



Accessible, Affordable, Equitable, High Quality, Universal

## Healthy California for All Commission Charter

### I. Commission Purpose

The purpose of the Healthy California for All Commission is to provide the Governor and the Legislature with options and recommendations to advance progress toward achieving a health care delivery system in California that provides coverage and access through a unified financing system, including, but not limited to, a single-payer financing system, for all Californians.

### II. Background

Senate Bill 104, approved by the Governor on July 9, 2019, established the Healthy California for All Commission to develop a plan that includes options for advancing progress toward 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 all Californians. The bill envisions the Commission's work being completed by January 1, 2022.

SB 104 requires the Commission, by July 1, 2020, to submit a report to the Governor and Legislature with, among other things, an analysis of California's existing health care delivery system and options to transition to a unified financing system, including a single-payer financing system. The bill also requires the Commission, by February 1, 2021, to submit a report to the Governor and Legislature that includes options for key design considerations for a unified financing system, including a single-payer financing system. SB 104 also requires those reports to be posted on the California Health and Human Services Agency's internet website.

### III. Roles and Responsibilities

Members of the Commission serve in an important advisory role to the Governor and the Legislature. Commission members have been selected for their expertise and will provide valuable input into policy options, help to raise issues and explore implications in order to assist policy makers in making informed decisions. Commissioners will take advisory votes on potential recommendations to include in the Commission's reports, which will be recorded in the minutes along with major points of discussion. The Commission and Commission members do not have decision-making authority for the State.

## **A. Commissioners**

- Attend meetings
- Contribute technical expertise, insights and ideas for the Commission's work
- Be available to CHHS Agency Team and Consulting Team in between meetings, and respond promptly to requests for information

## **B. Commission Chair**

- Convenes the Commission
- Establishes operating principles and ground rules
- Acts as spokesperson for the Commission to the public and to the media

## **C. California Health and Human Services Agency Team**

- Support chair, commissioners, and consulting team
- Develop meeting agendas in coordination with the consulting team
- Coordinate the flow of information, including to the Legislature
- Manage the Commission website
- Respond to public comment

## **D. Consulting Team**

- Develop agendas and materials for Commission meetings and stakeholder advisory group meetings, in consultation with the chair and Agency team
- Provide professional guidance, issue analysis and recommendations for the Commission's consideration.
- Research and develop options for Commission to consider
- Facilitate Commission discussions and advisory votes
- Frame options in order to illuminate the implications and tradeoffs associated with alternative paths
- Use operating principles and ground rules to assure orderly conduct of meetings
- Maintain a logical flow to the conversation
- Ask questions that are not being raised
- Identify missing information or data
- Synthesize and identify implications from Commission proceedings and deliberations, including stakeholder advisory group and public input
- Maintain a record of the work of the Commission and the stakeholder advisory group
- Assist the Commission with research, report preparation, and correspondence
- Write legislatively mandated reports for Commission review and Agency approval

## **E. The Public**

- Provide input and comment
- Public comment at Commission meetings limited to 2 minutes per person

## **IV. Commission Membership**

- Members of the Commission are appointed by the Governor and the Legislature, pursuant to Section 1001 of the Health and Safety Code.
- It is anticipated that the Commission will meet quarterly.
  - Meetings will be held at the time and place chosen by the Commission chair and publicly noticed in compliance with the Bagley-Keene open meeting law.
  - Unless otherwise specified by statute, a member's position on the Commission may be declared vacant if the member:
    - Resigns from the Commission (this should be in writing and forwarded to the chair);
    - Fails to attend two or more meetings without prior notice;
    - In a case where a member's position is declared vacant, an alternative may be appointed to fill the position by the relevant appointing authority.

## **V. Commission Process Guidelines**

### **A. Conduct of Meetings**

- Commission meetings are subject to the Bagley-Keene open meeting law.
- All Commission agendas, meeting minutes, and meeting materials will be posted on a web site accessible to the public (<https://www.chhs.ca.gov/healthycforall/>).
- All Commission meetings are open to the public. The public will be able to listen to the meetings via a teleconference line.
- After meeting agenda items have been addressed, time will be provided for members of the public to voice their opinions. Due to time constraints, Commissioners are asked not to respond to public comments.
  - Public comment will be limited to two minutes.
  - Speakers should fill out speaker request forms.
  - Speaker order will be determined by the chair.
- Meetings will be facilitated.
- Commission members are expected to participate in person. A conference call line will be available for those who are not able to attend in person. Commissioners may not send proxies in their place.
- The consulting team will keep a record of meeting attendees, key issues raised, and information requested.

### **B. Operating Principles**

- Place cell phones in silent mode or turn them off during meetings.
- Speak one at a time – refrain from interrupting others.
- Wait to be recognized by the facilitator before speaking.
- The facilitator will call on people who have not yet spoken before calling on someone a second time for a given subject.
- Share “airtime” – ensure that all members who wish to have an opportunity to speak are afforded a chance to do so.
- Maintain a respectful stance toward all participants.
- Listen to other points of view and try to understand their interests.

- Share information openly, promptly, and respectfully.
- Remain flexible and open-minded, and actively participate in meetings.
- If requested to do so, hold questions to the end of each presentation.

## **VI. Communication with the Public and Media**

- Project documents and notices will be posted on the California Health and Human Services web site (<https://www.chhs.ca.gov/healthycforall/>).
- Members of the Commission may speak to the media in a personal capacity about their views, but are also asked to direct media inquiries related to the Commission to the chair and the Agency's communications lead.
- When members of the Commission are invited to speak in a public forum about the Commission, they are encouraged to distinguish their views as an individual or as a spokesperson for their own organization from those of the Commission as a whole.
- The chair and Agency lead should be copied on all correspondence, including email, related to the Commission.