

**Healthy California for All
November 17, 2021 Virtual Commission Meeting
Public Comment**

1. The following table shows public comments that were made verbally during the November 17^h Commission meeting:

Count	Name	Verbal Comment
1	Isabelle Storey	I'm Isabelle Storey with Indivisible California, a coalition of 80 groups. We've been watching these commission meetings very closely. And we just want to make sure that the final report is really a strong step to enacting a single payer health care system in California. We have 3 million Californians uninsured, millions more underinsured, and we're in the middle of a pandemic. And so the time to enact a single payer health care system that works for everyone is now or maybe even yesterday. The questions of financing are very important, but we need to design a system first. And I'm going to repeat that the commission ignoring AB 1400 I believe is a mistake. The legislation lays out a fully developed system with unified financing, it should be considered and evaluated. And I just want to say the commission should also do its part by studying and proposing different methods of financing. Thank you very much.
2	Sean Broadbent	Thank you. Afternoon, commissioners. I'm Sean Broadbent, co-chair of DSA LA's Healthcare Justice Committee. Instead of pondering how specifically we are going to finance a single payer system, we should be spending our time deciding exactly what that system is going to look like and come up with a wide array of options that could be combined to fund that system. The commission should evaluate the potential options to raise revenue to fund a single payer system, including how much each option could raise at varying rates or with different exemptions for working people. This is why as an elected assembly delegate, I've authored a resolution for consideration at this weekend's executive board meeting, saying this is the direction the people of California need the commission to go in. We need the commission to articulate 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 health plans or risk bearing intermediaries that make it harder and more expensive to access care. Thank you.
3	Kayla Westergard-Dobson	Hi, my name is Kayla Westergard Dobson. I'm also a member of DSA LA's Healthcare Justice Committee. Thank you to the Commission for the excellent discussion today and for moving the conversation forward on health care access for all Californians. But the commission has a well-developed blueprint for unified financing available for discussion. Right now, in AB 1400, the California Guaranteed Health Care for All act. Instead of ignoring it the commission should let Commissioner Comsti present on it. As someone born and raised in California my life has been immeasurably rocked by the lack of a single payer

Count	Name	Verbal Comment
		<p>system. The current insurance system means that I've now paid over \$10,000 out of pocket for the birth and death of my son Arthur in December 2020. As a commission meant to discuss keeping Californians healthy, you can't achieve that when Californians are forced to continue enduring medical trauma and subsequent financial trauma while we wait to design a perfect system. Unified financing is another way of saying single payer, please discuss AB 1400 now and help create a health care system that won't leave people like me out in the cold ever again. Thank you.</p>
4	Cindy Young	<p>Good afternoon, everybody. My name is Cindy Young. I'm co-chair of Healthy California Now. This was a fascinating meeting. I want to thank Ken Jacobs for that excellent presentation and the discussion that took place afterwards. I just want to remind the commission that the Kaiser Family Foundation recently came out with its annual employer survey. And it just speaks to the urgency of moving forward on a unified financing system. You've got most workers making a contribution towards the cost of their health care premium, on average workers contribute 17% of the premium and for single coverage and 28% for family coverage. And dollars that amounts to about \$1,300 per worker for single coverage and almost \$6,000 per family coverage. So, as you're thinking about how we finance this, there is already a huge burden on the employees. But also, when you look in the future and you look at the plan designs that are being offered by the insurance companies, you're seeing high deductible narrow network plans that don't serve the needs of our community. I want to thank you and encourage the commission to keep up its good work and to continue to move forward on our unified financing system. Thank you.</p>
5	Dr. Bill Honigman	<p>I'm a retired emergency room physician. As a medical professional that has witnessed the harsh inadequacy of our current commercial interest driven medical care in California over decades now I believe the financial sustainability with a unified a system for universal health care in California is a matter of settled economic and public health science. Study after study by independent academic analysts alike over decades now show overall costs are less than what we're paying now. And significant savings to individuals, households, businesses, and all public agencies with the potential to save so many lives and relieve so much suffering in this state exists. A myriad of possible mechanisms for funding the program have been suggested over the years, and the legislature only needs to settle on a few particulars suggested by this panel, put into CalCare AB 1400 and move the process forward. Please do exactly that. Now make your best suggestions on a particular mechanism for funding the new system. And let's get on with saving lives and saving money as the science tells us it most certainly will do.</p>

Count	Name	Verbal Comment
6	Denis Recendez	<p>Good afternoon, everyone. My name is Denis Recendez. I'm from Azusa and I'm an elected member with Los Angeles County Democratic Party. I'm here for two good friends who despite having a job still had to engage in two different GoFundMe campaigns to pay for the care of their prematurely born baby. In a country as great as ours GoFundMe should not be a way for working families to pay for critical reproductive care. For my two friends and for so many other reasons I believe that health care is a human right. Failing the United States government, the state of California must provide guaranteed comprehensive not-for-profit health care to all residents of the state. AB 1400 or CalCare addresses most of the questions this commission has devoted its time discussing including how we reimburse providers, how governance works, and what the waiver process looks like and more. If you truly believe in health care as a human right, then you will recommend the governor push the state legislature to pass AB 1400 so that he can sign it into law. Thank you.</p>
7	Sara Roos	<p>Thanks for the opportunity. I'm calling from West LA to say one's chances of surviving cancer shouldn't depend on whether your daddy has strategically secured good health insurance for his family. But that's why I'm here talking before you today. Nearly 40 years ago, I was diagnosed with a pediatric cancer almost no one survived. After my family stopped crying over statistics, they researched protocols and discovered one solitary physician gaining unequalled results with my abnormality. They were able to arrange treatment with him because only because I had health insurance that allowed me to visit any doctor in any state at any time. That was the perk of my father's low paying academic profession, his whole family benefited from a large group health insurance plan. His calculated sacrifice of salary for benefits paid off when catastrophe struck. And likewise, folding the state's entire population into one giant health insurance plan is the most efficient, indeed the only way to solve the problem of sharing such risks among everyone collectively. Universal health care maximizes benefits are citizens, not corporations. As a democracy, that's what we are, a government concerned by and for people. I beg the commission to get on with the task of supporting single payer health care. You're clearly juggling many parameters, but at its root AB 1400 is a reform I support, it saves money and saves lives.</p>
8	Ruth Carter	<p>Well, good afternoon, everybody. Thank you to the commissioners for the important work that you are doing for California. My name is Ruth Carter, and I'm the Chair of the California Democratic Party senior caucus. I would like to speak from the perspective of the United States, while being one of the wealthiest nations in the world it is far from the healthiest. Even before the COVID 19 pandemic Americans live shorter and less healthy lives than people in other high-income countries. We have the most expensive health care system yet the worst</p>

Count	Name	Verbal Comment
		outcomes. However, the US health disadvantage changes dramatically at age 65 when the USA rises very near to the top when compared to other first world countries. And yet what happens is when they reach 65 people have access to quality affordable health care through Medicare. Therefore, we are asking this commission to advocate for a publicly financed health care system. That as Ken Jacobs concluded will increase equity and financing and delivery for healthcare. Thank you.
9	Brynne O'Neal	Brynne O'Neal, CNA. A single payer system would reign in the rise in healthcare costs. First, we know that single payer saves money every single year. Second, AB 1400 has several specific features for a single payer system to keep costs under control, while ensuring that everyone gets the care that they need. Under AB 1400 provider global budgeting ensures that hospital spending reflects the actual costs of providing care preventing hospitals from raising prices to extract huge surpluses. Individual provider rates will be negotiated collectively and set at reasonable rates. The state will save money through bulk drug price negotiations. Plus, AB 1400 has specific mechanisms to counter ways that providers manipulate payment incentives to maximize profits, such as inappropriate diagnosis related coding or bonuses for high utilization and the system would maintain a reserve to respond to health emergencies and economic fluctuations. AB 1400 will let us provide equitable health care to all Californians for the long term. Thank you.
10	Elsa Schafer	I'm Elsa Schaefer, I chair the healthcare task force of San Mateo County's Democracy for America. I cannot be more thrilled about the direction of this conversation today, the caliber of the people speaking, and have much to carry back to my people. Thanks so much. I love the concept of looking beyond specific healthcare itself into the related areas of affordable housing and food, that was fabulous to hear. I suggest that you use the team that created Al Gore's slides for Inconvenient Truth to do that translating to the public and to physicians and to hospital groups. Because they, better than anyone else I've seen, have been able to create the story and the simplicity of getting that point across. I also am so grateful to hear so much about the Taiwan healthcare system and I've heard people say "Oh, but we're only California. We can't do it. The Fed has to do it." No, if Taiwan can do it with 24 million people, we with 40 million also can.
11	Phillip Kim	Hi, Phillip Kim with the California Nurses Association in Sacramento. The Commission needs to help California legislators figure out how to raise the necessary state revenue to replace premiums, deductibles and co pays that we're charged today. The Commission's consultants should create an interactive online calculator to show different state revenue options. The public and legislators can use it to look at different combinations of taxes on payroll, gross receipts, corporate profits, high income households, as well as redirected revenue

Count	Name	Verbal Comment
		from corporate tax exemptions, charity care tax breaks, and policing and incarceration. Each source will have different political and legal considerations. With the options on the table, the legislature can start doing its job debating and discussing a financing plan and tackling any barriers that exist. We can't keep spending too much money on too little health care because our elected officials are anxious about tax law. So please use the Commission's multimillion dollar budget and instruct the consulting staff to create an interactive online calculator that will be useful for legislators and the public as we push for CalCare AB 1400. Thank you.
12	Beatriz Sosa-Prado	Hi, good afternoon, everyone. This is Beatriz Sosa-Prado, executive director at California Physicians Alliance. And CaPA has shared with all of the commissioners our roadmap to Golden State Care, strategic steps to get California to universal coverage and an equitable health care system. It's essential that we reframe concerns about taxes and untenable state budgets to financing based on affordable public premiums deposited into a trust fund separate from the state budget. Golden State care can be financed through several possible methods. First, the focus must be on decreasing prices, where they are unjustifiably high and larger risk pools ultimately, which we could have, will decrease actual costs and prices. Second, multiple revenue sources are possible and continue to be mentioned in these meetings. For all covered benefits under Golden State care, the new revenue sources replaced all or nearly all out of pocket expenses, deductibles and co pays, etc. And so, I encourage the commissioners to read CaPa's roadmap in hopes that it will be helpful as you write your final report to the governor. Thank you so much.
13	Terry Brady	Thank you. My name is Terry Brady, I'm the chair for the Foothills Coalition for Universal Health Care. This has been one of the best commission meetings thus far that I've been able to experience. So, thank you to everyone. This is too important an issue to not invest in a single payer system, like AB 1400. This is one of the most critical issues facing all Americans now and in the future: health care. We must educate, educate, educate. As was mentioned during the meeting this morning, the 20-year effort to turn around our society as it relates to smoking took a serious investment in educating our society. Unless we give the same attention to supporting an informal and formal education program and campaign to inform all segments of our general population, exactly what a single payer system is, and will provide them through improving their total health status, it's cost effective and will save everyone money. We must seriously start that education outreach campaign now, not later.
14	Ryan Skolnick	Thank you, Ryan Skolnick with the California Nurses Association. I want to quickly address the claim that employers are going to pass on potential costs of a single payer system to

Count	Name	Verbal Comment
		workers and consumers. Because on its face, it may sound plausible, but the reality is this claim is incredibly misleading because it ignores the reality that under our current system, it's unsustainable for workers, and that the cost of our current system is already passed on to workers and consumers, both directly and systemically. Job based health insurance depresses wages and other benefits. Insurance costs are growing faster than incomes. Deductibles are growing 10 times faster than inflation over the last decade, families spend 1000s every year on premiums and deductibles and these are only expected to skyrocket. Employers as we've seen over the recent strikes hold health plans hostage to extract concessions at the bargaining table and to retaliate against striking workers. The reality people are talking about might happen already exists now. Single payer would end employer stranglehold over our health, and boost worker bargaining power to negotiate better wages and benefits and working conditions.
15	Jenni Chang	Thank you, commissioners. I'm with the board of the state Democratic Party, also with California Alliance for Retired Americans and Healthy California Now. Thank you, Ken Jacobs, it is encouraging to see your presentation in this space. I'm not getting total clarity on what unified financing means whether or not it's single payer, but I call for a sincere effort to abolish private insurance companies. It's so clear that the practice of profiteering off health has been detrimental to the health system and increasingly challenging for those who practice medicine. And as this body is considering a change in a holistic, equitable way, systemic change, I'd also like to underscore the importance of including LTSS long term services and supports. As someone whose brother is an incapacitated person and my late father who was also physically disabled, I can tell you it takes great toll on families. Support services are about individual's well-being and economic independence as much as it is about family, caregivers, and the larger community. So, dare to think creatively and think outside the box. I love the challenge that Dr. Hsiao is constantly prompting, for the body to rise to the challenge and do something extraordinary. For California to set the standard. Thank you.
16	Quintilla Avila	Good afternoon. Thank you, commissioners, for having this meeting. I am a volunteer for the California Nurses Association. I'm a naturalized citizen. And being in a family from an immigrant background we always had struggled having health care. My dad was legally blind. We know that there are so many people that need health care. The pandemic has really highlighted this. 40% of Californians are Latinos and they are the ones who are most impacted by this pandemic and need health care no matter where they go, whether it's a new job or not. So, it should not be employer based. I think that AB 1400 has all the elements that you are looking for. And it is the job of our legislators to figure out how they're going to fund it and all the details, but it's important

Count	Name	Verbal Comment
		that they really set up a system that takes care of all of Californians, no matter their immigration or employment background. Thank you for having me today.
17	Scott Johnson	I live in Auburn, I'm a small business owner, I tune pianos. My wife is a picture framer. We both have had to forego health care in the past because it's unaffordable even though we have insurance. But I'll tell you the stories of two of my colleagues. The man I learned to tune from was blind, his wife was legally blind. She had cataracts. And she went for many years with her cataracts getting worse, and she got more and more blind. It wasn't until she got Medicare that she was finally able to afford surgery and regain some of her sight. Another colleague went for two decades with debilitating pain in her back before she got Medicare and was able to have surgeries to relieve some of that pain. So the private health care system is torture for many people.
18	Craig Simmons	I'm Craig Simmons, I'm calling from Los Angeles, and I'd like to address the question of perception, which was brought up by Dr. Ghaly and Anthony Wright. In California, higher taxes are always perceived as a burden. So, my question is for the consultants, if they would consider polling the population as to whether they would vote for a payroll healthcare tax to fund a unified financing system, assuming that Medi-Cal and private and employer provided insurance all remains the same

Count of verbal comments: 18

2. The following table reflects public comments that were entered into Zoom Chat during the November 17th Commission meeting:

Count	Name	Comment
1	Betty Toto	Listen to this inspiring message let it guide your process commission: Video: Senator Nina Turner #CalCares! You should too!
2	Louise Mehler	On behalf of Patricia Chadwick: On February 24, 2019, I lost a friend and the disability community lost one of its fiercest advocates – Carrie Ann Lucas – at the age of 47. Her death was ultimately a result of her insurance company, United Health Care, refusing to pay for one specific inhaled antibiotic that cost \$2,000. As a result, she had to take a less effective drug, and she had a set of adverse reactions to this drug that led to spiraling health issues, including the loss of speech, and numerous stays in the intensive care unit costing close to a million dollars. UnitedHealth Group CEO David Wichmann's total compensation in 2019 was \$18.9 million. \$2,000 was basically pocket change for him. Because of our skewed health care system and the greed of an insurance company, four children with disabilities who Carrie Ann had adopted were left without their mom. A universal single-payer

Count	Name	Comment
		system like Medicare for All or CalCare would address this issue of insurance companies valuing profits over people's lives.
3	Terry Brady	Educate, Educate, Educate! As was mentioned during the meeting this morning the 20 year effort to turn around our society as it relates to smoking took a serious investment in educating our society. Unless we give the same attention to supporting an education program and campaign to inform all segments of our general population exactly what a single payer system is and will provide them through improving their total health status, is cost effective and will save everyone money.
4	Terry Brady	We must seriously start that education outreach campaign now NOT later. We cannot afford to have this take 20 years to reach a single payer system of healthcare. This is one of the most critical elements that will determine the success of our efforts. Chair, Foothills Coalition for Universal Healthcare https://www.facebook.com/profile.php?id=100072402669140 pccc.rep.terry@gmail.com 360-588-6103 or cell 916-740-9519
5		Listen to this inspiring message let it guide your process commission: Video: Senator Nina Turner #CalCares! You should too!
6	Betty Toto	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.
7	Louise Mehler	Building on the work that Ken Jacobs has done, couldn't someone develop an interactive tool to explore funding options? Both policy makers and the public would benefit from access to something that would show the effectiveness and impact of each combination of mechanisms.
8	Betty Toto	AB 1400 addresses most of the questions this commission has devoted its time to discussing. It addresses specifically how we reimburse providers, how governance works, what the waiver process would look like, and more. We've got your well developed blueprint for unified financing right here, friends. AB 1400, the California Guaranteed Health Care for All Act. It has specific structures for governance, reimbursement, etc. It's all spelled out in the bill. You just need to plug in the financing. "Unified financing" means health care financing comes from one source. That is just another way of saying single payer. And we already have a single-payer bill, AB 1400. It's the only "unified financing" bill that has been introduced in this session of the California legislature. The whole structure of the statewide health care system is in the bill: a CalCare board to govern the system,

Count	Name	Comment
		comprehensive benefits, service delivery; it's all in there. This commission should use AB 1400 and work on completing it with financing when drafting its report.
9	Louise Mehler	Terrific discussion today. Great thanks to the commissioners who have called attention to the practical effects of our choices on individuals, health care workers as well as patients.
10	Betty Toto	<p>AB 1400 was introduced in the CA legislature back in February, and it would create a single-payer health care system that would fulfill the mission of the commission. There are 3 million Californians with no insurance, millions more underinsured, and we're still in the middle of a deadly pandemic. You should discuss AB 1400, include it in your final report, and help California guarantee health care for all in this urgent time of dire need. Single payer now!</p> <p>There have been many studies done on the feasibility of both state and federal single-payer systems, including the Pollin study on SB 562 from 2017. These studies have all assumed a wide array of potential financing mechanisms that when combined could fund a single-payer system, and they come to the same conclusions: single payer will save lives at a lower cost than our current multipayer system. The question is not "can we afford to do single payer in California?" Instead, it is "how specifically are we going to go about designing and paying for that system?"</p> <p>It is impossible to decide on a specific financing mechanism for a system that has not yet been designed. Different single payer system design options can result in different savings and costs. We need to know what the system is before we will know how much revenue we may need to capture from different sources. Financing cannot come before legislation that would actually implement a single-payer system is debated and discussed because we need to know what we are financing and how much it will cost before we determine the specific way to do it.</p> <p>Tax increases are not the only way to finance a single-payer system. Revenue generation through fees, redirected revenue streams, and closing existing tax loopholes and exemptions for corporations and the wealthy should all be examined as potential sources of revenue.</p>
11	Peter Shapiro	Ken Jacobs did a terrific job.
12	Chris Hofeditz	<p>On our minds but only occasionally mentioned is the pre-eminence of California in our country and the world. Governor Newsom addressed the California Economic Summit last Tuesday and said that no other state or western democracy has outperformed us in growth, innovation, research and development or economic output over the past 5 years. We have established ourselves as the model for forward looking social policies, as well. This benefits us by</p>

Count	Name	Comment
		making it easier to present and pass other policies and make progress on them for ourselves and other states and countries. Our country desperately needs us to solve the social problem of healthcare that faces many on a daily basis. Solutions are being held up because of politics and corporate interference. CA can lead the way on the issue of healthcare. Let it be AB 1400 that lays out the path that keeps us at the forefront of social progress. Chris Hofeditz, Hemet, CA
13	Scott Johnson	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.
14	Gerald Rogan	I like the term "single source of funding" v. "single payer". Medicare has several payers (MACs) but one source of funding. The source of funding enjoys several revenue streams including Medicare A tax, Medicare B premiums, patient copayments.
15	Stephanie Terrazas	Agreed Sean!
16	Isabel Storey	Hi, I'm Isabel Storey, with Indivisible California, a coalition of 80 groups. We have been watching these commission meetings closely and want to make sure that the final report is a strong step toward enacting a single-payer healthcare system in California. There are three million Californians without insurance, millions more underinsured, and we're still in the middle of a deadly pandemic – the time to enact a healthcare system that works for everyone is now! Questions of financing are important – but we need to design the system first. The commission's ignoring of AB 1400 is a big mistake. This legislation lays out a fully developed system with unified financing – it should be considered and evaluated. The commission should also do its part by studying and proposing different methods of financing. Please remember that this is not an academic exercise. The commission should do all in its power to deliver a report that will be a blueprint for action.
17	Betty Toto	Listen to this inspiring message let it guide your process commission: Video: Senator Nina Turner #CalCares! You should too!
18	Allan Goetz	For Chairman G: Why has the commission NOT traded the funding schemes used by comprehensive universal healthcare systems used by more than 30 countries? What financing references have been used? Have Uwe Reinhardt's books been considered? A VERY POOR systems analysis of funding trades.

Count	Name	Comment
19	Scott Johnson	Why are there not public service announcements being broadcast on electronic media about these commission meetings? With a majority of Californians responding to polls saying they support a single payer health insurance system the commission should be reaching out to get input from a wider range of people. These hearings could provide an educational opportunity to Californians if the hearings were advertised and announced widely.
20	Betty Toto	Kayla I am so sorry....I did not know...
21	Maria Behan	As Greta Thunberg might say, "no more blah, blah, blah." When it comes to healthcare, California has seen innumerable performative displays of reform, and we can't afford yet another round of time- and money-wasting pantomime. With each day of delay, people die unnecessarily while our taxpayer dollars keep flowing into the engorged pockets of Big Pharma and the insurance industry. The way to ensure the future financial sustainability of our healthcare system is to have the courage to stand up to politically influential vested interests and adopt the model that has been shown to save money while saving lives: a single-payer system. The way for the commission to carry out the vitally important mission it was entrusted with is to develop a framework for single-payer universal healthcare in our state. Californians' future and very lives are at stake. No more blah, blah, blah!
22	Judy Jackson	I am diabetic, have COPD, and Psoriasis. I am so tired of having non-medical people limiting what my doctor can give me Recently I needed an antibiotic and my doctor ordered the same one that she got for me last April. After she got a prior authorization (because I need it in non-tablet form) the insurance turned it down because it was no longer on their formulary. Now we have to start all over again. This isn't fair.
23	Robert Vinetz	Isn't it essential to have a messaging strategy and plan to explain, educate and gain public and political support for the unified system of public financing? Shouldn't the Commission address this issue of messaging and building support for it's recommendations? Robert Vinetz, MD, FAAP "Everybody Deserves Healthcare" Medical bills bankrupted dad. So, 5-year-old Mason became homeless.
24	Scott Johnson	The commission is reported to have available funds to cover the cost of creating interactive models that will show how a combination of a gross receipt tax, targeted sales tax, and or a payroll tax would fund a California unified financing system. Why has this not been done and will this kind of model be developed and made public prior to the 2022 legislative session?
25	Betty Toto	My heart goes out to you Kayla!

Count	Name	Comment
26	Sean Broadbent	Well said Kayla. Powerful testimony.
27	Scott Johnson	The commission should design an interactive calculator with various options for financing AB 1400, and how much each different financing mechanism would raise. This would make it easy for the public and legislators alike to weigh the pros and cons of the various proposed financing options and to see which combination of them would be suitable to fully fund the program.
28	Kayla Westergard-Dobson	Thank you Isabel Storey & Sean Broadbent for your fantastic comments!
29		Agree with Terry Brady on education. Having taught Biomedical Ethics for 23 years, I can tell you that substituting a tax for private insurance, co-pays, deductibles, etc. as a method of putting more money in the pockets of real people is one of the most misunderstood concepts in this domain.
30	Kayla Westergard-Dobson	Thank you all <3
31	Scott Johnson	A climate health tax and oil severance tax are two funding sources for a California unified financing system that would also counter the epidemic of environmental racism that is currently supported by state licensing that allows polluters to poison low income and predominately People of Color neighborhoods. A state carbon/pollution tax with a progressive rebate would also reduce impacts on fence line communities by increasing financial incentives for polluters to reduce the impacts they have on those communities.
32	Allan Goetz	Kaiser will NOT exist under M4A.
33	Betty Toto	Kaiser WILL EXIST!!!! Ask Bill Honigman! He worked at Kaiser!
34	Kathleen Healey	Share of cost requires an administrative arm to assess income in order to make it progressive. Income can vary widely month to month in our economy. Administrative costs of determining SOC would likely be more expensive than absorbing the total cost of care. In addition, any SOC can discourage accessing healthcare.
35	Betty Toto	Kaiser hospitals, clinics and doctors other healthcare providers will continue!
36	Stephanie Terrazas	Yes Dr. Bill!
37	Peter Shapiro	Kaiser will do its job a lot better if it gets out of the insurance business and concentrates on care.
38	John Miller	The commission should design an interactive calculator with various options for financing AB 1400, and how much each different financing mechanism would raise. This would make it easy for the public and legislators alike to weigh the pros and cons of the various proposed financing options and to

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		see which combination of them would be suitable to fully fund the program.
39	Scott Johnson	There are potential financing mechanisms that the state could use to finance a single-payer system like AB 1400. Some of these financing mechanisms include the following, each of which have benefits and negative impacts which could be eliminated by exemptions for low- and middle-income families or small businesses: Employer-side payroll tax. Employee-side payroll tax. Gross receipts tax or fees. Corporate income and profit tax. Marginal personal income tax on high-income individuals/households. Elimination of tax exemptions for corporations, including those identified in the California Budget & Policy Center's January 2020 report on California tax breaks. Reducing health provider tax breaks for charity care or hospital fees to compensate for the reduction in charity care under a unified financing system. Redirecting state funds from policing and incarceration into a unified financing system. Wealth taxes. Use taxes. Oil or other natural resource extraction taxes. Sin taxes. Sales tax.
40	Allan Goetz	I did not see any details of a "unified financing system". This is all Blah! Blah! Blah!. M4A costs about \$100B/year for Californians.
41	Gerald Rogan	Mitigating waste, abuse, and fraud is important. For example, some Part B paid drugs and biologics remain paid under AWP methodology. OIF reports about Medicare fraud are examples over failure of competent government. We need a root cause analysis of large Medicare fraud cases to figure out how to prevent repetition.
42	Ellen Yoshitsugu	Ending our current employer-based healthcare delivery system would provide huge relief to local and state government agencies, whose budgets are being driven into the red by their responsibility for retiree health benefits. In 2017 accounting standards were changed and now require agencies to put retiree benefits on the books in the year that they are earned by employees rather than in the year they are paid out. This has created huge liabilities on the books, and created 'deficit spending', which endangers their credit rating and hence their ability to raise funds through bonds. It also harms their ability to provide services. For example, San Francisco Unified School district is setting aside 40 million dollars in
43	Stephanie Terrazas	Yes Denis! GoFund Me is not Health Care!
44	Allan Goetz	M4A save about \$100B/year for Californians.
45	Kayla Westergard-Dobson	Thank you Denis!
46	Millie and Dan Braunstein	Considering the observation of Dr. Hsiao that it is important to take the government out of the middle of the Health Care

Count	Name	Comment
		system I encourage the Commission (staff) review Chapter 2. Governance of SB 840 (Kuehl) – passed in 2006 and 2008; vetoed by the Governor both times; SB 810 (Leno) was reintroduced in the 2009 – 2010 and 2011- 2012 legislative sessions. Millie Braunstein
47	Denis Recendez	Thank you Steph and Kayla!
48	Gerald Rogan	It is not realistic to expect our medical care delivery systems to address the social determinants of illness.
49	Sean Broadbent	Well said Sara!
50		Multiply these tragic stories by 1 million and you have a good view of the Healthcare Cartel system.
51	Ellen Yoshitsugu	covid relief money to place in to a trust fund against future retiree health benefit costs. The some time the schools are losing staff and facing layoffs as well, all while the students needs are greater for so many reasons! Its a bad system. See GASB Article 75.
52)Dr Bill PDA Calif Honigman	Study after study by independent and academic analysts alike, over decades now, show overall costs are less than what we are paying now, and significant savings to individuals, households, businesses, and all public agencies, and with the potential to save so many lives and relieve so much suffering in this state. A myriad of possible mechanisms for funding the program have been suggested over the years, and the legislature need only to settle on a few particulars suggested by this panel, put it into CalCare AB1400, and move the process forward. Please, do exactly that now, make your best suggestions on the particular mechanism for funding this new system, and let's get on with saving lives and saving money as the science tells us it most certainly will do. Thank you.
53	Judy Rice	Create within the Department of Education a Health Division which could fund school nurses for each school, with health clinics and social services (providing equity for school districts with low tax bases). Then allocate the 30% of taxes that must be sent to the Education Dept be spent in the Health Division.
54	Barbara Commins	Its the job of the Legislature to work out the funding. They have the PERI study to refer to Economic Analysis of the Healthy California Single-Payer Health Care Proposal (SB-562)
55	Allan Goetz	Blah! Blah! Blah! We seem to have had the same meeting, continuously, for the last fifty years. That is the Healthcare Cartels purpose, they skim \$1T/year while we wait.
56	Allan Goetz	see pnhp.org for details of a M4A system.
57	Sara Roos	My statement, for the record. It's really disappointing that basically, taking the time to state your name and where you're from, means this commission will cut off the last sentence of your statement. smh.

Count	Name	Comment
		<p>“One’s chance of surviving cancer shouldn’t depend on whether your daddy has strategically secured good health insurance for his family. But that’s why I am here talking before you today.</p> <p>Nearly 40 years ago I was diagnosed with a pediatric cancer almost no one survived. After my family stopped crying over statistics, they researched protocols and discovered one solitary physician gaining unequaled results with my malady. They were able to arrange treatment with him because – and only because – I had health insurance that allowed me to visit any doctor, in any state, at any time. ...”</p>
58	Sara Roos	<p>“That was the perk of my father’s low-paying academic profession. His whole family benefited from a large, group health insurance plan. His calculated sacrifice of salary for benefits, paid off when catastrophe struck. And likewise, folding the state’s entire population into one giant health insurance plan is the most efficient, indeed the only way to solve the problem of sharing such risk among everyone, collectively.</p> <p>Universal healthcare maximizes benefit for citizens, not corporations. As a democracy, that’s what we are: a government concerned by and for the people. I beg this commission to get on with the task of supporting single-payer healthcare. You’re clearly juggling many parameters, but at its root, AB1400 is a form I support; it saves money and patently obviously most importantly, it saves lives in the same manner mine was, as well.</p>
59	Gerald Rogan	<p>OF the doctors who receive medical school loan forgiveness in exchange serving Medi-Cal patients for 5 years, only 3% chose to serve them in a "private practice." Most work for FQHCs, academic, and emergency departments. Based on my experience as a PCP for 18 years in my own business, it is not economically feasible to invest in one's own practice to serve Medi-Cal patients because reimbursement is too low-about the cost of overhead with no income for the physician.</p>
60	Kayla Westergard-Dobson	<p>Thank you to the commission for the excellent discussion today, and for moving the conversation forward on healthcare access for all Californians. But, the commission has a well developed blueprint for unified financing available for discussion right now - AB 1400, the California Guaranteed Health Care for All Act. Instead of ignoring it, the commission should let Commissioner Comsti present on it for dedicated discussion. As someone born and raised in California, my life has been immeasurably rocked by the lack of a single-payer system. The current insurance system means I’ve now paid over \$10,000 out of pocket for the birth - and death - of my</p>

Count	Name	Comment
		son Arthur in December 2020. As a commission meant to discuss keeping Californians healthy, you can't achieve that when Californians are forced to continue enduring medical trauma, and subsequent financial trauma, while we wait to design a perfect system. Unified financing is another way of saying single payer. Please discuss AB 1400—and help create a health care system that won't leave people like me out in the cold ever again.
61	Allan Goetz	France and California have almost identical economies. California is a bit richer. We can have M4A.
62	Jiyong Carolyn Park	i encourage folks to support public banking at the local and federal levels as a way to fund this. https://publicbanking.us/ https://publicbankla.com/index.php/news/53-news/158-los-angeles-needs-a-public-bank
63	Gerald Rogan	Decoupling medical care insurance from employment is a good idea.
64	Barbara Commins	Thank you Phil!
65	Ruth Carter	My statement for the record - While the United States is among the wealthiest nations in the world, it is far from the healthiest. Even before the COVID-19 pandemic, Americans live shorter and less healthy lives than people in other high-income countries. We have the most expensive health care system, yet the WORST health care outcomes of countries that are economically similar. However, the US health disadvantage changes dramatically at age 65 when the USA rises very near to the top when compared to other first world countries. And, what happens at age 65 – people have access to quality, affordable health care through Medicare. Therefore, we are asking this commission to advocate for a publicly financed health care system that as Ken Jacobs concluded will increase equity in financing and delivery for health care. These results can be verified in a publication from the National Research Council and the Institute of Medicine of the National Academies publication, Shorter Lives, Poorer Health.
66	Kayla Westergard-Dobson	Thank you Phil!
67	Chris Hofeditz	My name is Chris Hofeditz. I live in Hemet, CA. Thanks to the commission for giving me time to speak. I start with a question. Is it time to begin making decisions? Commissioner Rupa Marya suggests that we make some bold steps. I suggest that the commission adopt Assembly Bill 1400 as the road map ahead. It would serve to give specific direction for the commission to move toward. The 1st support column should be to design an interactive calculator with various options for financing AB 1400, and how much each financing mechanism would raise.

Count	Name	Comment
		Commissioner Comsti suggests this would make it easy for the public and legislators alike to weigh the pros and cons of the various proposed financing options and to see which combination of them would be suitable to fully fund the program.
68	Paul Sherman	We need to eliminate the trend of private for-profit employer-sponsored "benefit" in general. that means healthcare and it also means retirement (IRA, 401k, etc). the only "benefit" we need from pur employer is the right to organize. let us take away the chance for capitalists (i.e., employers) to offer retirement and health benefits -- both private -- and let us put that chance and responsibility back into the public sector.
69	Allan Goetz	We need specific plans to debate. Blah! Blah! is not moving things forward.
70	Dessa Kaye	This commission doesn't have to design a perfect, fully-formed, definitive, hard-and-fast health care system. AB 1400 is a workable framework on which to stand up a single-payer system right now! Then, as we gain experience and just as existing single-payer systems around the world already do, the administrative commission that will be overseeing the system's implementation and governance will continually monitor and revise the coverage and costs and make adjustments. It will be a work in progress, not a fait accompli. We need universal, sustainable, equitable health care for all Californians NOW. We have talked this issue to death. The answers exist already in use in the real world. We need action. Thank you.
71	Betty Toto	Road Map strewn with road kill!! Blah Blah!
72	Ginny Madsen	I would be willing to pay to a government agency what now I pay to insurance companies if it would mean more streamlined bureaucracy and health care.
73	Chris Hofeditz	When our healthcare for all bill is implemented, it is reasonably projected that there will be greater demand for health services. This will be the result of many who join the system in need of healthcare that they have deferred and those who are seeking preventative medical evaluations. Greater numbers of health practitioners will be required. We should begin immediately to increase the number of healthcare workers being graduated at all levels of medical training. The demand will be there at the start and so we should get ahead of it rather than wait. I think that number of graduates is highly regulated by the medical boards in California. They should be brought into this discussion in order to get their cooperation and contribution to a plan to address the expected demand. There are many underlying factors to universal, single-payer healthcare that need to be addressed now. When we look deeper into the provisions of such a broad, wide-reaching bill we see many areas like the example

Count	Name	Comment
74	Kayla Westergard-Dobson	Agreed, Ryan!
75	Sean Broadbent	Ryan Skolnick spitting straight fire.
76	Stephanie Terrazas	Yes Ryan!
77	Allan Goetz	This information campaign was tried in Michigan, google Michcare. The governor candidate proposing M4A, lost.
78	Gerald Rogan	Consider funding all vaccinations and immunizations through public health department funding, not through medical care insurance. delivery through multiple provider. Let's see if our government is able to do it-- it's a place to start.
79	Bruce McLean	Jenni Chang - Long-Term Services & Supports is an essential element of healthcare.
80	Sean Broadbent	Thank you Jenni! Powerful testimony of why we need single-payer!
81	Allan Goetz	RYAN! RYAN!
82	Gerald Rogan	Making medical care insurance companies illegal is unnecessary and probably unconstitutional, not politically feasible, and not necessary to fix our problems.
83	Allan Goetz	COSTI! COSTI!
84	Pilar Schiavo	Thank you to Ken Jacobs and the UCLA Labor Center for your important research and making clear we cannot afford our current system, and must move to a single payer system to both reach true health equity and save money while covering every single California. As the organizer for Healthy California Now - we also ask that commissioners consider these additional points when it comes to financing: https://healthyca.org/talking-points-for-the-healthy-california-for-all-commission-meeting-on-november-17-2021/
85	Martha Kuhl	Continuing to not create an equitable financing system for health care will not fix any other of the glaring inequities in our society. Arguably the biggest cause of racial health inequities is the fact that there are major disparities along racial lines in terms of uninsurance rates. In 2017, 10.6 percent of Black people, 16.1 percent of Latinx people, and 14.9 percent of Native Americans were uninsured compared with 5.9 percent of white people. The underinsured face a virtually insurmountable financial barrier to getting the care they need. A single-payer system like the one in AB 1400, called CalCare, would eliminate uninsurance, and other financial barriers to care such as high rates of cost sharing. As a nurse at a "safety net" hospital I see this played out in all aspects of health care. The commission ignoring AB 1400 is a mistake. Martha Kuhl RN
86	Chris Hofeditz	What!!!!
87	Mari Lopez	The problem is not about whether we can afford to pay for single-payer; but rather it's a reallocation problem. Under single-payer, California would spend less money on

Count	Name	Comment
		healthcare every single year than we do under our current system. In other words, we already pay for it. Instead of premiums, deductibles, copays, and surprise bills, which hurt low-income families the hardest, we could institute a tax or fee system, drawing on a diversity of sources to cover the costs of the system not paid for by federal dollars and that is progressively structured or has appropriate exemptions for working families and small businesses. The Commission must help the legislature start its discussion of what this revenue-generating system would look like. Give them some options to debate.
88	Sara Roos	There are 12 more people in the queue. Why on earth can they not be allowed all to speak?
89	Betty Toto	The Commissioner let PAN filibuster with nonsense leaving no time for public comment!
90	Carmen Brammer	My name is Carmen Brammer. I reside in San Jose Assembly District 27. I echo the comments of Commissioner Jennie Chin Hansen that LTSS is a key component that must be included in the modeling. To that end I urge the commission to support and adopt AB 1400 which was previously introduced in the CA legislature in February. My Mom has dementia and our family has been significantly impacted by the cost of her care. The great thing is that AB 1400 already includes a long term care provision and it creates a single-payer health care system that would fulfill the mission of the commission. AB 1400 should be a part of your discussions and included in your final report. Help California guarantee health care for all! Single payer Healthcare now!
91	Betty Toto	The Commissioner let PAN filibuster with nonsense leaving no time for public comment!
92	Gerald Rogan	Expanding long term care benefits should not be an initial focus.
93	Betty Toto	The Commissioner let PAN filibuster with nonsense leaving no time for public comment!
94	Chris Hofeditz	I'm sure we can go 15 more minutes, Can't we?
95	Sara Roos	what Betty Toto says...
96	Marian Mulkey	Comments may also be emailed after the meeting to HealthyCAforAll@chhs.ca.gov
97	Allan Goetz	Ken Jacobs did a poor system analysis job. Did not review existing literature or other comprehensive universal care systems. I am saddened by the hackery, corruption, and incompetence exhibited.
98	Sara Roos	Repeat Chris Hofeditz' inquiry: can we not go 15 more minutes??
99	Richard Dawson	It is clear from numerous studies that single payer is the most economical way to provide health care while also making health care available to all. This committee should focus on AB1400 and how to finance it.

Count	Name	Comment
100	Val Hinshaw	Today's presentation of possible sources of unified financing by Ken Jacobs shows that the question of "how do we pay for a single payer healthcare system" can be answered. Now it is incumbent on this commission and California's legislators to move the ball forward to achieving universal healthcare. Use AB1400 as a model and build on it if you think you can improve on it. The point is - California wants and deserves universal healthcare.
101	Riley Brann	Single payer can improve California's economy by relieving low-and middle-income families from growing medical debt, out-of-pocket costs, and insurance premiums. The current system of health insurance is a drag on our economy because it ties healthcare to employment and leaves working people on the hook for increasing health care costs. Under single payer, people would no longer be locked in their job because they're scared of losing their health insurance. By eliminating the costs of employer sponsored insurance, single payer would also be a boost for small businesses, which could hire more people with competitive salary and benefit packages. And if everyone receives primary and preventative care, and medicines with no fees at the point of service, then fewer people will need to leave the workforce because of preventable illnesses and disabilities. No Californian will go bankrupt due to medical debt. Single-payer won't just make healthcare system more financially sustainable – it will make daily life more sustainable for every Californian.
102	Wendy Carmona	As a insulin dependent diabetic and nurse, CalCare/ single payer is a must! I have paid hundreds, if not thousands, in medical costs. This money could have gone to housing or other things. We all need quality healthcare, not just the select few.
103	Paul Berolzheimer	You of course will get a lot of pushback from people in the health insurance industry, saying that doing this will cause them harm and damage their businesses, but stay strong and remember that they will not suffer- they have been making billions and billions of dollars for a very long time by controlling the healthcare of Californians and all other Americans and in many cases causing harm by withholding need care, and it is time for them to step back and let us build a system that will serve the main priority of promoting public health.
104	Carol Moné	Hey! I have an idea. Let's try out AB1400--how bad could it be? Seems like it would solve the problem.
105	Alyssa Kang	The cost of the current healthcare system is unsustainable. We pay more for worse care than any other high-income country. Healthcare costs in the US consistently rise more rapidly than inflation. The rising cost of healthcare in this country is not a reason to worry about how we'd pay for a

Count	Name	Comment
		government-run system. It's a reason to enact a single-payer system now. Like dozens of other studies, the consultants' modeling shows that under a single-payer system, we would save money. We wouldn't waste funds on administrative and billing costs for multiple health plans. We could negotiate better prices for services and drugs. California would control healthcare spending directly, keeping providers accountable by making sure they spend healthcare dollars on care not profit. We could have standards to make sure money is spent on care. These controls on provider profiteering and prices can be written into the program, like AB 1400 does. Sustainability requires single payer. - Alyssa Kang (she/her), CA Nurses Association
106	Sara Roos	Why adjourn with so few public left in the queue?
107	Jeffery Tardaguila	Commission needs to educate not just the 200 thru this call. you need to educate all individuals in leg.
108	Gerald Rogan	We should support effective medical staff peer review.
109	Peter De Gregorio	Hi from Salinas, CA
110	Corinne Frugoni	Complexity of our current health care system is one of the major drivers of our health care costs. Corporations benefit from this complexity which is how they make their profits. Fraud and abuse are the loopholes to gain profit. Therefore no motivation on their part to reduce this complexity. our profit driven complex system contributes to staff burn out and patient frustration. Burn our leads to despair, diminishing our work force and it contributes to fraud and abuse. That's the name of the game driven by profit. In response to Senator Pan's comments about overly concentrated power. Yes, Trump got elected but he was voted OUT. How many corporate directors and CEOs have been voted out because they have no accountability to the public, only to shareholders. Medicare Advantage is NOT single payer. MA is privatizing traditional Medicare. Even Congress is examining how MA is cheating traditional Medicare and depleting it's budget. the DoJ is suing Kaiser's medickare Advantage program for \$1 billion
111	Allan Goetz	You are wearing me out. Blah! Blah!
112	Betty Toto	Listen to this inspiring message let it guide your process commission: Video: Senator Nina Turner #CalCares! You should too!
113	Beatriz Sosa-Prado	Read CaPA's Road Map here: Road Map
114	Corinne Frugoni	AB 1400 provides the best template for creating a SP system.

Total Count of Zoom chat comments: 114

3. The following table reflects public comments that were emailed to the HealthyCAforAll@chhs.ca.gov email address before the November 17th Healthy California for All Commission meeting:

Count	Name	Comment
1	Gerald Rogan MD	Medical care delivery and its financing are separate concepts. Can concierge physicians coexist with salaried FQHC providers? Is the "corporate bar" in California unsustainable?
2	Craig Simmons	Can we have an open discussion Re. implementation of a voter approved payroll healthcare tax as a funding mechanism for a unified financing system?
3	Francisco Bjorn	<p>I'm a politically active business owner in Burbank, CA who helped to raise funds for the Democratic party in 2020.</p> <p>I just want to say that a state-wide Public Option should be seriously considered as a first step toward achieving universal coverage across the state.</p> <p>"LA Care" here in Los Angeles County has been a strong proof of concept for decades now and we have other states like WA and CO recently enacting state-wide Public Option plans. It seems counterintuitive for deep blue CA to not be on that list already.</p> <p>The road from regular ACA to Public Option to a potential future Single Payer program currently feels more attainable at the state level that simply always forcing it to be a binary yes/no on Single Payer vs regular ACA.</p> <p>Please consider seriously discussing the strengths and drawbacks of starting with a Public Option, at least as an achievable first step recommendation to be passed before heading into the 2022 cycle.</p>
4	Cheryl Tanaka	<p>The Asian & Pacific Island Health Forum is holding Voices 2021 Nov 16-17, featuring films, panels, etc. I registered for the film "Not Your Model Minority" and Ke Aloha Mau-Perpetuating the Benefits of Culturally Responsive Care. All seem to be free.</p> <p>Info</p> <p>Register for events/film</p>
5	Patty Harvey	<p>Question around the concept of responsibility on providers to lower costs:</p> <p>Why hasn't the Commission addressed a huge source of rising cost that drive out-of-control HC spending, NAMELY;</p> <p>The profit, overhead, administrative waste and abuse by corporate insurance companies to the tune of 30 cents on the dollar?</p>

Count	Name	Comment
		<p>FOR EXAMPLE: MA has been overpaid \$143 billion in the past 20 yrs.</p> <p>And health insurance companies have paid out penalties of \$350 billion for fraud.</p> <p>SO: why couldn't the AQC structures described by Dana and the global budgeting described by Joshua be administered by a not-for-profit government agency, thereby obviating insurance profit, overhead, waste and abuse?</p> <p>Incidentally AB 1400 is a vehicle that would deliver these concepts.</p> <p>"In 2019, differences in diagnostic coding caused Medicare to pay MA \$9 billion more than it would have spent if the same beneficiaries had been enrolled in FFS Medicare."</p> <p>Medicare Payment Policy, Report to the Congress, Medicare Payment Advisory Commission, March 2021</p>
6	Jeffery Tardaguila	<p>I understand you have only to come up with a plan . You need to do more . How do you fix a broken Public Healthcare system. How do you take care of people ?? What are you not doing ? Mark you need to do better...</p>
7	Kathleen Miles	<p>Greetings. I am writing to speak up on behalf of universal public health care in California as currently under review.</p> <p>I am most familiar with the economic studies done at the University of Massachusetts/Amherst, but other studies have pointed to the efficacy and cost savings that would proceed from publicly-funded, comprehensive, universal health care.</p> <p>"Single-payer" is the term used for the program model I favor for its simplicity and transparency.</p> <p>There is no question in my mind that removing corporate profits from health care will reduce costs and make it possible to deliver care to everyone. There are other savings beyond those related to corporate profits, such as the lower cost of treating illnesses before complications develop and the reduced cost to society when people are able to function normally and independently.</p> <p>It's high time to end the foolishness, not to mention the immorality, of private for-profit health care that leaves so many people needlessly ill, destitute, and subject to premature death. Let's do it, the sooner the better.</p>

Count	Name	Comment
8	Paula McNamee	Medical care should NOT be an investment on the backs of citizens. Insurance companies & pharmaceutical companies profits are inhumane! Medicare for all puts equity back in healthcare.
9	Jo Ann Bollen	Hello, I'm a delegate that has sponsored a Resolution calling on the Commission to support a single-payer unified financing system, like Medicare for All and CalCare, that eliminates the role for health plans or risk-bearing intermediaries that make it harder and/or more expensive to access care. Please support this system! Thank you,
10	Eberhard Brunner	Hello, I am originally from Germany and have lived half of my life in both countries. I am shocked how expensive and bureaucratic health insurance is here in the States. My wife and I moved back to CA in 2017. Because I have a job, we have health insurance, however the system here is stupid. In Germany health insurance coverage is tied to the person, not a job! This means that one NEVER loses coverage even when one becomes unemployed or is self-employed. The State takes over insurance coverage in case of unemployment. Also, insurance cost is based on income levels - the cost is progressive with a cap above a certain level (~\$500/month). Employed people split the insurance cost 50-50 with the employer, while self-employed people have to pay 100% (one small flaw in the German system). Coverage is near 100% with very little out of pocket expense after the monthly premium. One can NEVER go broke because of health insurance in Germany unlike here in the States. I truly wish that CA will lead the way in implementing a system more like Germany's. Medicare for All might be a step in the right direction, but ultimately what we need is a system that attaches health insurance to a person and then scales the ability to pay from zero at one end to a maximum cap. One should never lose it. Furthermore, having health insurance coverage from birth until death will allow people to take more risks for entrepreneurship and life in general.
11	Sheila goldmacher	MEDICARE IS THE ONLY VIABLE SYSTEM. IT WORKS FOR SO MANY OF US, IT WILL WORK FOR US ALL. HEALTHCARE IS A HUMAN RIGHT!
12	Sonja Brodt	To the Healthy California for All Commission: I am submitting this as a public comment. I am writing, first, to thank you all for your time and effort in doing a thorough job of

Count	Name	Comment
		<p>considering all aspects of providing universal access to health care for all Californians.</p> <p>Second, since the topic of this Wednesday's meeting is financial sustainability, I sincerely urge you to consider the financial merits of a single-payer system. As demonstrated by Cai et al. in their review of 22 economic analyses of single-payer healthcare financing, published in PLOS Medicine in 2020, single-payer systems are almost universally projected to reduce overall spending via multiple sources of savings. Moreover, such reductions in spending are projected to increase over time, and the authors even suggest "that concerns about health system cost growth with single-payer may be misplaced."</p> <p>I hope that the Commission will give thorough consideration to a single-payer system as the means to achieving truly universal and affordable coverage to all Californians. This is some of the most important work anyone in California can be doing right now, even more so in light of the grave health equity problems made more apparent than ever by the COVID-19 pandemic.</p>
13	Roberta Frye	The vast majority of people want and need single payer healthcare. Please endorse it.
14	Jim Burfeind	<p>Dear commission,</p> <p>I have many years of experience as a member of my local CTA bargaining team. Every year my district opens negotiations by saying no salary increases are possible because the cost of health insurance has increased too much.</p> <p>I mention this because school districts in California spend enormous amounts of money on health insurance. Consider \$600 a month, for 12 months, for 400,000 school employees. That's 2.9 million dollars.</p> <p>Lots of that money is wasted going to overhead and profits of the insurance companies.</p> <p>We need to eliminate the insurance companies and use the money we are already spending to fund a program like is proposed in AB 1400.</p>
15	Tim & Lisa Jouet	<p>If we're so concerned that we won't be able to "afford" single payer, it would certainly help for someone to explain why it is such a terrible system for nearly every other functioning nation on Earth. This whole song and dance we put on about living in the greatest, richest country in the world, yet can't figure out how to care for ourselves, is simply insulting to everyone at this point.</p> <p>Tim & Lisa Jouet</p> <p>tag, you're it</p>
16	Peter Weiner	A needed program.

Count	Name	Comment
17	Cheryl Tanaka	<p>Tomorrow on Youtube and FB.</p> <p>Schedule in which many of the same issues as the commission's are discussed https://www.voicesconference.org/schedule-of-programs</p> <p>Panelists - here are the community experts to ask; some collect community data https://www.voicesconference.org/panelists</p>
18	Michelle Verne	<p>Hello Healthy California for All Commissioners,</p> <p>Hope you are doing well. My name is Michelle Verne and I live in Woodland Hills, Los Angeles County. I'm a California State delegate, a member of the Los Angeles County Democratic Party Committee and President of Feel The Bern San Fernando Valley Democratic Club. I'm sending comment today in hopes the commission will really investigate a single payer healthcare system in California. For example, CalCare/AB1400 is an amazing piece of legislation that can and should be used as a template for the commission's recommendations.</p> <p>As an employee of this immoral for-profit health insurance industry for the last 30 years. I can say, I do not believe this system is beneficial in anyway. In the last 10 years of employment my kids were on Medi-Cal because, my employer, UHG, would not pay me enough to afford their own HMO healthcare. That is atrocious, and there are many more like me. The taxpayers are subsidizing health care for the employees of healthcare insurance companies. I'm not sure anyone is aware of how bad this situation is. How much worse is this going to get before we move forward with Single-Payer Guaranteed Healthcare for all? No more excuses, no more beauracracy.</p> <p>This is the 5th largest economy in the world and we've wanted this for years and all everyone does is keep talking about it. The United States of America is the only developed nation that does not recognize healthcare as a human right. This is an absolute disgrace. California should be the first state to lead this nation in creating a guaranteed healthcare system for all.</p> <p>Now is the time,</p>
19	MsLD	<p>To All Parties Concerned To all CA Stakeholders.... Happy Tuesday 11-16-21 Please endorse, support, move forward AB1400 single payer health care for all Californians!! Now is the time! Coming through Covid19 pandemic and having lost millions of American lives.... We have never needed Universal health care/ single payer system MORE than Right Now-2021!!</p>

Count	Name	Comment
		<p>Our health is intertwined with all Fellow AMERICANS. AB1400 would guarantee universal health care for all Ca taxpaying citizens. Please please.... The time is finally here! Before the NEXT PANDEMIC arrives on our shores..., move forward to pass AB 1400 and support all CALIFORNIANS HEALTH! We need this legislation now Thank You for your consideration,</p>
20	Carol Fodera	<p>To Whom It May Concern:</p> <p>What will it take for California to lead the way to universal health care? We are the 5th largest economy in the world but we are not taking care of our fellow Californians. When 2/3rds of US personal bankruptcy filings are primarily due to medical bills, the cost of health insurance provided by employers continues to rise (https://www.kff.org/report-section/ehbs-2021-summary-of-findings/?utm_campaign=wp_the_health_202&utm_medium=email&utm_source=newsletter&wpisrc=nl_health202#figurea), when medical care is delayed and denied and when people don't see the doctor because they can't afford co-pays and deductibles, it's obvious that the system is broken and corrupt. Health care like education should not be a profit making venture. We have wonderful doctors, nurses and therapists but insurance companies deny patients access. Health insurance is not health care. AB 1400 will provide universal and comprehensive coverage because for-profit insurance companies will not be able to deny and delay care. Please support AB 1400.</p>
21	Millie Braunstein, RN	<p>Dear Dr. Ghaly and Commissioners,</p> <p>Your leadership and the deliberation of the Commissioners is greatly appreciated. For far too many years, adequate, timely access to health care has resulted in adverse health outcomes for Californians. A unified financing system can be designed to focus on public health that can result in lowering costs and at the same time improve health outcomes for everybody.</p> <p>Over the decades that single-payer bills have been introduced in California, the opponents have spread the myth that we cannot afford single payer. However, the research evidence*, has concluded that single-payer financing would reduce health expenditures while providing high-quality insurance to every resident in the state.</p> <p>A well-designed financing system will be able to include all residents and expand coverage to include vision, hearing, dental, and long-term care. Additionally, there can be enough money in the system so that premiums, deductibles and co-pays can be eliminated.</p> <p>Actual costs for a new system will depend on the features of the model and the implementation plans that are developed.</p>

Count	Name	Comment
		<p>Proposed sources of revenue include: 1) placing funds being spent for current public programs into a California Health Care Trust Fund, 2) saving money with streamlined administration, unified data collection, cost controls, and 3) levying a progressive tax.</p> <p>It has been estimated that California taxpayers** now pay for at least 70% of health care expenses through public programs (Covered California, Children’s Health Insurance Programs, MediCal, Medicare, etc.). Consolidating these funds can pay for up to 2/3 of the costs of financing single payer.</p> <p>With a single-payer financing system, several areas of savings can be realized. These include simplifying administration, reducing waste and fraud, and building in cost control measures. Overhead costs can be reduced from the 20% to 30% spending by multiple private insurance companies to 5%. Money now being spent for unnecessary complex billing and payment systems can be shifted to clinical care.</p> <p>With a unified data base, comprehensive clinical data can be easily accessed. This can help reduce duplication and facilitate tracking and evaluating care. Additionally, data can be used more readily detect waste and fraud. Further savings can be realized by negotiating prices for drugs and medical equipment and provider budgets.</p> <p>Revenue to fund the system can be generated by progressive taxes. Several models have been proposed. In 2017, a funding proposal for SB 562***, The Healthy California Act, included two new taxes: A gross receipt tax for all businesses and a sales tax for families. Most businesses would have seen either a decrease in or little change in health expenditures. Low-income families would have been exempt from a new tax, and health care spending for middle-income families would have fallen sharply.</p> <p>It is time to make the move to a sustainable system for the health of individuals, families, the workforce and the economy of California.</p> <p>Hyperlinks for the studies:</p> <p>*https://doi.org/10.1371/journal.pmed.1003013</p> <p>**http://healthpolicy.ucla.edu/publications/Documents/PDF/2016/PublicSharePB_FINAL_8-31-16.pdf</p> <p>***https://www.peri.umass.edu/publication/item/996-economic-analysis-of-the-healthy-california-singlepayer-health-care-proposal-sb-562</p>

Count	Name	Comment
22	Charles Victorio	<p>Rationing and denial of care occur today under our system of private insurance. This is often self-imposed because people cannot afford health care. Even those who have insurance delay care because they cannot afford the copayments or deductibles. Because financial barriers imposed by premiums, deductibles, and cost-sharing would be eliminated under a single-payer program like AB 1400, self-imposed delays in care related to affordability, which are common in our current private insurance system and public programs, would no longer occur.</p> <p>Not all revenue to fund a single-payer system has to come from taxes, and not all taxes require voter approval to implement. Different questions on revenue generation and spending may apply depending on what revenue plan is developed, which in turn depends on the specifics of the single-payer system.</p>
23	Wil Bee	<p>We need to lead way to healthcare for all people not for corporate profit.</p>
24	Reggie Wong	<p>Y'all needed to have single payer healthcare YESTERDAY! We're stumbling through the second year of a pandemic which would've been alleviated with single payer healthcare system. It's ridiculous people must worry about having insurance in order to get Covid tests! Think about the deaths and misery we could've avoided if people were able to see a doctor when they needed to.</p> <p>Don't get me started on Governor Newsom vetoing AB279 which would've prevented nursing homes from kicking senior citizens out during a pandemic. Newsom did that because he was influenced by the nursing home lobbyists. It's time we stop listening to lobbyists and donors when considering the health and welfare of people. Single payer healthcare will eliminate that with the help of modest taxes.</p> <p>Covered California isn't doing too great covering us either. The people helping you get coverage are rude and don't know what they're doing. They obviously don't know about healthcare and they're condescending to people who are in dire financial situations. When you log onto the Covered California site, you're given the option of getting the bare minimum plan to avoid a tax penalty or pay much more just to get decent coverage. No one should be asked that question.</p> <p>We need single payer now!</p>

4. The following table reflects public comments that were emailed to the HealthyCAforAll@chhs.ca.gov email address during the November 17th Healthy California for All Commission meeting:

Count	Name	Comment
25	Tomisa Starr	<p>Good morning, to the Healthy California for All Commission</p> <p>My name is Tomisa Starr and I am a Scleroderma Foundation BIPOC co-facilitator. I am a rare disease patient here in solidarity with the CNA and in support of CalCare (AB 1400).</p> <p>I would like to speak to the Commissioner's objections to Single-Payer regarding the downsides of fee-for-service reimbursement.</p> <p>There are several different mechanisms that can be used to hold the few providers who abuse fee-for-service reimbursement under a single-payer system accountable, and AB 1400 would establish these kinds of checks on all forms of reimbursement, including fee for service. For example, AB 1400 includes fraud prevention and enforcement mechanisms, reporting requirements that allow review of health care use and comparison across the entire state, measures that eliminate problematic payment incentives, and strong coding transparency features, as well as a duty of patient advocacy that requires providers to prioritize patient needs over economic factors.</p> <p>As a rare disease patient, AB 1400 strong coding transparency features and requiring that providers prioritize patient needs would also make it easier for rare disease patients to get the care we need, especially those patients of color like myself, who have difficulty getting access to appropriate care.</p> <p>Thank you, for the opportunity to make a public comment in response.</p> <p>"Of all the forms of inequality, injustice in health care is the most shocking and inhumane." — Rev. Dr. Martin Luther King, Jr.</p>
26	Lindsokamura	Please pass single payer healthcare in CA. Now!! People are dying!
27	Chrys Shimizu	<p>There have been many studies done on the feasibility of both state and federal single-payer systems, including the Pollin study on SB 562 from 2017. These studies have all assumed a wide array of potential financing mechanisms that when combined could fund a single-payer system, and they come to the same conclusions: single payer will save lives at a lower cost than our current multipayer system. The question is not "can we afford to do single payer in California?" Instead, it is "how specifically are we going to go about designing and paying for that system?"</p> <p>Thank you,</p>

Count	Name	Comment
28	Patty Harvey	I wonder if anyone has remarked on the fact that under the slides, What We Want and Analytic Implications, all criteria are aptly met in a single-payer system as laid out in AB 1400. WHY must you keep avoiding this reality and refuse to recognize the potential success of single payer, especially as it has been repeatedly verified by a panoply of studies and by the clear evidence of every other advanced nation on earth for the past many decades. WHY must you keep wasting time dithering over frankly destructive options like keeping ANY for-profit agencies and the clearly demonstrated ineffectiveness and fraud-inducing capitation schemes.
29	Chrys Shimizu	Ken Jacob described a universal payment system that would save a tremendous amount of money even budgeting for a just transition for displaced workers and expansion to cover everyone. His excellent description is extremely close to what AB1400, the CalCare bill introduced by Assembly Member Ash Kalra, lays out. After listening to everything Mr. Jacob described it seems appropriate to discuss AB 1400 specifically so we can all see how closely it compares. Not doing so is irresponsible and wasting precious time. Thanks!
30	Patricia Chadwick	On February 24, 2019, I lost a friend and the disability community lost one of its fiercest advocates – Carrie Ann Lucas – at the age of 47. Her death was ultimately a result of her insurance company, UnitedHealthCare, refusing to pay for one specific inhaled antibiotic that cost \$2,000. As a result, she had to take a less effective drug, and she had a set of adverse reactions to this drug that led to spiraling health issues, including the loss of speech, and numerous stays in the intensive care unit costing close to a million dollars. UnitedHealth Group CEO David Wichmann’s total compensation in 2019 was \$18.9 million. \$2,000 was basically pocket change for him. Because of our skewed health care system and the greed of an insurance company, four children with disabilities who Carrie Ann had adopted were left without their mom. A universal single-payer system like Medicare for All or CalCare would address this issue of insurance companies valuing profits over people’s lives.
31	Peter De Gregorio	Hi, Looking forward to helping the great healthcare plan become reality.
32	Peter De Gregorio	Hi, No sales tax increase, businesses would be willing to get rid of healthcare benefits for their current cost because businesses will save on personal work on healthcare.

Count	Name	Comment
		<p>You should really focus on silo healthcare where businesses will save on productivity. This is where the financing would be.</p> <p>Thank you,</p>
33	Chrys Shimizu	<p>I loved the phrase Rupa Marya coined: How do we make California a "Health Envisioner"</p> <p>Thanks!</p>
34	Barbara Commins RN	<p>Dr. Wood,</p> <p>You have taken a lot of money from Pharma. (see below) Don't you think that is part of the problem with the obstruction and delay in reforming our health system?</p> <p>Will you pledge to stop taking money from ALL Health and Insurance? Pharma Non-Individual, Corporate, Non-Profits 2010-2020 Jim Wood Show Me - FollowTheMoney.org</p> <p>All Health and Insurance industries 2010-2020 Non-individual, Corporate and Non-Profits Jim Wood Show Me - FollowTheMoney.org</p> <p>One more thing....are you personally invested in and Health or Insurance stocks?</p>
35	Barbara Commins RN	<p>Dr. Pan,</p> <p>You have taken a lot of money from Pharma. (see below) Don't you think that is part of the problem with the obstruction and delay in reforming our health system?</p> <p>Will you pledge to stop taking money from ALL Health and Insurance? Pharma Non-Individual, Corporate, Non-Profits 2010-2020 Richard Pan Show Me - FollowTheMoney.org</p> <p>All Health and Insurance industries 2010-2020 Non-individual, Corporate and Non-Profits Richard Pan Show Me - FollowTheMoney.org</p>

Count	Name	Comment
		One more thing...are you personally invested in Health or Insurance stocks?
36	Barbara Commins RN	<p>Mr. Jacobs,</p> <p>What about the debate between Profit and Care?</p> <p>Has our economy lost sight that we want better Health Care not Profit off Healthcare?</p> <p>Is this a significant factor in the stalling going on around moving toward Single Payer,?</p> <p>Health is now in the Top Four sectors for value. Even with the pandemic this graph shows value going up! (click on 10y below graph) Health Care Snapshot - Fidelity</p>
37	Chrys Shimizu	<p>Jennie Chin Hansen questioned Ken Jacobs presentation about how the hidden costs of long term health care fitted into his model. While it's extremely important to consider this it doesn't change the fact that the current broken employer based health insurance system fails dismally in providing for long term care. People need to understand that AB 1400 does not call for a sudden switch to a universal system. It calls for being given the resources and permissions to build a singlepayer system that does successfully address these issues. We need to just pass AB1400, Gavin needs to sign it into law, and we need to get the wheels turning to put a well thought out singlepayer system in place that will save us all money and lives.</p> <p>Thanks!</p>
38	Sylvie Hurat	<p>There have been many studies done on the feasibility of both state and federal single-payer systems, including the Pollin study on SB 562 from 2017. These studies have all assumed a wide array of potential financing mechanisms that when combined could fund a single-payer system, and they come to the same conclusions: single payer will save lives at a lower cost than our current multipayer system. The question is not "can we afford to do single payer in California?" Instead, it is "how specifically are we going to go about designing and paying for that system?"</p> <p>Thank you for your service</p>
39	Ellen Schwartz	<p>Commissioners and Dr. Ghaly,</p> <p>Thank you for the work you have been doing. Today's meeting has been very interesting. I would like to share some of my experiences with health insurance, or the lack of it.</p>

Count	Name	Comment
		<p>I have been working for a Single Payer health system since the Proposition 186 campaign in 1994. During all that time I have been fortunate to have employer-based insurance with low or, usually, no cost share for premiums. My employer acknowledged that our salaries were not the highest in the area, but assured us that this was more than balanced by having the best benefits, including health coverage for retirees. In the late 90's I accepted an early retirement option which included "health insurance for life." That turned out to mean, like so many warranties, "for the life of the offer."</p> <p>As time went on, I noticed with alarm that my former employer's health insurance trust fund was more and more rapidly becoming depleted. I'm not sure if this was entirely because costs were increasing or because the fund wasn't being replenished – as my former employer slashed their workforce and revoked their pension plan for current employees. When I became eligible for Medicare, my former employer informed me that they were not going to provide insurance, but instead would provide a \$3000 per year (!) allowance that could be used to pay any medical costs like premiums (including Medicare premiums), office visits or prescription costs. People who had been retired prior to a certain year (some while before I retired) receive \$3500. I dread the day when I start incurring the medical costs associated with older age.</p> <p>But I'm lucky, so far. While I will benefit moderately from a universal health system such as that which AB1400 would provide, I have observed with horror what the lack of such a system has meant for my granddaughter's boyfriend. He struggles with mental health issues. Depression, mood swings – he's not dangerous to himself or others, but he is miserable when he is not on medication and so is everyone around him. And every time he changes jobs, between jobs he is in a mental health crisis, because he can no longer afford to pay for medication, nor for a doctor to prescribe them. When he does get a job there is generally a period before their insurance kicks in; and it is harder for him to get a job than it would be if he were not struggling with his mental health. He can apply for MediCal, but there too, he really needs his meds on a consistent basis, not with a long wait to qualify for MediCal so he can get stabilized so he can start to effectively apply for jobs. He does not quit or get fired – he tends to stay with any job once hired, but he has had to move twice, following my granddaughter as she completed nursing school relocated to get into a new-graduate training program, then relocated again for her permanent job – two breaks in employment and insurance coverage which were in fact traumatic for him.</p>

Count	Name	Comment
		<p>This is so stupid, wasteful and unnecessary. Many more people could make contributions to society instead of struggling with treatable or preventable illnesses, if we were not stuck in a for-profit health care universe. I hope you will recommend passage of AB1400 with funding as you have been discussing. (I am not suggesting that only people who can contribute are “worthy” of access to health care – I believe in a society that takes care of everybody, and we can easily afford to do so if we take insurance company profits out of the equation. And we will be pleasantly surprised at the other benefits we discover.)</p>
40	Scott Johnson	<p>HCFA commission,</p> <p>The commission is reported to have available funds to cover the cost of creating models that will show how a combination of a gross receipt tax and or a payroll tax would fund a California single payer system. Why has this not been done and will this kind of model be developed and made public prior to the 2022 legislative session?</p> <p>Why are there not public service announcements about these commission meetings being broadcast on electronic media? With a majority of Californians responding to polls saying they support a single payer health insurance system the commission should be reaching out to get input from a wider range of people. These hearings could provide an educational opportunity to Californians if the hearings were advertised and announced widely.</p>
41	Scott Johnson	<p>HCFA Commission,</p> <p>A climate health tax and oil severance tax are two funding sources for single payer that would also counter the epidemic of environmental racism that is currently supported by state licensing that allows polluters poison low income and predominately People of Color neighborhoods. A state carbon/pollution tax with a progressive rebate would also reduce impacts on fence line communities by increasing incentives for polluters to reduce the impacts they have on those communities.</p>
42	Scott Johnson	<p>HCFA Commission,</p> <p>The commission should design an interactive calculator with various options for financing AB 1400, and how much each different financing mechanism would raise. This would make it easy for the public and legislators alike to weigh the pros and cons of the various proposed financing options and to see which combination of them would be suitable to fully fund the program.</p> <p>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</p>

Count	Name	Comment
		<p>ignoring AB 1400, the commission should discuss it and let Commissioner Comsti present on it and not just federal waivers.</p> <p>There are potential financing mechanisms that the state could use to finance a single-payer system like AB 1400. Some of these financing mechanisms include the following, each of which have benefits and negative impacts which could be eliminated by exemptions for low- and middle-income families or small businesses:</p> <ul style="list-style-type: none"> Employer-side payroll tax Employee-side payroll tax Gross receipts tax or fees Corporate income and profit tax Marginal personal income tax on high-income individuals/households Elimination of tax exemptions for corporations, including those identified in the California Budget & Policy Center's January 2020 report on California tax breaks Reducing health provider tax breaks for charity care or hospital fees to compensate for the reduction in charity care under a unified financing system. Redirecting state funds from policing and incarceration into a unified financing system Wealth taxes Use taxes Oil or other natural resource extraction taxes Sin taxes Sales tax
43	Chrys Shimizu	<p>Rupa Marya made an excellent point. By eliminating private health insurance in the our healthcare system we eliminate the biggest financial abusers of our healthcare system (many health insurance providers) and open up new ways that we can protect ourselves from financial abuse that are not available to us now.</p> <p>Thanks!</p>
44	Barbara Commins	<p>The hell with them! They have had control over workers for too long with bennies. Time for them to accept a progressive gross receipts tax and the same for individual taxpayers.</p>
45	Carmen Brammer	<p>Hi,</p> <p>My name is Carmen Brammer. I am a resident of San Jose, Assembly District 27. I am also a member of the Santa Clara County Single Payer Healthcare Coalition, a Commissioner on the Santa Clara County Senior Care Commission, an Alzheimer's State Champion and an active member of the Black Leadership Kitchen Cabinet. I am so glad that California is seriously looking at a single payer healthcare system. This is</p>

Count	Name	Comment
		<p>why I fully support the AB 1400 CA Guaranteed HealthCare for All Act. I urge the Commission to adopt AB 1400 and work with the bill's co-authors to deliver a sound fully comprehensive system.</p> <p>Based on what I heard during today's (11/17) meeting, panel member Jennie Chan Hansen brought up a key point of including Long Term Support Services (LTSS) in the modeling that was shared. It is a huge missing component of healthcare that is always mentioned as an afterthought or asterisk to address later!! The great thing is that AB 1400 already includes a provision for long-term care.</p> <p>As it is currently structured the cost of LTSS is unsustainable for those of us who are not making six figure incomes. Our family has been significantly financially impacted by the lack of financial support for my Mother's care.</p> <p>My Mom has dementia and she requires 24/7 care. She is in a long term memory care facility which is one of the most expensive care averaging over \$6,000.00/month in Santa Clara County. This amounts to an annual cost of \$72,000.00. Our family bears the burden of the care cost as there is no financial assistance available.</p> <p>She does not qualify for Long Term Care insurance due to her age and underlying health conditions. Even if she did-it too is very expensive.</p> <p>I am excited that AB1400 contains a provision for long term care.</p> <p>The long term care provision in AB 1400 will be very advantageous to families and individuals (like us). Data shows that in the next ten years California will have between 20-25% of our population that is 65+.</p> <p>Having AB 1400 will prepare California to care for those requiring LTSS healthcare, otherwise we will have another healthcare crisis just as we are currently experiencing with the Covid-19 pandemic.</p> <p>In addition, I am directly impacted with my own healthcare issues. I have had to put off caring for my mental health because my therapist is no longer taking Blue Shield. It's been over four months since I have seen her. It has been a struggle not having this much needed support, especially as I am a caregiver for my Mom. Blue Shield has made it a bureaucratic nightmare for my therapist to provide services to me. She has to constantly justify my care which takes away time for her to provide support. She is</p>

Count	Name	Comment
		<p>no longer willing and able to continue with this exhausting exercise.</p> <p>In closing, California has the opportunity to be a model for the rest of the country, and the federal government, of what can be done when the government works collaboratively for the betterment of its citizens by this Commission adopting AB1400 for our Universal/Single Payer Healthcare System.</p> <p>I am happy to speak directly with any of the commission members to share more about my, and our family's, experiences.</p> <p>Stay safe and healthy!</p> <p>Best regards,</p>
46	Andus Brandt	<p>To whom it may concern:</p> <p>I'm not very good with all these details being discussed at this (11/17/21) Commission Meeting, but am sincerely hoping you all can move the effort to pass AB1400 forward without endless technical discussion, which is akin to filibuster.</p> <p>As for my story, I am a 75 yo self-employed architect, continuing to work into my late 70's, possibly longer. The reason I have to continue working is my wife's battle with Lyme Disease, which in the present system has been quite difficult to pay for. It has been thousands of dollars over about 16 years since she was diagnosed, and thousands more before that for more than 20 years, searching for answers and receiving many conflicting diagnoses. We feel we still need some income to cover the ongoing costs.</p> <p>Of course my hope is that her medical costs will go down appreciably once CalCare is legislated. Please, please vote for AB1400!</p> <p>Thanks,</p>
47	Barbara Commins RN	<p>Our goal is Original Medicare with QMB status. If you study this program, you will get a feeling for how simple it would be.</p> <p>A QMB beneficiary gets Medicare Part A/B services with no copays, premiums or deductibles and gets Extra Help for their RXs.</p> <p>They are also usually on Medi-Cal since CA pays part of the costs, so they have the disadvantage of not having full choice of healthcare access.</p>

Count	Name	Comment
		<p>Now add GOOD dental, vision, hearing services and Long Term Care.</p> <p>Study those on Medi-Cal to find out about costs and increase the reimbursements rates and coverage.</p> <p>We have the framework in our midst, time to study that and adapt it to the whole population.</p> <p>One people, One plan!!</p> <p>Thank you for all you have looked at up til now!</p>
48	Paul Sherman	<p>PUBLIC COMMENT FROM PAUL SHERMAN:</p> <p>First, I support our comrades out on the lines standing up to such awful practices as multiple tiers of compensation and waivers to safe staffing ratios; the Tentative Agreement is not an agreement at all, it is a strong-arm tactic. More than three patients per RN is unacceptable in any department.</p> <p>Second, remember, we don't need to raise any money to fund Healthy CA For All, because we already have more than enough! At the Federal level (and each state is no different) there's about \$3trillion today being spent on healthcare. Of this, about \$2trillion is wasteful and useless administration, such as for all those claims processors to handle all that paperwork of the many "options" we have. By making a single-payer system, 2/3 of what we now spend can easily and immediately be repurposed to useful means. Of course, the hundreds of administrators will lose their current jobs, but we must and we will insure that these folks still keep their jobs while learning to work in other areas (thus, nobody will become unemployed). This idea was clearly stated and well-researched by economist Bob Pollin.</p> <p>Third, we must insure and mandate that private corporate entity is to be hired or contracted to provide for any of this. That means such things as: no private tech company to provide I.T. "apps and web sites" for care management (too much risk of personal ID fraud); no private insurance or medical provider; no private corporation making drugs and medicines. Why cannot we re-purpose our military and national guard to be in the business of creating care, i.e., saving lives rather than ending them?</p> <p>We need single-payer health care NOW! We need single-payer retirement savings, NEXT! Thus, we need to eliminate the private for-profit system of employee "benefits" -- the only "benefit" that a worker needs is the universal right to organize.</p>
49	Chrys Shimizu	<p>Andy Schneider made a comment about how important transparency but then made the point that it needs to be based on "what plan" the information refers to. This is an irrelevant</p>

Count	Name	Comment
		<p>point to the topic of a Singlepayer program. "Plans" are specific to health insurance, not health events. A better thing to be looking at here is how we would be able to expand transparency throughout a Statewide singlepayer system. The answer to that question is in AB1400</p> <p>Thanks!</p>
50	Maria Behan	<p>As Greta Thunberg might say, "no more blah, blah, blah."</p> <p>When it comes to healthcare, California has seen innumerable performative displays of reform, and we can't afford yet another round of time- and money-wasting pantomime. With each day of delay, people die unnecessarily while our taxpayer dollars keep flowing into the engorged pockets of Big Pharma and the insurance industry.</p> <p>The way to ensure the future financial sustainability of our healthcare system is to have the courage to stand up to politically influential vested interests and adopt the model that has been shown to save money while saving lives: a single-payer system. The way for the commission to carry out the vitally important mission it was entrusted with is to develop a framework for single-payer universal healthcare in our state. Californians' future and very lives are at stake.</p> <p>No more blah, blah, blah!</p> <p>Thank you,</p>
51	Chrys Shimizu	<p>My name is Chrys Shimizu. I'm an elected member of the LACDCC and a delegate of the CDP. If we passed AB1400 we would be granting California the support and permissions we need from our government to put together a Singlepayer healthcare system in California. An extremely important improvement in all of our lives that that would ultimately lead to is the expansion of supported medical services such as dental, mental, and long term care. The current system that excludes these important parts of every human beings health was created by the health insurance companies. And it was created not according to how we can help the most people but how can they make the most money off of people's health issues. My fiancé, an emergency room doctor in downtown Los Angeles for 28 years, has to have secondary surgery on his face because of a bad fall years back. Insurance won't cover this but this surgery will require upwards of \$60,000 that must be paid up front. Without taking out a loan he doesn't have that type of money. After saving the lives of thousands and thousands of patients over the years, it's disgusting that our system won't help him in his time of need.</p> <p>Thanks!</p>

Count	Name	Comment
52	William Honigman, M.D.	<p>I'm Bill Honigman, retired Emergency Room Physician.</p> <p>As a medical professional who has witnessed the harsh inadequacy of our current commercial interest-driven medical care in California over decades now, I believe the financial sustainability with unified financing for Universal Healthcare in California, is a matter of settled economic and public health science.</p> <p>Study after study by independent and academic analysts alike, over decades now, show overall costs are less than what we are paying now, and significant savings to individuals, households, businesses, and all public agencies, and with the potential to save so many lives and relieve so much suffering in this state.</p> <p>A myriad of possible mechanisms for funding the program have been suggested over the years, and the legislature need only to settle on a few particulars suggested by this panel, put it into CalCare AB1400, and move the process forward.</p> <p>Please, do exactly that now, make your best suggestions on the particular mechanism for funding this new system, and let's get on with saving lives and saving money as the science tells us it most certainly will do.</p> <p>Thank you.</p>
53	Sara Roos	<p>One's chance of surviving cancer shouldn't depend on whether your daddy has strategically secured good health insurance for his family.</p> <p>But that's why I am here talking before you today.</p> <p>Nearly 40 years ago I was diagnosed with a pediatric cancer almost no one survived. After my family stopped crying over statistics, they researched protocols and discovered one solitary physician gaining unequalled results with my malady. They were able to arrange treatment with him because – and only because -- I had health insurance that allowed me to visit any doctor, in any state, at any time.</p> <p>That was the perk of my father's low-paying academic profession. His whole family benefited from a large, group health insurance plan. His calculated sacrifice of salary for benefits, paid off when catastrophe struck. And likewise, folding the state's entire population into one giant health insurance plan is the most efficient, indeed the only way to solve the problem of sharing such risk among everyone, collectively.</p>

Count	Name	Comment
		<p>Universal healthcare maximizes benefit for citizens, not corporations. As a democracy, that's what we are: a government concerned by and for the people.</p> <p>I beg this commission to get on with the task of supporting single-payer healthcare. You're clearly juggling many parameters, but at its root, AB1400 is a form I support; it saves money and patently obviously most importantly, it saves lives in the same manner mine was, as well.</p> <p>Thank you.</p>
54	Chris Hofeditz	<p>These are the comments that I would like to offer to the Commission:</p> <p>When our healthcare for all bill is implemented, it is reasonably projected that there will be greater demand for health services. This will be the result of many who join the system in need of healthcare that they have deferred and those who are seeking preventative medical evaluations. Greater numbers of health practitioners will be required.</p> <p>We should begin immediately to increase the number of healthcare workers being graduated at all levels of medical training. The demand will be there at the start and so we should get ahead of it rather than wait. I think that number of graduates is highly regulated by the medical boards in California. They should be brought into this discussion in order to get their cooperation and contribution to a plan to address the expected demand.</p> <p>There are many underlying factors to universal, single-payer healthcare that need to be addressed now. When we look deeper into the provisions of such a broad, wide-reaching bill we see many areas like the example above. Anticipation of the hurdles ahead will increase the likely hood of success.</p> <p>My name is Chris Hofeditz. I live in Hemet, CA. Thanks to the commission for giving me time to speak.</p> <p>I start with a question. Is it time to begin making decisions? Commissioner Rupa Marya suggests that we make some bold steps. I suggest that the commission adopt Assembly Bill 1400 as the road map ahead. It would serve to give specific direction for the commission to move toward. The 1st support column should be to design an interactive calculator with various options for financing AB 1400, and how much each financing mechanism would raise. Commissioner Comsti suggests this would make it easy for the public and legislators alike to weigh the pros and cons of the various proposed financing options and to see which combination of them would be suitable to fully fund the program.</p>

Count	Name	Comment
		<p>On our minds but only occasionally mentioned is the pre-eminence of California in our country and the world.</p> <p>Governor Newsom addressed the California Economic Summit last Tuesday and said that no other state or western democracy has outperformed us in growth, innovation, research and development or economic output over the past 5 years.</p> <p>We have established ourselves as the model for forward looking social policies, as well.</p> <p>This benefits us by making it easier to present and pass other policies and make progress on them for ourselves and other states and countries.</p> <p>Our country desperately needs us to solve the social problem of healthcare that faces many on a daily basis.</p> <p>Solutions are being held up because of politics and corporate interference.</p> <p>CA can lead the way on the issue of healthcare.</p> <p>Let it be AB 1400 that lays out the path that keeps us at the forefront of social progress.</p> <p>Chris Hofeditz, Hemet, CA</p> <p>Thank you for the work that you do.</p>
55	Isabel Storey	<p>Dear Commissioners:</p> <p>I was encouraged by the chair's reflections at the top of today's meeting. The goals of "what we want" that he stated are shared by millions of people across California. I hope that in its final report, the commission can move us as strongly as possible toward these goals.</p> <p>Indivisible California, a coalition of 80 groups statewide, has been watching these commission meetings closely. We urge you to make the final report as strong a tool as possible for enacting a single-payer healthcare system in California. There are three million Californians without insurance, millions more underinsured, and we're still in the middle of a deadly pandemic – the time to enact a healthcare system that works for everyone is now!</p> <p>Questions of financing are important – but we need to design the system first. The commission's ignoring of AB 1400 is a curious omission. This legislation lays out a fully developed system with</p>

Count	Name	Comment
		<p>unified financing – it should be considered and evaluated. The commission should also do its part by studying and proposing different methods of financing.</p> <p>Please keep in mind that this is not an academic exercise. The commission should do all in its power to deliver a report that will be a blueprint for action.</p>
56	Frances Hillyard	<p>Thank you for a very educational and hopeful meeting. I feel, and see, that a single payer system is necessary. AB1400 has been offered as a way forward. I hope your report will highlight the importance of this transformative change to the governance of our health care system. I am on Medicare Advantage which someone called a single payer program. Far from it. My health is in the hands of a business Kaiser, until they decide not to partner with the government. Keeping up a number of these businesses calls for a lot of administrative work that takes funds away from patient care. Thanks again for your thoughtful work.</p> <p>Living in hope and in spite of our profit based healthcare system,</p>
57	Dr. Aamir Farooq	<p>Hello Commissioners,</p> <p>As you so eloquently outlined at today's meeting, a single payer healthcare system would indelibly advance the quality of life of Californians. Like many of you, I have a medical degree, and additionally, a Master's in Healthcare from CSULB. I manage a medical practice and devote a considerable amount of time every week to processing claims, making phone calls to insurance companies for denied claims/prescription authorizations/eligibility checks. CalCare single payer would free clinicians' and administrators' time to allow us to spend more time treating patient. For example, today I wasn't able to address a patient's concerns about the COVID vaccine; I was in the middle of a phone call with a healthcare group.</p> <p>Instead of asking how we can pay for single payer, let's ask, how can we continue to afford the current system? Only 80 cents of every dollars put into for-profit insurers go towards actual healthcare, while 97 cents of every Medicare dollar go towards care. My premiums are over \$500 a month, and half is deducted from my paycheck monthly. I agree with the graphs that illustrate how a variety of funds from various taxes could pay for CalCare. A payroll tax makes sense to me; most insured who have coverage under an employer's policy wouldn't even notice that their healthcare premium deduction is going to CalCare instead of United Healthcare.</p> <p>I am in full support of CalCare.</p> <p>If you have any questions please e-mail me at</p>

Count	Name	Comment
		Thanks,
58	Patty Harvey	<p>Dear Healthy California for all Commission,</p> <p>A reference was made by Dr. Pan at the Commission meeting on Wed., Nov. 17 about fears of “centralized power” somehow “taking over” healthcare (accompanied by a vague suggestion that such power should be vested in the “grassroots,” whatever that means).</p> <p>This is a dog-whistle, corporate talking point we have been hearing for decades. Here’s what we should be asking: What powers could be more “centralized” than opaque, for-profit, privately owned, corporate health insurance companies with unilateral power to restrict networks, control drugs and procedures prescribed by healthcare providers, deny care altogether, “lemon drop,” “cherry pick” and “upcode” to ensure ever-increasing profits?</p> <p>These huge corporations are continually being fined billions for their unethical and illegal fraud and abuse, fines that are considered inconsequential wrist slaps, given the billions more in profits they take in every month. They are accountable only to themselves and shareholders and not the public whose trust they abuse by putting profit before people.</p> <p>Additionally, we are now beset by the travesty of privatization of our public traditional Medicare system with the takeover growing daily by private insurance and venture capitalists in the form of “Medicare for All (that fraudulently disguises itself as Medicare) and even more insidious, the looming introduction of “Direct Contracting Entities” that will hammer the final nail in the coffin of Medicare. Talk about power!</p> <p>An elected governmental agency under a single-payer system would be a transparent entity with NO profit motive, that negotiates costs, regulations, rules and behaviors with providers and pharmaceutical companies, operates with oversight and accountability to the public. People before profit.</p> <p>The dichotomy is clear and innuendo that sows fears about “centralized power” is disingenuous at best. It is hard to understand why this Commission is so loathe to come to a specific discussion of Why Not Single Payer and the bill, AB 1400, waiting in our legislature that could implement it.</p>
59	Terry Brady	<p>This has been one of the best commission meetings thus far. This is too important an issue to not invest in a Single Payer system like AB1400. This is one of the most critical issues facing all Americans now and in the future. Healthcare. We must Educate, Educate, Educate! As was mentioned during the</p>

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		<p>meeting this morning the 20 year effort to turn around our society as it relates to smoking took a serious investment in educating our society. Unless we give the same attention to supporting an informal and formal education programs and campaign to inform all segments of our general population exactly what a single payer system is and will provide them through improving their total health status, is cost effective and will save everyone money.</p> <p>We must seriously start that education outreach campaign now NOT later. We cannot afford to have this take 20 years to reach a single payer system of healthcare. This is one of the most critical elements if not THE most critical element that will determine the success of our efforts.</p>

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Count of verbal comments: 18
Count of Zoom chat comments: 114
Total count of public comments: 191