Healthy California for All Commission
Survey Report
December 2021

Survey background:

In September 2021 and again in November 2021, Healthy California for All Commissioners were surveyed regarding key concepts and principles for the design of a unified financing system. Complete survey findings from previous iterations are available at the Healthy California for All webpage under "Meeting Information" for September 28, 2021 and November 17, 2021.

In December 2021, Commissioners were surveyed again. The December 2021 version of the survey was intended to do three things:

1. Gauge agreement on high-level value statements, the wording for which was revised based on previous Commissioner survey input
2. Seek input on two topics – Financing and Benefit Design/Cost-Sharing -- on which the Commission had recent or limited public discussion. For Financing, additional statements expanded on items from the November 2021 Survey.
3. Invite Commissioners to share their priorities about steps that would pave the way for a smooth transition to Unified Financing.

Voting members of the Commission were invited to rate multiple statements. In the box below each section, they could suggest additional ideas or edits to proposed language.

Survey Responses:

I. Value Statements

1. A "Healthy California for All" envisions a sustainable unified financing system for health services through which safe, timely, efficient, equitable and person-centered health care advances the mental and physical health and well-being of all Californians. The system would ensure that care is high-quality, affordable and accessible. All people would feel empowered through a simplified system that treats them with respect and promotes racial equity.

Total Count:	
3 = Agree	**7**
2 = Agree with slight modifications	**4**
1 = Disagree	**0**
0 = Don't know	**0**

Name:	**Response:**	**Comment (if option 2 or 1 was selected):**
Sandra Hernandez	3 = Agree	
Jennie Chin Hansen	3 = Agree	

Name:	Response:	Comment (if option 2 or 1 was selected):
Anthony Wright	2 = Agree with slight modifications	...works to eliminate racial and ethnic disparities, and promotes health equity for all Californians." (or some other formulation that both highlights and prioritizes addressing racial equity as key, while also acknowledging other issues of equity--such as for women, LGBTQ communities, non-English speakers, people with disabilities, etc. We don't need to list every issue here, but acknowledge that system that treats everyone with respect will have to adapt in specific ways for specific groups.
Robert Ross	3 = Agree	
Andy Schneider	3 = Agree	
Richard Scheffler	2 = Agree with slight modifications	Promotes equity for all groups not just racial equality though racial equity should receive a very high priority
Sara Flocks	2 = Agree with slight modifications	I would just add "and reduces/eliminates health disparities" after "promotes racial equity" so that we address the many ways disparities are perpetuated in our current health care system.
William Hsiao	3 = Agree	
Carmen Comsti	2 = Agree with slight modifications	Repeating my comment from the last survey, the original language from the first survey ended the first sentence with “through a system of unified financing.” It is exceedingly important that this fundamental goal of the Commission is included here. Our enabling statute, Health and Safety Code Sec. 1001, requires us to develop a plan for “achieving a health care delivery system in California that provides coverage and access through a unified financing system, including but not limited to, a single-payer financing system.” For the new final sentence, is too vague for me because there is a difference between “feel[ing] empowered” and actual empowerment of the people. Our goal should not be a performative gloss. Additionally, while racial health equity is exceedingly important so is health equity with respect to immigration status, gender and gender identity, for low-income communities, for LGBTQIA+

Name:	Response:	Comment (if option 2 or 1 was selected):
		communities, for people living with disabilities, and so on. We should not limit this definition to only racial equity. To this end I suggested editing the last to sentences to read [edited language in brackets]: "The system would ensure that care is high-quality, affordable and accessible [to all California residents, empowering all people] through a simplified [and unified financing] system [of health care] that treats them with respect and promotes racial [and socioeconomic] equity [and equity for other underserved communities].
Antonia Hernandez	3 = Agree	
Cara Dessert	3 = Agree	

2. California's health care system should optimize care for people with complex needs by facilitating close communication and coordination among health care providers, including those delivering primary care, specialty care, behavioral health services and long-term services and supports.

Total Count:	
3 = Agree	**10**
2 = Agree with slight modifications	**1**
1 = Disagree	**0**
0 = Don't know	**0**

Name:	Response:	Comment (if option 2 or 1 was selected):
Sandra Hernandez	3 = Agree	
Jennie Chin Hansen	3 = Agree	
Anthony Wright	3 = Agree	
Robert Ross	3 = Agree	
Andy Schneider	3 = Agree	
Richard Scheffler	3 = Agree	
Sara Flocks	3 = Agree	
William Hsiao	3 = Agree	
Carmen Comsti	2 = Agree with slight modifications	This language works exceedingly better than the previous versions. I appreciate the edits to be more precise with what we mean rather than using terminology that has debatable meaning. I still prefer that the term "health

Name:	Response:	Comment (if option 2 or 1 was selected):
		care providers" be changed to "each patient's treating health care professionals."
Antonia Hernandez	3 = Agree	
Cara Dessert	3 = Agree	

3. Quality of care and health outcomes for individuals and for populations should be monitored. Accountability for high-quality, equitable outcomes (with particular attention to outcomes for people with complex conditions and high needs) should be established.

Total Count:	
3 = Agree	**7**
2 = Agree with slight modifications	**4**
1 = Disagree	**0**
0 = Don't know	**0**

Name:	Response:	Comment (if option 2 or 1 was selected):
Sandra Hernandez	3 = Agree	
Jennie Chin Hansen	3 = Agree	
Anthony Wright	3 = Agree	
Robert Ross	2 = Agree with slight modifications	add "...with an emphasis on historical racial and ethnic disparities..."
Andy Schneider	3 = Agree	
Richard Scheffler	2 = Agree with slight modifications	I would add access to this statement
Sara Flocks	2 = Agree with slight modifications	The system should monitor equity to address health disparities. There should be separate monitoring of outcomes for those with complex conditions to ensure appropriate coordination and care. Those are two different outcomes to monitor because they have different root causes and remedies.
William Hsiao	3 = Agree	
Carmen Comsti	2 = Agree with slight modifications	Reiterating my previous comments. It's still difficult to rate this statement because the kind of system of accountability matters and I do not agree with certain systems of accountability that create risk-based incentives, that interfere with the doctor-patient relationship, or that substitute

Name:	Response:	Comment (if option 2 or 1 was selected):
		individual care needs with population metrics and population-based medicine.
Antonia Hernandez	3 = Agree	
Cara Dessert	3 = Agree	Including community oversight.

4. Provider payments and funding, including methods of payment and levels of payment, should be used to address inequities and to improve access and quality.

Total Count:	
3 = Agree	**7**
2 = Agree with slight modifications	**4**
1 = Disagree	**0**
0 = Don't know	**0**

Name:	Response:	Comment (if option 2 or 1 was selected):
Sandra Hernandez	3 = Agree	
Jennie Chin Hansen	3 = Agree	
Anthony Wright	2 = Agree with slight modifications	Agree with the sentiment. Just a technical suggestion: ..."should be used to encourage/incentivize/prioritize providers to reduce inequities and improve access and quality."
Robert Ross	3 = Agree	
Andy Schneider	2 = Agree with slight modifications	Strike "be used to"
Richard Scheffler	3 = Agree	
Sara Flocks	3 = Agree	
William Hsiao	2 = Agree with slight modifications	This statement needs to make clear provider payments have to be affordable and sustainable within the funding parameters of Unified Financing. The statement could be revised and state: Payment system (e.g. methods and levels) should be used to address inequities and to improve access and quality while it has to be affordable and sustainable within the funding parameters.

Name:	Response:	Comment (if option 2 or 1 was selected):
Carmen Comsti	2 = Agree with slight modifications	Reiterating my previous comment: I think the word “used” is too vague here and “targeted” may be a better word choice. As I have previously said, I disagree with payment methodologies that incentivize care denial or interfere with the doctor-patient. I do not think we should make blanket statements implying that ANY use of payments and funds is appropriate to address inequities and improve access and quality are appropriate. As such, I think language needs to be added on reducing excess prices and ensuring reimbursements go towards care. The proposition would read (additions in brackets): “Provider payments and funding, including methods of payment and levels of payment, should be [targeted] to address inequities and to improve access and quality [to pay appropriate prices, and to ensure health care expenditures are directed towards the provision of care].”
Antonia Hernandez	3 = Agree	
Cara Dessert	3 = Agree	

5. The health care system should proactively monitor, mitigate, and work to eliminate disparities in health care access and quality, including those resulting from structural discrimination related to race and ethnicity, those associated with income, immigration status, disability, sexual orientation and gender identity, and the intersectional effects among these characteristics.

Total Count:	
3 = Agree	**9**
2 = Agree with slight modifications	**1**
1 = Disagree	**0**
0 = Don’t know	**1**

Name:	Response:	Comment (if option 2 or 1 was selected):
Sandra Hernandez	3 = Agree	
Jennie Chin Hansen	3 = Agree	
Anthony Wright	2 = Agree with slight modifications	“...among these and other characteristics." Just to be more inclusive of other factors without having to list them all.

Name:	Response:	Comment (if option 2 or 1 was selected):
Robert Ross	3 = Agree	
Andy Schneider	0 = Don't know	If by "the health care system" you mean a "unified financing system for health services" per question 1, I agree with the statement. If you mean the current array of hospitals, clinics, practitioners, plans, etc., my question is whether calling for them to eliminate disparities in access and quality independent of unified financing is within the charge to the Commission. If it is, I agree with the statement.
Richard Scheffler	3 = Agree	
Sara Flocks	3 = Agree	
William Hsiao	3 = Agree	
Carmen Comsti	3 = Agree	
Antonia Hernandez	3 = Agree	
Cara Dessert	3 = Agree	

6. The health care system should, in coordination with other sectors, address social determinants of health that compromise health status.

Total Count:	
3 = Agree	**5**
2 = Agree with slight modifications	**3**
1 = Disagree	**2**
0 = Don't know	**1**

Name:	Response:	Comment (if option 2 or 1 was selected):
Sandra Hernandez	3 = Agree	
Jennie Chin Hansen	3 = Agree	
Anthony Wright	2 = Agree with slight modifications	"in coordination with other sectors, including a strengthened safety-net, address the social determinants of health that are main drivers of health status." Something like this acknowledges that social determinants main role in health status, and the need to beef up the social safety net like other OECD countries do (rather than have things done through the health system), but also that the health system has an important role to play.

Name:	Response:	Comment (if option 2 or 1 was selected):
Robert Ross	3 = Agree	
Andy Schneider	0 = Don't know	Same issue as for question 6.
Richard Scheffler	2 = Agree with slight modifications	And process health inequalities.
Sara Flocks	1 = Disagree	The health care system cannot address social determinants of health if we want it to be successful and sustainable. It can coordinate with other sectors that have the mission of addressing social determinants, and can monitor, report on & make recommendations, but it is unrealistic to expect the health care system to address structural issues of racism, income inequality and other social determinants.
William Hsiao	3 = Agree	
Carmen Comsti	1 = Disagree	As we discussed at a previous Commission meeting and as I wrote in response to the previous survey, addressing social determinants of health should not come at the expense of reducing health care funds. Moreover, there are simply some social determinants of health that the health care system cannot address and we shouldn't expect it to. We need fully funded and robust public social programs that address social determinants of health in addition to a universal guaranteed health care system for all Californians. Additionally, the word "address" is vague and I'm unsure what that really means the health care system would do. The following addition, as I mentioned in the previous survey should be made: "The health care system should, in coordination with other sectors, [help] address social determinants of health that compromise health status [while making robust public investment in both our health care system and social programs outside the health care system]."
Antonia Hernandez	2 = Agree with slight modifications	Understanding their focus is on health and what they can control.
Cara Dessert	3 = Agree	

7. The health care system should address not just the acute, short-term needs of individuals but should focus on prevention.

Total Count:	
3 = Agree	**7**
2 = Agree with slight modifications	**3**
1 = Disagree	**0**
0 = Don't know	**1**

Name:	**Response:**	**Comment (if option 2 or 1 was selected):**
Sandra Hernandez	3 = Agree	
Jennie Chin Hansen	2 = Agree with slight modifications	It may be elsewhere but this segment might benefit by adding not just primary prevention but also tertiary prevention (i.e. managing complex issues effectively that mitigates unnecessary quaternary episodes of treatment (ED visits, high intensity preventable treatments, readmissions, long unnecessary acute stays) If this shows up elsewhere I can withdraw these comments.
Anthony Wright	2 = Agree with slight modifications	I tend to think of care in three buckets, with the third being the long-term maintenance of chronic conditions--which could be acute care but could be in the prevention category. But given everything from asthma to diabetes to heart disease, this type of care should be included in this statement.
Robert Ross	3 = Agree	
Andy Schneider	0 = Don't know	Same issue as for questions 6 and 7.
Richard Scheffler	2 = Agree with slight modifications	Should include population-based prevention as well as individual prevention.
Sara Flocks	3 = Agree	
William Hsiao	3 = Agree	
Carmen Comsti	3 = Agree	
Antonia Hernandez	3 = Agree	
Cara Dessert	3 = Agree	

8. A new universal, unified health care system requires long-term commitments from the federal government and the State of California and will require sustainable financing.

Total Count:	
3 = Agree	**8**
2 = Agree with slight modifications	**3**
1 = Disagree	**0**
0 = Don't know	**0**

Name:	**Response:**	**Comment (if option 2 or 1 was selected):**
Sandra Hernandez	3 = Agree	
Jennie Chin Hansen	3 = Agree	
Anthony Wright	3 = Agree	Agree with statement. But would hope the report acknowledges there are things short of full unified financing that California can do to simplify, streamline, and move to unify our health system that don't need such federal commitments.
Robert Ross	2 = Agree with slight modifications	"with an emphasis on affordability..."
Andy Schneider	2 = Agree with slight modifications	It would be clearer to say: "A new universal, unified financing system for health services will require sustainable financing, including long-term commitments from the federal government and the State of California."
Richard Scheffler	3 = Agree	
Sara Flocks	3 = Agree	
William Hsiao	3 = Agree	
Carmen Comsti	3 = Agree	
Antonia Hernandez	3 = Agree	
Cara Dessert	2 = Agree with slight modifications	While we should strongly advocate for federal commitments, we should NOT present this Commission's plan as requiring that - we should also present options to move forward with these reforms without federal cooperation.

IIa. Financing

A. Revenues raised through taxes or participant contributions should reflect individuals' and households' ability to pay.

Total Count:	
3 = Agree	**8**
2 = Agree with slight modifications	**3**
1 = Disagree	**0**
0 = Don't know	**0**

Name:	**Response:**	**Comment (if option 2 or 1 was selected):**
Sandra Hernandez	3 = Agree	
Jennie Chin Hansen	3 = Agree	
Anthony Wright	2 = Agree with slight modifications	Agree. Hard to boil this issue down to one line. Would like it to include the concept of progressivity as a consideration. Given the scale of what is needed to be raised, imagine that some financing would require individual contributions, but would like this statement to be broader, to be inclusive of other forms of taxes as well: corporate, wealth, gross receipts, etc.
Robert Ross	3 = Agree	
Andy Schneider	3 = Agree	
Richard Scheffler	2 = Agree with slight modifications	Agree but should include the ability to pay from others including but not limited to providers and businesses.
Sara Flocks	3 = Agree	
William Hsiao	3 = Agree	
Carmen Comsti	2 = Agree with slight modifications	I am rating this a 2 because I do not know what "participant contributions" mean here. If this means cost-sharing (copays, coinsurance, or deductibles) then I disagree with this statement and would rate it a 1. We need to ensure that any financing from individuals and households to not create financial disincentives to care. It is inappropriate to disincentivize utilization through financial barriers, particularly because most individuals are not health care professionals and should not be expected to weigh the necessity of care against cost-sharing. I agree that any taxes on households or individuals

Name:	Response:	Comment (if option 2 or 1 was selected):
		should be progressively structured but corporate taxes might be structured differently. If this statement is only about taxes, then it should be clear that we're talking about taxes and that we are talking about taxes on households and individuals here. I would edit this statement to say [additions in brackets, deletions not show]: "Revenues raised through taxes [to individuals and households] should reflect individuals' and households' ability to pay [and should not disincentivize utilization of care]."
Antonia Hernandez	3 = Agree	
Cara Dessert	3 = Agree	

B. Similarly-situated households and firms should be treated similarly when raising the non-federal funds required within the system of unified financing.

Total Count:	
3 = Agree	**6**
2 = Agree with slight modifications	**2**
1 = Disagree	**1**
0 = Don't know	**2**

Name:	Response:	Comment (if option 2 or 1 was selected):
Sandra Hernandez	3 = Agree	
Jennie Chin Hansen	3 = Agree	
Anthony Wright	2 = Agree with slight modifications	Sounds good, but not sure what this means and all its implications. Without further discussion, not sure what this is meant to allows or preclude.
Robert Ross	0 = Don't know	I am not entirely certain what this statement is attempting to convey.
Andy Schneider	3 = Agree	
Richard Scheffler	2 = Agree with slight modifications	Not really sure what this is getting out. Seems obvious .But what does similar mean and how would you measure it ?
Sara Flocks	3 = Agree	
William Hsiao	3 = Agree	

Name:	Response:	Comment (if option 2 or 1 was selected):
Carmen Comsti	1 = Disagree	This statement does not make sense, and I'm honestly unsure what it's even trying to get at. What does "similarly-situated" mean here? How would households and firms be similarly situated? If this is meant to indicate wealth or income level, I think it's illogical to lump firms and households together. If you want small business exemptions, then that distinction could be done through gross receipts level or number of employees or based on industry or a range of business factors. But clearly, business factors could not be applied to a household.
Antonia Hernandez	0 = Don't know	
Cara Dessert	3 = Agree	

C. In evaluating possible revenue sources, their potential to encourage or discourage different types of work, discourage capital investments, and/or affect the competitiveness of California industry should be considered along with implications for equity, adequacy, stability and simplicity.

Total Count:	
3 = Agree	**4**
2 = Agree with slight modifications	**6**
1 = Disagree	**0**
0 = Don't know	**1**

Name:	Response:	Comment (if option 2 or 1 was selected):
Sandra Hernandez	2 = Agree with slight modifications	Agree with general sentiment but not clear what is meant by California industry?
Jennie Chin Hansen	3 = Agree	agree fully but recognize there may be legal challenges to unfettered capitalism.
Anthony Wright	0 = Don't know	There's a strong case to make that unified financing would be a competitive and economic boon for California and its businesses--but this competition argument has been used against health reform in the past, and so it's hard to endorse without context.
Robert Ross	2 = Agree with slight modifications	I think I get it but needs clarifying edits
Andy Schneider	3 = Agree	

Name:	Response:	Comment (if option 2 or 1 was selected):
Richard Scheffler	2 = Agree with slight modifications	All the intended and unintended consequences of revenue sources especially taxes need to carefully considered. Especially the impact on different social, racial, and income groups.
Sara Flocks	2 = Agree with slight modifications	The cost of our current health care system already puts California & US businesses at a competitive disadvantage on the global market, given that so many industrialized countries don't have job-based health coverage. So when considering revenues, we also have to consider that unified financing will already increase the competitiveness of CA industry.
William Hsiao	2 = Agree with slight modifications	The Commission should seriously consider finance UF based on the principles of social insurance. In other words, the UF is NOT a welfare program, but a social compact between the government and the insured. The households who can afford to pay, pay a designated tax or premium contribution for a set specified benefits. The government can't unilaterally change the tax or the benefits. This is how Medicare is designed as well as Social Security. That the key reason why Medicare's benefits are relatively stable and the program is sustainable over the long run.
Carmen Comsti	2 = Agree with slight modifications	The considerations should be analyzed but I do think equity (i.e., progressivity and fairness) for low-income families and households should be a priority. This frankly is an odd statement since we do not have other statements to consider on equity, adequacy, stability and simplicity. I don’t think we should imply that corporate business interests should necessarily hold equal weight in the calculation than a financing plan’s impact on people. I think a sentence to this effect should be added at the end to say: “Minimizing the negative impact of a revenue plan on working families and ensuring equity among low-income and underserved individuals and families should be prioritized.”
Antonia Hernandez	3 = Agree	
Cara Dessert	3 = Agree	

IIb. Benefits and Cost-Sharing

A. Dental, vision and hearing services should be included among the benefits covered through a unified financing system.

Total Count:	
3 = Agree	**9**
2 = Agree with slight modifications	**2**
1 = Disagree	**0**
0 = Don't know	**0**

Name:	**Response:**	**Comment (if option 2 or 1 was selected):**
Sandra Hernandez	3 = Agree	
Jennie Chin Hansen	3 = Agree	
Anthony Wright	2 = Agree with slight modifications	Start sentence with "Comprehensive, medically necessary..." I would also note that while these benefits should be included, they could perhaps actually go first as other financing and permissions are awaited.
Robert Ross	3 = Agree	
Andy Schneider	3 = Agree	
Richard Scheffler	3 = Agree	
Sara Flocks	3 = Agree	
William Hsiao	2 = Agree with slight modifications	Cosmetic dental care should be excluded. A maximum limit should be set for each pair of eye glasses or lens.
Carmen Comsti	3 = Agree	
Antonia Hernandez	3 = Agree	
Cara Dessert	3 = Agree	

B. Behavioral health services (that is, services to address mental health and substance use disorders) should be included among the benefits covered through a unified financing system.

Total Count:	
3 = Agree	**11**
2 = Agree with slight modifications	**0**
1 = Disagree	**0**
0 = Don't know	**0**

Name:	Response:	Comment (if option 2 or 1 was selected):
Sandra Hernandez	3 = Agree	
Jennie Chin Hansen	3 = Agree	
Anthony Wright	3 = Agree	
Robert Ross	3 = Agree	
Andy Schneider	3 = Agree	
Richard Scheffler	3 = Agree	
Sara Flocks	3 = Agree	
William Hsiao	3 = Agree	
Carmen Comsti	3 = Agree	
Antonia Hernandez	3 = Agree	
Cara Dessert	3 = Agree	

C. Comprehensive long-term services and supports should be among the benefits covered through a unified financing system.

Total Count:	
3 = Agree	**10**
2 = Agree with slight modifications	**1**
1 = Disagree	**0**
0 = Don't know	**0**

Name:	Response:	Comment (if option 2 or 1 was selected):
Sandra Hernandez	3 = Agree	
Jennie Chin Hansen	3 = Agree	I know this is very difficult but so many of our residents are in this space with insufficient infrastructure thus spilling back into acute and emergency care services and expenditures.
Anthony Wright	3 = Agree	Similar to above, universal long-term care could be an initial step, as other financing/permissions are awaited. Parallel to unified financing for traditional health care, long term care has its own set of issues to decide, like the role of unpaid family caregivers.
Robert Ross	3 = Agree	
Andy Schneider	3 = Agree	
Richard Scheffler	3 = Agree	
Sara Flocks	3 = Agree	

Name:	Response:	Comment (if option 2 or 1 was selected):
William Hsiao	2 = Agree with slight modifications	A reasonable comprehensive long-term care should be covered, but the benefit structure has be carefully designed. The issue about some people from out-of-state will migrate to CA to take advantage of this benefit must be carefully considered. The impact of aging on the future costs of this program must be considered.
Carmen Comsti	3 = Agree	
Antonia Hernandez	3 = Agree	
Cara Dessert	3 = Agree	

D. In aggregate, 95% or more of the cost of covered health care services should be paid through the unified financing system.

Total Count:	
3 = Agree	**4**
2 = Agree with slight modifications	**1**
1 = Disagree	**2**
0 = Don't know	**4**

Name:	Response:	Comment (if option 2 or 1 was selected):
Sandra Hernandez	0 = Don't know	
Jennie Chin Hansen	3 = Agree	I will agree but rely on actuarial expertise to judge the appropriate percentage.
Anthony Wright	0 = Don't know	It this an actuarial value statement? Not sure why this specific %--it seems this will be negotiated with the kind of financing/revenue that can be produced. Certainly want to limit an financial barriers to care in the name of cost-sharing, but again, not sure what this allows or precludes.
Robert Ross	0 = Don't know	I think what this is saying is, wealthy Californians who can afford to contribute more will be expected to do so. if this is what we mean then we should say so more plainly.
Andy Schneider	3 = Agree	
Richard Scheffler	2 = Agree with slight modifications	There is no magic number or percent of what should be covered by a unified financing system. Many factors go into this calculation. An important one is what is needed for sustainable financing.

Name:	Response:	Comment (if option 2 or 1 was selected):
Sara Flocks	0 = Don't know	
William Hsiao	3 = Agree	
Carmen Comsti	1 = Disagree	Shouldn't all costs of covered health care services be paid for through the system? If this statement was meant to be about cost sharing, then I would rate this at 1 because I disagree that cost-sharing is necessary and that even the small dollar copays and coinsurance inappropriately result in people avoiding care. An average person would not know if it is or is not necessary to go to the doctor, and we should not continue our current system's attempt to push that kind of health care assessment onto patients.
Antonia Hernandez	1 = Disagree	
Cara Dessert	3 = Agree	

E. Copayments or coinsurance, if any, should reflect individuals' and households' ability to pay.

Total Count:	
3 = Agree	**9**
2 = Agree with slight modifications	**1**
1 = Disagree	**1**
0 = Don't know	**0**

Name:	Response:	Comment (if option 2 or 1 was selected):
Sandra Hernandez	3 = Agree	
Jennie Chin Hansen	3 = Agree	On a values base yes but I can appreciate the implementation will be challenging.
Anthony Wright	2 = Agree with slight modifications	Cost-sharing should hopefully be minimal to prevent undue financial barriers to needed care--the ability to pay is just one factor toward that broader goal. Some forms of cost-sharing also are regressive and impact the sicker more. I would hope that coinsurance would not be a concept. Coinsurance is deceptive because most patients don't recognize how expensive health care is, and that a small percentage of a lot is still a lot.

Name:	Response:	Comment (if option 2 or 1 was selected):
Robert Ross	3 = Agree	
Andy Schneider	3 = Agree	
Richard Scheffler	3 = Agree	
Sara Flocks	3 = Agree	
William Hsiao	3 = Agree	
Carmen Comsti	1 = Disagree	While I do agree that if there are copays or coinsurance that low-income people should be exempt, but I am rating this as a 1 because I disagree that cost-sharing is necessary and that even the small dollar copays and coinsurance inappropriate result in people avoiding care. An average person would not know if it is or is not necessary to go to the doctor, and we should not continue our current system's attempt to push that kind of health care assessment onto patients. It is inappropriate to disincentivize utilization through financial barriers such as cost-sharing, particularly because most individuals are not health care professionals and should not be expected to weigh the necessity of care against cost-sharing.
Antonia Hernandez	3 = Agree	
Cara Dessert	3 = Agree	

F. The decision to impose patient cost-sharing should balance considerations of equity, appropriate use of health care services, administrative burden, and implications for revenue needs.

Total Count:	
3 = Agree	**7**
2 = Agree with slight modifications	**3**
1 = Disagree	**1**
0 = Don't know	**0**

Name:	Response:	Comment (if option 2 or 1 was selected):
Sandra Hernandez	3 = Agree	
Jennie Chin Hansen	3 = Agree	

Name:	Response:	Comment (if option 2 or 1 was selected):
Anthony Wright	2 = Agree with slight modifications	Would at least add "and ability to access care timely."
Robert Ross	2 = Agree with slight modifications	Add "and in service of patient-centered, quality-of-care..."
Andy Schneider	2 = Agree with slight modifications	In lieu of "appropriate use of health care services" insert "access to needed health care services, use of preventive health care services,"
Richard Scheffler	3 = Agree	
Sara Flocks	3 = Agree	
William Hsiao	3 = Agree	
Carmen Comsti	1 = Disagree	This statement is confusing to me. I don't know what "balance considerations" means. The issues listed do not all hold equal weight. For example, the idea that cost-sharing results in "appropriate use" is misguided at best and, at worst, can cause inappropriate avoidance of care, particularly for low-income families. High utilization could be dealt with through targeted analyses and targeted programs to understand the underlying reasons why there is high utilization and targeting the underlying issue. An average person would not know if it is or is not necessary to go to the doctor, and we should not continue our current system's attempt to push that kind of health care assessment onto patients.
Antonia Hernandez	3 = Agree	
Cara Dessert	3 = Agree	

III. Smooth Transition

A. If health plans are eliminated under unified financing, a number of functions that plans perform today (e.g., a planning function to match available resources with patient needs; efforts to reduce low value care; care coordination for high needs patients; measuring and improving quality of care; and measuring and improving population health) would need to be assumed by the central Unified Financing Authority or its designee(s).

Total Count:	
3 = Agree	**5**
2 = Agree with slight modifications	**1**
1 = Disagree	**2**
0 = Don't know	**3**

Name:	**Response:**	**Comment (if option 2 or 1 was selected):**
Sandra Hernandez	3 = Agree	
Jennie Chin Hansen	3 = Agree	I do contend that this is done now by health plans and its functions can be valuable. There is a lot more done than meets the eye and is NOT always about "stinting". I acknowledge I do serve on a a board of not for profit Medicare health plan and are clear on our mission of care and well being.
Anthony Wright	0 = Don't know	Lots of possibilities here. While these functions need to be addressed, taken on be a central unified financing authority, new or repurposed statewide agencies, regional entities, or more.
Robert Ross	3 = Agree	
Andy Schneider	1 = Disagree	The implication of the question is that health plans could be eliminated altogether under unified financing, regardless of their performance. This is neither realistic nor a desirable policy. Low-performing plans should be expelled from unified financing; high-performing plans should be retained.
Richard Scheffler	2 = Agree with slight modifications	Agree. But some of it could done by the private sector under contract or by county and city governments.
Sara Flocks	3 = Agree	
William Hsiao	3 = Agree	
Carmen Comsti	1 = Disagree	This statement, as I discussed at our transition meeting, falsely ascribes certain functions to

Name:	Response:	Comment (if option 2 or 1 was selected):
		health plans. Health plans do not "match available resources to patients". Rather, health plans and health insurance adjuster serve to limit care and reduce the medical loss ratio. Matching of resources is done by doctors and patients trying to navigate the administrative complexities of a health plan. I cannot agree to this statement because health plans do not do the things listed. Health plans are interested in reducing the financial risk to the plan, not to ensure that there is high quality care for their enrollees. We also should not be using jargon like "low-value care" because low-value care to a plan may be necessary care for a patient. As I said at the December meeting, health plans today -- if for the sake of argument we assume that they perform care management functions or any of the functions listed here -- they do so to inure to the benefit of corporate financial interests not to patients. You could call it efficiency but the pressure to reduce costs and financial risk for the plan can ultimately harm patients whether that is through narrow networks, lemon dropping, or other forms of plan schemes to limit enrollee use of high cost care. At best, health plans (even those that may be run by providers) have corporate financial interests that conflict with any claim that the plan is interested enrollee health and access to care. This conflict of interest between corporate financial interest and patient interest is why CA bans the corporate practice of medicine.
Antonia Hernandez	0 = Don't know	
Cara Dessert	0 = Don't know	

B. The following activities would represent important steps on the path toward the envisioned “Healthy California for All” unified financing system:

a. Establish and implement a prospective per capita health care spending target

Total Count:	
3 = Very important	**8**
2 = Somewhat important	**0**
1 = Not important	**1**
0 = Don’t know	**2**

Name:	**Response:**	**Comment (if option 2 or 1 was selected):**
Sandra Hernandez	3 = Very important	
Jennie Chin Hansen	3 = Very important	This will take a LOT OF CAREFUL work to assure the per capita methodology is sound enough and has a way to address extraordinary risk (e.g. "reinsurance" for complexity)
Anthony Wright	3 = Very important	
Robert Ross	3 = Very important	
Andy Schneider	0 = Don’t know	What is meant by "implement"? Establishing a spending target seems feasible, as does monitoring spending in relation to that target. But if "implement" means "enforce" the target against Medi-Cal and Medicare and Covered California and CalPERS and ESI, that is not a feasible "step on the path toward" unified financing.
Richard Scheffler	3 = Very important	This is key element in the sustainability of the health system
Sara Flocks	3 = Very important	
William Hsiao	3 = Very important	This is a must if UF is to be sustained.
Carmen Comsti	1 = Not important	I am responding to most of these next survey questions with a 1 because the lead-in language wrongly implies that these “steps” are prerequisites to unified

Name:	Response:	Comment (if option 2 or 1 was selected):
		financing. Specifically, for this question, I strongly disagree that we need per capita health care spending targets, and it is unclear whether this is a per capita spending target for providers or for the system. The idea of per capita spending is problematic because, depending on how such a spending limit is implemented (and it's not clear from this statement what "implement" means), this could result in arbitrary denial of limitation of care. Moreover, if this is meant to refer to a system-wide budget, I would disagree with a strict spending cap. The system-wide budget should be adjusted for inflation year over year and other considerations so that the system is not arbitrarily limited in spending. Also, the system should be able to use reserves if necessary without legislative or voter approval.
Antonia Hernandez	0 = Don't know	
Cara Dessert	3 = Very important	

b. Address workforce shortages in underserved domains and geographic areas

Total Count:	
3 = Very important	**10**
2 = Somewhat important	**0**
1 = Not important	**1**
0 = Don't know	**0**

Name:	Response:	Comment (if option 2 or 1 was selected):
Sandra Hernandez	3 = Very important	
Jennie Chin Hansen	3 = Very important	CRUCIAL and must be done thoughtfully and aggressively from entry level to those who are highly educated/trained. There is much to be done in educational

Name:	Response:	Comment (if option 2 or 1 was selected):
		preparation as well as distribution and review of licensing and regulation.
Anthony Wright	3 = Very important	
Robert Ross	3 = Very important	glad to see this mentioned
Andy Schneider	3 = Very important	
Richard Scheffler	3 = Very important	A top priority.
Sara Flocks	3 = Very important	
William Hsiao	3 = Very important	Immediate actions should be taken to address the underserved areas. Supply of services have to be in place before or concurrently when the benefits and funding from UF starts.
Carmen Comsti	1 = Not important	I am rating this 1 for a number of reasons. First, again, the lead-in language wrongly implies that these "steps" are prerequisites to unified financing. This statement should be edited to change the phrase "workforce shortages" to "workforce understaffing" because, importantly, the staffing crisis is largely an industry-created crisis. There are plenty of people willing to be nurses and other health care workers. Short staffing is happening by design; this is the business model of health care employers. This industry-created short staffing leads to unsafe working conditions, moral distress, workplace injuries and illnesses. Our health care workforce, particularly nurses, are being driven away from the workforce because of unsafe and unfair working conditions and rising moral distress because corporate interests are being placed before patient need. Health care workers cannot provide their patients the care that they need because their employers and health industry interests are to cut

Name:	Response:	Comment (if option 2 or 1 was selected):
		costs, cut staffing, and boost net revenue or profit. This business model drives nurses and other workers away from the workforce – or in the case of the pandemic, industry fails to protect workers, resulting in their permanent exclusion from the workforce as a result of preventable occupationally illness, injury, or death. Moreover, short staffing occurs in underserved areas because these communities are not seen as profitable by health care corporations which have closed facilities or refuse retain workers through higher wages and safe working conditions. All of this is to say that we need to get the profit motive out of the health care system to address some of the major causes of the workforce staffing crisis. A unified financing system could help address the industry-created staffing crisis by demanding that health care providers provide safe staffing and safe working conditions for health care workers. For example, the unified financing system could use its negotiating power to ensure that there is safe staffing and optimal PPE to protect health care workers from Covid and other infectious diseases. Additionally, a unified financing system could allocate additional resources for infrastructure and staffing based on need in underserved domains and geographic areas.
Antonia Hernandez	3 = Very important	
Cara Dessert	3 = Very important	

c. Expand culturally sensitive training for doctors, nurses and other clinical staff

Total Count:	
3 = Very important	**9**
2 = Somewhat important	**0**
1 = Not important	**2**
0 = Don't know	**0**

Name:	**Response:**	**Comment (if option 2 or 1 was selected):**
Sandra Hernandez	3 = Very important	
Jennie Chin Hansen	3 = Very important	goes without argument but needs a new broader framework inclusive of cultural humility and genuine curiosity and understanding
Anthony Wright	3 = Very important	Very important to do regardless, even if it doesn't necessarily build directly to unified financing per se, but you would want this as part of the system we want to get to.
Robert Ross	3 = Very important	I prefer the term "culturally proficient", but am not a stickler about this
Andy Schneider	3 = Very important	
Richard Scheffler	3 = Very important	
Sara Flocks	1 = Not important	I would say this is very important if we had evidence that those kind of trainings yielded results. A better goal would be to recruit a diverse health care workforce that reflect the racial, ethnic, linguistic, gender and other demographics of the populations they serve. That's a long-term goal that should be worked into transition plans.
William Hsiao	3 = Very important	
Carmen Comsti	1 = Not important	I am rating this 1 for a number of reasons. First, again, the lead-in language wrongly implies that these "steps" are prerequisites to unified financing. Additionally, while establishing

Name:	Response:	Comment (if option 2 or 1 was selected):
		a culturally competent workforce is absolutely important, the cultural needs of California's patients and gaps in culturally competency may be more effectively identified and addressed under a unified financing system. Moreover, this statement totally ignores the need to increase the pipeline and opportunities for people from underserved communities to enter because health care professionals. Culturally sensitivity training will not be adequate to address gaps in cultural competency of our health care professionals, particularly with respect to language skills.
Antonia Hernandez	3 = Very important	
Cara Dessert	3 = Very important	

d. Expand and standardize cost reporting for hospitals, medical groups, and other health care settings.

Total Count:	
3 = Very important	**9**
2 = Somewhat important	**1**
1 = Not important	**1**
0 = Don't know	**0**

Name:	Response:	Comment (if option 2 or 1 was selected):
Sandra Hernandez	3 = Very important	
Jennie Chin Hansen	3 = Very important	
Anthony Wright	3 = Very important	
Robert Ross	3 = Very important	Important for transparency.
Andy Schneider	3 = Very important	

Name:	Response:	Comment (if option 2 or 1 was selected):
Richard Scheffler	3 = Very important	To be used in our soon to implemented all payers claims based reporting system.
Sara Flocks	3 = Very important	To quote Professor Hsiao, we need to have granular data on health care service costs & cost accounting that is certified by CPAs for each major service. As he said, we need facts to negotiate on price and costs.
William Hsiao	3 = Very important	Standardized cost accounting methods should must be used to estimate the cost of each medical service or procedure. Currently CA only allocate the hospital costs to the cost centers. That does not give sufficient information when hospitals charge by each service. This cost information by each key services is crucial for negotiation between insurance payers and medical service providers.
Carmen Comsti	1 = Not important	I am rating this 1 for a number of reasons. First, again, the lead-in language wrongly implies that these “steps” are prerequisites to unified financing. Second, standardized cost reporting can occur once a unified financing system is established. Moreover, there is uniform cost reporting through Medicare cost reports, which could be used by the system until alternate (if any) cost reporting standards are established. Yes, cost reports from medical groups and other settings that do not already report such data could occur prior to the establishment of a unified financing system, but this should not be treated as a prerequisite to implementing a unified financing system.
Antonia Hernandez	3 = Very important	
Cara Dessert	3 = Very important	

e. Aggregate purchasing power among payers within the status quo to demonstrate success in negotiating payment methods and rates with pharmaceutical companies and/or other providers of health care services

Total Count:	
3 = Very important	**10**
2 = Somewhat important	**0**
1 = Not important	**1**
0 = Don't know	**0**

Name:	**Response:**	**Comment (if option 2 or 1 was selected):**
Sandra Hernandez	3 = Very important	Start with public payers
Jennie Chin Hansen	3 = Very important	especially in pharmaceuticals.
Anthony Wright	3 = Very important	
Robert Ross	3 = Very important	
Andy Schneider	3 = Very important	
Richard Scheffler	3 = Very important	Important but poorly worded Yes a unified payment system should use its purchasing power.
Sara Flocks	3 = Very important	Getting data (see comment from #23) on health care service costs first is critical to support negotiations between payers and the health care industry.
William Hsiao	3 = Very important	This is a critical building block for UF to be affordable, enable UF to contain health expenditure inflation and sustain UF.
Carmen Comsti	1 = Not important	I am rating this 1 for a number of reasons. First, again, the lead-in language wrongly implies that these "steps" are prerequisites to unified financing. Second, as I mentioned during our transition meeting, the aggregate purchasing power is best established in a unified financing system. As written, this statement says that the aggregate purchasing power would be "among payers." It is not clear to me whether this

Name:	Response:	Comment (if option 2 or 1 was selected):
		means establishing the unified financing system by aggregating the public program's aggregate purchasing power under one system or whether this means aggregate multi-payer negotiations under the status quo multi-payer system BEFORE implementing a unified financing system. While bulk drug price negotiations could happen before a unified financing system is established, it should not be treated as a prerequisite. Similarly, “success” in rate setting through an all payer system should not be treated as a towards unified financing.
Antonia Hernandez	3 = Very important	
Cara Dessert	3 = Very important	

f. Establish a statewide system for patient identification and clinical data exchange

Total Count:	
3 = Very important	**10**
2 = Somewhat important	**0**
1 = Not important	**1**
0 = Don’t know	**0**

Name:	Response:	Comment (if option 2 or 1 was selected):
Sandra Hernandez	3 = Very important	
Jennie Chin Hansen	3 = Very important	with sensitivity to issues of privacy to mitigate discrimination.
Anthony Wright	3 = Very important	
Robert Ross	3 = Very important	
Andy Schneider	3 = Very important	
Richard Scheffler	3 = Very important	Would be very useful but has many hurdles especially confidentially.

Name:	Response:	Comment (if option 2 or 1 was selected):
Sara Flocks	3 = Very important	
William Hsiao	3 = Very important	This is a must to improve clinical quality of healthcare, continuity of care, and reduce duplication of services, tests and avoid toxicity of multiple drugs
Carmen Comsti	1 = Not important	I am rating this 1 for a number of reasons. First, again, the lead-in language wrongly implies that these "steps" are prerequisites to unified financing. Additionally, complex health data exchange systems are not necessary to manage a unified financing system. Both our current Medicare system and Taiwan's single payer system were the benefit of modern information technology. Moreover, the need for increased interoperability exists under the current system and work is already being done to improve information exchange. The federal government has made incentive funding available for providers to increase their use of electronic health records and promote interoperability. California is already leveraging this funding in coordination with wider statewide health information exchange efforts. The faster CA implements single payer, the better it can make sure the new networks being built are designed optimally for our new health system.
Antonia Hernandez	3 = Very important	
Cara Dessert	3 = Very important	

g. Decide on a set of quality indicators that should be captured in initial stages of UF

Total Count:	
3 = Very important	**10**
2 = Somewhat important	**0**

1 = Not important	**1**
0 = Don't know	**0**

Name:	**Response:**	**Comment (if option 2 or 1 was selected):**
Sandra Hernandez	3 = Very important	
Jennie Chin Hansen	3 = Very important	
Anthony Wright	3 = Very important	
Robert Ross	3 = Very important	would like to see prevention/public health oriented indicators
Andy Schneider	3 = Very important	
Richard Scheffler	3 = Very important	Yes but only at a high level. The right quality measures to use in health system is still under development and there is no agreement on what they should be, Are we talking about process or outcome quality measures ? I suggest a group be set up to explore the quality measurement issue.
Sara Flocks	3 = Very important	
William Hsiao	3 = Very important	
Carmen Comsti	1 = Not important	I am rating this 1 for a number of reasons. First, again, the lead-in language wrongly implies that these "steps" are prerequisites to unified financing. Additionally, reporting requirements, including quality reporting can be established in the legislative process of developing the unified financing system and all reporting measures would be included as conditions of participation in the program. The system would be able to add quality reporting measures as necessary through regulation. The statement as written is a bit unclear as to who is doing the "deciding" on quality indicators. These reporting requirements could not be "decide[d]" upon until legislation

Name:	Response:	Comment (if option 2 or 1 was selected):
		establishing the program is passed and/or additional regulation promulgated. So, it's hard to rate this because, I would not characterize this as a transitionary step. Rather, quality reporting requirements and adjustments to such reporting would be part of the unified financing system and would be an on ongoing function of the system.
Antonia Hernandez	3 = Very important	
Cara Dessert	3 = Very important	

h. Establish a uniform claims/encounter data system to capture and report data across all payers who deliver services under the status quo

Total Count:	
3 = Very important	**9**
2 = Somewhat important	**0**
1 = Not important	**1**
0 = Don't know	**1**

Name:	Response:	Comment (if option 2 or 1 was selected):
Sandra Hernandez	3 = Very important	
Jennie Chin Hansen	3 = Very important	
Anthony Wright	3 = Very important	
Robert Ross	3 = Very important	
Andy Schneider	3 = Very important	
Richard Scheffler	3 = Very important	I thought we passed a bill to do this already.
Sara Flocks	3 = Very important	
William Hsiao	3 = Very important	Extremely important to control and reduce fraud and abuse in claims in the USA. Taiwan demonstrated a uniform

Name:	Response:	Comment (if option 2 or 1 was selected):
		claim data system reduced its annual health expenditures by 8%.
Carmen Comsti	1 = Not important	I am rating this 1 for a number of reasons. First, again, the lead-in language wrongly implies that these "steps" are prerequisites to unified financing. Additionally, establishing a uniform claims system for all payers under the status quo would not help transition to a unified financing system. The quickest way to establish a uniform claims system is to create a single, unified financing system for which providers make claims under. Otherwise, establishing a uniform claims system for multiple payers and plans seems like a lot of effort for a system that would potentially be rendered useless once a unified financing system is established.
Antonia Hernandez	3 = Very important	
Cara Dessert	0 = Don't know	

i. Identify winners and losers among providers, consumers, employers and other participants in the health care sector and develop plans to mitigate negative impacts

Total Count:	
3 = Very important	**6**
2 = Somewhat important	**3**
1 = Not important	**2**
0 = Don't know	**0**

Name:	Response:	Comment (if option 2 or 1 was selected):
Sandra Hernandez	3 = Very important	Don't think we should think of consumers as among losers. We should leave no one behind
Jennie Chin Hansen	3 = Very important	absolutely needed as well as a way to stage the transition from "easier to harder"

Name:	Response:	Comment (if option 2 or 1 was selected):
Anthony Wright	1 = Not important	Disagree with the winners/losers frame: lots of reforms re positive for all, depending on looking at short-term vs. long-term prospects. The ACA could be seen as a "loser" for health plans, who get more restrictions and regulations--or as a new, better, fairer set of rules to compete on a more level playing field. Global budgets may give providers more stability and better incentives to work with, rather than just carte blanche to exploit monopolies to overcharge. I understand the intent of attempts to address concerns and mitigate perceived losses by certain groups, but don't want to empower/reward bad behavior either.
Robert Ross	2 = Somewhat Important	not crazy about the winners and losers language, but thematically I get it; who is impacted and how.
Andy Schneider	3 = Very important	
Richard Scheffler	3 = Very important	This is very important Any change in current system will have winners and losers.This needs to be very carefully addressed not only for patients but for providers as well. Special attention should be given to health care inequalities.
Sara Flocks	2 = Somewhat Important	This is challenging because there will be shifting winners and loser depending on the design and implementation of the system. Each policy choice could change that equation. More importantly, we should be clear that the winners should be patients and Californians, so the focus is on maintaining a patient-centered, high-quality, affordable, accessible and sustainable system.
William Hsiao	3 = Very important	
Carmen Comsti	1 = Not important	I am rating this 1 for a number of reasons. First, again, the lead-in language wrongly implies that these

Name:	Response:	Comment (if option 2 or 1 was selected):
		"steps" are prerequisites to unified financing. I do not think this is a useful exercise to strictly name winners and losers. Yes, we can analyze the impact of unified financing on all the groups listed but, as I said in the meeting, we need to place patients and meeting the health care needs of Californian's first. We should assert that mitigation of the negative impact for insurers and health care corporations who have profited off health for decades is necessary. There is no reason to give a golden parachute to health insurers and profit-seeking health care corporations and others who have extract wealth from our collective illness.
Antonia Hernandez	3 = Very important	
Cara Dessert	2 = Somewhat Important	

j. Building on California's large integrated delivery systems, refine and expand efforts to align payments with value (i.e., pay for high quality)

Total Count:	
3 = Very important	**8**
2 = Somewhat important	**1**
1 = Not important	**1**
0 = Don't know	**1**

Name:	Response:	Comment (if option 2 or 1 was selected):
Sandra Hernandez	3 = Very important	
Jennie Chin Hansen	3 = Very important	Yes, value accountability that would be transparent.
Anthony Wright	3 = Very important	
Robert Ross	3 = Very important	

Name:	Response:	Comment (if option 2 or 1 was selected):
Andy Schneider	0 = Don't know	It's not clear whether "align payments with value" means payments to health plans or payments by health plans to network providers, or both. I support both, but in the case of payments to plans, it's not enough to pay high-performing plans more. The low-performers should not be paid at all.
Richard Scheffler	3 = Very important	This is key to improving the system. California has the most integrated system in the county. Value based payments systems can substantially improve it.
Sara Flocks	3 = Very important	This is important, but I would edit it to say that all efforts to align payments with value are important,
William Hsiao	3 = Very important	
Carmen Comsti	1 = Not important	I am rating this 1 for a number of reasons. First, again, the lead-in language wrongly implies that these "steps" are prerequisites to unified financing. Additionally, I oppose expansion of risk-based payment schemes used by integrated delivery systems. It is inappropriate to call these kinds of payment schemes "payments with value." These systems use metrics to place financial risk onto providers. While quality reporting and monitoring are important, this should not be tied to payment. Tying these quality measures to payments, incentivizes lemon-dropping, cherry-picking, and denial of care. Risk-based, metric driven payment systems punish providers who serve communities with health care disparities and chronic illnesses. They incentivize gaming of metrics, which has led to increasing use of algorithms, that embed existing health disparities and biases into our system (see, e.g., the Obermeyer study on the racially biased hospital cost

Name:	Response:	Comment (if option 2 or 1 was selected):
		algorithm). The increasing reliance on metrics-based reporting has increased the administrative burden on providers, particularly small providers who cannot afford the administrative costs and technology. This has led to increased corporate consolidation, a problem that in turn contributes to rising health care prices and erosion of local/small medical practices.
Antonia Hernandez	3 = Very important	
Cara Dessert	2 = Somewhat Important	

k. Establish global budgets and all payer rate-setting and begin to address existing payment variation

Total Count:	
3 = Very important	**7**
2 = Somewhat important	**1**
1 = Not important	**2**
0 = Don't know	**1**

Name:	Response:	Comment (if option 2 or 1 was selected):
Sandra Hernandez	3 = Very important	
Jennie Chin Hansen	3 = Very important	Crucial but very hard to do. which is why to consider starting with less complicated populations-children and families?
Anthony Wright	3 = Very important	
Robert Ross	3 = Very important	
Andy Schneider	1 = Not important	As the Maryland experience indicates, establishing global budgets and all-payer rate setting is a massive, multi-year (if not multi-decade) undertaking that is a policy goal unto itself, not a transitional activity on the path to unified financing.

Name:	Response:	Comment (if option 2 or 1 was selected):
Richard Scheffler	2 = Somewhat Important	I am in favor a global budget system but not in favor of rate setting. It has tried before at the State level and always failed and discarded. Maryland is an exception, but it only works because the state gets higher medicare rates. California is unlikely to get the same deal on Medicare. Budgeting makes more sense and AB 1130 is good approach to it.
Sara Flocks	3 = Very important	I recommend replacing all payer rate-setting with a more generic term like "measure to standardize and regulate prices/payments" or something like that. We should be clear what the goal is but be flexible about the strategy to achieve that goal.
William Hsiao	3 = Very important	
Carmen Comsti	1 = Not important	I am rating this 1 for a number of reasons. First, again, the lead-in language wrongly implies that these “steps” are prerequisites to unified financing. Additionally, it is backwards to me to say that we need to establish global budgeting (I assume for providers given the context of the statement) and an all payer rate setting system prior to establishing unified financing. All payer systems, by design are rate setting negotiations among all payers – including health plans and government systems—but a unified financing system would, by virtue of changing the structure of payers, would be something different completely. So it does not make sense to require success in a model that would not be transitioned into a unified financing system. With respect to hospital/provider global budgeting, the methodologies and process set up in a multipayer system would, by virtue of the inclusion of multiple private payers in the

Name:	Response:	Comment (if option 2 or 1 was selected):
		process, would be completely different than under a unified financing system. Thus, establishing global budgeting processes and an all payer systems are not necessary steps in the path towards unified financing. Global budgeting and an all payer system under the status quo (which is a multi-payer system) would likely be complete side-steps that ultimately have no bearing on the actual payment systems set up under unified financing. If we are going to take the time to build a system to engage in system-wide rate setting and provider global budgeting, let's make the systems we want to use under a unified financing system not one that would, at best, have to undergo major changes once a unified financing system is established.
Antonia Hernandez	0 = Don't know	
Cara Dessert	3 = Very important	

l. Standardize and align contracts among payers for how they pay for care, including for improvements in cost, quality, and equity.

Total Count:	
3 = Very important	**6**
2 = Somewhat important	**4**
1 = Not important	**1**
0 = Don't know	**0**

Name:	Response:	Comment (if option 2 or 1 was selected):
Sandra Hernandez	3 = Very important	
Jennie Chin Hansen	3 = Very important	
Anthony Wright	3 = Very important	

Name:	Response:	Comment (if option 2 or 1 was selected):
Robert Ross	2 = Somewhat Important	In concept I agree, but recognition needed that not all providers/provider systems created equally -- Community Health Centers for example serve a higher risk, more health disparate population
Andy Schneider	3 = Very important	
Richard Scheffler	2 = Somewhat Important	Helpful but hard to do given the size and diversity of the health system
Sara Flocks	2 = Somewhat Important	
William Hsiao	3 = Very important	
Carmen Comsti	1 = Not important	I am rating this 1 for a number of reasons. First, again, the lead-in language wrongly implies that these “steps” are prerequisites to unified financing. If I am reading the statement correctly, this idea would be to have multiple payers (private insurance plans and public programs) have uniform contracts with providers. This in no way is necessary or helpful in establishing a unified financing system that would eliminate the role of other health plans. Again having private insurers have similar contracts only to undo those contracts once a unified financing system is established is a waste of time and effort. I understand the need for a unified financing system to have a uniform and standardized participation agreement with providers under the new system but this would occur once a new system is establishment not as a step before unified financing. To be more precise, a standardized contract with providers could be created by the system once a system is established (after a bill is

Name:	Response:	Comment (if option 2 or 1 was selected):
		passed and a program established) but before the system is implemented.
Antonia Hernandez	2 = Somewhat Important	
Cara Dessert	3 = Very important	

m. Identify specific options for raising revenues that would substitute for non-federal health care spending

Total Count:	
3 = Very important	**9**
2 = Somewhat important	**1**
1 = Not important	**0**
0 = Don't know	**1**

Name:	Response:	Comment (if option 2 or 1 was selected):
Sandra Hernandez	3 = Very important	
Jennie Chin Hansen	0 = Don't know	I don't understand the question.
Anthony Wright	3 = Very important	
Robert Ross	3 = Very important	
Andy Schneider	3 = Very important	
Richard Scheffler	3 = Very important	Yes, this is key.
Sara Flocks	3 = Very important	
William Hsiao	3 = Very important	How to fund UF is a critical question. If the Commission wants to help the Governor and the state legislature to move forward concretely on UF, this information is crucial.
Carmen Comsti	2 = Somewhat Important	I agree this is an important step in establishing a unified financing system and the Commission should identify revenue sources for legislators to

Name:	Response:	Comment (if option 2 or 1 was selected):
		consider. However, I think this statement should clearly specific that this is the responsibility of the legislature to identify and decide upon and establish non-federal revenue sources. At the end of the day, it is up to the legislature to debate and pass revenue raising mechanisms.
Antonia Hernandez	3 = Very important	
Cara Dessert	3 = Very important	

n. Obtain legislative and/or voter approval for the revenue plan

Total Count:	
3 = Very important	**9**
2 = Somewhat important	**2**
1 = Not important	**0**
0 = Don't know	**0**

Name:	Response:	Comment (if option 2 or 1 was selected):
Sandra Hernandez	3 = Very important	
Jennie Chin Hansen	3 = Very important	Need some very skilled folks to decide how best to "move the agenda"
Anthony Wright	3 = Very important	Appreciate the need for voter approval, given constraints by the California constitution... but also unclear if a revenue plan (the "cost") can be done separately from the provision of coverage (the "benefit.). One can imagine efforts to raise revenue to provide some initial benefits to start.
Robert Ross	3 = Very important	
Andy Schneider	3 = Very important	
Richard Scheffler	3 = Very important	Voter would be best.

Name:	Response:	Comment (if option 2 or 1 was selected):
Sara Flocks	2 = Somewhat Important	More important is to put in place policies that both show the benefits of a UF system and that the system will be sustainable. Critical to this is reducing the cost of the health care system so voters feel comfortable approving a revenue plan. If it seems like health care costs are going to continue spiraling out of control, then voters aren't going to want to fund it. But if we can show that there is a plan for a sustainable, cost-efficient, functional and achievable universal health care system, then it will be easier to pass a revenue plan. We first need to put into place the policies that will "sell" the system to the voters, then go get their approval.
William Hsiao	3 = Very important	
Carmen Comsti	2 = Somewhat Important	I agree that the legislature must approve a revenue plan but I think we should try to identify (because we haven't discussed this at all) financing approaches that may not require a ballot initiative (e.g., corporate fees or taxes). For the purposes of this survey, we could separate the legislative and ballot statements/questions.
Antonia Hernandez	3 = Very important	
Cara Dessert	3 = Very important	This will require a deep investment in education for CA residents - for example, if we raise taxes we must eb able to show that there will be an offset that is actually cost saving for the consumer.

o. Secure from the federal government guarantees regarding the payments California can count on with respect to federal share of Medicare and Medicaid payment

Total Count:	
3 = Very important	**8**
2 = Somewhat important	**3**

1 = Not important	**0**
0 = Don't know	**0**

Name:	**Response:**	**Comment (if option 2 or 1 was selected):**
Sandra Hernandez	3 = Very important	Need to take care to assure revenues are not issued as fixed block grants but are able to take into account a reasonable rate of cost of care inflation
Jennie Chin Hansen	3 = Very important	
Anthony Wright	3 = Very important	
Robert Ross	3 = Very important	
Andy Schneider	3 = Very important	Depending on who is in charge, the federal government would be more than happy to guarantee California fewer federal funds than the state would receive under current law by imposing an annual cap on federal spending (this nearly happened to Medicaid as recently as 2017). The federal payments must not only be guaranteed; they must also be sufficient to the task of financing health and long-term care services for all Medicaid and Medicare beneficiaries in California. I appreciate the elegance of the term "federal government guarantees," which leaves open the question of whether the federal commitment takes the form of a statute enacted into law by the Congress and the President, or a waiver granted by the Secretary of HHS. As I explained at the Commission's September 23 meeting, the Secretary of HHS does not have waiver or other authority to transfer federal Medicaid and Medicare funds to a single payer or unified financing authority in California, much less to bind his/her successors to continuing any such transfers in the future. An enforceable, sustainable federal financial

Name:	Response:	Comment (if option 2 or 1 was selected):
		commitment will require an act of Congress signed by the President.
Richard Scheffler	3 = Very important	We can try but it unlikely we will get them.
Sara Flocks	2 = Somewhat Important	
William Hsiao	2 = Somewhat Important	Of course CA has to secure the guarantee from the federal government before UF can be fully implemented. However, other building blocks can be put in place before the guarantee. These building blocks would include establishing the prospective health spending target, creating a uniform clinical data and claim data systems.
Carmen Comsti	2 = Somewhat Important	I agree that the state should apply for federal waivers to incorporate the federal share of Medicaid and Medicare dollars into a unified financing system. But we can think of contingencies plans for variations in federal waivers, and we should also consider the option of the unified financing system administering federal programs under the unified financing system program.
Antonia Hernandez	3 = Very important	
Cara Dessert	3 = Very important	While this is very important as it undoubtedly would make this broad base set of reforms espier to accomplish, our reforms should move forward, even if we are unable to secure this support - our recommendation must include various scenarios with and without federal support options.

p. Other: please specify

Total Count:	
3 = Very important	**7**
2 = Somewhat important	**0**
1 = Not important	**0**

0 = Don't know	**0**

Name:	**Response:**	**Comment (if option 2 or 1 was selected):**
Sandra Hernandez		
Jennie Chin Hansen		Would love to understand the most feasible staging process vs a vs another way to prioritize the transition-getting pros and cons.
Anthony Wright	3 = Very important	Removing exclusions from coverage and getting as many Californians into systems of care; Once everyone is eligible for something, creating an automatic, seamless system where Californians have no gaps between coverage. The work where we continue to model and define coverage and affordability in Covered California...and more.
Robert Ross	3 = Very important	Position our California system as a frontal assault on racial and ethnic disparities in health and health care; a system that is health equity promoting or anti-racist in orientation
Andy Schneider	3 = Very important	A system of unified financing will have to be transparent if it is to achieve the objectives articulated in question 1 and if it is to build and maintain the credibility with the public that it will need for its long-term sustainability. Transparency is essential to holding individual practitioners, hospital and health care systems, health plans, and the governing agencies/authorities that pay them, accountable for performance. One of the most important steps we can take on the path toward a unified financing system is to transition from the current norm of opacity to a culture of transparency by practicing transparency. To give just one example, the Department of Health Care Services should post on its website (and update regularly) data specific to each Medi-Cal health plan detailing the plan's

Name:	Response:	Comment (if option 2 or 1 was selected):
		performance vis-a-vis enrolled populations, including children, pregnant women, individuals with disabilities, and elderly Medi-Cal beneficiaries. This would enable advocates, the media, and other stakeholders to identify low-performing plans and take appropriate action. Knowledge by plan management that plan-specific performance data will be publicly available will create an incentive for both low- and high-performing plans to improve their performance. Finally, transparency about improvement of individual plan performance over time will reflect well on DHCS's selection and oversight of the plans with which it contracts, increasing support for the agency and for the Medi-Cal program.
Richard Scheffler	3 = Very important	Look at all policies through the lens of Health Equity. Consider short term goals such as what can done right now. The five years and beyond. Describe how we would re imagine our healthcare system under a single payer or uniform financing system. What needs to be done by whom and how do we do it ?
Sara Flocks	3 = Very important	The most important transition policies are to demonstrate that a sustainable, cost-effective, accessible, affordable system that is BETTER than what we have now is possible. We can do that by focusing on cost containment measures that demonstrate sustainability that won't drive up taxes. A good first step is Prof. Hsiao's suggestion to set a prospective global health expenditure target to "close the checkbook." Also investing in workforce will create good jobs and career opportunities and show that medically underserved and rural areas will see better access. The transition will need both concrete policy improvements

Name:	Response:	Comment (if option 2 or 1 was selected):
		to the current system and a campaign plan to demonstrate the benefits of the new system. We have to capture the hearts, minds and pocketbooks of Californians to get this done.
William Hsiao	3 = Very important	The governance structure of UF, its role, responsibility and accountability back to the people.
Carmen Comsti	3 = Very important	Other important transition issues are: - Passing legislation to establish both the policy and governance structure of a unified financing system. - Considering plans for a just transition for workers in the health insurance administration industry.
Antonia Hernandez		
Cara Dessert		

C. Among the items listed on the previous page and repeated below (a-p), specify up to three that you feel are the most important. Please comment on why you prioritized as you did.

a. Establish and implement a prospective per capita health care spending target

b. Address workforce shortages in underserved domains and geographic areas

c. Expand culturally sensitive training for doctors, nurses and other clinical staff

d. Expand and standardize cost reporting for hospitals, medical groups, and other health care settings

e. Aggregate purchasing power among payers within the status quo to demonstrate success in negotiating payment methods and rates with pharmaceutical companies and/or other providers of health care services

f. Establish a statewide system for patient identification and clinical data exchange

g. Decide on a set of quality indicators that should be captured in initial stages of UF

h. Establish a uniform claims/encounter data system to capture and report data across all payers who deliver services under the status quo

i. Identify winners and losers among providers, consumers, employers and other participants in the health care sector and develop plans to mitigate negative impacts

j. Building on California's large integrated delivery systems, refine and expand efforts to align payments with value (i.e., pay for high quality)

k. Establish global budgets and all payer rate-setting and begin to address existing payment variation

l. Standardize and align contracts among payers for how they pay for care, including for improvements in cost, quality, and equity

m. Identify specific options for raising revenues that would substitute for non-federal health care spending

n. Obtain legislative and/or voter approval for the revenue plan

o. Secure from the federal government guarantees regarding the payments California can count on with respect to federal share of Medicare and Medicaid payment

p. Other (if specified on the previous page)

Name:	**Response:**
Sandra Hernandez	O: Secure Federal govt revenues and needed legislation K. Est global budgets and rate setting E. Aggregate purchasing power among payers
Jennie Chin Hansen	1. start with children and families-my perception that this population would be best to start since it brings in prevention and mental health upstream (and there is defined experience with the Crippled Children's Services program)with vs multiple complexities health care. 2. an alternative approach would be to take the duals since so much work has been done over the years and in other states.
Anthony Wright	a/k/f
Robert Ross	1) we didn't call out "full inclusion": everybody in regardless of immigration status 2) b 3) e 4) m

Name:	Response:
Andy Schneider	The three keys to a sustainable unified financing system: n. Obtain legislative/voter approval for a revenue plan o. Secure funding guarantees from the federal government i. Develop mitigations for losers
Richard Scheffler	Obtain legislative or voter approval for a revenue plan- N Establish spending targets - A Build up California's integrated delivery system - J
Sara Flocks	A, B, K (but we need data, like in D to do A & K)
William Hsiao	I'd prioritize A, B, and H. My reasons are: 1. Give the public the confidence that health expenditure inflation will be controlled. UF will be affordable and sustainable. 2. Californian residing in the underserved areas need health care. For equity reasons, we must Improve the supply of services (include workforce) to them as soon as possible. Moreover, adequate supply in all areas of CA is a prerequisite for UF. 3. A uniform claim data system can quickly generate savings in CA health expenditures. We need the savings to finance insurance coverage and benefits. Once the public and the legislators experience the benefits from the savings of a single-payer system, they would give stronger support to UF.
Carmen Comsti	P – Passing legislation on policy & establishing governance structure M – Identifying revenue generating options
Antonia Hernandez	N,O
Cara Dessert	e. This is how we sell it to the public - cheaper drug prices and more affordable helathcare b. this MUST occur to make health better in CA, a state that has such deep geographical inequality when its comes to heartcare access and quality c. LGBTQ people, immigrants, communities of color will continue to be left behind without meainingful training

D. Among the items listed above (a-p), are some steps essential precursors to others? Should some steps be grouped and undertaken concurrently? Please offer additional comments about sequencing or grouping priority steps.

Name:	**Response:**
Sandra Hernandez	M,N, I, and O seem to be grouped together and need to be done concurrently; data infrastructure might also be grouped eg.F and H. also B and C might be grouped together
Jennie Chin Hansen	Establish structure, people and process; there should be something definable as a total system that can be launched that might be perhaps less contentious so that lawsuit stoppage doesn't stop the action.
Anthony Wright	There's a sequence of the work that is already underway and needs to be completed/prioritized; There's the work that we should start on ASAP; and then there's what would need to be part of a bill or package, and then working backwards for actual adoption of unified financing and sequencing that implementation work.
Robert Ross	*No response*
Andy Schneider	The essential precursors to lay the operational groundwork for unified financing are: (d) cost reporting for hospitals, medical groups, and other health care settings is expanded and standardized; (e) the state demonstrates success in using purchasing leverage across state programs in negotiating with pharmaceutical companies; (f) a statewide system for patient identification and clinical data exchange is in place; (h) a uniform claims/encounter data system is in place; (l) contracts among payers with integrated delivery systems are standardized and aligned to improve quality and equity These should be undertaken concurrently. The essential precursors needed to lay the financing and political groundwork for unified financing are: (n) obtaining legislative/voter approval for a revenue plan (o) securing funding guarantees from the federal government (i) developing mitigations for losers (p) transparency vis-a-vis performance of integrated delivery systems, providers, and state agencies and/or the unified financing authority This financing effort should begin with obtaining State legislative/voter approval for a revenue plan that will enable the state to seek federal

Name:	Response:
	funding guarantees. Without a clear State guarantee of its own revenues that demonstrates the State's commitment to unified financing, it is extremely unlikely that the Congress will agree to transfer federal Medicaid and Medicare funds to the State or its unified financing authority in amounts sufficient for unified financing to achieve its objectives (see answer to question 34 regarding Congressional interest in insufficient funding under certain scenarios).
Richard Scheffler	The financing of system and how to control needs to be carefully spelled out and implemented together. Steps to improve health Equity immediately and in long run should receive a high priority. Next would be the payment system and other policies to grow and improve our re-imagined health system that is equity, affordable, accessible and high quality for all California's.
Sara Flocks	Almost all of the key steps--setting health spending targets, aggregating purchasing power & negotiating, global budgets--depend on having granular cost data. Addressing workforce shortages also depends on having accurate data about where and what kind of shortages exist. So many of the first steps require robust, standardized data collection. In order to get voter approvals, the state should show the viability of the system, so before going for revenue approvals, we need to have cost controls and other public-facing consumer improvements in place.
William Hsiao	b and c can be grouped. f and h can be grouped. m and o can be grouped.
Carmen Comsti	I think there are a couple of groupings here. There are 5 general groupings: (1) items that could be done prior to official establishment of a unified financing program (2) items that could be done after a bill passed establishing a program but before implementation (while CA is applying for waivers) (3) items that could start after a bill is passed establishing a program and could/should continue after implementation (4) items that could start and continue at any time before or after implementation (5) items that I do not support or that would be unnecessary.

Name:	Response:
	Group 1 (prior to official establishment): - P (passing legislation on policy & establishing a governance structure). Group 2 (after a bill is passed establishing a program but before implementation): - M (identifying revenue generating options) - N (passing legislation on a revenue plan) - O (securing federal waivers) Note that I've placed M & N in Group 2 because as Governor Shumlin indicated and from my understanding of Assembly member Ash Kalra's meeting with federal HHS that HHS is willing to consider a federal waiver application and enter into discussions with a state prior to the state completing a state financing plan. The state would need to finalize a financing plan before federal HHS ultimately approves a federal waiver application. Group 3 (could start after a bill is passed establishing a program and could/should continue after implementation, not prerequisites) - D (standardizing cost reporting) - G (choosing quality indicators) - H (uniform claims) - K (global budgeting and rate setting negotiations but with the addendum that this would be under the program not across the status quo multi-payer system) Group 4 (could start and continue at any time before or after implementation): - B (workforce issues with the addendum that the above statement needs to be rewritten) - C (cultural competency training with the addendum that the above statement needs to be rewritten) - F (health data exchange) Group 5 (do not support or unnecessary): - A (I do not support establishing strict per capita spending limits) - E (All-payer negotiation with providers would be unnecessary if we are in a unified financing system without multiple payers) - I (Identifying winners & losers is not really a transitional step, and I do not support giving insurers golden parachutes) - J (I do not support expanding risk-based payments) - L (Standardizing contracts across payers would be unnecessary if there is only one payer under unified financing).
Antonia Hernandez	K/N/O
Cara Dessert	