

**Healthy California for All  
 April 25, 2022 Hybrid Commission Meeting  
 Public Comments**

**1. The following table shows public comments that were made verbally during the April 25<sup>th</sup> Commission meeting:**

<b>Count</b>	<b>Name</b>	<b>Verbal Comment</b>
1	Ian Lewis	(This verbal comment was made in-person.) I am with the National Union of Health Care Workers. I want to express my appreciation, especially to you, Secretary Ghaly for shepherding this to the conclusion it has and to your analytic team as you said. Before this process, legislative analysis couldn't agree to the nearest hundred billion dollars how much we are spending on health care today. Now we know not just that but how much is coming, Assembly member Wood had a tsunami warning in his background, a metaphor for the 158 billion dollars of unfunded mandate that's coming to households in California through increased taxes, reduced wages, increased out of pockets unless we enact single payer. That is a catastrophic impact, it's a dry statistic, but it is increasing housing insecurity, income insecurity, food insecurity, and there's no better case to move federal government and policy matters forward. It can't happen soon enough. Thank you.
2	Judy Jackson	Yes, this is Judy Jackson. And I'm a 76-year-old resident of California. beneficiary of both Medicare and Medi-Cal. I am working with the California Nurses Association and the California for Retired Americans Associations. And my comment is, I just want my medical decisions made by medical personnel, not insurance companies. I would like just one procedure to follow, not one for my prescriptions and one for my doctor visits and one for my hospital visits and one for general medical assistants. Thank you.
3	Jeffery Tardaguila	My name is Jeffrey Tartaglia. I'm an advocate. And I'm involved with both Nurses and HCA and a number of other things. And I will say to Dr. Ghaly, as I've said to him with the Master Plan of Aging, that the single thing that is missing is the individual here, the client, you need to incorporate that opinion in there. And as far as you've gone, you've not gone nearly far enough. That is my comment for this board in this panel. And yes, I will still continue to advocate until we get the best system in equity and in situations like this. Thank you.

Count	Name	Verbal Comment
4	Tracey Rattray	Hi, my name is Tracey Rattray from the California Alliance for prevention funding. Thank you for this opportunity to comment. I'm thrilled to see that addressing the social determinants of health has been mentioned by both commissioners and participants in the community engagement process. The closest the report comes to actually addressing them shows up with quote, "the impact of the Commission's focus on health care would be enhanced by additional steps the state can take to address social determinants of health." A concrete step the state and the convention could take right now is to support a budget request to establish a health equity and racial justice fund in California. Thank you.
5	Patty Harvey	My name is Patty Harvey and I represent the Humboldt County chapters of Healthcare for All and Physicians for a National Health Program. And I wanted to comment on Richard Scheffler's comments on fee for service as they are misguided and untrue. The claim that capitation would save money has no data to support it. In fact, it is capitation that allows for so much fraud and waste. Look at Medicare Advantage and the many, many other private health insurance companies that have been indicted and fined for fraud and abuse that produces for them obscene profits to the extent that punishment is merely a cost of doing business. Fee for service is much easier to oversee and control. Thank you.
6	Doug Major	Doug Major from the California Children's Vision Now coalition. Just want to remember our youngest members of the audience. And I would suggest that access to children's vision in California will be one of the biggest problems that we face. We sure appreciate your efforts and believe children's vision care should be a part of the essential services offered. Thank you.
7	Dr. Bill Honigman	My name is Dr. Bill Honigman and I'm a retired emergency room physician from Orange County. I think we can all appreciate now that a single payer system without commercial intermediaries will best provide the most comprehensive care that will be both more efficient and more equitable than what we have at present. COVID-19 showed us the imperative action to effect these changes now. While many still stuck with pandemic, and many more will suffer from this pandemic yet to come and other public health maladies that we'll see in particular with climate change. Please move this report to the governor and the legislature now with no delay, while we can still save so

Count	Name	Verbal Comment
		many lives, and so much money to be used for other public needs. Thank you very much.
8	Pilar Schiavo	Hi, Pilar Schiavo, from the Healthy California Now coalition representing millions of Californians and organizing to guarantee health care for all. We want to thank the commission for your hard work and are very encouraged by this report. While no report, as everyone keeps saying, is perfect. We don't want to bury the headline that this is big. That this California Commission that was put together by the governor and legislature finds that we can save half a trillion dollars over the next 10 years with a unified financing system. It saves 1000s of lives and brings equity to our healthcare system by guaranteeing health care. We must dedicate resources to start negotiations with the Biden administration as quickly as possible. Time is of the essence to move things federally, and we want to support that work. We must start working on the next steps now. And finally, we ask that you be brave. The price of inaction is lives lost and billions wasted. We understand the power of the opposition and need to confront it. As an organizer for two decades, I've seen everyday people stand up to power, to corporations and political machines. And when we organize and are unified, we can win. We are here for it. We look forward to working with you and making sure California guarantees health care for all. Thank you very much.
9	Kristen Golden Testa	Hi, this is Kristen Golden Testa with the Children's Partnership. I wanted to thank you all for your work and dedication on this issue. And I wanted to provide two comments. One was relating to the benefits. I know it was not a main conversation or topic, but I did appreciate that you noted that a comprehensive benefit package like Medi-Cal would be important. And I just wanted to note that it is very important for children, given that they do have a very specific EPSDT full comprehensive benefit there and we wouldn't want to lose that in trying to equalize it to other types of coverage. And then the second point relating to social drivers of health, I would recommend inclusion of the promotion and funding of Accountable Communities of Health as important vehicles for the connecting of communities. For one, as a sharing of power and equity but also because they are more on the ground and know what some of those social needs are and should be part of the mix. Thank you very much.

Count	Name	Verbal Comment
10	Betty Toto	<p>I'm a volunteer with the Poor People's Campaign of California. There is a myth of scarcity in this country and even in the state when it comes to providing the necessary fundamental needs of the people. We live in the richest country in the world and California is the fifth largest economy in the world. There is no doubt we can afford to provide health care for all people in this country and in this state as a right. In California, we lost \$20 million to unemployment for it and still came out ahead with a \$23 billion budget surplus, the year of a pandemic. When people were and are still losing their lives to this deadly disease, we are still in committees, debating if it is affordable to provide health care for all. I don't get it. How farcical is this committee convening on financing with a main focus on the dollars in this light? The focus of this commission should have been on the social determinants of health care, and how our abundance can address these issues. We all know that a single payer health care system would meet the Commission's concerns of affordability. Single payer systems have been tried and true in other countries. Single payer has been researched over and over again before this commission even existed as a health care model that saves money and saves lives. The Commission's conversations would have done more service to California's had it focused on the social determinants of health.</p>
11	Francesca Wander	<p>My name is Francesca Wanderer. I am a member of California State Strong, Indivisible. I have a personal story to share. I will hope to do so without crying. I have a friend who quit her job three years ago as a 19-year high school science teacher because she had no other way to take care of her 89-year-old mother who suffers dementia. She spent the last three years depleting what small savings she's had washing her mother, bathing her mother, feeding her mother, caring for her mother, clothing her mother for the last three years. Because nursing facilities will not take Medi-Cal patients. They'll take expensive private paying insurance patients only. She then just recently got evicted from her home of seven years so her landlord could sell her house. She had to find emergency shelter for her mother because she couldn't have her mother become homeless with her. And the only option that was presented to her from all of our social agencies was to literally abandon her mother at an emergency room hospital, whereby the emergency room would be forced to find a</p>

Count	Name	Verbal Comment
		placement for her. And they then shoved her in the back of an ambulance and took her to a place down in Anaheim where she has no access to her daughter or her daughter to her anymore. This is deplorable. Get it done.
12	Beatriz Sosa-Prado	Good afternoon. My name is Beatriz Sosa Prado and I am the executive director of the California Physicians Alliance and CaPA advocates for a universal health care system in California. And we work with California legislators to advance bills that improve our health care system, as well as with Covered California to get people health care now. Thank you to all commissioners for your efforts in finalizing this report to the governor. And though the report is imperfect, we now have something that will help advance California's health care system. CaPA will continue to work with everyone and anyone who is willing to work towards a California that provides health care system that is universal, equitable, affordable, comprehensive, and sustainable. CaPA is not focused on calling the system one way or another. But the imperative here is to ensure that everyone who calls California home has access to a high-quality health care. Thank you.
13	Elizabeth Connors-Keith	I'm a member of Healthcare for All California. And I want to emphasize and restate what Carmen said that the report is mixing together systems that have health insurance plans with single payer under the title unified financing. By definition this system can't be called unified financing. If there's room for multiple middlemen to manage healthcare dollars, these lumping them together is just confusing, misleading, and it's obscuring the real issue. And the fragmented system is more problematic than a true single payer system. It's hidden in the footnotes, buried in the footnotes, that a single payer system would save billions of dollars more each year than a fragmented system that has a role for health plan intermediaries.
14	Kayla Westergard-Dobson	Hi, my name is Kayla Westergard-Dobson, CalCare advocate in Los Angeles. Thank you to the Commission for the work over the last two years. And for this final report. I want to commend the community voices section in particular. So, thank you very much for highlighting the fact that Californians want single payer, and we all feel the urgency of ending the profit driven healthcare system. Right now. I've shared my story and that of my son Arthur with the Commission before. He died as an infant in 2020, and dealing with our fragmented predatory private system has been as traumatizing as my son's death. And my story

Count	Name	Verbal Comment
		<p>of medical trauma at the hands of private insurance is one of millions. Our public deserves lives free from middlemen, free from third parties and insurance boardrooms denying us health care, profiting off our pain. We need single payer and the Commission's final report contains no clear recommendations to the legislature. Nor does it recognize that legislation is a key step on the path to single payer. The first step in moving to the system that we need, this system of unified financing, is to pass a policy bill. The commission should more clearly highlight this in the final report so we can all move forward towards our common goal of single payer together. Thank you for your time.</p>
15	Angela Gardner	<p>I am Angela Gardner and I work with both Cal Nurses and hand in hand part of the California Domestic Workers Alliance. I am disappointed the report does not have a clear plan to develop and implement universal single payer health care. We need legislation to implement it. Universal financing must be transparent and include the disability community and the organizations that represent them in the process. It is not included in the report. Nothing about us without us. And long-term care services and supports must be included. Thank you very much.</p>
16	Paul O'Rourke-Babb	<p>Okay, I'm Paul O'Rourke-Babb I am a 36-year career practitioner whose career was abruptly ended by a healthcare catastrophe. And I lost my house and had to move out of the state as a result, but I've spent 30 years working on what you're working toward. And I can tell you that single payer publicly financed health care has been proven to be the solution. And intermediary land is a failed system. It's a failed solution for a failed system. So please, move the ball forward and give patients and clinicians the tools and the financing that they need to create a truly universal, accessible, affordable system. Thank you.</p>
17	Robert Skinner	<p>Thank you very much. My name is Robert Skinner. I live in Atascadero, California. And I'd like to thank all of the people on the commission for their hard work. I'm very encouraged by the report, it confirmed that single payer will save billions of dollars for Californians, it confirmed that it is an efficient system, and that it will save lives. Your report also provides a legal analysis that states legal waivers will not be needed to change federal laws. That is key and is important to financing a single payer system. And the most important thing about your report is in the community voice section, it makes it clear that the public not only needs not only once, but it demands a single payer system. Thank</p>

Count	Name	Verbal Comment
		you for your good work and Medicare for All, CalCare for all.
18	Stephen Mlawsky	I'm a physician in California. I worked for EDS as the payer of the fiscal intermediary for a decade and I also have worked for Indian Health Services, and I practiced in California for 20 years. I get my care from the VA, an entitlement for disability. I have a couple of comments that I sent in; I've seen a lot of unnecessary care. And it costs money, whether it's in the private sector, health plans, or otherwise, and whether this system comes to pass or not, single payer and unified health care financing. The problem is things are done at the point of care thousands and millions of things daily, that generate all kinds of claim lines, things that shouldn't even be paid.
19	Richard Dawson	My name is Richard Dawson. I'm a resident of Los Angeles. Your data as well as numerous other studies and actual implementations in other countries show that a single payer system is the most fiscally sustainable way to provide quality health care to Californians, yet your report, dares not even speak its name, let alone a plan to achieve it. This is a missed opportunity.
20	Nancy Greep	I am a retired internist and a member of the Physicians for a National Health Program. I wish to make two points. First, I take issue to Commission's conclusion that there is not much difference in health expenditures generated by a system involving intermediaries, and one which does not. Numerous economic analyses, including the Congressional Budget Office, show that the main reason single payer systems save money is by the elimination of insurance companies, which add huge expenses to healthcare because of their large administrative expenses. These expenses include ways to limit care, such as large deductibles, narrow networks, prior authorizations, expenses for obscene executive compensation. A unified system should not include a private insurance company, which adds nothing to health care except your cost. Second, profit, as in profit distributed to shareholders should not be allowed, it is morally unacceptable to design a system which generates profits from people's suffering. Thank you.
21	James Sarantinos	Thank you so much. My name is James Sarantinos, secretary of Health Care for All in Los Angeles. I'm the economic pragmatist in the room. There is no room, we can't afford health insurance anymore. Single payer is the way to go. Also, definitely no to Medicaid expansion. Many

Count	Name	Verbal Comment
		of the reimbursement rates are an insult to the medical profession. It's time for us to boldly go where every single developed nation has gone before us. Thank you so much. Make this happen.
22	Corinne Frugoni	Thank you. My name is Corrine Frugoni. I'm a member of PNHP, Physicians for National Health Program. I want to thank the commissioners for all the work they've done. I want to address one issue. There may be incremental steps to single payer, but the Office of Health Care Affordability is definitely not one of them. Single payer will save billions for the state of California. Why spend millions to set up this Office of Health Care Affordability? Attempting to micromanage the costs of this vast dysfunctional health care system using big data will not result in meaningful improvement to the health and lives of our residents and errors in data collection, interpretation and targets could be deleterious to patients and providers. Regulation of profits is limited, insurance profits are not accounted for as long as the amounts fall within a certain range. The data collected from for profit entities is dependent upon companies reporting data which can create potential for fraud. The Office of Health Care Affordability would attempt to regulate but not eliminate our multi-payer, for-profit health care system. It attempts to control costs while maintaining the complex multi-payer for-profit system. PNHP California believes eliminating for profit healthcare is necessary to reduce costs and to remove incentives for withholding care. We see the Office of Health Care Affordability becoming a barrier to this goal of single payer. Thank you.
23	Ruby McDonald	My name is Ruby McDonald. I'm from El Cerrito, California. And I think Assemblymember Wood's warning about the status quo opponents of meaningful health care reform should be taken very seriously, particularly by publicizing the good work of this commission so that voters will know more about the choices that are available. No reforms can be instituted. Really, I plead for publicizing the work of this Commission. Thank you very much.
24	Arthur Chen	Thank you very much. First, I appreciate your expertise going into this imperfect but excellent report and going deep into the finances and showing reductions of rate of spending, growth and savings from a unified financing system. I would further underscore the support and need for unified public financing and single payer is our North Star to achieve the most savings with the most coverage. I



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		agree with what people are saying about the protectors of the status quo, the for-profit health insurance industry will come out swinging to suppress, demean and likely misinform the general public about this report and bold reform that disrupts the status quo. Therefore, I urge the committee to have a backbone and conviction and really rely on public will so the plan can go forward and maximize on the opportunities for our general population to weigh in and voice their passion and the pain associated with their life experience due to the ongoing gross inadequacies and tragedies of our current healthcare system. The best practice of would be very good reports is to make it visible, a point of discussion and reference at all conferences related to health care reform and all public hearings and all public campaigns. Thank you very much.
25	C.T. Weber	Yes. My name is C.T. Weber, I'm a vice president of the California Alliance for Retired Americans. I'm also the legislative liaison for Peace and Freedom Party of California, which has basically supported a fully comprehensive, universal single payer health care system with no co pays and no deductibles since the 1980s. For those who are sort of reluctant or hesitant about a single payer system, I want to emphasize that it is not socialized medicine, there are still private hospitals, private clinics, private doctors, private drug companies, and so forth. It's not a totally public system. The title of this commission is Healthy California for All. And the problem is that we haven't reached that goal yet. It's not for all, that is still a way to go. However, single payer system will save billions of dollars and provide more benefits and covering everyone, which is important.

**Count of verbal comments: 25**

**2. The following table reflects public comments that were entered into Zoom Chat during the April 25<sup>th</sup> Commission meeting:**

Count	Name	Comment
1	Betty Toto	My public comment for the record; There is a myth of \$\$ scarcity in this country and even in this state when it comes to providing the necessary fundamental needs of the people. We live in the richest country in the world and California is the 5th largest economy in the WORLD. There is no doubt we can afford to provide health care to all people in this country and in this state

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		<p>as a RIGHT! In California we lost \$20 billion to unemployment fraud and still come out ahead with a \$23 billion dollar budget surplus the year of a PANDEMIC. When are people were/still losing their lives to this deadly disease we are still in committees debating if it is affordable to provide health care to all? How farcical is all this committee convening on financing with a main focus on the \$\$ in this light. The FOCUS of this commission should have been on the social determinants of health care and how our abundance can address those issues. We all know that a Single Payer Health Care system would meet the concerns of affordability. Single payer systems have been tried and true in other countries. Single payer has been researched over and over again, before this commission even existed, as a health care model that saves money and saves lives. The commission's conversations would have done more service to Californians had it focused on the social determinants of health and how a Single Payer could address those issue. How a Single Payer system could address those social determinants saving lives and providing good health for the people of California, for those most impacted by our morally bereft for profit health care system.</p>
2	Tim Bilash	<p>I support Carmen Comsti's comments as central to reforms. Timothy Bilash MD MS FACOG</p>
3	Tracey Rattray	<p>I am Tracey Rattray from the CA Alliance for Prevention Funding. Secretary Ghaly and Commission members, thank you for the opportunity to comment today. I'm thrilled to see that addressing the social determinants of health is mentioned by both commissioners and participants in the community engagement process. The closest the report comes to actually addressing the SDOH shows up on pg. 13 with, "The impact of the Commission's focus on health care would be enhanced by additional steps the state can take to address social determinants of health." A concrete step the State could take right now is to include a current budget request for \$100 million ongoing to establish a Health Equity and Racial Justice Fund in this year's budget. Last year the Legislature recommended to Governor Newsom to include the Fund in the 2021/22 budget, however it was not in the final budget, nor did the Governor include the Health Equity and Racial Justice Fund in the Jan budget proposal.</p>

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4	Betty Toto	<p>My public comment for the record; There is a myth of \$\$ scarcity in this country and even in this state when it comes to providing the necessary fundamental needs of the people. We live in the richest country in the world and California is the 5th largest economy in the WORLD. There is no doubt we can afford to provide health care to all people in this country and in this state as a RIGHT! In California we lost \$20 billion to unemployment fraud and still come out ahead with a \$23 billion dollar budget surplus the year of a PANDEMIC. When people were/still are losing their lives to this deadly disease we are still in committees debating if it is affordable to provide health care to all? How farcical is all this committee convening on financing with a main focus on the \$\$ in this light. The FOCUS of this commission should have been on the social determinants of health care and how our abundance can address those issues. We all know that a Single Payer Health Care system would meet the commissions concerns of affordability. Single payer systems haven been tried and true in other countries. Single payer has been researched over and over again, before this commission even existed, as a health care model that saves money and saves lives. The commission's conversations would have done more service to Californians had it focused on the social determinants of health and how a Single Payer could address those issue. How a Single Payer system could address those social determinants saving lives and providing good health for the people of California, for those most impacted by our morally bereft for profit health care system.</p>
5	Danett Abbott-Wicker	Tell it Betty!
6	Martha Kuhl	<p>As a nurse who works at a safety net hospital I see the problems with our market based payment systems daily. Anything short of a true single payer system will not level the field on financing health care. Without clear steps to transition to a single payer system the horrible inequities and fragmentation of the market will continue harming us all. Please make recommendations to the legislature and to adopt legislation that is the first step to health care justice. This is urgent. My patients can't wait.</p>

<b>Count</b>	<b>Name</b>	<b>Comment</b>
7	Martha Kuhl, RN	Pediatric Hematology Oncology Transplant nurse
8	John Miller	First, the positive: The Commission confirmed what we already know---that single payer will save Californians billions while providing more benefits and covering everyone. The legal analyses---on federal waivers and ERISA---attached appendices at the end of the report describe a viable pathway to financing a single payer system in California without any change in federal law. The community voices section of the final report makes it clear that the public wants single payer and not a continuation of our fragmented, profit-driven health care system.
9	Tracey Rattray	Community control is what distinguishes the Health Equity and Racial Justice Fund. Local inequities and injustices often don't show up in state data sets – we must rely on community leaders to both identify and develop solutions to local problems. Top-down approaches have failed, leading us to where we are today with grave health inequities for Californians of color. Just one example in support of our model – we know that food insecurity is an issue for many communities of color, however solutions vary widely at the local level. In one community, addressing food security might be establishing a bus line to a local grocery store. In another it might be changing the time school breakfast is served. In another, it might be to translating food bank resources into Farsi. Local leaders know local solutions to inequities. Top down, inflexible funding simply will not solve food insecurity or other inequities in CA.
10	Danett Abbott-Wicker	Gooo Dr. Bill!
11	Tracey Rattray	The HERJF continues to have strong support in the Legislature. I encourage Healthy CA for All Commission leadership and members to join over 200 organizations across the state support and advocate for the HERJ to finally begin to address the egregious health inequities and racial injustice issues.
12	Maggie Sisco	I fully second Pilar's comments
13	Danett Abbott-Wicker	PILAR!
14	Gerald Rogan t	How can we encourage reduction of medically unnecessary services in fee-for-service payment systems?

<b>Count</b>	<b>Name</b>	<b>Comment</b>
15	Pilar Schiavo	Danett! Good to see you all!
16	Linda Bohara	My name is Linda Bohara. I'm a Physical Therapist in the SF Bay Area. It has been very clear throughout this process that the public wants a single payer system, with unified financing, rather than the fragmented profit-driven system we have now. As Commission Member Carmen Comsti stated, it is disappointing that the term "single payer" was barely mentioned in the report. Additionally, the term "unified financing" was muddled, due to at times being conflated with the use of intermediaries. And yet, it is clear that a truly unified financing system, without intermediaries, would save CA billions of dollars while providing guaranteed healthcare for all. I hope the work of this commission is followed by action. The clear next step is for our Governor to work with the Biden administration to secure a federal waiver to allow federal healthcare dollars to help fund a single payer system in CA. This is an incredible opportunity for CA to lead the nation to guarantee healthcare for all. Linda Bohara, PT,
17	Dr. Bill Honigman	Commissioners, Thank you for your work to evaluate the expectations in proceeding with establishing a system of unified financing of Universal Healthcare for all Californians. I think we can all appreciate now that a Single Payer system without commercial intermediaries will best provide the most comprehensive care that will be both more efficient and more equitable than what we have at present. COVID19 has shown us the imperative to take action to affect these changes now, while many still suffer from this pandemic, and many more will suffer from those pandemics yet to come, and other public health maladies that we will see in particular with climate change. Please move this report to the Governor and the legislature now, with no further delay, while we can still save so many lives and so much money that can be used for other public needs. Thanks again. William Honigman, M.D., North Tustin 92705
18	Gerald Rogan	Can we encourage medical staff peer review to be not-parochial?
19	Danett Abbott-Wicker	Nice to hear you all! Thanks for making comments. We need SP NOW!

<b>Count</b>	<b>Name</b>	<b>Comment</b>
20	Danett Abbott-Wicker	YAY Betty! Tell it
21	Gerald Rogan	Do we need to institutionalize root cause analysis of medical disasters such as occurred at Redding Medical Center 1998-2002 where over 700 patients received unnecessary heart surgery?
22	Ronnie T	we need a single payer system now!
23	Betty Toto	Who is speaking now from Indivisible?
24	Paul O'Rourke-Babb	Am I in this queue?
25	Betty Toto	I am so sorry, to the last person who spoke. I feel your outrage...
26	Robert skinner	hello host Ami in queue
27	Gerald Rogan	Can we reduce the need for prior authorization for prescription drugs to reduce the administrative burden on physicians?
28	Maggie Sisco	I echo Pilar's sentiment. The time to act is now. California has a REAL opportunity to move forward in leading the nation toward guaranteed healthcare. We have to start somewhere. The commission report clearly states that upwards of 4,000 LIVES WOULD BE SAVED as well as half a trillion dollars. With the current system so far out of balance, there will not be a starting point that serves as a silver bullet. But we must start somewhere and we must start now. Thank you to the commission for your work and dedication to this cause and to the advocates who are willing to work collaboratively on this issue to move the needle and not stall progress.
29	Ronnie T	talk talk talk is all they do
30	Arthur Chen	Ok host, hopefully eliminated echo. would like to speak thanks.
31	Susan Pfeifer	How can I call in on chat today? I had not intended to comment but would like to now. Thank you
32	Betty Toto	Raise hand in participants to get in queue.
33	Gerald Rogan	I suggest Med-Cal implement a stakeholder advisory board.
35	Danett Abbott-Wicker	Yes, I am so sorry that your friend is going through that pain.
37	Susan Pfeifer	Thank you.
38	Geraldine Clemens	What a scary situation your friend is going through. This should not happen.
39	Kayla Westergard-Dobson	Thank you to the Commission for the work over the last two years, and for the final report. I want to commend the community voices section in particular - thank you

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		for highlighting the fact that Californians want single payer, and we all feel the urgency of ending the profit-driven health care system NOW. I have shared my story, and that of my son Arthur's, with the commission before. He died as an infant in 2020, and dealing with our fragmented, predatory, expensive private system has been as traumatizing as my son's death. My story of medical trauma at the hands of private insurance is one of millions. Our public deserves lives free from middle men, third parties, and insurance board rooms denying us healthcare and profiting off our pain. We need single payer. The Commission's final report contains no clear recommendations to the legislature, nor does it recognize that legislation is a key step on the path to single payer.
40	Kayla Westergard-Dobson t	The first step in moving to a system of unified financing is to pass a policy bill. The Commission should more clearly highlight this in the final report so we can all move forward towards our common goal of single payer.
41	Beatriz Sosa-Prado t	My name is Beatriz Sosa-Prado, Executive Director of the California Physicians Alliance (CaPA). CaPA advocates for a universal healthcare system in California and we work CA legislators to advance bills that improve our healthcare system as well as with Covered California to get people healthcare NOW. Thank you to all Commissioners for your efforts in finalizing this report for the Governor. Though the report is imperfect, we now have something that will advance California's healthcare system. Let's continue moving forward and not get stuck on calling it one way or another. The imperative here is to ensure that everyone who calls CA home has access to high-quality healthcare. CaPA will continues to work with everyone and anyone who is also willing to work towards a California that provides a health care system that is universal, equitable, affordable, comprehensive, and sustainable.
42	Stephen Mlawsky	Oversight of private sector rationale for care is a big issue. The problem is there is no way to interdict stupid expensive life-threatening procedures, it real-time at the point of care, before bills for that are generated and passed on to all payers, whether unified or not.
43	Gerald Rogan	We can fix unmet medical care needs without a single payer/single source of funding plan. Access can be provided via Medi-Cal and California Connect.

<b>Count</b>	<b>Name</b>	<b>Comment</b>
44	Stephen Mlawsky	The only way to stop unnecessary care in to NOT pay for it.
45	Susan Pfeifer	I was very impressed with the Committee, including the Health Access and Covered CA participants. We do not need more testimony on why we need single payer health care but we do NEED continued discourse on How We Will Pay For It. It will eventually end up on the ballot as a tax issue. We need to convince the voters to vote For it - otherwise we are just talking to ourselves in the mirror. Thank you
46	Danett Abbott-Wicker	Gerald, no we can't.
47	Stephen Vernon	An Office of Healthcare Affordability needs to be established as part of a Unified Financing/Single Payer not before. 1. Single Payer is how we save money, not the canard that Single Payer costs too much. 2. Evaluating costs under single payer is totally different from evaluating costs in the current system. 3. The OHA does not address unjustified profit in the healthcare system. Yes, we do need to counter consolidation -- but we can do that part without the cost-control bureaucracy and delay that AB 1130 proposes. Stephen Vernon Therapists for Single Payer/ Healthy CA Now/PNHP-CA
48	Art Persyko	Buzzing obscuring his words
49	Richard Dawson	I am Richard Dawson, resident of Los Angeles. Your data, as well as numerous other studies and actual implementations in other countries, show that a single payer system is the most fiscally sustainable way to provide quality health care to Californians, yet your report dares not even speak its name, let alone lay out a plan to achieve it. This is a missed opportunity.
50	Gerald Rogan	Fraud in Medicare is 7% of the bill. Waste is another 30%. The California legislature allowed Blue Cross to change into a for-profit plan.
51	Elsa Schafer	Sorry hadn't found audio access...Elsa Schafer, Chair of SMC's Democracy for America, member of PHNP and HCN: I laud Jim Wood pointing out that working with/educating/iterating with Legislators is key to move single payer forward. Current as well as 30 new Legislators need dialogue now through the rest of this year, in order to have CalCare passage in 2023.
52	Angela Gardner	I am disappointed that the Report does not have a clear plan to develop and implement a Universal Single Payer Healthcare System. The legislature needs a clear plan



Count	Name	Comment
		to move legislation forward. The need of legislation is urgent. LTSS must be included in the healthcare system. Fraud in fee-for-service payment systems cannot be controlled.
53	Margie Hoyt	I have Medi-Cal and it is a nightmare to navigate to maintain continuity of care and you get substandard care because it is not an equitable system.
54	Stephen Vernon	*** AB1130 talking points, distilled: AB 1130 would attempt to regulate but not eliminate our multiplayer for-profit healthcare system. It attempts to control costs while maintaining the complex multi-payer for-profit system. PNHP-CA believes eliminating for-profit health care is necessary to reduce costs and to remove incentives for withholding care. We foresee AB 1130 becoming a barrier to timely achievement of guaranteed health care and we oppose this bill. AB1130 will not provide universal health care coverage, guarantee access to care, eliminate medical debt and bankruptcy, or eliminate inequities among underserved populations. These would be achieved with a single payer system. AB1130 will not scrutinize profits, a key driver of health care expense increases. It would not reduce drug prices until 2028, if then. AB1130 will increase administrative burdens throughout the state which will increase health care costs and provider dissatisfaction. There is
55	Stephen Vernon	Potential to downshift cost risks to clinicians. Attempting to micromanage the costs of this vast health care system using Big Data will not result in meaningful improvement to the health and lives of our residents, and errors in data collection, interpretation, and targets could be deleterious to patients and providers. Regulation of profits is limited. Insurance profits are not accounted for as long as the amounts fall within a certain range. The data collected from for-profit entities is dependent upon companies reporting accurate data which can create potential for fraud. AB1130 does not advance movement to single payer, and its failure (which may take years) will support the arguments of those who feel CA is not competent to create a functional single payer health care system. It will take years to collect and analyze the data necessitating another layer of complex and costly bureaucracy. A goal of the bill is to eliminate fee-for-service which is
56	Stephen Vernon	Reported as a major cost driver without any references. The bill supports "alternative payment systems" which

Count	Name	Comment
		conceivably could open the way for private equity firms to invest in health care. There are no references to preventing the privatization of Medicare or Medi-Cal.
57	Susan Pfeifer	I suggest the groups passionately lobbying for a single payer plan should pay for a major, comprehensive public survey explaining what a single payer system will provide and then asking if they will support a tax increase to help pay for it. A strong support percentage can be used to help pass legislation when it reaches the ballot.
58	Craig Simmons	Office of Healthcare Affordability is punitive and should not be implemented. Craig Simmons
59	Elsa Schafer	Elsa Schafer Part 2: The Commission Report having not noted the need to eliminate middlemen is the single most serious omission, given its legion proof of high costs without improving a thing clinically - merely siphoning off healthcare dollars for profit-needing/generating private companies who do NOTHING to improve care - in fact decimating it by siphoning off funding that otherwise would go to clinical care.
60	John Miller	ed financing" wrongly conflates single payer and a health plan intermediary option. Including two very different, not comparable systems (single payer and a fragmented system with intermediaries) under the umbrella of unified financing is misleading. The lives and dollars saved through single payer should not be attributed to a system that includes health plan intermediaries. The report fails to clearly describe the benefits that a single payer system has over a fragmented system with health plans. For example, the report claims that cost savings under each model would be "similar" without giving any content in the report itself. The report confusingly presents tweaks to our current system as necessary steps on the road to unified financing. Lastly, the Commission's final report contains no clear recommendations to the legislature, nor does it recognize that legislation is a key step on the path to single payer. As the Commission has heard several times, the first step in moving
61	Barbara Commins, RN	Government has kept us waiting too long! Medicare was meant for us all. That was 56 years ago! Stop this stalling! Just do it!
62	Angela Gardner	I also want to acknowledge Commission Member Dr. Rupa for her valuable insight from a healthcare provider

Count	Name	Comment
		about her patients and how they are impacted by our current healthcare system.
63	Robert Skinner	I've lost video and sound
64	Art Persyko	Commissioners: Single Payer is something that the Governor supported when he ran for office and then appointed you to study it. The report equivocates and obscures the need to enable single payer to be enacted. Please make a strong recommendation to the Governor. The games that politicians play are costing lives and money. Put an end to this game. Stand up and be a profile in courage by recommending single payer be supported by the governor and the legislature. Do the right thing. Make history. Don't let us down by allowing corporate interests to continue to dominate our politics that could otherwise serve the common good. Please listen to your conscience and the People and be clear in your conclusion to the governor in his report.
65	Gerald Rogan	I am happy with my Medicare Advantage Plan delivered through Kaiser Permanente. CMS does a reasonably good job administering it. I would not like to see its funding merged into a single play plan.
66	Beatriz Sosa-Prado	Can you please share the slide again with the guidelines as to how to email public comment?
67	Dr Bill Honigman	I'm a retired Kaiser physician and have Medicare Advantage through Kaiser. It would greatly improve through Single Payer.
68	Gerald Rogan	Bill. Please explain.
69	Leslie-Lynn Pawson	Dr. Leslie-Lynn Pawson - Physicians for A National Health Program Ventura Chapter. I am a Family Physician who has worked in our broken in humane greedy system for 40 years. Single Payer is THE way to achieve universal access to health insurance and thus equitable access to healthcare in the best financially feasible manner. Profit insurance companies have no ethical place between physicians and their patients. The Commission needs to help implement an urgent road map to single payer.

**Total Count of Zoom chat comments: 69**

**3. The following table reflects public comments that were emailed to the HealthyCAforAll@chhs.ca.gov email address before the April 25<sup>th</sup> Healthy California for All Commission meeting:**

<b>Count</b>	<b>Name</b>	<b>Comment</b>
1	Gerald Rogan, MD	<p>Dear HCFA, I have offered several suggestions to improve our medical care delivery system, without adopting a single financing/payer system. Your draft report says on page 11</p> <p>However, due to the Commission’s scope, this report does not do full justice to the many ways – other than those associated with health financing – by which the health of Californians might be improved.</p> <p>I suggest the Committee ask permission to expand its scope and then compile a second report that discusses incremental changes that are likely to improve medical care access and outcomes without changing its method of financing. This report will be helpful should a single payer/funding initiative fail.</p>
2	Gerald Rogan, MD	<p>Good morning. The work of the committee was focused on one solution, a single payer plan. Might the committee ask its sponsors to expand its mandate to include other solutions?</p> <p>Your plan details several initiatives underway to improve access, quality, and coordination of care, which suggests a single payer/source of funding plan is not the only solution by which the goals articulated by the committee may be fulfilled.</p> <p>The report details that the State of California does not have jurisdiction over Medicare and ERISA plans. I do not find anything in your proposal that will benefit me or my family and many aspects that may harm my access to medical care, such as interfering with my medical care provider, KP. Any solution to improve health equity must not penalize me and my family. I am pleased to find several panel members support my concern. I suspect Californians who are happy with their medical care plans will write to their Congressman to block allowing California to gain control of Medicare and ERISA plans.</p> <p>Will the work of the committee be sent to the “round file”? To mitigate this risk, I suggest the committee compile a supplemental report that lists other methods to accomplish</p>

Count	Name	Comment
		<p>the same goals without a single payer plan, through incremental improvements. You have received many suggestions. For example, make medical staff peer review more effective, institutionalize root cause analysis of medical disasters, allow commercial plans to collectively negotiate drug prices, eliminate the corporate practice of medicine bar, provide an administrative process of medical negligence litigation for patients insured by public plans, address shortages in training of physicians, facilitate hospitals to develop on-the-job internships for nurse graduates.</p> <p>Thank you for allowing me to attend your meetings and posting my comments on your web site.</p> <p>The DRAFT version of final report has been shared with commissioners and is posted to the Healthy California for All webpage under the Key Design Considerations tab. The report will be revised and provided to commissioners a week before the final meeting on April 25, 2022.</p>
3	Michael Lighty	<p>April 11, 2022</p> <p>To: Healthy California for All Commission</p> <p>From: Healthy California Now</p> <p>In reviewing the report “Key Design Considerations for a Unified Financing System in California,” its most significant contribution is the economic modelling performed on behalf of the Commission, which is by far the most sophisticated ever performed for the state on the question of Unified Financing (UF). Perhaps the most stunning conclusion of this analysis is the projection that “by 2031, spending under the status quo is projected to grow by \$158 billion in current dollars.”</p> <p>This figure is staggering, especially when one realizes that it does not factor in inflation (a point that is may not be readily apparent to the lay reader of this report). The additional costs this will impose upon employers &amp; households and government budgets amount to an “unfunded mandate” and a huge pressure on affordability to our state’s residents.</p>

Count	Name	Comment
		<p>Given the significance of this looming burden, which sets the context for all discussions of health system reform, it should receive greater prominence in the report. As it is, it does not appear until page 23 and is barely referenced thereafter.</p> <p>In general, the draft Commission report does an excellent job incorporating the most compelling facts brought before the Commission. There are some areas where the report could benefit from clearer language to describe the conclusions, or if there is not a clear conclusion to be drawn from the commission discussion, to point out policy alternatives in that area. There are others where key points are missing. Nonetheless, this is a very good draft, and we look forward to the final version, which should be beneficial to the state’s decision-makers.</p> <p>Most important to the Healthy California NOW coalition is the need for a clear road map to achieve single-payer financing beginning with engagement by Governor Newsom with the Federal Health and Human Services Agency to delineate the terms and identify the resources to be provided under relevant waiver authority.</p> <p>Specifically, given how important this section (page 43) is toward taking the first step toward the so-called “north star”, the report should be much more precise in its use of terms. It states:</p> <p>To successfully engage the federal government on the threshold issue of federal permissions and federal funding, the state will need to develop and refine a proposal for UF that finalizes design decisions and implementation steps that achieve goals of universality, improved equity, affordability, access, and quality, while providing confidence that UF will not run afoul of federal ERISA provisions...</p> <p>This is not strictly accurate. We suggest instead:</p> <p>To achieve the waivers and other federal actions necessary to implement UF, the state will eventually need to design a detailed proposal that both reflects its goals (universality, improved equity, affordability, access, and quality) and meets federal legal requirements. As with other waivers, this process could start with informal engagement by</p>

Count	Name	Comment
		<p>California Health and Human Services Agency staff of their counterparts at the Center for Medicare and Medicaid Services. Through this process, staff could determine the broad contours of what approaches the federal government is prepared to consider. The process could then be formalized (as soon as this year) by the Legislature, which could explicitly authorize the Newsom Administration negotiate with the federal government over waivers consistent with the policy outlines set forth in this report. This step ultimately would yield a proposal to be brought back to the Legislature for amendment and passage before federal sign-off, pending needed voter approvals.</p> <p>We offer additional recommendations to improve upon the draft report:</p> <p>Potential benefits</p> <p>Table 5 is a helpful synopsis of how UF would benefit various categories of Californians. We believe it could highlight these additional benefits:</p> <ol style="list-style-type: none"> <li>1. Competitive advantages for many California businesses. Those businesses that currently pay substantial portions of employee health care, and would pay less on balance under UF, would find themselves in an improved position compared to firms in other states that continue to carry the burden of health spending. That competitive advantage would grow substantially over time.</li> <li>2. Averting the “unfunded mandate” of future health spending. Without UF, employers and households together will have to increase their annual spending by \$47 billion in 2022 dollars over the next 10 years. Avoiding that toll is a huge benefit to these two categories.</li> <li>3. Equitable income for health care providers in disadvantaged communities. This is referenced elsewhere, but is a significant benefit for these providers and should be mentioned here. Many providers serving these communities (including publicly-run facilities) operate on much lower income streams than those who have large proportions of insured patients.</li> </ol> <p>Fiscal matters</p>

Count	Name	Comment
		<p>We believe that the fiscal modeling overstates by over \$20 billion per year the cost of transferring employer and household spending on health services to the state. The pie chart on page 26 attributes the \$517 billion in current spending to various categories of payers. However, state and local spending on employee health benefits is included in the “Employer and household spending” category.</p> <p>The State of California spends about \$7 billion annually on employee health benefits, while local governments spend a further \$17 billion. Because these amounts are already taxpayer-financed, they would offset the marginal cost of UF (presuming those funding streams are redirected to pay for the new state health system).</p> <p>In addition, state and local government balance sheets carry over \$130 billion in liabilities related to retiree health care commitments. These liabilities would largely be erased upon the establishment of UF (with the exception of current retirees who have moved out of state). While this does not affect the cash flow of a UF system, it would effectively cancel out the impact of borrowing necessary to create a reserve fund.</p> <p>Care coordination</p> <p>The description of how UF was modelled (pages 19-23) is exceptionally important, and yet confusing to readers who are not steeped in the details this Commission has considered.</p> <p>The term “direct payments” appears to presume that care coordination will be dismantled under UF, although that is only apparent from Figure 1 (page 22), which refers to “unwinding managed care.” This is misleading for two reasons:</p> <p>First, integrated health systems are the primary vehicle for care coordination in California today. They are not incompatible with direct payments. Not only is it politically unrealistic to presume that a UF system would dismantle integrated health systems, but it is entirely logical to think that California would design direct payment models with the goal of including them.</p>



Count	Name	Comment
		<p>There is a place for a refined kind of integrated healthcare delivery. To the extent integrated healthcare delivery systems do not generate corporate profits, instead devoting resources exclusively to patient care services, do not create net income for the purposes of capital expansions, and utilize a primary care coordination approach, they would be consistent with the intentions of the new system.</p> <p>Second, managed care organizations (of which integrated systems are one form) are not the only way to provide care coordination. The state of Connecticut successfully removed managed care intermediaries from their Medicaid program, replacing them with primary care-based medical homes. That state combined fee-for-service payments with per capita payments for care coordination – lowering costs by 14% (while national costs rose 10%).</p> <p>For these reasons, we believe the report should incorporate integrated care systems into its default assumptions (including Figure 1), and should address in more detail the possibility of expanding care coordination through primary provider-based or community-based institutions.</p> <p>Risk, profit taking, and cost sharing</p> <p>In a similar vein, we observed widespread agreement among Commissioners that corporate profit taking should be eliminated from California’s health system. This is particularly true with regard to risk-bearing reimbursement models – which incentivize withholding of care. The only evidence cited for the value of risk-based capitation is an insurance industry group study (the Integrated Healthcare Association).</p> <p>We suggest the report should clearly oppose corporate profit taking and should explicitly reject risk-bearing payments. It should also describe the various methods for reimbursing providers (fee-for-service, cost-based reimbursement, etc.).</p> <p>Lastly, with regard to cost-sharing, we believe the report should differentiate between out-of-pocket payments intended to create an income stream to the UF system and those designed to discourage services for which a cheaper</p>

Count	Name	Comment
		<p>equivalent exists (e.g. generic drugs). The former category could discourage needed care and could be extremely difficult to administer (if it is income based). The latter category is an appropriate method of ensuring the state does not overpay for services and is already a feature of our health system. Decision-makers should have this distinction before them as they consider next steps.</p> <p>Medicare Advantage, largely for-profit plans that restrict access and cherry pick beneficiaries, should be rejected, and not cited as a model. MA medical care costs are lower, but total costs (including the overhead and profits) are substantially higher than FFS Medicare, by one estimate more than \$100 billion higher. Quality of care is comparable. Financial barriers to care are higher in Medicare Advantage for individuals in poor or fair health. MA selects for lower cost individuals, leaving higher cost enrollees in traditional Medicare. A 2019 study by the Kaiser Family Foundation found 13% lower spending among those who then entered MA. Related, sicker patients often shift to FFS. Together, these constitute risk selection.</p> <p>Health plan infrastructure is used primarily to create narrow provider networks and enable restrictions on care access such as pre-authorization and drug formularies in the service of profits and net income. These are risk-avoidance strategies that should have no role in the new system. As a result, health plans are not a model to as the report erroneously states, “more efficiently coordinate care.”</p> <p>(Thanks to Ian Lewis, National Union for Healthcare Workers, the primary author of these comments)</p>
4	Allan Beek	<p>I want to make a virtual Public Comment. I have tested; it takes less than one minute. My name is Allan Beek. In 1996, I incorporated Health Care for All – CA. We supported then- Senator Kuehl, who made a universal health care proposal that was twice passed by the California Legislature.</p> <p>I am here to ask you to delete the words “single-payer” from your objectives. Those words imply a for-profit system. The quest for profit, rather than universality, has produced tragedy for American experience. Please cure this disease. Make it</p>

Count	Name	Comment
		clear that our goal is health --- publicly administered health, not profit. Thank you.
5	John E. Douglas	<p>Dear Healthy California for All Commission:</p> <p>I urge you to recommend to the governor and legislature a unified single-payer financing system for universal healthcare, as embodied in AB1400 and other Medicare-for-All legislation. In order to cut costs and achieve universal coverage, we must eliminate the worst aspects of the for-profit structure of health care delivery. We must eliminate the paper-pushing insurance company middlemen from interfering in the doctor-patient relationship, and we must bring down the cost of prescription drugs.</p> <p>Thanks for considering my views.</p>
6	Joseph Donald Cohon	<p>Please lend your strong support to legislation for single-payer Healthcare so that ALL people have their medical needs addressed.</p> <p>Thank you, Joseph Donald Cohon</p>
7	Jorge De Cecco	<p>Please adopt Single Payer along the lines of AB 1400 and SB 562</p> <p>Dear people;</p> <p>The Commission's report confirmed what we already know—that single payer will save California billions while providing more benefits and covering everyone.</p> <p>The Commission's own numbers in the final report show that the most fiscally sustainable path to guaranteeing health care to all Californians is a single payer system.</p> <p>After only 3 years, a fully comprehensive single payer system—including full coverage for long term services and supports and with no cost sharing at the point of services—would save billions over our current bloated system and millions of Californians would no longer be uninsured or underinsured.</p> <p>Please adopt Single Payer now.</p>

Count	Name	Comment
		Thank you.

**4. The following table reflects public comments that were emailed to the HealthyCAforAll@chhs.ca.gov email address during the April 25<sup>th</sup> Healthy California for All Commission meeting:**

Count	Name	Comment
8	Jean Jackman	<p>Dear Commissioners,</p> <p>Thank you for your work.</p> <p>Have you noticed what CEO's of insurance companies are earning? In a recent email, I received a photo and name and salary for 2016.</p> <p>Cigna - 21.9 million  Centene - 32.2 million  Humane - 17 million  United Health - 31.3 million  Aetna - 41.7 million  Anthem 17 million</p> <p>So in a day, the Ceo's could earn more than a salaried worker earns in a year.</p> <p>A single payer system would save billions after getting started with no cost sharing at the point of service. The final report seems to bury the benefits of single payer because it uses other words or phrases like direct payment.</p> <p>Can this report please be modified, reread for clarity.</p> <p>If you allow 3rd party intermediaries to mangage the system it will interfere with the doctor patient relationship and is not unified financing.</p> <p>Please modify the report for clarity. This is so very important.</p>
9	Scott Johnson	Healthy California for All Commission

Count	Name	Comment
		<p>The following comments are relevant to the subject of the April 25, 2022 commission hearing.</p> <p>Using the phrase “direct-payments” in the final report instead of “single payer” will confuse readers who might be seeking to compare the different systems.</p> <p>The report finds a viable pathway to financing a single payer system in California without any change in federal law. The community voices section of the final report makes it clear that the public wants single payer and not a continuation of our fragmented, profit-driven health care system. Importantly, an overwhelming percentage of Californians—including most low income people of color—want the state to move to a single plan that covers all Californians with comprehensive benefits and paid for by progressive taxation.</p> <p>The report finds that after only 3 years, a fully comprehensive single payer system—including full coverage for long term services and supports and with no cost sharing at the point of services—would save billions over our current bloated system and millions of Californians would no longer be uninsured or underinsured.</p> <p>The report fails to clearly describe the benefits that a single payer system has over a fragmented system with health plans. For example, the report claims that cost savings under each model would be “similar” without giving any context in the report itself. It’s buried in the footnotes that a single payer system would save billions of dollars MORE each year than a fragmented system that has a role for health plan intermediaries.</p> <p>By definition, a system cannot be called unified financing if there is room for multiple middlemen to manage health care dollars. But these kinds of middlemen options are wrongly included in the report as kinds of “unified financing” options. There is no place for health plans or other middlemen in a system of unified financing. Decisions on care should be made by you and your treating health care professional not by insurers or in corporate health care boardrooms.</p> <p>The final Commission report does not present clear and concrete actions the state can take to achieve a single</p>

Count	Name	Comment
		<p>payer system in California. The Commission’s final report contains no clear recommendations to the legislature, nor does it recognize that legislation is a key step on the path to single payer. “Steps on the Path To Unified Financing” and “Moving Forward” were not discussed in any detail by the Commission showing a gross lack of transparency.</p>
10	Karen Rhodes	<p>My name is Karen Rhodes, and I'm a nurse leader in Los Angeles, California. Having spent the last 13 years working in surgery, I can tell you that the number of surgeries that are cancelled at the last minute due to "authorization issues" from insurers is increasing. We have had our own colleagues (physicians and healthcare workers) denied treatment by their insurers for acute spine injuries and literally had to be wheeled to the ER entrance in order to get the emergent treatment required. To further my understanding of our patchwork healthcare system to help the very burnt out team of professionals I work with everyday, I recent completed a certificate in healthcare change management and am even more appalled at our broken systems that tell our populace, “your well being isn't worth the financial risk to us in this office.” In my clinical expertise, I fail to see any value middlemen add to our health care system: they do not increase access or quality, nor do they make care more affordable. They create more administrative bloat, waste, barriers to care, and endorse questionable practices as long as it increases their bottom line rather than improve the people's health.</p> <p>Allowing third party intermediaries with a financial stake to manage the system will ensure that patient health will continue to take a backseat to their bottom line.</p> <p>With a strong, i compromised single-payer system, we can provide comprehensive care to all Californians while saving money by eliminating administrative waste and increasing bargaining power to reduce healthcare costs, including prescription drug prices. In contrast, managed care and other intermediary options increase administrative waste and divide the risk pool, diluting and quieting our ability to negotiate fair healthcare prices and expectations. Universal coverage, single-payer healthcare is the only logical choice to ensure we as healthcare workers can complete our mandates. Otherwise,</p>

Count	Name	Comment
		we will continue to be restricted more and more to only doing for our patients and communities what is profitable.
11	Katharine Gale	<p>Dear Commissioners, I am unable to attend today's final commission meeting and wish to make the following comments.</p> <p>While I appreciate the report and the evidence it once again provides for the clear benefits of a single payer system, I am disappointed that the Commission failed to clearly describe the benefits that a single payer system has over a fragmented system with health plans, including the significant cost benefits.</p> <p>As a small business owner, health care coverage is one of my biggest concerns. Choosing among health plans which change every year creates confusion, anxiety and drives up cost. I want to be taxed for my health care and then have care be free at the point of service <i>without an intermediary</i> and I want to be able to choose my providers – all things that can happen under a single payer system and are threatened any time intermediaries and health plans are introduced. There is no benefit to the intermediary model except profit for those intermediaries – which takes away from what the State can and should invest in health care for its citizens.</p> <p>As I understand it, the Commission was supposed to develop a plan to include options for “advancing progress toward a health care delivery system in California that provides coverage and access through a unified financing system, <b>including, but not limited to, a single-payer financing system, for all Californians.</b>” The report does not present clear and concrete actions the state can take to achieve a single payer system in California. The lack of a real plan is even more disappointing given that the legal analyses describe a viable pathway to financing a single payer system in California <u>without</u> any change in federal law.</p> <p>California can and should move forward with a single payer health care system which is the least costly, most fair and highest quality way for all Californians to be fully covered. The Commission seems to know this but won't say it. <i>Please complete the job and lay out the path for how</i></p>

Count	Name	Comment
		<u><i>the state can move to a single payer system as quickly as possible.</i></u> It is what I and a majority of Californians want.
12	Ross Ward	<p>Hello Healthy California for All Commission,  My name is Ross Ward and I'm a member of the Humboldt county chapter of Healthcare for All. I have previously worked in the legal cannabis industry and currently in the fishing industry. Both of these industries would benefit from a unified financing universal coverage of health insurance, a single payer option for California. Cannabis and fishing both experience boom and bust cycles, this leaves many people employed by them at the mercy of the economy and other factors out of their control, something I have personally experienced. A better social safety net, a single payer system, would benefit the employees and employers. The cost savings would benefit citizens and residents of California, which is the moral and right thing to do. It would also remove the burden of providing employees health insurance, costly for small businesses in money and time to understand insurance policies. It would give more freedom to employees, allowing them to leave jobs that they are unhappy with, but stay because the job provides health insurance for them and their families. It would also remove the burden of applying for Medi-Cal when an employee loses a job due to quitting, firing, or the business goes under. This process takes time and resources from both the seeker and the county who has to verify the claim. This whole process should be easier, especially if we consider it has been done in many other countries.</p> <p>Thank you for your consideration of what is right,  Ross</p>
13	@rocketmail.com	<p>Please do not use my name publicly.</p> <p>When reimagining healthcare, can we please look at how people with chronic and severe disabling conditions can return to work without being penalized and jeopardizing their benefits?</p> <p>Can you please look at the absurd drug costs for multiple sclerosis therapies and the new therapies that are available and that are being withheld from patients due to the need for "further evaluation" though already in use in other countries in which healthcare is free?</p> <p>I have multiple sclerosis and cannot afford to go back to work. I am not physically capable of working full time consistently and have been volunteering in regional security</p>



Count	Name	Comment
		<p>for many years now. Because I am so financially strapped and forced to negotiate the bureaucracy that keeps me afloat, everything suffers. Disabled people are caught in a loophole. We can stay home and live in squalor and suffer from the social stigma, boredom, and isolation that comes with unemployment, or we go back to work and lose our benefits and if we are unable to work consistently than we are in trouble. Can we look at some way in which we can return and not suffer? Can we stop being penalized for attempting to step out of poverty?</p> <p>Thank you!</p>
14	Barbara Commins, RN	<p>Sara, I'm glad you mentioned Profit!</p> <p>Do you hold any Health stocks?</p> <p>Do you know how much CALPERS holds in Health stocks?</p> <p>I'm attaching 20 years of Health on Wall St</p> <p>Thank you!</p>
15	Barbara Commins, RN	<p>How many participants attending? Why can't we see this?</p> <p>How many commissioners hold investments in Health/Insurance industries??</p> <p>Are we stalling to allow people to grow their wealth? And that includes my pension fund CALPERS?</p> <p>How much will be enough and how much longer do we have to wait?</p> <p>We have been waiting since 1965, 56 years!</p> <p>Barbara Commins, RN, RN</p>
16	Barbara Commins, RN	<p>No more talking about this... JUST DO IT!!!</p> <p>Read these: AB 1400 and ACA11</p> <p>Where is your message to Newsom?????</p> <p>Do it!!!</p>

Count	Name	Comment
17	Barbara Commins, RN	One People-One Plan... No more MediCal aka Healthcare for the Poor!  No more gluttonous profiting off HC!!
18	Barbara Commins, RN	Paying homage to Kaiser... Many of you are afraid Kaiser would not be happy!  Kaiser should be LEADING on SP.  I'm a Kaiser patient for now.
19	Barbara Commins, RN	You need direct messaging..., To Gavin Newsom  To CA Legislature to put it on the ballot  AB 1400 ACA 11
20	Barbara Commins, RN	Will you stop taking this Monet so you can legislate fairly?  2020-2021 Non-individual, Corporate & Non- profits Health & Insurance industries  <a href="https://www.followthemoney.org/show-me?dt=1&amp;law-aid=13008437&amp;d-et=3&amp;d-ccg=8&amp;d-ccb=128,127,126#%5B%7B1%7Cgro=d-aid">https://www.followthemoney.org/show-me?dt=1&amp;law-aid=13008437&amp;d-et=3&amp;d-ccg=8&amp;d-ccb=128,127,126#%5B%7B1%7Cgro=d-aid</a>
21	Marian Shostrom	The Commission Report does a good job of highlighting the extreme inequities in our current health care system. There are many health plans, health insurers, pharmaceutical companies, corporate health care providers, health care equipment companies, etc., who want to maintain the status quo because there is so much money being made. That is the most important issue that the California Department of Health Care Services and the Commission can address.  <b>A major role for Commissioners going forward is to educate the public</b> , and to say more clearly how Unified Financing addresses the problem. Organizations that Commissioners lead have an unprecedented opportunity to change the narrative, and to tell the public the truth about health care. They have the capacity to fight the forces of misinformation, which are being financed and led by groups such as The Partnership for America's Health Care Future.

Count	Name	Comment
		Sincerely,
22	Patty Harvey	Sorry, I misstated in my last email: I meant to refer to Richard Sheffler, not Andy Schneider re. remarks about FFS being the source of financial waste. The exact opposite is true: capitation is the process by which bad actors like Medicare Advantage are able to commit fraud and abuse and raid the Medicare Trust fund. There is NO solid data to support the benefit of capitation!
23	Barbara Commins, RN	Mr. Wood,  Will you stop taking this Money so you can legislate more easily and more effectively?  2010-2021 Non-individual, Corporate & Non-profit  <a href="https://www.followthemoney.org/show-me?dt=1&amp;law-aid=90105&amp;d-et=3&amp;d-ccg=8&amp;d-ccb=128,127,126#%5B%7B1%7Cgro=d-aid">https://www.followthemoney.org/show-me?dt=1&amp;law-aid=90105&amp;d-et=3&amp;d-ccg=8&amp;d-ccb=128,127,126#%5B%7B1%7Cgro=d-aid</a>  Thank you!
24	Barbara Commins, RN	To Antonia Hernandez... I don't see anything on your Non-Profit about this Commission.  Does your non-profit invest in Health or Insurance stocks?  If so, would you divest and avoid a conflict of interest in getting One People-One Plan??  Wall Street wealth in Health is a major obstructor on many levels. <a href="https://www.calfund.org/about-ccf/">https://www.calfund.org/about-ccf/</a>  Thank you,
25	Barbara Commins, RN	Why don't we see attendees? How many are on the call?
26	Gerald Rogan, MD	4/25/2022  Healthy California for All Commission.  HealthyCAforALL@chhs.ca.gov

Count	Name	Comment
		<p>Dear Commission Members:</p> <p>Thank you for creating a participatory process.</p> <p>Achieve improvement of medical care equity, access, and quality at a lower overall cost through incremental changes to our current various systems of finance and medical care delivery, not through a single payer/source of funding plan or by eliminating all profits from stakeholders.</p> <p>I suggest the following:</p> <p>Underwrite all immunizations and vaccinations approved by the USPSTF through our public health departments, not commercial insurance, Medicare, or Medi-Cal.</p> <p>Institutionalize root cause analysis of medical disasters.</p> <p>Motivate medical staff peer review through non-parochial methods.</p> <p>Motivate further integration among medical care providers.</p> <p>Create a working medical-marketplace as robust as we enjoy in automobile repair services.</p> <p>Create Medi-Cal fees that reflect reasonable provider costs.</p> <p>Develop a Medi-Cal provider advisory board similar to Noridian Medicare.</p> <p>Consider allowing hospitals to directly employ physicians to facilitate integrated care.</p> <p>Limit Medi-Cal prior authorization for prescription drugs as feasible.</p> <p>Apply Medi-Cal funds only to medical care.</p> <p>Finance mitigation of social factors that adversely affect health outcomes through other programs.</p> <p>Restructure the Medi-Cal manual similar to the CMS internet only manual.</p> <p>Amalgamate the various Medi-Cal programs into one.</p> <p>Recue Medi-Cal enrollment systems into one data base.</p> <p>Adopt a more transparent Medi-Cal coverage policy process like Medicare's.</p> <p>Measure the quality of medical decision-making.</p> <p>Allow subscribers who are happy with their insured medical care delivery systems to keep them.</p> <p>Recognize the benefit of long-term care facilities such as Laguna Honda, particularly for homeless people.</p> <p>Consider redeveloping mental health care facilities.</p> <p>Solicit and promulgate innovations that works well.</p>

Count	Name	Comment
		Respectfully
27	Francesca Wander	<p>Health Care for All is a Human Right!  I am a member of CA State Strong Indivisible and a voting constituent in CA Senate District 06, Richard Pan, who is NO friend of healthcare for all and who has fortunately been termed out of office.</p> <p>I have countless stories I can share with this committee about the horrors of our for-profit, corporate-driven "health care" system, but the one of which you should all be most ashamed is that which just happened to my good friend.</p> <p>After contributing to her community and paying taxes for 19 years as a high school science teacher and as a single mother with a 10-year-old daughter with Type I diabetes, my friend was forced to quit her job three years ago, at the age of 46, to take care of her 86-year-old mother who suffers from dementia. Over the past three years, she has depleted her meager retirement savings (on which she had to pay a 20% early withdrawal penalty) while she provides full-time care for her mother, who relies on her for her every need, including daily bathing, clothing, and feeding, because NO ASSISTANCE IS AVAILABLE FOR IN HOME HEALTH CARE.</p> <p>To add insult to injury, she was recently evicted from her home of seven years, so the property owner could sell it, at which point she spent the next 30 days desperately looking for health care facilities for her mother, because she clearly couldn't take care of her mother and child if they were all homeless! Not a single facility would take her mother, because she was on MediCal/Medi Care; they would ONLY accept patients who were covered by costly and profitable private insurance! The ONLY solution that was offered to her by the countless public agencies she contacted was to literally ABANDON her own mother at the emergency room of a hospital, in which case the hospital would be forced to find a bed for her somewhere in California. The first bed to become available was located in a facility down in Anaheim. So, in the dead of night, her mother was herded into the back of an ambulance and shipped off to Anaheim, hundreds of miles from her daughter, where her daughter can't even check in on her to make sure she is being well cared for. As the daughter, myself, of a father who was</p>

Count	Name	Comment
		<p>literally murdered as a result of negligent nursing home care, I have very little hope for how this story will end.</p> <p>As my friend told me this story, I thought I was listening to something that would happen in a third-world nation - not in the 5th largest economy in the wealthiest nation in the world! The fact that this committee has been having the same discussion about healthcare for the past decade is clear evidence that its members care far more about the vested corporate interests that line its pockets during campaign season - and I include Dr. Richard Pan in this - than in the health, safety, and well-being of the 40 million Californians you are all sworn to protect and represent! The fact that we couldn't even get a floor vote on AB1400 this past February is further evidence of that complete disregard. Every single one of our State legislators on up to the Governor should be ASHAMED of themselves. I certainly am. Instead of spending half of this meeting patting yourselves on the back for a job well done, how about if you actually make healthcare for all a reality.</p>
28	Robert Vinetz, MD	<p>Dear Healthy California for All Commission,</p> <p>Please accept my below "Public Comment":</p> <p>"I hope that the Commission itself (and/or the Commissioners) will find a way to collectively monitor future administrative and legislative processes and strongly advocate for achievement of the goals that you have set."</p> <p>With great appreciation for your efforts,</p>
29	May Kandarian, MPH	<p>The California public wants a Single Payer healthcare system for all.</p> <p>This excludes for profit "middlemen".</p> <p>The Governor should divest from healthcare industry contributions move forward to implement the will of the majority, Single Payer CalCARE for All.</p>

**Count of email comments: 29**  
**Count of verbal comments: 25**  
**Count of Zoom chat comments: 69**  
**Total count of public comments: 123**