobs in the private insurance industry can move over to become the clerks needed in the Statewide unified financing program. It could provide preferential hiring for workers transitioning from insurance-based administration jobs.</p> <p>Since the statewide healthcare program will provide all necessary services, who will pay for elective cosmetic surgeries? Here is a niche for the private health insurance industry. The industry will be reduced but not eliminated. They can also cover luxury hospitals or private rooms for the elites.</p> <p>In order to transition to a single-payer system, California needs to pass legislation establishing the program first in order to apply for federal waiver authorities. The Commission must emphasize that passing state legislation is a crucial step in the plan to transition to unified financing.</p> <p>Government is not for profit! Government is established to serve the electorate and manage public lands. Making profit from health care is immoral. Fee for service hopes that everyone get sicker and sicker, so that there are far more services to maximize profits. It would be better for the government to promote a general policy of good health, from restricting the things that damage health, i.e. air pollution, plastics, and high fructose corn syrup, and providing universal health care.</p> <p>Please take my comments into consideration. We need to transition ASAP to a universal single-payer system. We already have proposed legislation on the table which contains the framework of everything discussed today, AB1400. Save time and move AB1400 forward rapidly.</p>
36	Dessa Kaye	<p>To Jennie Hansen: Excellent presentation on LTSS. Long Term care certainly must be included, and in-home care is preferable, less expensive, with better outcomes than institutionalization.</p> <p>To Carmen Comsti: Thank you, thank you, thank you for your practicality and common sense. Yes we can walk and chew gum at the same time, and we don’t need to reinvent the wheel. There are plenty</p>

Count	Name	Comment
		<p>of real world working single-payer health care systems and plenty of existing bureaucratic infrastructure in California for us to build on.</p> <p>To: Dr. Hsaio: The sound during your presentation was garbled so I couldn't follow your five points. You always bring real world expertise to these discussions so I hope your points will be published in writing for public consumption.</p> <p>To Richard Scheffler: What are we transitioning to? A SINGLE-PAYER health care system is what! No for-profit insurance company middlemen, but a publicly funded &amp; administered, privately provided health CARE system. A single-payer system is just what it says: one non-profit entity setting coverage and payments for everyone in California. It is universal, affordable, equitable.</p> <p>To Anthony Wright: Other health care systems have been implemented in a single move, but I can appreciate that we may need to phase in a new system while we wait for federal waivers, etc. I appreciate your important distinction between "sequential" vs. "incremental."</p> <p>To Richard Pan: I appreciate you bringing up your concerns, but you always end up just coming to the conclusion that nothing can be done. It can be done; it needs to be done; it will be done...with or without you.</p> <p>To Jim Wood: ERISA is 6 million out of 40 million Californians. Once a single-payer system is established for the vast majority of Californians, ERISA participants will (want to) transition over because it's a better system. As for Kaiser, they will need to separate their health CARE from their INSURANCE businesses. Health care is a human right and not a for-profit scheme that profits off of denial of care and people's pain and suffering.</p> <p>To Rupa Marya: YES, a whole new system is exactly what's needed. We must stop tinkering around the edges of our dysfunctional fragmented, patchworked public/private funding quagmire.</p> <p>Regarding transparency: We will get better transparency from a single-payer system, unified administration, uniform payments and paperwork, etc. as opposed to the fragmentation and manipulation of the for-profit insurance industry that we suffer under now.</p> <p>Regarding marketing to the public:</p>

Count	Name	Comment
		<p>Leaders need to lead, period. There was great opposition to the Canadian health care transition, U.S. Medicare, the ACA, and anything new. But now they are all overwhelmingly supported and relied upon by the public.</p> <p>SUPPORT AB 1400 NOW!</p> <p>Thank you,</p>
37	Maria Behan	<p>Commissioner Pan mentioned learning the lessons of history, and Commissioner Comsti cited the one I think is most pertinent for the Commission's work: the rollout of Medicare. That was done on a tight one-year deadline, and it's hugely important to remember the reason for that quick rollout: because powerful groups, including the AMA, were amassing immense forces to try to kill Medicare.</p> <p>As you're all likely aware, the plan at the time was that Medicare for seniors would just be the first step before extending the program to all Americans. The subsequent steps, the part that reformers opted to do slowly, became the things that didn't happen at all.</p> <p>And here we are, more than 50 years later. We're still fighting that battle, and the forces arrayed against healthcare reform have only grown stronger. I hope the commission heeds that lesson, for the good of our state and all Californians.</p> <p>Thank you,</p>
38	Richard Gallo	<p>Dear Commissioners,</p> <p>AB 1400 was introduced in the CA legislature back in February 2021, and it would create a single-payer health care system that would fulfill the mission of the commission. There are 3 million Californians with no insurance, millions more underinsured, and we're still in the middle of a deadly pandemic. You should discuss AB 1400, include it in your final report, and help California guarantee health care for all in this urgent time of dire need. Single payer now.</p> <p>H.R. 6675, the law that created the Medicare program, was signed into law on July 30th, 1965. The transition to Medicare took one year: the bill was fully enacted and coverage was available as of July 1966. The transition to Medicare took one year, without the benefit of modern computing and technology and for a populace of seniors that spans the entire nation, not just California. There is no reason why an effective transition couldn't be done quickly and effectively.</p> <p>A quick transition to single payer is necessary to ensure that its implementation cannot be sabotaged by insurance companies by</p>



Count	Name	Comment
		<p>dropping the sickest and most costly patients and pushing them onto the government-financed program before a single-payer system is fully implemented.</p> <p>This commission's very own economic modeling shows that LTSS can be fully covered under a unified financing system while achieving cost savings. In fact, the commission's conservative modeling shows that even if we implement a system that covers all Californians, including full coverage of LTSS with no cost sharing whatsoever, California would still be saving money compared to our current system by year three. See Link on California for All Ages: Why a Master Plan for Aging?</p> <p><a href="#">Website link to Master Plan for Aging</a></p> <p>A single-payer system under AB 1400 would prevent denials of care as a result of budget cuts by making all necessary and appropriate care a right for every resident of California. If designed correctly, like AB 1400, a single-payer system would place health care decisions into the hands of patients and their health care professionals rather than in the hands of insurance companies and health care corporation boardrooms. It's the responsibility of the lawmakers on the Commission to protect the professional judgment of doctors, nurses, and other health care professionals when designing a single-payer system so that government bodies cannot single-handedly slash budgets and deny care. AB 1400 should be your model on how to do so.</p> <p>Additional information regarding managed care that benefits individuals on Medi-Cal (Medicaid-Federal terms) which helps seniors and people with disabilities especially:</p> <p>Medicaid Managed Care Models May Improve Outcomes for Elderly, Disabled Medicaid Managed Care Models May Improve Outcomes for Elderly, Disabled Transitioning elderly and disabled Medicaid beneficiaries from fee-for-service Medicaid to a managed care model may lead to improved health outcomes and more than \$100 billion in savings.</p> <p>Include peer support services for the mental health communities in California.</p> <p>Mental Wellness is possible</p> <p>With regards,</p>
39	Cheryl Tanaka	<p>Please review the <a href="#">California Physicians Alliance Road Map</a>.</p> <p>Please look into Healthy San Francisco  <a href="https://healthysanfrancisco.org/">https://healthysanfrancisco.org/</a></p>

Count	Name	Comment
		<p data-bbox="586 262 1305 327">Please invite Assembly Member Ash Kalra to speak.  <a href="#">Article: AB 1400 CA Guaranteed Health Care for All Act</a></p> <p data-bbox="586 363 1409 459">Thank you Commissioners Ghaly, Chin Hansen, Consti, Wright, Antonia Hernandez, Hsia, Sandra Hernandez, Ross and all Commissioners.</p> <p data-bbox="586 495 1430 1230">My experience with long-term care began peripherally with my father who had Parkinson's Disease and then metastatic cancer that began with prostate cancer. My mother nursed him through his long journey from the "boy she married" who had energy, was physically active and engaged in doing and making like building bookcases or painting the front of the house. Over time he lost his mobility and it was hard to watch a once agile and spry person become halting in his movements. And he would wander off once locking himself out of the house in the dead of night and luckily ringing the doorbell for my mom to let him back in. Once he locked himself out of the house while she and I were grocery shopping. Luckily a neighbor spotted him and kept him company until we got back. He stayed at home and my parents went on daily outings by bus until the day my father could not move from his bed. He had been hospitalized off and on. We had to think his last hospitalization was like the rest, but then he went into a coma from which he did not wake. During all that time, which spanned many years from the time he showed Parkinson's and prostate symptoms until his passing, my mom cared for him pretty much alone. Luckily she was already retired, they both had Medicare, Part D and supplemental healthcare coverage and were financially comfortable. But I don't know how she did it.</p> <p data-bbox="586 1266 1419 1892">After my father's passing, my mom invested in long-term care insurance via the State of California which had been her employer. We did not know how to use Long-term insurance, so assigned the benefits to the homecare agencies we eventually contracted with (would not do that again as we were always charged full price and saw few if any credits) when she developed a glioblastoma and was on palliative care for 8 months from the time the doctor's office that evaluated her cognition (since her mid-60's she had been losing/mixing up words, now at 88 she had trouble telling time and also could not use the telephone), the evaluator laughed that she might have Alzheimer's (never a laughing matter!), and did a "routine" MRI, now called frantically to take her to the ER stat because she had a such a large growth in the front left hemisphere of her brain that she might have a stroke at any time. In the hospital she remained stable, it was determined that the mass was too large to operate, but we could pursue radiation and chemo if we chose. (And we did not choose for her to make a mold of her face, so she could remain immobile while they irradiated her</p>

Count	Name	Comment
		<p>daily followed by chemo.) She could no longer live on her own. I was already semi-retired, so made the decision to stay home with her as her wish had always been to stay home. We had in home hospice with Sutter care which was just beginning, so I could have used more 24/7 in home visits. We also hired a minimum of caregivers to give me respite and a chance to grocery shop, cook/prep her meals, prep her meds, sleep. Once again we were so lucky our mom had Medicare, Part D and supplemental coverage and also had income to cover caregiver costs. I don't feel her Long Term insurance coverage benefitted us much while requiring all this paperwork. Although I got to spend quality time with my mom and would do it all over again in a heartbeat, it took a toll and would have taken an even greater one if we had not been able to afford her care.</p> <p>LTSS are imperative for everyone. Our healthcare must cover us from conception to death. We must have the resources and workforce trained to serve us at each stage of our lives. We must have the workforce and resources for chronic care because we are born with needs, have a life event that necessitates them or age into them.</p> <p>Thank you for the half hour for public comment.</p> <p>Hoping the internet connections are better in January.</p> <p>Happy Holidays to all and as always hoping for a brighter 2022!</p>
40	Jessica Craven	<p>Hi.</p> <p>I am writing in strong support of AB1400. Single payer healthcare is a top priority for me and should be for all Americans.</p> <p>I just fell in my driveway a couple of days ago and broke my wrist. I had to go to the emergency room and have a follow up surgery. Even though I have what many would consider to be good private insurance through my husband's work, because of our high deductible and the way the calendar year is about to reset we will be out between seven and \$9000 when all is said and done. And we are the fortunate ones who can come up with that money.</p> <p>This system is totally unsustainable. California has the know how, the money, and the will to do this and model it for the rest of the country. Please, this is so important; support this bill and get it done.</p> <p>Thanks,</p>
41	Janice Rothstein, L.V.N.	Dear HCfA Commissioners,

Count	Name	Comment
		<p>I am Janice Rothstein. I've been a CA nurse since 1981. I work with National Nurses United and with the San Diego Single Payer Initiative. I have no interest in preserving the profits of insurance companies, as those profits come at the direct expense to people's health and survival. We already have expert and sophisticated implementation plans for a state wide unified health plan - it's called Assembly Bill 1400. I urge all the Commissioners to study the bill and to include serious discussion of it in your final report.</p> <p>The piecemeal and wholesale denial of health services during a global pandemic screams out that enacting AB 1400/CalCare is sensible, viable and the only way we will get to equitable and comprehensive healthcare. We need a single payer plan. We need to prioritize streamlining provision of direct health services for all, and stop prioritizing profits of the privatized health industry.</p> <p>I urge you to include thoughtful analysis and discussion of AB 1400 in your final report.</p> <p>Please hear me on this next part: If you applied dressings to the stumps of missing limbs lost to diabetes as often I have, if you applied packet after packet of gauze rolls to holes in the bodies of people who lost chunks of flesh to necrotizing fasciitis as often as I have - these and too many other assaults on people's bodies all directly resulting from the lack of health care services on demand, from the mazes of gate keeping and walling people off from comprehensive health services that are a human right - you would know like we nurses do that streamlined and simplified services are a long standing public health emergency.</p> <p>This commission's own economic modeling shows that Long Term Services and Supports can be fully covered under a unified financing system while achieving cost savings. In fact, the commission's conservative modeling shows that even if we implement a system that covers all Californians, including full coverage of LTSS with no cost sharing whatsoever, California would still be saving money compared to our current system by year three.</p>
42	Craig L. Simmons	<p>California is in a unique position to become the template for implementation of a single-payer unified financing healthcare system in all 50 states due to its population of 40 million people. The multiplier effect provides the opportunity for costs to be standardized, and quality healthcare delivered to all California residents on an equitable basis without substantially raising taxes. Richard Scheffler pointed out the requirement for a tax plan, supported by the legislature, that does not impose an undue burden on lower income populations. A voter approved payroll healthcare tax would accomplish that goal. Anthony Wright and Richard Pan have stressed the need to build public trust and include the structure and implementation of a unified</p>

Count	Name	Comment
		<p>financing system in the final report. The mechanics of funding such a plan can be designed and implemented by Covered California.</p> <p>The U.S. Supreme Court approved the Affordable Care Act as a tax. I am proposing a ballot measure for the June, 2022 primary election to implement a payroll healthcare tax of \$.25 cents per hour deducted from employees hourly wages to fund preventive care, surgeries, outpatient services, prescription drugs and family healthcare. Based upon an 8 hour work day or 40 hour work week, \$6 million per hour would accrue into Covered California. Individual payroll deductions would amount to \$2.00 per day, or \$40.00 per month. The number of employees in individual companies would determine the amount deducted. Eligibility would be determined by voluntary sign-ups. Employer provided and private health insurance would be unaffected and remain in place according to policy holders choices.</p> <p>Long term support services and dental care can be included by increasing the hourly rate deduction by five to ten percent.</p> <p>The most important factor in implementation of my plan is standardization of healthcare costs. The Kaiser Family Foundation and the University of Utah have been working on standardization of costs for medical procedures including work force salaries. Cost standardization would provide a fair and reasonable structure whereby hospitals and physicians would have a "global standard" and eliminate competition for excess profits.</p> <p>The consensus of the Commission is to implement a unified financing system as quickly as possible. I have proposed to the Governor, and now to this Commission, to hire me on a one year consulting basis to relocate to Sacramento and formulate a cost standardization plan for inclusion in the final report. I will also draft a ballot measure for presentation to the legislature so that voters in California can participate in a sustainable healthcare system which can deliver quality healthcare to all California residents.</p> <p>Thank you for your interest and consideration. I look forward to a timely response.</p>
43	Anjuli Sherin	<p>To the Healthy CA for all Commission:</p> <p>I am writing as a health services provider to patients in CA, as well as a concerned citizen, with clients, friends and family members with active medical needs whose lives and health continue to be upended by a current system designed to create confusion, lack of access to needed healthcare, financial hardship or complete barrier to access, inability to access</p>

Count	Name	Comment
		<p>necessary doctors due to constraints of HMOs, arbitrary and ungoverned costs of necessary medicine, and with lack of access to in home and dignified long term care.</p> <p>I urge the commission to do their job and push forward the decades in the making and necessary single payer system of healthcare that AB1400 offers and clearly maps out. It is shocking and negligent that a state as wealthy as CA, continues to have a healthcare system that is inequitable, a source of financial hardship, profound stressor, and bankruptcy for so many everyday people, while, it panders to the profiteering of pharmaceutical and health insurance companies. The people of CA are in a majority behind single payer for all, and it is past time for the commission to move this forward and do their job by their constituents.</p> <p>AB 1400 was introduced in the CA legislature back in February 2021, and it would create a single-payer health care system that would fulfill the mission of the commission. There are 3 million Californians with no insurance, millions more underinsured, and we're still in the middle of a deadly pandemic. You should discuss AB 1400, include it in your final report, and help California guarantee health care for all in this urgent time of dire need.</p> <p>The commission can help transition to a single-payer system by helping the legislature identify and begin discussing potential new state revenue sources.</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 cannot be recouped with federal dollars. The commission must emphasize that needing to develop a financing plan is not a reason to delay passing single-payer legislation. Indeed, California must pass single-payer legislation before it can apply for necessary federal health care waivers to secure federal financing. California's legislature can discuss and debate the policy details of a single-payer system while also separately considering new state revenue plans on a parallel track.</p> <p>Furthermore, Long-term care is, in fact, health care, and it should be fully covered under any system of unified financing.</p> <p>This commission's very own economic modeling shows that LTSS can be fully covered under a unified financing system while achieving cost savings. In fact, the commission's conservative modeling shows that even if we implement a system that covers all Californians, including full coverage of LTSS with no cost</p>

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