Transcript of Public Comments from August 13, 2020 Healthy CA for All Commission Meeting

1. **The following table shows public comments that were made verbally during the virtual meeting:**

Count	Name	Verbal Public Comments
		Public Comment Session #1
1	Craig Simmons	I'd like to speak for a minute if I could on SB 562. Now that was the senate bill sponsored by Toni Atkins that has been in the legislature for a while. The problem with SB 562 has been essentially we haven't been able to figure out a way to pay for a single payer health care plan. So I'm proposing a ballot measure for a payroll health healthcare tax, which would generate enough revenue to create a surplus actually, to cover all healthcare costs, surgeries, outpatient services, preventive care for about $40 a month payroll deduction, based on a 25 cent per hour payroll tax deduction. There's precedent for it. Teamsters union and Kaiser Family Foundation program and I'd be happy to discuss it more if you can give me more than 60 seconds.
2	Benjamin Tran	Hello, Benjamin Tran with the California Pan Ethnic Health Network or CPAN for short. CPAN would like to express appreciation for the added section on equity and community health and their elaboration throughout the report on racial and ethnic disparities and issues affecting other communities. But we also appreciate their updated references to COVID-19 and the disproportionate disparities and the effects of the pandemic. Appreciate the added sections and hoping to continue to work and provide more support to the commission in terms of highlighting these different disparities and impacts on marginalized communities. Thank you so much.
3	Peter Shapiro	Thank you. I'm the Alameda Labor Council delegate to the California Alliance for Retired Americans and I actually appreciated the added language in the latest version of the report, which points out some of the dangers of capitation payment schemes and I trust we'll come back to that. I continue to be puzzled by reports emphasis on fee for service as a major driver of health care costs. It's something that's never really been documented, over utilization is clearly not the problem. That whole emphasis seems especially inappropriate during the worst public health care crisis in the century, when 10's of millions have been left with no way to pay for treatment, and black, brown, and underserved communities are being infected and dying from COVID-19 far out of proportion. The real problem with our system is that not too many people are getting unneeded care, it's that far too many people who need care are not getting it. And the problem, I think, with some of the alternatives that have been proposed to fee for service is that they actually greatly add to the administrative burden, which is driving primary care physicians out of the field, because they

Count	Name	Verbal Public Comments
		lack the resources and the time to provide the kind of documentation that's required to justify the cost incurred in treating their patients.
4	Dr. Lynn Silver	Thank you, Lynn Silver, co-chair of the California Alliance for Prevention Funding. Thank you for the opportunity to speak. Very briefly, in addition to finding a profound and transformative way to achieve unified financing and coverage for all people living in California, I would note on page 46 of the environmental analysis, there is a graph displaying the burden of preventable chronic conditions that cannot be cured by healthcare alone. So again, we reiterate our request that as you plan an integrated unified financing and design scheme for a health care system and for addressing health equity, it is essential that some level of increased investment in community based prevention and building community, healthier communities, capacity of local health departments, and community based organizations to prevent that preventable burden of chronic disease, injury, and premature death with COVID is an essential component. Please do not leave that out once again, as has occurred every year in the past.
5	Felix Thompson	Hi there. My name is Felix, I'm a nurse. I work in our one of our public county hospitals in UR and discharge planning. And I can attest to the cost of having a two tiered healthcare system, one for the poor and one for the rich that would continue under any kind of public option system, rather than a single payer system. Right now we have patients who sit in our public hospital for weeks or months awaiting a follow up with home health or with a sniff that cannot be covered because of our two tiered system. And I think it just points to the cost that's ultimately on the public due to our failure to have like a unified single payer system for all, so I hope that that will be the priority of the Commission.
6	Linda Bassett	My name is Linda Bassett, and I'm an elected Los Angeles Central County Committee member. I'm retired LAUSD where as House of Representatives, all of LAUSD, the teachers, are in favor of a single payer health care system. They understand the value of it because they are being gouged. They can't get a raise at all because our healthcare system is gouging them. I grew up in Canada. I've experienced health care for all. The people love it. I don't understand what the issue is. I've lived in Italy, Spain, Germany and Britain as a military spouse. They all have health care for all. There's no complaining there about their health care system, even the military. You have a health care system already that exemplifies what we're talking about. I don't understand what your environmental study is all about. Because if you want people to live healthy lives and live in a great democracy you will say yes that we need single payer health care. Thank you.
7	Tracey Rattray	Thank you. Good morning. This is Tracy Rattray, executive director of the California Alliance for Prevention Funding.

Count	Name	Verbal Public Comments
		Partners across the state are advocating to promote health equity by investing in prevention in any plan to to reform health care in California. I urge the commission to include funding for community based prevention and health equity in any plan to reform health care in California, investing just $10 per person per year in a California wellness fund to prevent the leading causes of illness, injury and premature death would represent a mere one 1,000th of what California spent on health care delivery in 2018. Wellness funds in other states have shown remarkable success in reducing risks for chronic disease. Just a few examples, a reduction in soda consumption among Oklahoma families, increased access to healthy food and physical activities at schools in Minnesota, and a decrease in pediatric asthma in Massachusetts. Thank you for your time.
Public Comment Session #2		
8	Eric Vance	Thank you. My name is Eric Vance. I work for Healthy California Now. It's a statewide coalition advocating for single payer. I agree with commissioners Comsti and Dr. Marya and thank them for their earlier no vote on the environmental analysis. I feel these community engagement sessions are an unnecessary delay tactic and a potential excuse to not move forward on single payer. You're still working from a pre-pandemic timeline and bureaucracy. My primary concern is that the audience's won't sufficiently be educated by the session organizers or hosts on single payer. I ask that you allow single payer advocates to develop material for the sessions, including direct language from the few commissioners who do vocally support single payer. Even if the meetings are ideally diverse representations of working class communities, the issue is that consultants and the majority of the commission are already biased against what hundreds of members of the public have already overwhelmingly demanded in these meetings, single payer, can get whatever results they want by how these meetings are framed and what material is presented. If the meetings don't prominently feature single payer, they are essentially selling snake oil. We are the community currently and repeatedly telling you during these meetings right here and now, and in our emails, why single payer is the only way forward to address healthcare justice, and racial and socio economic disparities. That being said, if these are going forward, I do request that the the Healthy California Now coalition has a role in these. We have statewide organizations full of frontline health care workers, experts on policy and working class advocates. But again, you've already heard from the public overwhelmingly that they want single payer. These sessions are just another way to potentially avoid that.
9	Dr Bill Honigman	My name is Bill Honigman, retired emergency room physician from Orange County. Thank you, commissioners. But we don't have time to talk about how we're going to talk about getting to

Count	Name	Verbal Public Comments
		a single payer system, or what you're calling a unified finance system. This needs to have been done yesterday. Not today. Californians are dying now due to COVID-19 because they have significant financial impediments to getting tested, contact tracing or treatment, especially in the hospital, ER or ICU settings, likely because they fear financial and cultural repercussions that would be overcome with adequate public financing and allocation for resources, like adequate facilities staffing, personal protective equipment and other services related to COVID-19 as well as ongoing medical problems that themselves increase the risk of complications due to the virus. The time has passed for academic discussions and cordial disagreements. It's time to take the welfare of we the people who are the real stakeholders in California's health care system and move forward with legislation now to start a single payer system in our state, before even more preventable deaths and unnecessary suffering takes place. Thank you. And onward.
10	Lynn Huidekoper	Hi, I'm Lynn Huidekoper, I'm with Healthcare for All, Santa Clara County. Been working on single payer for the last 20 years. And like the other pro single payer people, we're in an urgent situation. I was going to add two groups to the sessions, the community groups. One is the mentally ill no one's mentioned the mentally ill. And that's a very serious problem. And the other is the people like Bernie Sanders said, the underinsured, the millions of people who can't afford the Affordable Care Act. It's the unaffordable Care Act, and they delay care, especially the pandemic because they're too afraid to see a doctor and get evaluated because they're going to get a bill. And that's why it really is urgent that we transition to a unified system like Canada and all the other countries. It's ridiculous that we can't. Thank you.
11	Yusra Hussain	Thank you so much for having me. My name is Yusra Hussain, I'm a physician, a practicing physician in Palo Alto and I'm also the head of the Physicians for National Health Care Program in South Bay. As you can hear from my title, I'm for pro single payer health care system. I totally second all the speakers who are in support of the single payer health care system. I mean, it's actually to some degree it's incredulous to see that we have a panel on Healthy California for All commission, with 70% of the public in support of a single payer healthcare system, as has been very well demonstrated by the support for Bernie Sanders in our primary election yet, unfortunately, this panel of Commissioners have voted in stride with the lack of support for any bill, currently, proposal for single payer health care system. This is really shameful because this is really not a good presentation of democracy that I came to cherish being an immigrant and living in the United States, hoping to see, execution of what we expect to be of democracy. Yet what we see here happening right now is a disgrace to democracy. 70% or more of Californians really wants to have a single payer

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		health care system, yet not none of who presented so far that I've heard from except for the commissioner Rupa Marya and Commissioner Comsti, who I will thank you very much for standing out there to speak the voices of the public, and in defense of single payer healthcare system. I see people dying every single day in my practice from lack of access to health care. I see homeless people. So I really urge you guys to reconsider your position because it affects human lives. And it's really, I would say, everybody who speaks against single payer health care system at this point, I don't know how they can sleep at night. Thank you.
12	Sonya Vasquez	Thank you. My name is Sonya Vasquez, I'm with Community Health Councils located in South Los Angeles, but we are a public health advocacy organization across California. We appreciate this opportunity. I want to be mindful that, as we've started seeing on this call already, technology is a challenge, especially in our in under resourced communities. So if there's an opportunity for us to really think beyond just these Zoom calls, working with community based organizations to see how we can engage our residents, our stakeholders, on surveying key informant interviews, or providing information that we already have from our communities would be great so that we can make sure we have the most representation as possible. We are challenged sometimes I think on these Zoom calls, especially with interpretation with breakouts and all of that. Also, as an advocate that's really trying to get caught up and appreciate all the information. All that stuff you have on the website is great, but it is not translatable for communities, and so I think as advocates, as community based organizations, we're doing our best to try to figure out how to distill this information and provide it into the community. So as much as we can work together to figure that out, we really appreciate it. Thank you.
13	Cori Racela	Hello, this is Cori Racela from the Western Center on Law & Poverty. I have a couple of points that I'd like to make in support of some issues that Commissioner Rocco raised. I think that it is, these conversations are very sensitive, and private, and we would like to make sure that people do have their privacy protected. I also have a question about the demographic information collected, and I'm wondering to what extent you are incorporating the voices of undocumented Californians and how their privacy will be protected. And to also support what Commissioner Wright said, we know that 25% or more Californians are on Medi-Cal and having coverage isn't enough. And I think it's really important to focus in these groups, what are actual barriers to care? What are the issues people have accessing care?
14	Maureen Cruise RN	Thank you very much. Yes, I would like to know who speaks for the dead. Since the Yale study, we now know that far more

Count	Name	Verbal Public Comments
		people die every day in California than had been previously documented. Probably about 17 people a day, at least, at minimum. People go bankrupt, people lose their homes, communities become devastated in the system that we have now. This is urgent. These deaths occurred before COVID. There have been many, many polls. I don't see the need for polling anymore, especially in the polls are self selecting. When you have groups of people showing up you only get those who are literate and who have the availability to show up, which would which would probably not include the undocumented we already can see by outcomes everyone on this call, on the Commission is some kind of a researcher, you know that you look at outcomes. When we look at our outcomes, we understand what is going on in populations. Money is driving this process. And it is also giving cover to the legislature not to act. The very first thing that we need to do is enact legislation through the legislature. And this is a delay and diversion process. And I'm really sad to see it continue in this way.
15	Beatriz Sosa-Prado	Good morning. My name is Beatriz Sosa-Prado, I'm the executive director of California Physicians Alliance. CaPA is a 501(c)(3) nonprofit statewide organization with thousands of supporters consisting of health care providers, public health advocates, and pre health and health professionals students across California who supports single payer, Medicare for all, and universal health care. I appreciate this opportunity to provide public statement on the community engagement section. CaPA supports the commission and looks forward to continuing to engage in meaningful discussion with California's leaders and communities throughout the state to move forward toward a unified system of public financing, single payer. CaPA has extensive experience with organizing, hosting and moderating discussion groups, technical savvy, including the Zoom platform, and we are bilingual in English and Spanish. These are just some of the strengths that we bring to the table. And we're more than glad to provide support for the co-host organizations that are well connected to diverse racially and ethnically income, gender, workforce, ages, etc. communities of California, we kindly ask that CaPA is strongly considered. Thank you.
16	Michael Lighty	Thank you, Michael Lighty, Healthy California Now and the Sanders Institute. I'm going to follow up on comments by commissioners Comsti and Marya, in particular on the conflict of interest question, I would urge the commission to publish the funding sources for all the consulting groups that are involved in this. So that we have on the Commission website, the exact funders for all these organizations that are so influential in this process. Secondly, how can we insulate the community organizations and advocates from the Cal Endowment. I understand Commissioner Ross has excused himself. But the California Endowment has had literally billions of dollars of

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		resources, decades of work, and has done nothing to promote unified financing or single payer, so any undue influence by them is highly problematic in the selection and constitution of the engagement process. And finally, I would urge you to publish the form seven hundreds for all commission members on the website so that folks can easily access their conflict of interest or potential conflict of interest records. Thank you.
17	Maribel Nunez	Hi, my name is Maribel Nunez with the Inland Equity partnership, and we convene the HHS network and we are a member of Healthy California Now in amongst other coalitions, Health for All and others. And we do feel that we did get enough input from the community. And we have a state senate support for SB 562, that we just move in that track of legislation to go to the assembly side for single payer. So we're definitely in support of trying to move things forward. And I appreciate the attempt with a commission but can we move forward already with the legislation, and we're an economic racial justice organization. So if there are convenience or events happening, then we could definitely help with co-hosting and across the state, particularly Inland Empire, or Coachella Valley, or Imperial Valley, because if you're going to hear from the immigrant communities you will be hearing from other anti poverty groups. I won't even say some unions think that we need single payer, so please make this inclusive in the process of convenience. Thanks so much.
18	Linda Perez	Thank you. I have two issues here. On the participation of people to protect their privacy, somebody was talking about privacy, I would like to suggest to send a letter to the people that lack health care, mainly, with a series of questions and if they want to participate, you can have that in writing with a comment why they need this. This is such an important issue for so many people that have no access. And also I was going to ask you, what are you going to do to help the homeless community which is so devastating and so large?
19	Benjamin Tran	Hello commissioners. Benjamin Tran again with CPAN. I just want to continue to express our support for the focus and attention on understanding how low income, disadvantaged communities of color, and rural communities view the problems and potential solutions being discussed by the Commission. We believe the purpose should be to encourage the state to design a program that is patient centered and designed by the consumers and the communities that will use it. Some of the concerns that ee do want to continue to center is if the commission will be recruiting limited English proficiency populations. Will these be conducted in multiple languages or formats that are accessible to them and people with disabilities? I'm so really interested in seeing if these concerns can be addressed at some point.
20	Margaret Copi	Hi, Hello. My name is Margaret Copi, I'm a member of Physicians for a National Health Program as well as Healthy

Count	Name	Verbal Public Comments
		California Now. I'm a psychiatrist in the Bay Area. Regarding financing we need to consider both saving money as well as raising money. In terms of saving money, the cheapest way to cover everyone is with one risk pool or one pair, also only one benefit plan. This also addresses equitable considerations because once you introduce multiple plans, you have an underserved underclass. And that's one reason why Black Lives Matter and the Poor People's Campaign, and NAACP all have single payer in their planks, in their demands. So one benefit package, one billing form, simplified documentation, global budgets, a lot more to say, global budgets, fee for service, risk sharing plans have not saved any money. So also, we need to over concretely plan to overcome the obstacles for combining our funding streams, such as ERISA and Gan Act and the VA, all the elements, there are solutions. We just need to make a plan and then start working on it.
21	Art Persyko	My name is Art Persyko. I am with the San Francisco Gray Panthers and the California Progressive Alliance. I'm concerned about the lack of transparency by the consultants in this process. The public commissioners and nonprofits input to the consultants should be made public without compromising privacy. The role of money in lobbying elected officials should be examined by this commission to determine if there's a perverse role that holds them back from making decisions in the public interest and for the common good. And finally, the hearing process could be problematic if the co-hosting organizations and consultants have a coincidence of interest in reviews, values, and interests that skew the results. Thank you.
22	Perrie Briskin	Hi everyone, my name is Perrie Briskin. I'm from UAW 2865, the student workers union of the UC system. And I just want to urge that students be involved in this process. The UC system alone has over 280,000 students. Our union represents 20,000 student workers. So I would just love for that to be considered. Thank you so much.
23	Matthew Snyder	My name is Matthew Snyder. I'm the director of the 28ers.org. We work on the need for public financing for 20th Amendments US Constitution and exclusive public financing for all elections. We are deeply involved in the SB 562 fight for single payer. And as of today, we've now lost 10,340 people since the shelving of SB 562. And so the need is ever more urgent for health care for all people in California. It is a racial issue, it is a gender issue, it is an identity issue that transcends all other aspects of our lives. It's also the most expensive, other than housing, cost for people in California. We don't need more commissions, we need to actually step forward and put forward a unified financing bill that creates a path for single payer. Thank you so much.
Public Comment Session #3		
24	Cindy Young	My name is Cindy Young, I'm on the board of directors for the California Alliance for Retired Americans. And I have been in

Count	Name	Verbal Public Comments
		healthcare industry for over 40 years. And I just want to say every year the Kaiser Family Foundation produces an employer survey, every September, and the report includes a slide that shows how much premiums, cost sharing wages, and the CPI has increased. The 2019 report showed in the last 20 years workers contributions to health insurance has increased 259%. The cost of insuring a family has increased 239%, wages have increased 68%, and the CPI 51%. Assemblymen Wood, the medical industrial complex come back and asked for us for more money every year. It comes out of the employers and workers, right? It's not like when you say, we can't come back and ask for money. They do come back and ask for money. It just comes out of our pockets. I just want to say the open liability for this state is 187 billion dollars. Be bold commissioners, please. You could wrap all of those costs into a single payer system and save California billions of dollars. Thank you for your consideration.
25	Gerald Hunt	I'm talking about the fact that a lot of raising costs can be actually offset by the fact of inflation. Because as costs go up, so does revenue. The other aspect is like when the pandemic occurred, we could have a surcharge on top of revenue, so that we could actually cover the short term surcharge for the pandemic. And finally, we need to think about electronic communications as a basis for where we're getting more funding because all transactions across the country are electronic. And so therefore, a small electronic cost would actually bring in an awful lot of additional revenue without really harming the transactions that are being processed. So I'll summarize with that.
26	Dr. Bill Honigman	So thanks. Once again, commissioners, you're reducing us to talking about talking instead of taking action now, when we need it. These financing considerations have been studied over and over again for California going back to when former Speaker Willie Brown tried to pass legislation back in 1971. Nothing is new here. Please move forward with the financing proposal given to Speaker Rendon with the SB 562 by the Perry economic analysis, and let's get on with it. Cost savings and creating better and many more jobs in the provision of healthcare is exactly what a single payer system addresses. By the way, we the people in California are the stakeholders here, not some corporation or foundation or government whose livelihood depends on a broken, corrupt, and immoral system they choose to keep in place. Our life on the line. Our life, liberty and the pursuit of happiness is on the line here. Thank you. And please take action now.
27	Beatriz Sosa-Prado	This is Beatrice Sosa-Prado with California Physicians Alliance, and I agree with Dr. Marya in the breakout room that we were in. We are to think creatively, progressively and boldly as this world is changing by the day. What is missing from the

Count	Name	Verbal Public Comments
		commission's financing discussion on revenue is the question "Where do the collected funds go?" CaPA proposes we establish a trust fund which is the Golden State Care Trust Fund. And a unified system can be financed publicly by a combination of savings from streamlining and improving current systems of care and financing. It will replace private premiums and out of pocket payments with payments into a public trust fund that is separate from the general fund and the state budget. This trust fund would then protect healthcare dollars from being used for any other purpose. And it would also make it conceptually easier for us to understand and to implement. This trust fund would not be part conflicts and the state budget. I also wanted to add that this trust fund can be financed through several ways. Some multiple revenue sources are possible such as a wealth tax, a state tax on luxury items, and estate tax on progressive and close loopholes. Thank you for this opportunity.
28	Margaret Copi	Hello again. To the commissioners in my breakout group who would like to fall back on the public option idea or public private schemes. You actually know that they will increase administrative complexity instead of producing the simplicity of administration required to garner sufficient savings to avoid raising so much taxes that people won't support this. So it's it's kind of a way to avoid actually getting a system passed. Also, the use of private companies to manage public plan failed. Medicare Advantage must not be reproduced, neither having varying plans, which promotes inequity. Thank you.
29	Michael Lighty	Hi. I just want to speak on the difference between the consultants perspective and Commissioner Hsiao. Commissioner Hsiao says we start with savings, we start with figuring out how to do it. The consultants pick up, like the group two report did, on all the barriers to us achieving single payer. That's the fundamental difference. And if we take Bill Hsiao's approach, how do you design it? How do you make it happen? What are the benefits? What are the savings? That will achieve the objectives set out by the Commission's mandate. For example, the consultants, Dr. Kronick is trying to have it both ways on the federal exemption. It's not counted toward the public contribution to health care spending in California. But then all of a sudden he introduces the "do no harm" let's not increase federal taxes when discussing financing. This is a question of framing and bias and the bias has to be not all the reasons we can't do it, but on the approach the commissioner Hsiao projects that is how we do it.
30	Jeffery Tardaguila	My name is Jeff Tardaguila, an advocate. I spent time working in the medical profession of medical billing. And I will say to you, what this commission needs is was what I said at the start of this meeting. And I think you've done a much better job today of explaining yourself and offering to the public a better understanding of what you need to simplify. How do we get to a

Count	Name	Verbal Public Comments
		single payer system and bring that to the governor? You seem to not have the time for it, but we're pushing for it. And we'll keep pushing for it. Because this current system is not working now. And that's my comment for today. I just finished up this week with the long term on the Master Plan on Aging. And so seeing another component. There's a lot more components that you have in there you need to be considering to do this, and you need to build a trust and reserve. Because you do not know like this pandemic. Thank you.
31	Henry Abrons	Yeah, Dr. Abrons from Physicians for National Health Program. I would like to ask the commissioners, whether they accept the findings of the systematic review that was done by investigators at UCSF of 22 formal economic studies of the projected costs of single payer plans. It was published in January this year. And the overwhelming majority 19 of 22 of these studies concluded that there would be cost savings in the first year and all 22 found that there would be potential savings over the long term. So the challenge of financing single payer can be mitigated. The challenge of financing universal, equitable, affordable care can be mitigated only by a single payer program. And furthermore, these single payer programs all had the virtue of increased utilization, but it was increased utilization of medically necessary care that was previously denied or deprived due to cost barriers. So the bottom line is, there are cost savings in spite of increased access and expansion of covered services. And I would ask the commissioners, whether they accept those findings. If they dispute them, why do they dispute them?
32	Craig Simmons	So I'm assuming that all the money that is assumed to be costing $197 billion are all to pay insurance company premiums and profits. Now, if we could establish a standard by which people that already had employer based insurance could stay on their insurance, and those who wanted to sign up voluntarily for a single payer system could do so, paid for by a payroll health healthcare tax, that would eliminate the insurance companies and allow people to stay on their own private or or employer provided insurance if they so choose. Now, the key to the cost savings is the standardization of costs like Kaiser Family Foundation does. And doctors and hospitals are all in agreement that whatever service is provided, that's the exceptional, eliminates the insurance companies and the lawyers.
33	Francis Li	Hi, my name is Francis Li. I'm a private citizen and at large delegate to the Democratic National Convention. I would like to thank Commissioner Hsiao for sharing his experience and just reiterate that all of his points had nothing to do with the economic feasibility of finding and collecting revenue for single payer, but instead public and political perception around it. I'll just say that I think that anyone who shops at Costco or Sam's Club can intuitively understand that if you remove excess

Count	Name	Verbal Public Comments
		middleman and you negotiate on behalf of the largest possible membership, you're going to save money. For profit insurance right now is reporting record profits, and that money is not all being banked for our care in the future. United Health Group just last week reported that they're going to be distributing probably over a billion dollars in quarterly dividends straight into the pockets of Wall Street institutional investors. It's grotesque and inhumane. And I hope that this commission will take a bold stand to just stop dancing around unified financing and commit to single payer.
34	Jenni Chang	Hi. I'm a state and county delegate of the Democratic Party. This is in response to one of the breakout room sessions. I'd like to protest the inclusion of nonprofit insurance companies. The influence of special interest in our government is just too strong in this country, in this state. And the potential to profit causes organizations and companies, as well meaning as they start out, to fight against regulation every year, and as an example ask you to look at charter schools that claim to be nonprofit, yet they continually try to eat into the public dollars and resources. The Charter Schools Association relentlessly tries to gain leverage through the legislature and when that fails, they assert influence over the county democratic parties and the county supervisor seats. So you cannot assume nonprofit insurance companies will operate with the interest to maintain the public good. The public good being health care to all members of society at no cost. I asked that suggestions and questions raised by William Hsiao, Rupa Marya, and Carmen Comsti be taken into deeper consideration. And all that said, I'm a little more encouraged by the proceedings today and dare to feel hopeful that the commission will continue listening to the people. Thank you.
35	Robert Lehman	I'd like to continue on the political issue of selling whatever California comes up with to the public. And specifically, I think while the different groups have all looked at progressive ways of addressing this, we really need to give a little bit more attention to how the financing affects businesses and to make sure that they don't end up just having to pass through the cost of paying for health care in California products. One of the criteria was neutrality, and I think that's important, but it needs to be fleshed out a little bit more with respect to how it affects the end prices of California's products.

2. The following table shows public comments that were emailed to the HealthyCAforAll@chhs.ca.gov email address:

Count	Name	Comment Via Email
1	Janet Thomas	Dear Healthy California Commissioners, I am very happy that you have re-convened to talk about ways in which we can reform our health care financing system to better meet the needs of Californians. I extend my gratitude to you all for your service. As a former Family Nurse Practitioner who worked in the Central Valley and someone who had the good fortune of traveling throughout the world, I have witnessed many models of health care that far surpass ours in the U.S. Those models include that in Canada. My brother has been a Canadian citizen for the past forty years and his experiences with the healthcare system have been extremely positive. For example, he had a severe rattle snake bite and was flown anti-venom serum from Alberta to BC by helicopter to save his life at no cost to him. I am a strong advocate of a single payer financing system. I urge all commissioners to read the PERI report and to look at what Taiwan has done to understand how shifting to a single payer not-for-profit system could benefit all Californians. We deserve an equitable, efficient, affordable system not tied to employment. It could indeed be a model for the rest of the country, perhaps in a regional plan with Oregon and Washington. Since the focus of the August Commission meeting is on financing I would like to remind you all of the cost of health care insurance premiums to institutions such as our public school districts. My husband, Ramsay, was President of the Acalanes Union High School District Teachers Union for five years. Each year, he and others on the negotiating team fought valiantly for a cost of living increase for the teachers, only to be met with the reality that health care insurance costs (which made up over 11% of the District's budget) were rising at a pace double the cost of living. Kaiser was in fact the most expensive family insurance plan and had the greatest increases during his tenure. And so salaries suffered, as did teacher morale. With time, employee deductibles and co-pays also increased. Where does it end? We all know of people who hang on to jobs they dislike or to which they are ill-suited because they don't want to risk losing their employee based insurance. And now, for many Californians out of work due to the COVID virus, loss of insurance is a major catastrophe. Financing of health care should not be employee-based. It should be part of a public system based on policies that support social justice and well-being. I hope that the Commission includes in its scope of financing ways our state can equitably serve health care deserts, ways to include mental, dental and long term health care as part of service, ways to reduce medical school costs and enhance

Count	Name	Comment Via Email
		primary care salaries so that students might be more likely to choose primary care as a specialty. We need to build a stream-lined public health system able to deal with crises such as the current pandemic. This takes financing, which could come from money now lost in profits and administrative overhead. I hope that the Commission has honest conversations about how to work with and integrate entities such as Kaiser and Sutter, both profitable healthcare empires, into a new not-for-profit system. We need to look at scenarios that would conserve existing models of good care (such as Kaiser currently provides) while channeling monies away from profit and administrative salaries back to the health care system. Public, business and healthcare worker support for single payer is rising. PLEASE, let's not wait to move ahead. I am forwarding this to the office of Assembly Member Rebecca Bauer-Kahan so that she has a sense of what her constituent thinks should be considered when establishing healthcare policy. Sincerely yours, Janet Thomas, RN, FNP
2	Jonee Grassi	Dear Healthy California for All Commissioners, I want to extend my sincere gratitude for your service on the Commission to explore ways in which we can reform our health care financing system to better serve all Californians. The COVID-19 pandemic has highlighted the need for a stream-lined system of financing health care services. I am a retired registered nurse. I worked for many years for the University of California, first at the hospital on Parnassus in San Francisco and later at the campus health services in Berkeley. In my youth I was part of an Air Force family who had the use of medical services provided primarily on air bases. The ability to use the military hospitals and medical clinics, whether for preventative services or acute care, without facing huge medical bills or bankruptcy, helped shape my view of what a coordinated health care system could provide. As an adult I have looked at our health care system in the United States, California in particular, and have compared it with other countries like Canada. I was shocked to learn how many residents of the United States are not covered by any type of health insurance nor have access to affordable care. Despite the lack of health care of all of our residents, our health care system remains one of the most expensive in the world. No one in Canada goes bankrupt due to medical bills nor do Canadians lose health care insurance when they change or lose a job. Financing of medical care is expensive. However, the studies that have explored a single payer financing system have found that savings of at least 13% to 18% would be realized in a single payer system relative to the existing system. I encourage you to review the 2017 PERI (Political Economy Research Institute) report. We need to use the monies lost currently in profits and

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		administrative overhead to have a stream-lined public health system. We have no time to lose to address this critical public health issue. I encourage you to move forward with a single payer system for California. Sincerely, Jonee Grassi, J.D., Retired RN
3	I. Starr Shirley	Commissioners, The attached LTE explains perfectly why physicians and patients in California need Single Payer. We do not need those standing between physicians and patients. We hope the Commission will do the right thing. Stay safe, I. Starr Shirley
4	Craig Simmons	Sent with a request for discussion as an addendum to SB 562 during the August 13 meeting. Thank you, Craig Simmons
5	Peter Shapiro	My name is Peter Shapiro. I am an Alameda Labor Council delegate for the California Alliance for Retired Americans, a member of the One Payer States Health Policy Working Group, and a member of the Healthcare Action Committee in Oakland. I want to comment on the Environmental Analysis and how it approaches the issues of health care financing in California. Dr. Mulkey's report portrays fee for service as a major driver of health care costs. She gives considerable emphasis to it in both her analysis and her policy proposals. She suggests that the drying up of provider income as a result of COVID-19 offers an opportunity to implement alternatives that will presumably reduce overutilization of health care and give us more bang for our buck. This emphasis on overutilization seems particularly inappropriate during the worst public health crisis in a century, when tens of millions have been left with no way to pay for medical treatment and black, brown, and other underserved communities are being infected and dying from COIVID 19 far out of proportion to their numbers. The real problem with our health care system is not that too many people are getting unneeded care. It is that far too many people who need care are not getting it. There has never been serious documentation of claims that eliminating fee for service will significantly reduce the overall cost of our health care system. A recent study by the Milbank Institute questions whether ANY attempt to tinker with provider compensation will do much to bring costs down. On the contrary, "value-based medicine" schemes, designed to make health care providers more accountable and offered as an alternative to fee for service, have the practical effect of adding to the bloated administrative costs that have made our health care system the most expensive in the world.

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		Worse, as Dr. Stephen Kemble argues in an article that I have attached, they tend to exacerbate the critical shortage of primary care doctors, who often lack either the resources or the time to provide all the documentation VBM requires to justify the costs incurred in treating their patients. It discourages providers from taking on patients whose conditions may be more complex, chronic, or difficult to diagnose. It reinforces the dynamic that makes health care less accessible to those who most need it. The Environmental Analysis envisions greater efficiencies by consolidating MediCal, CalPERS, and Covered California in a single funding stream. This idea would have considerable merit, were it not for the fact that all three programs rely heavily on contracts with private insurers when they could be paying providers directly. In the midst of a serious budget crisis, California can no longer afford to have tax dollars for health care diverted to third parties that impose their own formidable paperwork burdens on providers and patients alike.
6	Suzan Newman	Comment for projected Zoom meeting covering possible single payer insurance plan for all California residents. 9 a.m. – 1 p.m., Thursday, August 13, 2020 Hello, I am an R.N. very interested in California providing a Medicare For All or single payer health care plan for residents who do not have Medicare already or having available a plan that can supplement their medicare plan and or plans for every California citizen that is single payer or something that is just as easy and efficient as single payer. This plan should cut away the waste now included in so many plans that use for profit health care systems. I have a question about 'Covered California' a plan that charges hundreds of dollars in tax revenue when it is not administered correctly. My son fell through the cracks in coverage when he received another plan and is now charged over $2000 in ta fees for not being considered covered as his employment status changed. Sincerely, Suzan Newman, R.N.
7	Nancy Greep, MD	It is eminently clear that a single payer system is the best way to provide quality, affordable, comprehensive, equitable to everyone. Many studies have shown this and there is no need for further study. The pandemic, in which millions have lost their job and health insurance, people of color are dying at 2-6 times the rate of non-whites and the public health system has shown itself to woefully inadequate to control and track the pandemic, clearly exposes the weakness of our health care system. Yes, there are many obstacles to be overcome (federal waivers) to achieve single payer on a state level, but once we have a democratic congress and leadership in place (which is likely in the near future), we should be ready to hit the road running and have a plan in place. In the meantime, small incremental steps leaving

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		the profiteering private insurers in place is a drop in the bucket hardly worth a $3million dollar effort. Nancy Greep, M.D. Satna Barbara
8	Craig Simmons	Dr. Mark Ghaly and members, I forward the following article in anticipation of the August 13 meeting. The Kaiser Family Foundation and the University of Utah have been working on the standardization of healthcare costs for doctors and hospitals. Implementation of a payroll healthcare tax would provide more than enough money to establish a database of voluntary patient sign-ups and standardization of costs for surgeries, prescription drugs, outpatient services, preventive care and mental health services including addiction treatment. Please consider hiring me on a consulting basis to immediately begin work on implementation of a payroll healthcare tax by ballot measure, and standardization of costs. Thank you for your consideration. Craig Simmons Let's start with health price transparency Patients are kept in the dark so providers and others can charge whatever they want. PRESIDENT Trump, shown at the White House in April, has talked about having better healthcare for Americans since the earliest days of his presidency. Greater openness about pricing would be a small start. (Alex Brandon Associated Press) DAVID LAZARUS President Trump said he would be "signing a healthcare plan within two weeks, a full and complete healthcare plan." That was on July 17, about three weeks ago. Needless to say, there's been no such signing. Trump now says he may have something to offer by the end of August. "It's just about completed," he said this week. Yeah, whatever. He's been saying that since the earliest days of his presidency, when he pledged that "we're going to have insurance for everybody," with treatment that's "far less expensive and far better." Maybe if Trump set more reasonable goals for himself, we wouldn't be in this endless cycle of awaiting promised reforms that never materialize. I'd like to propose a modest step Trump and lawmakers could take right now that wouldn't fix our dysfunctional healthcare system but would at least make the problems more visible, thus putting us a step closer to solutions. I'm talking about billing transparency. I'm talking about making the roughly $4 trillion that Americans spend annually on healthcare more easily understood and requiring healthcare providers to justify their frequently ridiculous charges to patients. How ridiculous? Here's just one example.

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		Will Hertzberg, 69, recently had what he termed a “mini-stroke,” requiring a trip to the emergency room and a 12-hour stay at Kaiser Permanente’s Fontana medical center. The fee for just entering the ER: $2,481. The fee to draw six vials of blood and perform lab work: $1,272. The fee for two CT scans lasting five minutes each: $7,009. The fee for an electrocardiogram for his heart: $529. The fee for a handful of pills: $37. Total cost prior to insurance: $11,328. And note: Hertzberg didn’t even score a bed in a hospital room. He said he spent the entire time on a gurney in an exam room. “There seems to be no correlation between time taken and fees charged,” the Beaumont resident told me. “It is almost arbitrary billing for whatever amount they want.” At a cost of about $1,000 an hour in his case, Hertzberg added, “If you don’t have good insurance, you are shafted big time.” Most Americans, of course, do have insurance, so the list prices of the typical medical bill are much higher than a patient’s out-of-pocket costs. As a member of Kaiser’s Medicare Advantage plan, Hertzberg said he paid only $90 out of pocket for his treatment. But those stratospheric list prices on his and others’ bills play a role in raising everyone’s insurance rates to meet higher coverage costs. And for the nearly 30 million Americans who lack health insurance, these prices can be financially devastating. “Right now, consumers aren’t able to know the cost of a medical procedure or healthcare service until after the service has been rendered and the consumer receives a bill,” said Sophia Tripoli, director of healthcare innovations for the advocacy group Families USA. “Even then, the actual price of a healthcare service or procedure is hidden behind proprietary contract terms between health plans and providers without any insight into or oversight of those prices by the public,” she told me. To his credit, Trump has proposed a degree of healthcare-pricing transparency, but it wouldn’t change the landscape much. Under his plan, which is scheduled to take effect in January 2021, hospitals would be required to disclose the prices they negotiate with insurers for a number of services, as opposed to list prices charged to the uninsured. They’d also have to create a list of “shoppable” services for elective procedures, allowing patients to compare prices at different facilities. These aren’t bad ideas, but they don’t accomplish much. “Healthcare, when you’re having something like a stroke, isn’t something you shop for,” said David Blumenthal, president of the Commonwealth Fund. “You’re taken to the nearest ER.” The billed prices for procedures in no way reflect actual costs, he told me.

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		“The prices are set very high because hospitals are anticipating that the insurance companies will negotiate them way down,” Blumenthal said. A federal judge in June dismissed a legal challenge to Trump’s plan from hospitals. The American Hospital Assn. said it will appeal the ruling. The thing is, Trump’s transparency plan doesn’t go far enough. What’s needed isn’t a sense of how well hospitals and insurers can haggle over prices, but a clear indication of how much a procedure or treatment really costs to provide. That is, how much are we being ripped off? A CT scan, for instance, can run just a few hundred dollars at a private imaging firm. Even factoring in the overhead of a major hospital, it’s quite a stretch to get from $300 at an imaging facility to the $3,500 that Hertzberg was charged for each of his two scans. Similarly, the $529 he was billed for the ECG to measure his heart rate was many times more expensive than what the test actually costs to administer. A recent study of college athletes by the University of Washington included ECGs that averaged just $130. The lunacy of our system was highlighted for me by the difficulty I had just finding average prices for various medical services while researching this column. They’re all over the place, and if there’s a central clearinghouse of honest data, I couldn’t find it. Is it any wonder that Americans pay more for healthcare than anyone else and about twice what people in other developed countries pay? Healthcare providers counter that their pricing is too complicated for mere mortals to understand. They talk of “cost shifting” that allows treatment of the uninsured to be paid in part by those with coverage. They insist their own cost structure is proprietary and thus can’t be revealed for competitive reasons. Sierra Griffin, a Kaiser spokeswoman, declined to comment on the specifics of Hertzberg’s bill. “We believe that by listing the full amount, we are helping members be aware of the costs associated with the services they have received, and the portion covered by their health plan,” she said. “Our prices are based on a variety of factors, all of which relate to our costs for operating an integrated healthcare and coverage system. We regularly check our prices against current healthcare market rates, to help ensure our prices are fair and reasonable.” Or at least on par with what everyone else is getting away with. The reality is that the U.S. healthcare market is predicated on keeping patients in the dark so that providers, administrators, suppliers and legions of middlemen can all wet their beaks on people’s medical misfortune.

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		It's a system designed to maintain the status quo and to prevent anyone from asking too many questions. So until our elected officials find the political courage to do what their counterparts in every other developed country have done and enact some form of a single-payer insurance system, I propose simply opening a window and letting in some sunshine. The Department of Health and Human Services should maintain an easily accessible, easily understood database of medical costs — how much specific tests and procedures cost on average in each state, and the department's estimate of a fair price. Healthcare bills should include the government's fair-price estimate alongside the provider's list price, with a brief explanation for why the list price is so much higher. This won't solve America's healthcare problems. But it would at least provide a starting point for discussing the issue and, hopefully, shame some providers into placing patients before profits, at least more so than now. And if medical providers believe their prices are fair, they should have no problem embracing such openness and sharing with patients their straightforward explanations for why bills are so high. Or could it be that they don't want us knowing? David Lazarus' column runs Tuesdays and Fridays. He can be followed on Twitter @davidlaz. Send your tips to david.lazarus@latimes.com.
9	Rich Johnson	Now, more than ever, California needs to lead the nation (since we have no national leader), and institute single payer health. As a taxpayer, I understand that this may cost me money, but we should not be the last developed nation that takes this step. Don't be a weenie. Rich Johnson
10	Jorge De Cecco	Dear Commissioners: My name is Jorge De Cecco and I am a semi-retired marriage and family counselor. I live in Ukiah, California. I support a single-payer solution for health insurance in California for both personal and social reasons. Personal: I am enrolled in and pay for Medicare. (Yes, we old people actually pay for Medicare.) But Medicare is an incomplete system with notorious gaps. To cover these gaps, one would need to have additional private insurance. I cannot afford this extra insurance. I either buy food or buy insurance. A couple of years ago, I went to the local ER for a minor problem requiring no treatment. I was charged $4,000 for an X-ray, plus $400 for the doctor who spent 10 minutes with my case. I did not know at the time about the absurd ER fees that "non-profit" hospitals charge. I was told later that I could have avoided the ER fee by being admitted to the hospital. But at the time, this religious non-profit forgot to tell me about this rule. Too late now. A few months ago, I went to see an ophthalmologist and the

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		office tried to explain to me that, yes, they accepted Medicare but no, they would not bill Medicare, because most of the cost would not be covered anyway. Then they explained to me that a possible cataracts removal operation would be “very expensive.” In so-called “less developed” countries these are done for free … Also, Medicare has co-pays that can be almost anything. Twenty percent of a huge bill is still rather large for somebody in my income bracket. Also, notoriously Medicare does not include dental care. I recently paid about $4,000 for a root canal and hope to die before I need another. Preventive care? I spend $130 for a cleaning every three months. Dentists have no problem raising their cleaning fees each time. Social reasons: COVID-19! Obviously, the entire world is affected, but the USA is doing worse than most other countries, except international basket cases such as the UK and Brazil. This should put to bed the idea of American exceptionalism. Our health insurance system is indeed exceptionally bad. Dear Commissioners: please recommend the establishment of a single-payer system in our state. Thanks. Jorge De Cecco
11	Panna Lossy, MD	Hi - I have been a primary care doctor providing full spectrum Family Medicine to the most vulnerable patients in Sonoma County for 27 years and I am writing to urge you to make the difficult decisions needed to get an actual “system” for health care in California. We can not continue with this patchwork of insurance programs that are designed to be good for the bottom line of the insurance companies but don’t provide an actual plan for everyone to have consistent care across their lifetime. The gaps in the system have been laid bare by Covid. So many people have lost their jobs and therefore their health insurance at the time when they need it most. Meanwhile, the lack of a health care system means that every doctors office, every clinic, and every hospital is having to re do everything about the way they practice without guidance from a larger system. Everyone has to come up with their own signage, testing protocols, screening for employees and patients, and PPE! None of this is provided in a rational way! For example, why can some places (like universities) have access enough test to test all their faculty and students every 2 weeks and get results in 24-48 hours when the community health centers who care for the majority of essential workers are waiting over a week for test results?? All of the duplication of work being done to figure this out means that there is less bandwidth to actually care for the many patients who really need our help right now. I urge you to support a single payer system for our state so that we can save lives as well as money! Every other developed country offers this - why are we so behind? Sincerely, Panna Lossy MD

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12	Anthony Sowry	Dear Members of the Commission, Further to my brief comments at the July 8 commission, I would like to reach out to you to offer the support of the National Patients Advocate Foundation (NPAF). At the commission hearing last month the possibility of creating a Public Advisory Committee and or other stakeholder groups was mentioned . The NPAF strongly believes that the voice of the patient needs to be part of the commissions' work and we feel that NPAF , and our sister organization the Patient Advocate Foundation (PAF) ,with our long experience of representing patients both at the individual level and the policy level are ideally placed to assist the HCAC in its mission. At this challenging time , we are seeing more and more cases of financial toxicity for patients and we feel strongly that this must be at the forefront of the commissions considerations. Here are links to NPAF and PAF to give further insight into our work. NPAF Patient Advocate Representing the patient is at the core of NPAF's work . To this very point , NPAF was earlier this year appointed to serve on each of the three program advisory boards of the Institute for Clinical and Economic Review (ICER), including the California based California Technology Assessment Forum (CTAF) . We would be honored to help the commission in its vital task and hope we will have the opportunity to talk to you further re this. Many Thanks, Tony Sowry
13	Maria Behan	"Single-payer is easy to finance because it saves money" That's what University of Massachusetts Amherst economist Robert Pollin said in a recent Zoom conference discussing the prospect of establishing a single-payer system to replace our current expensive, inequitable, and underperforming healthcare "system." (His Economic Analysis of Medicare for All delves into the savings from a single-payer system and how it might be financed.) Yes, there is lots of work to do if California is going to protect its citizens and lead the way for our nation by transitioning to single-payer. There will also be considerable initial costs at a time when state coffers have been hit hard by the coronavirus crisis. But it's far better to use California's resources to build a new system that will ultimately save money and lives rather than continuing to pour funds into a broken model that works for Big Pharma and for-profit insurance companies but doesn't work for the majority of Californians. Thank you, Maria Behan
14	Maria Cartwright	Thank you for your efforts in trying to provide better healthcare for us.

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		Here are my requests: 1. Healthcare Insurance should not be for profit. It undermines the quality of care offered. 80% of profits need to go back into the system to improve and provide greater access. 2. More Mental Health options and residential treatment facilities....this will reduce and prevent homelessness issues. Which would be possible if the HMOs were not-for-profit. 3. Reasonable healthcare coverage costs. Most people on minimum wage can not afford present day coverage costs. And the insurance companies have been increasing premiums every year! Maria Cartwright, ND
15	Stephen Vernon	My name is Stephen Vernon, MFT. Among other affiliations I am a member of the PNHP-CA steering committee, co-founder of Therapists for Single Payer and in addition to being a psychotherapist in private practice have over 30 years experience in Public Mental Health, Substance Abuse and social support services. I am writing to comment on the Environmental Analysis' review of health care financing. The report seems to believe that we must rid ourselves of fee-for-service in order to exact fiscal control and "advance(ing) toward alternative payment models." (APS) The reality is that the insurance corporations and government administrators who are now in charge have no clue about the delivery of clinical services. What they know are outcomes and value-based number crunching. And what they know is wrong. Such approaches make logical and administrative sense but not only make no clinical sense-- they enhance inequities, and are destructive clinically and socio-economically. According to the March 13, 2018 article in the Journal of the American Medical Association (Rita Rubin MA) --"The problem, health policy researchers say, is that evidence about how best to evaluate health care quality is lacking and currently used measures fail to account for differences in patients' socioeconomic and health status that could skew quality scores in favor of practices that care for higher-income, better-educated, and less-complex patients. … (the article continues)… J. Michael McWilliams, MD, PhD, a general internist and professor of health care policy at Medical School…In a recent study in Annals of Internal Medicine, McWilliams and his coauthors found that the … Physician Value-Based Payment Modifier Program had no effect on the quality or efficiency of care provided and likely exacerbated health care disparities by disproportionately penalizing practices that care for lower-income or sicker patients." (emphasis mine) There is no doubt the corporate mind set approach of outcomes measurement, so-called value-based reimbursement and other APS has its advocates in the healthcare world. There is also no doubt that these APS are unproven, often proven ineffective, and that their complicated administrative processes divert resources

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		from SERVICE. Healthcare needs the power and clearing house of ideas that Improved Medicare for All will provide to support a clinical not a corporate based provision of service.
16	Adrianne Casadaban	Dear Healthy CA for All, I am writing to agree with the review and conclusion input by Stephen Vernon MFT who submitted the commment forwarded below. Adrianne B. Casadaban, Ph.D.
17	Mary McDevitt, MD	Date: August 10, 2020 To: Healthy California for All Commission From: Mary McDevitt, MD Re: The economic argument for Single Payer in California I am a retired physician living in the town of Sonoma. After 15 years in private practice in San Francisco(Internal Medicine and Pulmonology), I became part of Hospital Management as Medical Director of the San Jose Medical Center and then as Medical Director of Marin General Hospital until my retirement in 2009. I have always been concerned about the Waste and Administrative cost of American Healthcare since the publication of a report from the Institute of Medicine Study in 2012 that this "Waste" was costing us $ 750 billion a year. This problem has continued and was reported by the Journal of the American Medical Association in there October 7, 2019 issue as now costing us $ 935 billion per year. I might point out that in spite of our large expenditure on Healthcare (18% of GDP) our health outcomes are not good when compared to other developed countries. Our market-oriented, for-profit Healthcare system generates this waste and profiteering. Nobel Laureate in Economics, Angus Deaton, who is the Dwight D. Eisenhower Professor of Economics at the Princeton School of Public Health, favors single payer: "because it will get this health care monster that we've created out of the economy and allow the rest of capitalism to flourish". With a single payer system, California businesses might contribute as much to health care as they do now (via a payroll tax) but they would no longer have to spend time every year shopping for group policies and have to decide how to address the outrageous annual cost increases that are now commonplace in the large and small group markets. We all realize that insurance companies have an incentive to deny care. When this is not possible, they maintain their profit margins by increasing premiums, deductibles and co-pays. With the covid-19 crises and fewer Americans seeking elective procedures and surgeries, the insurance companies have recently reported the following profits for the second quarter of 2020.

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<tr><th>Count</th><th>Name</th><th>Comment Via Email</th></tr>
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<tr><th></th><th>Net Income 2nd Q 2019</th><th>Net Income 2nd Q 2020</th></tr>
<tr><td>CVS/Aetna</td><td>$ 2.0 Billion</td><td>$ 3.0 Billion</td></tr>
<tr><td>Anthem</td><td>$ 1.1 Billion</td><td>$ 2.3 Billion</td></tr>
<tr><td>United Health</td><td>$ 3.4 Billion</td><td>$ 6.7 Billion</td></tr>
<tr><td>Humana</td><td>$ 940 Million</td><td>$ 1.8 Billion</td></tr>
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As you may be aware, this “wealth” of profits presents a serious problem for health insurers since they are required under federal health law, to spend at lease 80 cents of every premium dollar on actual health care costs. Will we soon see rebates to consumers?
As Californians we are all proud of the leadership our State has shown in addressing the climate crisis, protecting the environment, advocating solar power, and electric vehicle transportation. It is time to show the same leadership in healthcare and recommend a single-payer system for our State.
Respectfully submitted for your consideration</td></tr>
<tr><td>18</td><td>Brad Nelson</td><td>Hello,
I just wanted to send a quick reply to let you know that I support this cause and would like to see this issue gather more attention.
Brad Nelson</td></tr>
<tr><td>19</td><td>Kathleen Murphy</td><td>My name is Kathleen Murphy LCSW. as a psychotherapist in private practice I have over 30 years experience.
I am writing to comment on the Environmental Analysis' review of health care financing. The report seems to believe that we must rid ourselves of fee-for-service in order to exact fiscal control and "advance(ing) toward alternative payment models." (APS) The reality is that the insurance corporations and government administrators who are now in charge have no clue about the delivery of clinical services. What they know are outcomes and value-based number crunching. And what they know is wrong. Such approaches make logical and administrative sense but not only make no clinical sense-- they enhance inequities, and are destructive clinically and socio-economically.
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20	Tracey Rattray	As the Executive Director of the California Alliance for Prevention Funding, I wholeheartedly support the idea of including community-based prevention into planning for healthcare reform. Poverty, racism, and commitment to essential work, combined with high rates of largely preventable illnesses such as heart disease and diabetes, have placed Black and Brown Californians and those of lowest income at higher risk of dying from COVID-19. We should not be surprised. Year after year we have witnessed profound health inequities in California and yet we have failed to make the critical investments needed for greater health justice. Health Departments and community organizations have proven strategies to prevent chronic disease and injury where there are grave inequities. They need sustained funding to build healthier and more just communities. But they can't initiate, maintain, or take these actions to scale without sustained funding. I urge the Commission to include funding for community-based prevention and health equity in any plan to reform healthcare in California. Investing just $10/person/year in a California Wellness Fund to prevent the leading causes of illness, injury, and premature death would represent a mere 1/1000th of what California spent on healthcare delivery in 2018. Wellness Funds in other states have shown remarkable success in reducing risks for chronic disease. Just a few examples – a reduction in soda consumption among Oklahoma families, increased access to healthy food & physical activity at schools in Minnesota, and a decrease in pediatric asthma in Massachusetts. Healthcare for all is essential. *And so is keeping people healthy in the first place*. We need to plan for both in any system redesign and financing plan. Together we can keep people from needing care in the first place, improve lives, and contain healthcare costs. Tracey Rattray
21	Jacquolyn Duerr	Health happens in the family, neighborhood, community and the state. With the efforts to increase health care services to more residents, we have siphoned off and neglected public and community health on every level. Low income and black and brown communities are facing multiple challenges--violence,

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		alcohol and drugs, mental healthy, underemployment, and poor education outcomes. Sustained, robust investments in public and community health improvement are urgently needed, and starting in neighborhoods and communities that have been left behind. Poverty, racism, and commitment to essential work, combined with high rates of largely preventable illnesses such as heart disease and diabetes, have placed Black and Brown Californians and those of lowest income at higher risk of dying from COVID-19. We should not be surprised. Year after year we have witnessed profound health inequities in California and yet we have failed to make the critical investments needed for greater health justice. Health Departments and community organizations have proven strategies to prevent chronic disease and injury where there are grave inequities. They need sustained funding to build healthier and more just communities. But they can't initiate, maintain, or take these actions to scale without sustained funding. I urge the Commission to include funding for community-based prevention and health equity in any plan to reform healthcare in California. Investing just $10/person/year in a California Wellness Fund to prevent the leading causes of illness, injury, and premature death would represent a mere 1/1000th of what California spent on healthcare delivery in 2018. Wellness Funds in other states have shown remarkable success in reducing risks for chronic disease. Just a few examples – a reduction in soda consumption among Oklahoma families, increased access to healthy food & physical activity at schools in Minnesota, and a decrease in pediatric asthma in Massachusetts. Healthcare for all is essential. *And so is keeping people healthy in the first place*. We need to plan for both in any system redesign and financing plan. Together we can keep people from needing care in the first place, improve lives, and contain healthcare costs. Jacquolyn Duerr
22	Alicia Brav	Poverty, racism, and commitment to essential work, combined with high rates of largely preventable illnesses such as heart disease and diabetes, have placed Black and Brown Californians and those of lowest income at higher risk of dying from COVID-19. We should not be surprised. Year after year we have witnessed profound health inequities in California and yet we have failed to make the critical investments needed for greater health justice. Health Departments and community organizations have proven strategies to prevent chronic disease and injury where there are grave inequities. They need sustained funding to build healthier and more just communities. But they can't initiate, maintain, or take these actions to scale without sustained funding. I urge the Commission to include funding for community-based prevention and health equity in any plan to reform healthcare in

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23	Ray Harts	Poverty, racism, and commitment to essential work, combined with high rates of largely preventable illnesses such as heart disease and diabetes, have placed Black and Brown Californians and those of lowest income at higher risk of dying from COVID-19. We should not be surprised. Year after year we have witnessed profound health inequities in California and yet we have failed to make the critical investments needed for greater health justice. Health Departments and community organizations have proven strategies to prevent chronic disease and injury where there are grave inequities. They need sustained funding to build healthier and more just communities. But they can't initiate, maintain, or take these actions to scale without sustained funding. I urge the Commission to include funding for community-based prevention and health equity in any plan to reform healthcare in California. Investing just $10/person/year in a California Wellness Fund to prevent the leading causes of illness, injury, and premature death would represent a mere 1/1000th of what California spent on healthcare delivery in 2018. Wellness Funds in other states have shown remarkable success in reducing risks for chronic disease. Just a few examples – a reduction in soda consumption among Oklahoma families, increased access to healthy food & physical activity at schools in Minnesota, and a decrease in pediatric asthma in Massachusetts. Healthcare for all is essential. *And so is keeping people healthy in the first place*. We need to plan for both in any system redesign and financing plan. Together we can keep people from needing care in the first place, improve lives, and contain healthcare costs. Ray Harts
24	Diana Fox	Poverty, racism, and commitment to essential work, combined with high rates of largely preventable illnesses such as heart disease and diabetes, have placed Black and Brown Californians

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25	Tom Darcey	As a resident in Clearlake and Ukiah CA I strongly urge the Commission to move forward with implementing a single payer insurance system in California. In a country such as the United States that is supposed to be the wealthiest and most advanced country in the world there should not be people who die or have serious untreated health conditions because they do not have any insurance or if they have health insurance it is inadequate. health insurance. Sincerely and respectfully, Tom Darcey
26	Isaac Lieberman	Governor Newsom ran on Single Payer, Universal, Healthcare as a Human Right. That's why Nurses supported him. Get rid of the BS commission and let him become the champion we need to finally pass it into law. Please tell the Governor: "Pass Sheila Kuehl's bill, last cycle's SB-562, or the slightly improved version HealthyCA is working on now. Single Payer, Universal, Healthcare as a Human Right that will save over $37Billion a year in CA, and finally, over $450Bn a year nationwide and over 68,000 Human Lives a year. End Insurance & Pharmaceutical company bribes' control of the Democratic Party.

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		If you do it, you will be remembered for eternity as the hero who, like Kiefer Sutherland's grandfather in Canada, brought healthcare to America, saved the lives of millions, and saved trillions of dollars for us all. Probably president too, and quite likely replacing FDR as the country's most beloved president of all time. If you continue on the sellout path this commission represents, then God willing, a less corrupt SCOTUS will finally admit what bribery and corruption is, and you will be convicted for public corruption, perhaps sharing a prison cell with Anthony Rendon, some Illinois Governors, & Jose Huizar. Governor Newsom, I am straight, but I was so beautifully impressed when you legalized same-sex marriage in San Francisco. You truly know how to do the right thing when so inspired. This one is easy. Maybe not politically, but frankly, the tough calls should be the ones where it's hard to KNOW what the right thing to do IS. This one is easy. You already know. There is still time for you to do the right thing, but if you continue to allow this commission, stacked with industry insiders to run its course, it may be too late. Do it now. Do the right thing. Do it now. Please. - Isaac Lieberman, RN
27	Barbara Morrow	Poverty, racism, and commitment to essential work, combined with high rates of largely preventable illnesses such as heart disease and diabetes, have placed Black and Brown Californians and those of lowest income at higher risk of dying from COVID-19. We should not be surprised. Year after year we have witnessed profound health inequities in California and yet we have failed to make the critical investments needed for greater health justice. Health Departments and community organizations have proven strategies to prevent chronic disease and injury where there are grave inequities. They need sustained funding to build healthier and more just communities. But they can't initiate, maintain, or take these actions to scale without sustained funding. I urge the Commission to include funding for community-based prevention and health equity in any plan to reform healthcare in California. Investing just $10/person/year in a California Wellness Fund to prevent the leading causes of illness, injury, and premature death would represent a mere 1/1000th of what California spent on healthcare delivery in 2018. Wellness Funds in other states have shown remarkable success in reducing risks for chronic disease. Just a few examples – a reduction in soda consumption among Oklahoma families, increased access to healthy food & physical activity at schools in Minnesota, and a decrease in pediatric asthma in Massachusetts. Healthcare for all is essential. *And so is keeping people healthy in the first place*. We need to plan for both in any system

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28	Jennifer James	Poverty, racism, and commitment to essential work, combined with high rates of largely preventable illnesses such as heart disease and diabetes, have placed Black and Brown Californians and those of lowest income at higher risk of dying from COVID-19. We should not be surprised. Year after year we have witnessed profound health inequities in California and yet we have failed to make the critical investments needed for greater health justice. Health Departments and community organizations have proven strategies to prevent chronic disease and injury where there are grave inequities. They need sustained funding to build healthier and more just communities. But they can't initiate, maintain, or take these actions to scale without sustained funding. I urge the Commission to include funding for community-based prevention and health equity in any plan to reform healthcare in California. Investing just $10/person/year in a California Wellness Fund to prevent the leading causes of illness, injury, and premature death would represent a mere 1/1000th of what California spent on healthcare delivery in 2018. Wellness Funds in other states have shown remarkable success in reducing risks for chronic disease. Just a few examples – a reduction in soda consumption among Oklahoma families, increased access to healthy food & physical activity at schools in Minnesota, and a decrease in pediatric asthma in Massachusetts. Healthcare for all is essential. *And so is keeping people healthy in the first place*. We need to plan for both in any system redesign and financing plan. Together we can keep people from needing care in the first place, improve lives, and contain healthcare costs. Jennifer James
29	Joan Maltese	Poverty, racism, and commitment to essential work, combined with high rates of largely preventable illnesses such as heart disease and diabetes, have placed Black and Brown Californians and those of lowest income at higher risk of dying from COVID-19. We should not be surprised. Year after year we have witnessed profound health inequities in California and yet we have failed to make the critical investments needed for greater health justice. Health Departments and community organizations have proven strategies to prevent chronic disease and injury where there are grave inequities. They need sustained funding to build healthier and more just communities. But they can't initiate, maintain, or take these actions to scale without sustained funding. I urge the Commission to include funding for community-based prevention and health equity in any plan to reform healthcare in

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30	Courtney Huff	As this pandemic has shown us, primary prevention is critical to improving the health and well-being of our communities. Please invest in community based prevention efforts. It is time we focus on dismantling systems and adversely affect BIPOC. This investment is a step in the right direction. Poverty, racism, and commitment to essential work, combined with high rates of largely preventable illnesses such as heart disease and diabetes, have placed Black and Brown Californians and those of lowest income at higher risk of dying from COVID-19. We should not be surprised. Year after year we have witnessed profound health inequities in California and yet we have failed to make the critical investments needed for greater health justice. Health Departments and community organizations have proven strategies to prevent chronic disease and injury where there are grave inequities. They need sustained funding to build healthier and more just communities. But they can't initiate, maintain, or take these actions to scale without sustained funding. I urge the Commission to include funding for community-based prevention and health equity in any plan to reform healthcare in California. Investing just $10/person/year in a California Wellness Fund to prevent the leading causes of illness, injury, and premature death would represent a mere 1/1000th of what California spent on healthcare delivery in 2018. Wellness Funds in other states have shown remarkable success in reducing risks for chronic disease. Just a few examples – a reduction in soda consumption among Oklahoma families, increased access to healthy food & physical activity at schools in Minnesota, and a decrease in pediatric asthma in Massachusetts. Healthcare for all is essential. *And so is keeping people healthy in the first place*. We need to plan for both in any system redesign and financing plan. Together we can keep people from

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31	Allison Wolpoff	Poverty, racism, and commitment to essential work, combined with high rates of largely preventable illnesses such as heart disease and diabetes, have placed Black and Brown Californians and those of lowest income at higher risk of dying from COVID-19. We should not be surprised. Year after year we have witnessed profound health inequities in California and yet we have failed to make the critical investments needed for greater health justice. Health Departments and community organizations have proven strategies to prevent chronic disease and injury where there are grave inequities. They need sustained funding to build healthier and more just communities. But they can't initiate, maintain, or take these actions to scale without sustained funding. I urge the Commission to include funding for community-based prevention and health equity in any plan to reform healthcare in California. Investing just $10/person/year in a California Wellness Fund to prevent the leading causes of illness, injury, and premature death would represent a mere 1/1000th of what California spent on healthcare delivery in 2018. Wellness Funds in other states have shown remarkable success in reducing risks for chronic disease. Just a few examples – a reduction in soda consumption among Oklahoma families, increased access to healthy food & physical activity at schools in Minnesota, and a decrease in pediatric asthma in Massachusetts. Healthcare for all is essential. *And so is keeping people healthy in the first place*. We need to plan for both in any system redesign and financing plan. Together we can keep people from needing care in the first place, improve lives, and contain healthcare costs. Allison Wolpoff
32	Cynthia Nickerson	Preventive care is the key to helping end health disparities Poverty, racism, and commitment to essential work, combined with high rates of largely preventable illnesses such as heart disease and diabetes, have placed Black and Brown Californians and those of lowest income at higher risk of dying from COVID-19. We should not be surprised. Year after year we have witnessed profound health inequities in California and yet we have failed to make the critical investments needed for greater health justice. Health Departments and community organizations have proven strategies to prevent chronic disease and injury where there are grave inequities. They need sustained funding to build healthier and more just communities. But they can't initiate, maintain, or take these actions to scale without sustained funding. I urge the Commission to include funding for community-based prevention and health equity in any plan to reform healthcare in

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33	Margaret Copi, MD	My name is Margaret Copi MD, I am a psychiatrist, and as a clinician I offer these two pleas: 1. Do not use any private insurance companies in your unified financing plan design. Getting rid of private insurers as well as multiple public payers leads to most of the savings we must find in order to afford expanding comprehensive health care to everyone. A government agency is the logical entity to accept and manage risk and would be under single payer Improved and Expanded Medicare for All. Lowest risk means largest risk pool. We know that roughly 20% of the sickest, most chronically ill people are using roughly 80% of healthcare services. Don't let private plans sneak in and divide up the risk pool. They will find ways to avoid the sicker and costlier, even if required to take all comers, such as we have seen in the Medicare Advantage plans. And their very existence will take away from the administrative simplicity required for a cost-effective system design. Please do not design your plan to include contracting with one or more insurance companies to manage any aspect of California's unified financing plan. Using private insurance companies, even non profit ones, as a cost containment strategy, fails the helping test: they always center limiting care and maximizing reimbursements/premiums/out of pocket costs, to the detriment of our patients. And they always present an unnecessary layer of cost. Using private companies to manage Medi-cal patients' health plans and drug formularies, and rolling disabled patients dually eligible for Medicare and Medi-cal into these Medi-cal managed care plans has been a disaster for patient care and clinician administrative burden. I could share multiple examples of my patients decompensating and requiring hospitalization after managed care formulary switches. This is tragic, heartbreaking, traumatic for my patients, infuriating for me, and avoidable. Surveys of physicians generally rank administrative burden as a

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		significant contributor to burnout, whether from battling insurance companies over denials, insurance companies challenging provider judgement and competence and relegating doctors to the role of technicians, or the necessity to document extensively for the purpose of billing, risk adjustment, or to satisfy grant requirements. 2. Use fee-for-service reimbursement for individual clinicians, and global budgets for individual hospitals. Do not use any "value based medicine" reimbursement model. In recent decades "value based" payment models have been a favorite of creative academics and bureaucrats and a nemesis of doctors who want to spend our time taking care of our patients. Value Based Medicine shifts risk from the insurer or paying agency onto clinicians or institutional providers, adding more insult and injury to the landscape of private insurance. VBM (Value Based Medicine,) ACOs (Accountable Care Organizations,) IDS's (Integrated Delivery Systems,) and other risk shifting ideas have had their chance to prove themselves and have failed. There is no credible evidence that these schemes have reduced costs or improved care, and plenty of evidence that they increase provider burnout, decrease availability of providers to patients, increase costs for providers, lead providers to lose money if we take more complicated and sicker patients which increases difficulties with access to care, and result in providers leaving the medical field, when what we as a community desperately need are more providers. These risk-shifting payment models have decimated the private practice of medicine and led to many or most doctors shifting to work as employees of large organizations which have better negotiating positions vis a vis insurance companies as well as the data collection capacity required for compliance with VBM requirements. VBM type schemes' expectations of cost containment are based on the faulty assumption that runaway health care costs are due to "too much care," that unnecessary care is being provided by clinicians seeing patients too often and doing too many tests. In fact, the evidence supports the opposite reality. The assumption that we are delivering too much care is driving efforts to reform physician payment away from fee-for-service and towards pay-for-performance, pay-for-outcomes, bundled payments, capitation, and related schemes intended to counter the supposed incentive under fee-for-service to provide too much care. "Too much care" is also the rationale for cost sharing for patients in the form of deductibles and copayments. However, the beliefs that our health care cost problems are due to "too much care" provided by doctors and demanded by patients are incorrect. Inadequate access to necessary and appropriate care is a much bigger problem in the United States than excessive care. Cost sharing deters necessary and beneficial care and has

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		been shown to increase total health care costs, especially for the poor and elderly who are the highest risk populations.3,4 If fee-for-service were a root cause of runaway health costs, then how are other countries that use fee-for-service payment of doctors able to cover everyone and spend 50–60% of what we do per capita on health care? These other countries include Canada, Australia, New Zealand, Taiwan, Japan, Germany, France, Switzerland, Israel, and many others. Much of the evidence for a large amount of unnecessary care in the United States is based on studies of regional variation in Medicare spending2, but if this is due to fee-for-service, then how do we explain the fact that high and low spending regions use fee-for-service equally? Another underlying assumption of VBM type programs, that financial incentives are the main driver of clinician behavior, is also incorrect and it is insulting as well. But this incorrect, insulting assumption justifies interference in health care decisions by hospitals, insurance plans, and government, and an over-reliance on financial incentives to “fix” problems in health care, especially its high cost. Payment reform initiatives that rely on financial incentives to “improve” care, such as diagnosis related groups (DRG's), pay-for-performance, pay-for-outcomes, and denial of payment for adverse events, add administrative burdens and generally fail to account for the difficulties in accurately defining “quality” or “outcomes” due to the complexity of healthcare. The insurance industry is not needed and adds no value to health care, and the explosion in health care costs in the US is largely on their side of the ledger. However, the insurance industry does not want to be pushed out of health care and they have accumulated a lot of money to protect their interests, hence the focus on blaming doctors and patients for rising costs. Credit for wording of some of the above text goes to my esteemed colleague from Hawaii, Steve Kemble MD. Consider his set of solutions from this dated but still highly relevant piece. Hawaii J Med Public Health. 2013 Jan; 72(1): 31–33. 1. Although health care does require some administrative functions, we need to minimize the role of competing insurance plans in managing delivery of care. This can be accomplished by developing a unified delivery system for a State or region in which all doctors and hospitals in a community participate, with standardized benefits and payment for providers, so that they are paid the same regardless of the source of funding for an individual patient. This is called an “all-payer” system, with a unified delivery system even if there are several sources of funding.

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		2. We need public subsidies for medical education in exchange for practicing in underserved specialties and locations. 3. We need to ensure the cost-effectiveness of care with physician-led quality improvement instead of insurance-driven managed care. Financial incentives such as pay-for-outcomes, bundled payments, and capitation of doctors ignore the complexities of health care and introduce perverse incentives to avoid treating sicker, more complex patients. They should have no place in quality improvement. A far better approach is William Demings's Continuous Quality Improvement model, as has been demonstrated in auto manufacturing, airline safety, and in health care in some US communities, such as Intermountain Health Care in Utah, Rocky Mountain Health Plans in Western Colorado, and Community Care of North Carolina.9,10,11 With Continuous Quality Improvement all errors and quality problems are viewed as system problems, instead of looking for individuals to blame and punish. Everyone involved in health care is enlisted in sharing information and ideas to solve problems and improve delivery of care. Blaming individual doctors and hospitals, whether through individual sanctions or individualized performance and quality ratings tied to financial rewards and penalties, drives everyone into gaming documentation, and when there is an error, into silence and the arms of the attorneys, preventing effective improvement of care. 4. We need to organize doctors for quality improvement. Physician-directed quality improvement requires organization, sharing of information necessary to improve quality, and a mechanism for shared savings from improving care. The alternative to organization of physicians is more managed care administered by insurance plans and government, and the continued de-professionalization of doctors. 5. Quality improvement and efforts to make care more cost effective should not be based primarily on financial incentives, but must be rooted in professional ethics and in the goal of meeting the health care needs of both individual patients and population health. 6. Instead of the complexities of the Resource Based Relative Value Scale and Evaluation and Management procedure codes, let's simply pay doctors for their time, with a multiplier for training and practice costs.12 Separate quality incentives may be appropriate, but must be in proportion to those components of health care that can be accurately and meaningfully measured, and these are probably only about a quarter of health care due to its complexity. Specialties requiring more

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		training and overhead would be paid at a higher hourly rate, but for each individual doctor this rate would be the same regardless of the activity or procedure being performed. Time for care coordination should be included in reimbursement. This would greatly reduce the complexities required by “pay-for-documentation” and it would allow documentation to be re-focused on patient care and quality improvement instead of reimbursement. If payment were task-neutral, then there would be no preferential incentive to do procedures instead of things like talking to patients and obtaining a good history and thorough physical exam. The primary incentive for physicians would then be to simply use their time and skills, to the best of their ability as professionals, to serve the health care needs of their patients. References 1. McGlynn Elizabeth A, et al. The quality of health care delivered to adults in the United States. N Engl J Med. 2003;348:2635–2645. 2641. [PubMed] [Google Scholar] 2. Fisher ES, Bynum JP, Skinner JS. Slowing the Growth of Health Care Costs - Lessons From Regional Variation. N Engl J Med. 2009 Feb 26;360(9):849–852. [PMC free article] [PubMed] [Google Scholar] 3. Bloche M Gregg. Consumer-Directed Health Care And The Disadvantaged. Health Affairs. 2007;26(5):1315–1327. [PubMed] [Google Scholar] 4. Trivedi AN, Husein Moloo, Mor V. Increased Ambulatory Care Copayments and Hospitalizations among the Elderly. N Engl J Med. 2010;362:320–328. [PubMed] [Google Scholar] 5. Blanchfield BB, Heffernan JL, Osgood B, Sheehan RR, Meyer GS. Saving Billions Of Dollars -And Physicians' Time-By Streamlining Billing Practices. Health Affairs. 2010;29(6):1248–1254. [PubMed] [Google Scholar] 6. Morra D, Nicholson S, Levinson W, Gans DN, Hammons T, Casalino LP. US Physician Practices vs. Canadians: Spending Nearly Four Times as Much Money Interacting With Payers. Health Affairs. 2011;30(8) doi: 10.1377/hlthaff.2010.0893. [PubMed] [CrossRef] [Google Scholar] 7. Jacobs J. Systems of Survival: A Dialogue on the Moral Foundations of Commerce and Politics. New York: Random House; 1992. [Google Scholar] 8. Chen P. New York Times. 2012. Aug 23, The Widespread Problem of Doctor Burnout. [Google Scholar] 9. James BC, Savitzdoi LA. How Intermountain Trimmed Health Care Costs Through Robust Quality Improvement Efforts. Health Affairs. 2011;30(6) doi: 10.1377/hlthaff.2011.0358. [PubMed] [CrossRef] [Google Scholar]

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		10. Bodenheimer T, West D. Low-Cost Lessons from Grand Junction, Colorado. N Eng J Med. 2010 doi: 10.1056/NEJMp1008450. [PubMed] [CrossRef] [Google Scholar] 11. Community Care of North Carolina: Putting Health Reform Ideas into Practice in Medicaid. The Kaiser Family Foundation Publication #7899. 2009. May, (Community Care of North Carolina Article) 12. Wachtel TJ, Stein MD. Fee-for-Time System: A Conceptual Framework for an Incentive-Neutral Method of Physician Payment. JAMA. 1993;270(10):1226–1229. [PubMed] [Google Scholar] This article from Hawai'i Journal of Medicine & Public Health is provided courtesy of **University Health Partners of Hawaii**
34	Michael Cahn	Healthcare Re-design has to keep a very steady eye on how to prevent morbidities and how to create healthy communities. You must discuss healthcare not as a repair business which is isolated for other social factors. Planning for healthy communities includes land use and it includes transportation. The financing options presented by Kronick include the criteria of Healthy Behavior, but none of his financing models makes good on this essential aspect. Please consider financing options which do encourage healthy behavior. One of these would probably be a carbon tax, as it would reduce the broad set of subsidies car drivers receive under the current economic regime. By all means, you must include prevention as a core element of such a re-design Poverty, racism, and commitment to essential work, combined with high rates of largely preventable illnesses such as heart disease and diabetes, have placed Black and Brown Californians and those of lowest income at higher risk of dying from COVID-19. We should not be surprised. Year after year we have witnessed profound health inequities in California and yet we have failed to make the critical investments needed for greater health justice. Health Departments and community organizations have proven strategies to prevent chronic disease and injury where there are grave inequities. They need sustained funding to build healthier and more just communities. But they can't initiate, maintain, or take these actions to scale without sustained funding. I urge the Commission to include funding for community-based prevention and health equity in any plan to reform healthcare in California. Investing just $10/person/year in a California Wellness Fund to prevent the leading causes of illness, injury, and premature death would represent a mere 1/1000th of what California spent on healthcare delivery in 2018. Wellness Funds in other states have shown remarkable success in reducing risks for chronic disease. Just a few examples – a reduction in soda consumption among Oklahoma families, increased access to healthy food & physical activity at

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35	Michael Cahn, MD	Healthcare Re-design has to keep a very steady eye on how to prevent morbidities and how to create healthy communities. You must discuss healthcare not as a repair business which is isolated for other social factors. Planning for healthy communities includes land use and it includes transportation. The financing options presented by Kronick include the criteria of Healthy Behavior, but none of his financing models makes good on this essential aspect. Please consider financing options which do encourage & reward healthy behavior. One of these would probably be a carbon tax, as it would address and reduce the broad set of subsidies car drivers receive under the current economic regime. By all means, you must include prevention as a core element of such a re-design. And, crucially, you must create an administrative structure wherein the healthcare system can assist the redesign our transportation system so that it yield wellness, not morbidities
36	Michael Cahn, MD	Co-Hosting Community Organizations/Coalitions If the Healthy California for All Commission wants to hear from community based organisations who advocate for the need to integrate health policy and transport planning for a prevention forward public policy, we would be happy to be involved and share the perspective "from the handlebar", so to speak.
37	Anne Mavromatis	Healthcare in California is horrible. I pay thousands of dollars just on the insurance but can't afford the copays of actually getting medical care. I've tried three different carriers the past few years (empire, blue cross, Kaiser) all of whom dodged the mandates to provide the promised free annual physical/mammogram/etc. Kaiser--which I joined through Healthy Ca-- took my money for six months but refused to schedule my needed appointments. The state did nothing to help. It's all a huge scam that keeps people sick and poor. Please support single payer/affordable/Medicare for all. Thank you,
38	Leah Schwinn	The Health Insurance Industry and pharmaceutical companies are spending our CA state tax dollars and our individual premium dollars on profits, lobbying, advertising, and huge CEO benefit packages. We can no longer afford this. COVID-19 and the economic crisis that has accompanied the pandemic have demonstrated that health coverage must not be tied to employment and that health coverage is unjustly distributed. A

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		Single Payer financing system for universal coverage is the simplest, most fiscally responsible and just solution.
39	Mari Perla	I am a 71 year old Latina. There is not one member of my family who does not have pre-existing conditions. One granddaughter is on the Autism spectrum, suffers from seizures and anxiety. She gets medication through her mother's employment but will soon age out of coverage when she reaches 25. Other members have asthma, diabetes, and high blood pressure. If these family members lose their jobs, they lose health insurance for themselves and their dependents. We need healthcare for all.
40	Susan Kincaid	Poverty, racism, and commitment to essential work, combined with high rates of largely preventable illnesses such as heart disease and diabetes, have placed Black and Brown Californians and those of lowest income at higher risk of dying from COVID-19. We should not be surprised. Year after year we have witnessed profound health inequities in California and yet we have failed to make the critical investments needed for greater health justice. Health Departments and community organizations have proven strategies to prevent chronic disease and injury where there are grave inequities. They need sustained funding to build healthier and more just communities. But they can't initiate, maintain, or take these actions to scale without sustained funding. I urge the Commission to include funding for community-based prevention and health equity in any plan to reform healthcare in California. Investing just $10/person/year in a California Wellness Fund to prevent the leading causes of illness, injury, and premature death would represent a mere 1/1000th of what California spent on healthcare delivery in 2018. Wellness Funds in other states have shown remarkable success in reducing risks for chronic disease. Just a few examples – a reduction in soda consumption among Oklahoma families, increased access to healthy food & physical activity at schools in Minnesota, and a decrease in pediatric asthma in Massachusetts. Healthcare for all is essential. *And so is keeping people healthy in the first place*. We need to plan for both in any system redesign and financing plan. Together we can keep people from needing care in the first place, improve lives, and contain healthcare costs. Susan Kincaid
41	Skye Knighton	I truly believe that in this incredibly difficult time, we can overcome as a state, and as a community, by offering medical care to everyone. I have been incredibly lucky in my life to always have access to some of the best employer offered insurance - and yet, I have watched as that insurance gets both worse and more expensive over time. It is becoming a large part of my monthly expenses

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		while covering less of my prescription drugs. Not everyone has been as lucky as me, and I feel that as an incredibly wealthy state, and one of the world's biggest economies, we owe it to ourselves, our family, our friends, and our neighbors to provide the best healthcare we can, as a right of living in the best state in the country. Yours in solidarity, Skye Knighton
42	Sara Bosse	Poverty, racism, and commitment to essential work, combined with high rates of largely preventable illnesses such as heart disease and diabetes, have placed Black and Brown Californians and those of lowest income at higher risk of dying from COVID-19. We should not be surprised. Year after year we have witnessed profound health inequities in California and yet we have failed to make the critical investments needed for greater health justice. Health Departments and community organizations have proven strategies to prevent chronic disease and injury where there are grave inequities. They need sustained funding to build healthier and more just communities. But they can't initiate, maintain, or take these actions to scale without sustained funding. I urge the Commission to include funding for community-based prevention and health equity in any plan to reform healthcare in California. Investing just $10/person/year in a California Wellness Fund to prevent the leading causes of illness, injury, and premature death would represent a mere 1/1000th of what California spent on healthcare delivery in 2018. Wellness Funds in other states have shown remarkable success in reducing risks for chronic disease. Just a few examples – a reduction in soda consumption among Oklahoma families, increased access to healthy food & physical activity at schools in Minnesota, and a decrease in pediatric asthma in Massachusetts. Healthcare for all is essential. *And so is keeping people healthy in the first place*. We need to plan for both in any system redesign and financing plan. Together we can keep people from needing care in the first place, improve lives, and contain healthcare costs. Sara Bosse
43	Sandy Neumann	Please discuss the savings that would result from a single payer health care program. You always talk about the costs but not the savings. Almost every study done to date shows the savings. Thank you.
44	Christopher Lish	Thursday, August 13, 2020 Subject: California needs to adopt a single-payer healthcare system now To members of the Healthy California for All Commission: I strongly urge the Healthy California for All Commission to strongly recommend that the state of California adopt a single-

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		payer healthcare system now. Even before the COVID-19 pandemic produced the greatest public health crisis in recent American history, healthcare was the leading issue for many Californians. This was due to widespread recognition of the failings of our current system, such as inadequate care, excessive cost, unnecessary bureaucracy, frequent denial of coverage, and constant insecurity.It is a sad state of affairs when so many people have to go online to beg for money merely to keep themselves and their loved ones alive and healthy. It is shameful and completely unacceptable that people have to panic and beg when a major healthcare expense comes up. Despite the Affordable Care Act, the number of uninsured Americans was at a four-year high before the pandemic hit America. Now the number of uninsured is much much higher, given that our healthcare system is illogically linked to our employment and millions of Americans have lost their jobs during this pandemic. While the Affordable Care Act was a godsend for millions, it is not enough—especially because of how vulnerable it is to sabotage by politicians who are on the payroll of insurance companies. The problems with our current healthcare system are clear: the insurance and pharmaceutical industries are designed to profit off our illnesses, the elderly, and the disabled. I'm very upset that for-profit insurance companies are cashing in by denying healthcare, and the pharmaceutical industry keeps putting profits above patients' lives. I am very upset that my health and my loved ones' health is in danger because some people think huge tax cuts for the super-rich are more important than my family's lives. This is wrong, it keeps us sick, and Californians are demanding a new system that is publicly-owned, equitably funded, and not-for-profit. Polling shows 70% of Americans across the political spectrum support a federal Improved Medicare for All approach. Unfortunately, the federal government won’t soon be providing a single-payer healthcare system that so many Americans desire and recognize as essential. But California can lead the way, similar to how Saskatchewan in 1947 led the way for Canada. Every single large, rich country is able to provide universal healthcare—except us. Even countries like Brunei, Antingua, Slovenia, Botswana, and Thailand are on board. And these comprehensive universal health care systems cost less than what Americans currently pay, while covering more people and delivering better results. We must join the rest of the advanced nations by ensuring that all residents have access to high quality healthcare. A single-payer healthcare system can provide high quality, comprehensive health care for everyone and reduce the amount that we collectively spend compared to what we currently are forced to pay to for-profit, investor-owned insurance companies. A single-payer healthcare system would replace the inadequate

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		patchwork of private insurance, out-of-pocket payment, and public programs which currently subsidize our healthcare with a healthcare program that ensures every single person in our state has guaranteed access to comprehensive health services, including dental, vision, prescription drugs, reproductive health services, and long term care. Under this system, patients would not be saddled with out of pocket expenses, meaning the millions uninsured and underinsured Californians—who are disproportionately people of color, poor people, LGBTQ, elderly, or disabled—would no longer have to go without healthcare due to the burden of cost. It is long overdue for state lawmakers to recognize that healthcare is a basic human right and to pass legislation creating a single-payer, public health care option for all Californians regardless of their financial status. Again, I strongly urge the Healthy California for All Commission to strongly recommend that the state of California adopt a single-payer healthcare system now. Thank you for your consideration of my comments. Please do NOT add my name to your mailing list. I will learn about future developments on this issue from other sources. Sincerely, Christopher Lish
45	Francis Li	The Environmental Analysis report describes in detail the current challenges of the current health care system, but is very weak on identifying the _causes_ of those challenges. From a medical standpoint, we might say that it focuses on the symptoms, rather than the disease. I think there is growing awareness among the population that the cause, or the disease, is the private, for-profit motivation in our health care system. Challenges like "surprise billing" are not actually "symptoms" of a "broken system", but actually "features" functioning _exactly as intended_ to extract profit from the fragmentation of the private marketplace. Tens of millions of lobbying dollars spent by the insurance industry on one side and private equity firms that own staffing firms on the other successfully torpedoed legislative attempts to "patch" surprise billing holes, leaving patients and doctors caught in the middle. By narrowing the focus of the commission to a weaker notion of "unifying financing" in our current system rather than a transformation to a single-payer system that would eliminate the underlying fragmentation in essential care, I am skeptical that the recommendations of the commission will successfully address the very real challenges affecting the every day lives of California's residents. Sincerely, Francis Li
46	Arthur Persyko	Dear Healthy California for All Commission: In the materials provided to the public for the Commission meeting today; specifically in the "Healthy California for All

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		Environmental Analysis Final, August 2020", the "Authorship and Review Process" section mentioned feedback to a draft for review (“Version 2”) of the Environmental Analysis. That feedback was said to be in 70 pages of written and verbal comments made by consumer advocacy organizations, members of the Commission and the public. Where and how can all of that feedback to the Commission (or summaries of it) be seen and/or heard by members of the public so that anyone can track and determine what elements of the feedback made their way into the “final” (August 2020) Environmental Analysis?
47	Mary McDevitt, MD	Why does the "Financing Considerations . . " report not include the savings that would accure to the state by eliminating the waste, administrative overhead and corporate profits that our present system generates? Mary McDevitt, MD
48	Michael Lighty	Subject: Question for Commissioner Scheffler Do you consider Kaiser’s $4.5 billion net income in Q2 2020 to be “waste” in the healthcare system, if so what should we do about it, if not why isn’t those monies not going to healthcare not waster?
49	Barb Ryan	With all due respect, The action of this effort seems like a waste of time and money. We know the problems. We need to spend more time on the solutions. Give a serious look at the SAVINGS OF A SINGLE PAYER SYSTEM!! Review the studies that have already been done! Thank you Barb Ryan RN
50	Rheva Nichols	My name is Rheva Nickols with SFV HCS. We need Medicare for All NOW! The current system is UNSUSTAINABLE!! The fiscal studies have been done. M4A would save lives and money. Our health care dollars would go to health care providers and not insurance executive salaries, their investors, marketing, etc., whose only purpose is to deny health care to maximize profits. Publicly funded HCA covers everyone, offers choice of providers, comprehensive care, and frees employers from having to provide the cheapest HMO with limited coverage for their employees. What cost do you attach for peace of mind knowing you don't have to mortgage a home, dig into savings, or set up a "go fund me page" for unforeseen and catastrophic accidents or illnesses as with our current insurance "coverage"? That's right, it's priceless!
51	Allan Goetz	Do you see yourselves as part of a corrupt process that promotes the interests of the healthcare Cartel and seeks to attack the disadvantaged classes by denying them healthcare? Delay and suppress debate are your tactics, but they seem to have been found out. More that 30 countries have systems that provide comprehensive universal care. PICK ONE.

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		Regards, Allan Goetz
52	Beatriz Sosa-Prado	Good morning, my name is Beatriz Sosa-Prado, Executive Director of California Physicians Alliance. CaPA is a 501(c)3 non-profit statewide organization with thousands of supporters consisting of healthcare providers, public health advocates, and pre-heal and health professional students across California who support single-payer/Medicare for All/ universal healthcare. I appreciate this opportunity to provide a public statement on the Community Engagement section. CaPA supports the commission and looks forward to continuing to engage in meaningful discussions with California's leaders and communities to move forward to a unified system of public financing: single-payer. CaPA has extensive experience with organizing, hosting, and moderating discussion groups, technical savvy including the Zoom platform, and we are bilingual in English and Spanish. These are just some of the strengths we bring to the table and are glad to provide support for the co-host organizations who are more well-connected to diverse (racially/ethnically, income, gender, workforce, ages, etc.) communities of California. We kindly ask that CaPA is strongly considered. Thank you.
53	Michael Lighty	I'm putting in writing my video comments urging the Commission: • Publish on the Commission website the funder list for all consultants involved in the commission work • Insulate the community organizations and advocates from any influence (notwithstanding they do not select the groups) by The California Endowment, which has never devoted any of its considerable resources in support of unified financing/single-payer; • Publish the Form 700's for all Commissioners on the Commission website I further note that the consultants are choosing participants in the community engagement so there funding and conflicts are very relevant. Thank you, Michael Lighty
54	Allan Goetz	We now spend $4 T/year on healthcare but single payer will cost $ 2.6 T/year since: 1. A $2.5/hour payroll tax (perhaps made progressive) 2. $5000/yr/patient premiums (also made progressive) for OTHER patients 3.2) See Michicare costs This analysis is disingenuous since it does not discuss how other countries fund their healthcare. NO NEW TAXES ARE NEEDED! This is simply a TAX SCARE tactic. A state bank with block granted hospitals will solve the financial problems. Costs are controlled through the Universal

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		Chargemaster negotiated with providers and pharmaceutical companirs.
55	Firooz Kabir	Dear HCFA Commission, Thank you for the opportunity to provide public comment. Now, more than ever, bold and strategic steps need to be taken to make a truly universal, equitable healthcare system a reality in our state. We at the California Physicians Alliance (CaPA) support the Commission's mission and look forward to continuing meaningful engagement with HCFA Commissioners, advocates, community members, and other stakeholders in our state as we work toward a shared vision of universal healthcare. CaPA is a 501(c)(3) nonprofit statewide organization with thousands of supporters consisting of healthcare providers, public health advocates, and pre-health and health professional students across California who support single-payer/Medicare-for-All/universal healthcare. We strongly believe in prioritizing a clear path to a unified system of public financing that will allow us to get to a single-payer healthcare system. We kindly ask you to consider our Road Map to Golden State Care - a strategic, approachable, and realistic plan that outlines how we can go from where we are now to a universal healthcare system. It is available here: Road Map To Golden State Care . We propose the establishment of a trust fund - the Golden State Care Trust Fund that is separate from the state's general fund. We also discuss possible revenue sources in our Road Map (p. 19)." As shared on page 6 of the Road Map, "a unified system can be financed publicly by a combination of savings from streamlining and improving current systems of care and financing. It will also involve replacing private premiums and out of pocket payments with payments into a public trust fund that is separate from the general fund and the state budget. A trust fund would protect health care dollars from being used for any other purpose. It would also make it conceptually easier to understand and to implement, because the trust fund would not be part of unavoidable conflicts around taxes and the state budget." We thank you for your consideration and hope we can be of further help to the Commission during this critical period. Thank you. Sincerely, Firooz Kabir, Associate Director of California Physicians Alliance
56	California Health Professional Student Alliance (CaHPSA)	Dear HCFA Commission, Thank you for this opportunity for advocates, like CaHPSA students, to voice their unequivocal support for universal healthcare. At this moment in time, we are seeing just how critical it is for all people to have access to equitable, affordable, and comprehensive health care. California Health Professional Student Alliance (CaHPSA) applauds our state's consideration of systemic changes that will take us toward a better health care system, one that provides

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		coverage and access through a unified financing system. CaHPSA consists of a statewide network of 2,000 medical, graduate, undergraduate, and community college students who believe health care is a human right. We join our parent organization, California Physicians Alliance (CaPA), in advocating for reforms that will bring us closer to a truly universal, equitable healthcare system that works for all people. Now is the time to act. We need to take bold, concrete, strategic steps to ultimately achieve a single-payer system that places patients above profits. We respectfully urge the Commissioners to develop a plan that responds to the urgent needs of our state's diverse population, including vulnerable groups such as our undocumented seniors as well as low-income families. Leaving behind those who need the most help will not allow us to achieve a truly equitable system and society. We also ask that any plan put forward by the Commission directly addresses how it will help dismantle deeply rooted disparities and racial injustice. In supporting a universal, single-payer healthcare system, CaHPSA students envision a future in which we, as medical and health professionals, will be able to provide quality health care to all people who need it. By implementing a single-payer system that removes many barriers to care, California would continue being a leader in progressive policy that translates to a healthier, more equitable, and productive society. CaHPSA looks forward to the HCFA's upcoming meetings and final report. Thank you. Respectfully submitted, California Health Professional Student Alliance (CaHPSA)
57	Peggy Li	Dear Commissioners, California has the opportunity to truly build an equitable and human health care system for its constituents. The report needs to address the predation by for-profit health care companies that fundamentally work to undermine comprehensive and affordable health care. California can lead the country in building single-payer healthcare for all as long as the will is there to do it. Thank you, Peggy Li
58	Peter Shapiro	Please consider the attached article by Dr. Stephen Kemble, past president of the Hawaii Medical Association, and the One Payer States policy working group, in your discussion of provider compensation at your September 22 meeting. The final draft of the Environmental Analysis correctly referred to the inherent dangers of capitation, which discourages providers from taking on more "high risk, high maintenance" patients. I hope the Commission will give serious thought to global budgets as an alternative. Best wishes, Peter Shapiro

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59	Gerald Rogan, MD	I wish to make a few comments regarding Healthy California For All. There are other methods to quit wasting money in addition to enacting a law (which I oppose) that would eliminate the option for one to choose a for-profit insurer. They include: 1. Making medical staff peer review more effective. 2. Reducing the fees of certain procedures that are overpriced by Medicare, such as MRIs. 3. Making it easier for a provider in an urgent care clinic to identify which IPA or Medical Group is responsible to pay the bill of an insured patient. 4. Replace tort based medical liability law suits with an administrative law judge process as is done for worker's compensation disputes. 5. Enacting a state sponsored plan that patients may elect in order to promote a gradual shift toward a state funded plan for anyone who chooses it. 6. Establish a state trust that funds medical care, thereby divorcing it from the general State budget, as is done for Medicare Part A. 7. Allowing Evaluation and Management service reimbursement based on the sole criterion of medical decision making, without the need to count subjective or objective bullet points. 8. Eliminating direct to consumer advertising for drugs. 9. Requiring copayments for all services except for lab tests and imaging. 10. Motivating use of telemedicine. 11. Requiring copayments for secondary preventive services. 12. Enacting "public health for all", which will pay for all USPSTF endorsed immunizations, vaccinations, and diagnosis and treatment of communicable diseases, for any willing provider. 13. Institutionalize a root cause analysis process for known cases of medical fraud and abuse, so that future cases might be prevented. Thanks for the opportunity to comment
60	Melissa Williams	August 13, 2020 Dear Members of the Healthy California for All Commission: National Patient Advocate Foundation (NPAF) represents the voices of millions of adults, children and families coping with complex and chronic diseases nationwide. We are the advocacy affiliate of Patient Advocate Foundation (PAF), which provides direct case management and other patient assistance services to thousands of patients and caregivers across the country each year, including insurance claims intervention, job retention services, and debt crisis management. Over the past five years, PAF case managers provided direct services to over 30,000 California patients and caregivers.

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		We appreciate the opportunity to provide public comment to the Healthy California for All Commission on its plan to convene Community Engagement Listening Sessions and Stakeholder Meetings, particularly for the intention of learning more about how low-income, disadvantaged communities of color and rural communities view the problems and potential solutions being discussed by the Commission. Among the participants to be included in the sessions, you list statewide health advocacy organizations, labor groups, single payer advocates, employers, and providers. A key group, however, that is missing among this list of participants is patients. NPAF strongly advocates for patients and caregivers to be involved in any discussion that may impact health care delivery. Patients and caregivers provide a unique perspective that cannot be represented by any other stakeholder group. For instance, patients and caregivers can help put into perspective how health care costs can directly impact them and their decisions, their families and their quality of life. We urge the Commission to please directly involve patients and caregivers in the listening sessions. By doing so, the Commission will be able to better capture the needs of all Californians, specifically those from low-income, disadvantaged communities of color or rural communities. For further questions or to learn more about our work, please contact NPAF lead volunteer and California resident, Tony Sowry, at tonysowry5@gmail.com. Respectfully submitted, Melissa L. Williams, MPH Associate Director of Policy and Field Advocacy
61	Steven Kassel	I urge you to support t Single Payer, Universal Healthcare as a Human Right and to push Governor Newsome to do the same. Insurance companies are legitimized mobsters (I have been working with them for 35 years) as they fix fees paid to clinicians (mine is up about 10% since 1985 while inflation is well beyond that) and burn us out as we work harder and longer hours to make ends meet.....and become less effective with our patients. When there is one pool of money and not corporate pools of profiteering on multiple levels, Californians will get the best health care possible! Steven C Kassel, MFT
62	Suzan Newman	"Governor Newsom ran on Single Payer, Universal, Healthcare as a Human Right. That's why Nurses like me supported him. Get rid of the BS commission and let him become the champion we need to finally pass it into law. Please tell the Governor: "Pass Sheila Kuehl's bill, last cycle's SB-562, or the slightly improved version HealthyCA is working on now. Single Payer, Universal, Healthcare as a Human Right that will save over $37Billion a year in CA, and finally, over $450Bn a year nationwide and over 68,000 Human Lives a year.

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		End Insurance & Pharmaceutical company bribes' control of the Democratic Party. If you do it, you will be remembered for eternity as the hero who, like Kiefer Sutherland's grandfather in Canada, brought healthcare to America, saved the lives of millions, and saved trillions of dollars for us all. Probably president too, and quite likely replacing FDR as the country's most beloved president of all time. If you continue on the sellout path this commission represents, then God willing, a less corrupt SCOTUS will finally admit what bribery and corruption is, and you will be convicted for public corruption, perhaps sharing a prison cell with Anthony Rendon, some Illinois Governors, & Jose Huizar. There is still time for you to do the right thing, but if you continue to allow this commission, stacked with industry insiders to run its course, it may be too late. Sincerely, Suzan Newman, R.N.
63	Henry Abrons, MD	Mark Ghaly, MD, MPH and members of the Healthy California for All Commission August 13, 2020 Dear Doctor Ghaly and members of the Commission, We wish to comment on the presentation of *Financing Considerations* by Dr. Rick Kronick at today's Commission meeting. Dr. Kronick has covered the topic well. However, we would like to emphasize that by the Commission's stated principles, the program being financed must have the virtues of universality, high quality, equitability, affordability, and accessibility. Therefore, we think it is particularly important to underscore a finding that Dr. Kronick illustrates in slide 5. That slide is from a systematic review of 22 formal economic studies of the projected costs of single-payer plans by Cai et al published in January, 2020. The overwhelming majority (19 of 22) concluded that there would be cost savings in the first year (median net savings = 3.5%), and all 22 found the potential for savings over the long term. Therefore, the challenge of financing can be mitigated by a single-payer program, and we contend that no other program design meeting the Commission's principles can assert that claim. Of particular note, all the single-payer programs studied assumed increased utilization. Increased utilization is an important virtue of single-payer programs because it represents the beneficial utilization of medically necessary care for those previously denied access or deprived of care due to cost barriers. The other important aspect of increased utilization is the expansion of covered services to include universal access to truly comprehensive health care, with the inclusion of dental care, behavioral health, vision and hearing, and other necessary services often forgone or denied under current health care.

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		A single-payer model therefore has the virtues of saving money while expanding access to truly comprehensive necessary care. We ask you to keep these points in mind as you consider the topic of financing in its proper context. Finally, we recommend that you commission a comparative analysis of the projected 10-year costs of a single-payer program versus other approaches to unified financing that you might consider in your final report. Sincerely, Kathleen, Healey, MD and Corinne Frugoni, MD Co-Chairs, PNHP-California Cc: Alice Chen, MD, MPH Rick Kronick, PhD
64	Margaret Finnstrom	"Governor Newsom ran on Single Payer, Universal, Healthcare as a Human Right. That's why Nurses supported him. Get rid of the BS commission and let him become the champion we need to finally pass it into law. Please tell the Governor: "Pass Sheila Kuehl's bill, last cycle's SB-562, or the slightly improved version HealthyCA is working on now. Single Payer, Universal, Healthcare as a Human Right that will save over $37Billion a year in CA, and finally, over $450Bn a year nationwide and over 68,000 Human Lives a year. End Insurance & Pharmaceutical company bribes' control of the Democratic Party. If you do it, you will be remembered for eternity as the hero who, like Kiefer Sutherland's grandfather in Canada, brought healthcare to America, saved the lives of millions, and saved trillions of dollars for us all. Probably president too, and quite likely replacing FDR as the country's most beloved president of all time. If you continue on the sellout path this commission represents, then God willing, a less corrupt SCOTUS will finally admit what bribery and corruption is, and you will be convicted for public corruption, perhaps sharing a prison cell with Anthony Rendon, some Illinois Governors, & Jose Huizar. Governor Newsom, I am straight, but I was so beautifully impressed when you legalized same-sex marriage in San Francisco. You truly know how to do the right thing when so inspired. This one is easy. Maybe not politically, but frankly, the tough calls should be the ones where it's hard to KNOW what the right thing to do IS. This one is easy. You already know. There is still time for you to do the right thing, but if you continue to allow this commission, stacked with industry insiders to run its course, it may be too late. Do it now. Do the right thing. Do it now. Please. Thank you, Margaret Finnstrom
65	Jon Li	The Environmental Report was a technocratic justification to expand health insurance confusion by promoting the Public

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		Choice option. It needs a clear path to Universal Health and Social Services. The Commission was unanimous in supporting Carmen Comfit's demand that staff relinquish control of the process and the product. 1) This is a proposal to expedite the political process by having the Commission sponsor a debate a week before the first presidential debate between the 2 people who are the best informed on all the issues at stake: Thursday, September 24, from 8 to 10 pm Eastern Time, 5 to 7 Pacific Time The Real Debate on the Future and What to DO About It: Steffie Woolhandler, MD, MPH and her husband, David Himmelstein, MD founded Physicians for a National Health Plan sometime many debates ago. They continue to find each other fascinating with new ideas about evidence-based health care. I propose that the Commission sponsor having Dr Woolhandler and Dr Himmelstein be a ZOOM program for two hours. Let Steffie open and close; the rest of it will be amicable information sharing, and lots of interesting ideas about how to improve the health care delivery system. 2) Replace insurance and all the data collection with a single national computer program: Currently a great deal of health insurance money is wasted on surgery because insurance doesn't pay for prevention and health. 70% of the US medical profession are in specialization because primary care is not rewarded. This starts with the premise that primary care clinics are the focus, excellent clinical care is the emphasis, and the specialty physicians serve at the needs of the clinics, as do the hospitals, through clinic Memorandums of Understanding in compliance with Federally Qualified Health Center standards, which are regulated daily at all levels: At the city, area, state and national level, you only need seven people: Office of Epidemiological Accountability: 2 for health, 2 for behavioral health, 2 for social services, 1 servant leader who can fill in in all areas - at each level, their job is surveillance and compliance with all issues in their jurisdiction. At each level, establish 133 daily measures: 1 global + 12 majors + (12 x 10 in each major= 120): 1 + 12 + 120 = 133. The global measure changing would be a big deal, for better or worse. The national computer program becomes many things: 1) it can be updated daily with the vote of both houses of Congress and the President's signature, to apply at the federal level and the clinic level, and all levels in between. It becomes the way each clinic is managed internally so that the chance of any patient, money, information or other resource is misplaced or misallocated is highly unlikely and subject to immediate investigation upon discovery.

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		The computer program replaces insurance, the CDC H&HS chaos, the academic's need for independent research status and the professor's background references with a computer program that will manage the information for the data, the health resources, the personnel, the equipment, the pharmacy, the money, the testing, the data collection, the scientific inquiry, the training and personal development, and the response to new health problems. The hospitals and the medical schools report daily to the clinics, who are responsible to manage and maintain the hospitals and the medical schools daily data, and then report to the city who is responsible to make sure that the resources adequately match need citywide, and the area, which is responsible to identify unmet need; state and federal to make sure all clinics are within compliance on all matters. Clinic staff is organized around Teams with an MD, at least one RN, and several Community Health Agents. While most health professionals will be employed by the clinic, others will operate in the community; includes adequate home health: Long Term Care and Support: Health Care not Sickness intervention. The Community served by the Clinic has geographic boundaries for a population of up to 10,000 people, receives an annual allocation that is the equivalent of $25 million for 10,000 people, and is governed by a 7-member Community Health Board that is elected to staggered 4 year terms. The national $4 trillion Health and Social Services budget has global annual budgets with cost containment at all levels. 3) Timeline: January: Khanna HR 5010: State-based Universal Health Care Act is re-introduced, approved in the House and the Senate, and signed by President Biden by the end of January, allows states to apply for a waiver to establish universal care, enabling states to prepare waivers which are expected to be approved by the Feds in May and go into effect by July 1. HR 5010 includes provisions for states to re-establish Health System Area Agencies (HSAs) and establish state H&HS 7 member Office of Epidemiological Accountability "Health Information Systems Operations Team" management structure. Saturday, May 1, President Biden signs the Jayapal-Sanders Universal Health Care and Social Services Act of 2021 Flaws in computer program resolved before June 1. By July 1, 2021: Begin US Universal Coverage: 75 Community Clinics in each and every one of the 435 Congressional Districts ▪ Each identified Community elects a 7-member Community Health Council; creates a staff and starts a clinic ▪ Conversion at the Patient/Taxpayer level from insurance to new payment structure with a federal income tax equal to 10% (current total 17.8%)

Count	Name	Comment Via Email
		▪ Conversion for the individual provider; provision for qualified provider groups up to Kaiser to retain their identity ▪ Conversion for the hospitals: all hospitals come under the jurisdiction and control of the community clinics grouped with federal legal Memoranda of Understanding (MOU) ▪ Conversion for the Health Insurance industry: employees aged 60 and older receive a generous retirement package; retraining for all other insurance employees into epidemiological accountability, or transitioning into another line of work ▪ Establish H&HS 7 member Office of Epidemiological Accountability "Health Information Systems Operations Team" with guidance and control at each station level: community/clinic, city, HSA, state and national ▪ Daily accountability of the entire system.
66	Craig Simmons	EXECUTIVE SUMMARY written by Craig Simmons, participant Two factors expressed by commissioners and participants indicate the need for immediate action. First, the consensus that a public option-single payer universal healthcare plan is critical to the health and financial well being of all California residents. Second, immediate implementation of such a plan should be considered in lieu of more study and feedback. SB 562 An addendum to SB 562 outlining the sources of revenue necessary to pay for the plan which will meet the legislative approval process is mandatory. The requirement for 40% of new tax revenue be directed to schools can be either passed through a budget surplus, or exempted by legislative order. PAYROLL TAX Peter Lee said payroll taxes could be considered progressive depending upon how they were structured. The Bureau of Labor Statistics has determined that 60% of the adult population in the U.S. are employed. In California with a population of 40 million, the same statistic indicates that 24 million people are employed. If a $.25 cent per hour payroll tax were approved by ballot measure for healthcare, the treasury or other government entity would accrue $6 million per hour based upon an 8 hour work day or 40 hour work week. Revenue would accrue at the rate of $48 million per week/$188 million per month. Preventive care, surgeries, prescription drugs, outpatient services including mental health and other services would all be covered for a $40.00 per month payroll deduction paid to the state by employers. A patient database comprised of voluntary sign-ups similar to Medicare would be formed as a permanent medical record. Private and employer provided insurance could remain in place

Count	Name	Comment Via Email
		for patients who want to retain their insurance coverage or utilize the public option as a supplemental policy. CORPORATE WEALTH TAX Rupa Marya expressed the need for a wealth tax. California is the home to multi-billion dollar corporations. A percentage of corporate net profits could be taxed and directed toward healthcare with no effect on CEO pay and a minimal effect on shareholders. Eric Douglas expressed the need for a cost/benefit analysis. STANDARDIZATION OF COSTS The Kaiser Family Foundation and the University of Utah have been working on standardization of costs for hospitals and doctors. Once standardized, hospitals, physicians and nurses would all be in agreement as to the amount charged for any particular procedure. PRECEDENT The Teamsters Union and the Kaiser Family Foundation established precedent in the 1970's by providing cannery workers throughout California with voluntary multiphasic physical examinations at their workplace. Results were sent to each employer's private physician within two weeks of the exam for further diagnosis and treatment. Thank you for the opportunity to participate. I have attached my resume' with a note that I worked on the aforementioned cannery workers project, and would welcome the opportunity to help implement a viable single payer/public option universal healthcare plan for all California residents.
67	Swathi Bhuma and Shruthi Bhuma	Hi! Our names are Shruthi Bhuma and Swathi Bhuma and we are members of the California Physicians Alliance (CaPA). We appreciate the commission’s focused discussion on possible revenue options to finance a unified system of public financing. That said, we hope future meetings address the pressing issue of price transparency, which is foundational to ensuring that all collected revenue is allocated judiciously. For reference, CaPA’s Road Map—a strategic plan that guides our organization’s advocacy efforts—approaches the issue of reasonable cost and price by first addressing transparency, creating fewer and larger risk pools (with the ultimate goal of one risk pool) to increase negotiating power, and then moving towards things like all-payer-rate-setting, global budgeting, and capitation. Collectively, these changes will enable the responsible stewardship of funds collected for a unified system of public financing, ideally a single-payer system. Thank you! With gratitude, Swathi and Shruthi
68	Debbie LeVeen	To: Healthy California for All Commission From: Deborah LeVeen, PhD, Professor Emerita SFSU, CaPA supporter Re: Comments on Environmental Analysis Report, for August 13 Commission meeting:

Count	Name	Comment Via Email
		Date: August 14, 2020 As I stated in my emailed comment on June 30, I believe the Environmental Analysis Report provides exactly the kind of information we must have as we seek to identify the most critical problems in our health system and understand its underlying dynamics The discussion of constraints and possibilities for moving toward unified financing and coverage expansion is excellent. I want to make three points. (1) **The value of identifying steps "within California's immediate control" which can both improve outcomes and pave the way to unified financing** (p.84). I particularly support the suggestion of **aligning (and unifying) California's three major public programs** in their contracting with private plans. This would bring enormous improvements in care to enrollees and would create significant market power, which could be used to address coverage and care and price. Furthermore, we can build on Covered California's experience with contracting requirements, as the Report suggests. The possibility of encouraging or requiring state-regulated employer coverage to participate is **a clear example of the potential for using one step to lead to the next**. (2) **The tremendous potential to begin to implement significant cost-containment immediately**. Increasing state purchasing power, negotiating or setting prices across multiple payers, requiring payment transparency state-wide: each of these allows building toward even stronger measures. As the CaPA Road Map suggests, payment transparency can become the basis for an all-payer claims database which, in turn, can be used to standardize payment and ultimately payment rates. (3) **Highlighting the policy context.** The Report talks about building a policy infrastructure, and it references a number of recent or current policy proposals or pieces of legislation related to possible steps it discusses. However I support the suggestions of both Sandra Hernandez and Anthony Wright to include a more explicit discussion of these policies and proposals. And I would include mention of the progress made by Covered California. A brief overview of what we have already accomplished would build confidence in the possibility of making significant gains through small steps when they incorporate the principles of further change. And I think it would give us the sense that **we have a solid foundation on which to build**. Thank you for the work you are doing!

3. **The following table shows public comments provided via Zoom Chat during the meeting:**

Count	Name and Comment
1	Eric Douglas: Good morning, everyone!
2	Andrew Bindman: Thank you so much for joining. We are looking forward to a great meeting with you!
3	Joslyn Maula: Public can submit comments to HealthyCAforAll@chhs.ca.gov. Additionally, members of the public will have opportunities to provide verbal comment during the meeting.
4	Sandra Hernandez: I'd like to make comments thank you. Sandra
5	Beatriz Sosa-Prado: Hi everyone! This is Beatriz Sosa-Prado, Executive Director of California Physicians Alliance.
6	Erika Feresten: Health Care for All - Los Angeles is requesting a public accounting of the $5 million dollar budget allocated for this Commission. We would like updated accountings of the expenditures and of the specifically identified recipients of these funds to be made available to the public on the Commission's website. We realize the Commission members are unpaid and that the funds are used for necessary administrative functions. Public funds, spent on behalf of the public, should be readily available and transparent to the public.
7	Margaret Copi: It's difficult to comment when so little time is provided to review materials before the meeting.
8	Randy Hicks: stop taking moneyinsurance companies and have campaign financial reform cacleanmoney.org
9	Betty Doumas-Toto: Health Care for All - Los Angeles is requesting a public accounting of the $5 million dollar budget allocated for this Commission. We would like updated accountings of the expenditures and of the specifically identified recipients of these funds to be made available to the public on the Commission's website. We realize the Commission members are unpaid and that the funds are used for necessary administrative functions. Public funds, spent on behalf of the public, should be readily available and transparent to the public.
10	Margaret Copi: I don't know what the revised analysis contains.
11	Margaret Copi: @bety dogmas - agree.
12	James Sarantinos: There have been numerous funding models presented to support Single Payer Healthcare systems. They basically exclude private health insurance which benefits shareholders more than patients.
13	Betty Doumas-Toto: Health Care for All - Los Angeles is requesting a public accounting of the $5 million dollar budget allocated for this Commission. We would like updated accountings of the expenditures and of the specifically identified recipients of these funds to be made available to the public on the Commission's website. We realize the Commission members are unpaid and that the funds are used for necessary administrative functions. Public funds, spent on behalf of the public, should be readily available and transparent to the public.
14	Erika Feresten: Governor Newsom campaigned on Single-Payer yet instead has given us a commission which we don't need. The studies have been done and enough commissions have been held. We need single payer now.
15	Rheva Nickols: Rheva Nickols, SPV HCA
16	Virginia Tibbetts: Why must there be commission after commission? Isn't it obvious that we need single-payer now? Enough discussion. Take action now.

Count	Name and Comment
17	John Saunders: Corporate profitdenying health care is immoral.
18	F Thomson: Can you clarify when general comment will be welcome?
19	Margaret Copi: Combine existing funding streams with progressive income tax.
20	Stephen Vernon: Environmental Report stillpriveleges the Value Based reimbursement mindset that has been proven to INCREASE inequities.
21	Dr Bill he/him PDA Calif Honigman: We the people of CA are the stakeholders. COVID19 has made that painfully clear.
22	Erika Feresten: The commission with the exception of @CarmenComsti, Dr. Marya, and Dr. Hsiao are stacked against single-payer.
23	Allan Goetz: Single payer/Medicare for all, healthcare provides a better comprehensive universal care for less cost and divorces healthcareemployment. We now spend about $ 4 T/year on healthcare. Single payer would cost about $2.6 T/year.
24	Jenni Chang: Thank you Peter Shapiro.
25	Jon Li: Second Peter Shapiro's excellent comments
26	Michael Lighty: Concur with Peter Shapiro
27	Erika Feresten: If SB 562 had been implemented CA would have saved $111 Billion dollars.
28	Eric Vance: Thank you Peter Shapiro!
29	Allan Goetz: A $2.5/hour payroll tax is required to provide single payer. Most employers subtract $5/hour now.
30	Jeff Tardaguila: public health pandemic how does California pay for health care for all?
31	Michelle Grisat: The environmental analysis failed to prioritize single-payer legislation and applying for federal waivers as the first and most important steps to establishing a single-payer health program.
32	James Sarantinos: As an example, the Trump admin has pre-emptively purchased 100 million doses of COVID vaccines. This is what centralized purchasing power looks like. Imagine if health insurance companies had to compete and provide a patchwork of wildly differing prices to the public.
33	Erika Feresten: Separate is Never equal. Public Option is medical apartheid.
34	Paul Newman: Why did you take my video out?
35	Georgia Brewer: Thank you! We need a single-payer system to address the many inequities in our healthcare system.
36	Paul Berolzheimer: Any time I see mention of "optional expansions" etc, I see problems. In order for a single payer system to stay robust and avoid attacks, everyone must be dependent on it regardless of wealth or position. Any time you allow rich people to buy enhancements, they will be disincentivizedsupporting a robust public system. There is of course a belief in meritocracy in our society, but our economy unfortunately does not reward people based on the true value of their work. People should not have less access to quality healthcare because they choose to be a teacher or work for a charitable non-profit than someone who works as a hedge fund manager.
37	James Sarantinos: Many physicians prefer a SP system to insurance because their payments are timely and guaranteed. Compare that to arguing with health insurers.
38	Paul Newman: We need a single payer system.

Count	Name and Comment
39	Dr Bill he/him PDA Calif Honigman: Preventable deaths in CA before the pandemic were estimated at 3 to 4 thousand per year, now probably 30 to 40 thousand. Financing proposal was given to Speaker Rendon with the report on SB562. It's past time to move forward with that plan.
40	Margaret Copi: Thanks Felix
41	Cindy Young: Commissioners - If we had a single payer system the $187 billion dollar GASB liability the state is currently required to fund would be folded into the cost of providing call to all Californians. You can lift this financial burden by implementing a single payer system.
42	Jenni Chang: Thank you Linda Bassett
43	Yusra Hussain: My microphone was not working. Now it's working.
44	Marcia Martin: very well said Linda Basset! THANK YOU!
45	Rheva Nickols: Rheva Nickols, SFV, HCA
46	Erika Feresten: Dr. GHALY The California Department of Health Care Services (DHCS), in conjunction with the federal Centers for Medicare & Medicaid Services (CMS) are directly contracting with * L.A. Care Health Plan, Health Net, CareMore, Blue Shield of California Promise Health Plan and Molina Healthcare for the Cal MediConnect program in Los Angeles County to make the process of insuring every citizen seamless and easy to understand. Cal MediConnect began voluntary enrollment in April 2014 in Los Angeles County.
47	James Sarantinos: USA ranks #38 in terms of quality of health care systems. The top ranking ones are Italy, France, Spain etc. - all single payer countries
48	Georgia Brewer: So true, Tracey! And single-payer would free up the dollars we need to implement your suggestions.
49	Erika Feresten: George W. Greene, Esq. is president and CEO of the Hospital Association of Southern California (HASC), a position he assumed in early 2017. HASC has more than 180 member hospitals spanning six counties: We work as a team with our clients and the groups and communities they support to build programs, public-private partnerships and high-impact initiatives
50	Ann Harvey: how about a link to the environmental report you would like comments on?!!! As well as to the other reports you will be getting to?
51	*Joslyn Maula: You can find the report here https://chhs-data-prod.s3.us-west-2.amazonaws.com/uploads/2020/08/10103817/Healthy-California-for-All-Environmental-Analysis-Final-August-7-2020.pdf
52	Leading Resources: Commissioners— Please deselect the green check marks beside your names, if applicable.
53	*Janice Rocco: I tried to raise my hand to speak earlier. Not sure if that worked.
54	Michelle Grisat: You can see Commissioner Comsti's full comments at this link: https://www.nationalnursesunited.org/hcfacomments The link is also in her 1-page comments in appendix to the Environmental Analysis here: https://chhs-data-prod.s3.us-west-2.amazonaws.com/uploads/2020/08/10103817/Healthy-California-for-All-Environmental-Analysis-Final-August-7-2020.pdf
55	MELANIE SINCLAIR: I heard Commissioner Carmen Comsti say BLM-LA is doing important work on community healthcare and that they should be part of the focus group discussion, and I heard Bobbie Wunsch and Anthony Wright pushing back against that, diffusing the suggestion to specifically invite them. It is important to invite them to the table and I will be watching to see if they end up there.

Count	Name and Comment
56	Dr Bill he/him PDA Calif Honigman: Thank you, commissioners, but we don't have time to talk about how we're going to talk about getting to a Single Payer, or what some of you are calling a Unified Financing system. This needs to have been done yesterday, not today. Californians are dying now due to COVID19, because they have significant financial impediments to getting tested, contact tracing, or treatment, especially in the hospital, ER, or ICU settings, likely because they fear severe financial and cultural reprocussions that would be overcome with adequate public financing and allocation for resources like adequate facility staffing, PPE, and other services related to COVID19, as well as ongoing medical problems that themselves increase risk of complications and even death due to the virus. The time has past for academic discussions and cordial disagreements. It's time to take the welfare of we the people who are the real stakeholders in California's Healthcare system, and move forward with legislation to start a Single Payer system now.
57	Stephen Vernon: Commissioner Scheffler—You are absolutely correct in your statement that "at least 30%" of healthcare is wasteful. It's called the Insurance corporations and Big Pharma!
58	Mary McDevitt: What happened to the scheduled "Finance" report?
59	Mary McDevitt: Mary McDevitt, MD
60	*Joslyn Maula: Public can also submit comments to HealthyCAforAll@chhs.ca.gov
61	Beatriz Sosa-Prado: They will discuss Financing next.
62	Betty Doumas-Toto: I will have to hop off at 11. If they open chat please post 1. Health Care for All - Los Angeles is cohosting a Single-Payer Panel with Patrisse Cullors and Akili of Black Lives Matter on Saturday. Register for Sat., August 15: https://us02web.zoom.us/meeting/register/tZYsfu-urjosH9HaNEFoC7NpuAvmttzJaBMD. Event schedule: https://bit.ly/2XHX2VL Information: http://bit.ly/2XYCGHZ Livestream: https://bit.ly/3fHY61W
63	Allan Goetz to Leading Resources (Privately): What was the total cost and manhours expended to produce the report?
64	Maureen Cruise RN: YES ERIC!!!!
65	Shirley Toy: we are spending far too much time and energy on commissions and studies. . . we need action now on how we can get single payer as soon as possible
66	Betty Doumas-Toto: 1. Health Care for All - Los Angeles is cohosting a Single-Payer Panel with Patrisse Cullors and Akili of Black Lives Matter on Saturday. Register for Sat., August 15: Event schedule: https://bit.ly/2XHX2VL Information: http://bit.ly/2XYCGHZ Livestream: https://bit.ly/3fHY61W https://us02web.zoom.us/meeting/register/tZYsfu-urjosH9HaNEFoC7NpuAvmttzJaBMD
67	Allan Goetz to Leading Resources (Privately): ERIC ERIC !
68	Barb Ryan: With all due respect, we know the problems!! Shouldn't we just focus on the solutions?? Review the SP studies that have already been done!!
69	Michelle Grisat: You can see Commissioner Comsti's full comments at this link: https://www.nationalnursesunited.org/hcfacomments The link is also in her 1-page comments in appendix to the Environmental Analysis here: https://chhs-data-prod.s3.us-west-2.amazonaws.com/uploads/2020/08/10103817/Healthy-California-for-All-Environmental-Analysis-Final-August-7-2020.pdf

Count	Name and Comment
70	Patricia Clark: Very important suggestion to talk to people who are actually involved in getting their care through the current state programs. My son has to keep his income below poverty level to keep his healthcare through Medical, he has a transplant and cannot trust private insurance through employers to keep him alive.
71	James Sarantinos: @EricVance say it again. This is a meeting about meetings.
72	Erika Feresten: Health Care for All - Los Angeles is cohosting a Why We Need Single Payer with Patrisse Cullors cofounder of Black Lives Matter, Akili of BLM LA on Saturday. Register for Sat., August 15: https://us02web.zoom.us/meeting/register/tZYsfu-urjosH9HaNEFoC7NpuAvmttzJaBMD Event schedule: https://bit.ly/2XHX2VL Information: http://bit.ly/2XYCGHZ Livestream: https://bit.ly/3fHY61W
73	MELANIE SINCLAIR: Yes, Eric!!!
74	Susan Mastrodemos: Public comment process has extended time frame. When is Commission submitting report to Governor? When does Governor create budget? I think the Commission is losing relevance by long drawn out "paralysis of analysis."
75	Michael Lighty: Yes, Barb!
76	Paul Newman: Yes Bill!
77	Rheva Nickols: Rheva Nickols, SFV HCA
78	Alberto Saavedra: Well said Eric!
79	Matthew Snyder: Yep!
80	Bruce Hector: Very good Eric
81	Matthew Snyder: Here is the body-count of those having died since the shelving of SB-562.
82	Patricia Clark: Thank you Dr. Bill
83	Kalkidan Alemayehu: YES Dr. Bill!!!!!
84	Danett Abbott-Wicker: Please listen to what the people want! We don't need more research, we don't need more talk! WE are in the middle of a horrible pandemic and this process is much too leisurely!! We need to act NOW!!!
85	Matthew Snyder: www.28ers.org/rendon-bodycount
86	Terry Winter: Yes, Bill!
87	Yusra Hussain: Thank you Eric Vance! Thank you Com Marya, and Consti
88	Danett Abbott-Wicker: YAY Dr. Bill!!!
89	Maureen Cruise RN: Yes dr.Bill
90	Michael Lighty: Good points Eric
91	Lesley Ester: It is disappointing to see another year passing of talk, talk, talk as Californians die. We need a single payer system yesterday.
92	Bernie Nadel: The input of undocumented Californians needs to be included as part of the consumer voices.
93	Alberto Saavedra: Well said Bill!
94	Erika Feresten: Continuing with Commissioners backgrounds. Thank you @ Carmen Comsti for your rejection of bogus enviro report and for speaking truth.

Count	Name and Comment
95	Allan Goetz: I have attended many of these sessions and never received any feedback. We do not need more sessions. A state bank can solve the single payer fiduciary problem.
96	Kalkidan Alemayehu: Phewwww
97	Rheva Nickols: Rheva Nickols, SFV, HCA
98	Matthew Snyder: 9 people were dying a day BEFORE COVID
99	MELANIE SINCLAIR: Thank you Bill, we need action
100	Erika Feresten: Carmen Comsti JD, of Oakland, has been a regulatory policy specialist at the California Nurses Association and National Nurses United since 2016.
101	Eric Vance: Thank you Dr. Bill!!!
102	Georgia Brewer: Tragically, the on-going suffering and deaths of people who are structurally abandoned in our healthcare system (due to geography, wealth, health status, race, ethnicity and documentation status) has become accepted as NORMAL!
103	Betty Doumas-Toto: Go Bill!!!! Thank you!!! Urgency!!! Urgency!!!
104	Lesley Ester: Thank you Dr Bill
105	Paul Newman: Bravo! Dr.bill!
106	Shirley Toy: thank you Dr. Bill!
107	Betty Doumas-Toto: https://business.facebook.com/events/490494355158877/
108	Erika Feresten: Jennie C. Hansen MSN , of San Francisco, has been an independent consultant at Hirsch Medicare Payment Advisory Commission2005 to 2011. Hansen is a board member of the Institute for *Healthcare Improvement, = SCAN Foundation, SCAN Plan and the Altarum Institute. Hansen earned an MS in nursingUC San Francisco.
109	Tish Ochoa: Dr. Bill Yes!
110	vic bernsdorff: Why don't you invite Wendell Potter into the commission ? He is for Medicare For All after having worked for Cigna Health Insurer and knows first-hand the scam For-Profit healthcare is in this country.
111	Kathleen Healey: "We are the stakeholders." Yes, Bill!
112	Matthew Snyder: Thank you Bill!
113	Erika Feresten: Sandra R. Hernández, of San Francisco, has been president and chief executive officer at the California Health Care Foundation (CHCF) since 2014. Prior to joining CHCF, Sandra was CEO of The San Francisco Foundation, which she led for 16 years. Covered California Board of Directors and the UC Regents Health Services Committee.
114	*Rupa Marya: Thank you. Yes.
115	Erika Feresten: Thank you @ Dr. Bill and @ Eric Vance
116	Maureen Cruise RN: Yes Dr.Bill
117	Allan Goetz: Wendall Potter on he commission!
118	Maureen Cruise RN: Yes Lynn
119	James Sarantinos: Please don't turn off the CHAT until the end of the meeting. Also, please send all reports to be discussed with zoom invitations.
120	Paul Newman: NO PREMIUMS, NO COPAYS, NO DEDUCTIBLES
121	Alberto Saavedra: Lynn!

Count	Name and Comment
122	patty harvey: It is hard to understand how hearingeven a diverse scan of the population about how they sufferlack of access to health care. What do you expect to learn? That they love not having access? Of course their lives are hell. I, myself,am facing 10's of thousands of dollars of unaffordable dental bills. How is this going to move unified financing forward? It is a giant time waster. Furthermore, why is no one directly stating profit makinghealthcare must end? It wastes money, it stealsthe commonweal, and blocks access to health care. It's time for SOMEONE to confront health insurance companies and tell them WE DON'T NEED YOU.
123	Erika Feresten: @ Dr. Mayra, thank you for being a voice of truth, integrity and of the people.
124	Betty Doumas-Toto: Join us for the a Debrief of these commission proceedings tomorrow at 4:00 pm. https://business.facebook.com/events/490494355158877/
125	James Sarantinos: Can someone define GOOD HEALTH INSURANCE?
126	Susan Meyer: Thank you Eric and Dr. Bill. Yes...now is the time to enact Single Payer now. It's obvious and proven this will work.
127	Danett Abbott-Wicker: YAASSSS Patty Harvey!!! TELL IT
128	Bruce Hector: Everyone In, no one left out. Single Payer now
129	Susan Mastrodemos: Thank you Dr Bill. This Commission is spinning their wheels. Commission has wasted most of this year. By doing that, Governor and Legislature will not be able to ACT on single care for another year!!
130	Erika Feresten: @Comsti and @ Mrya, even when the chat is disabled, know that we hear you and we appreciate you
131	Betty Doumas-Toto: Please join us for a Debrief of this Commission tomorrow at 4:00pm https://business.facebook.com/events/490494355158877/
132	*Rupa Marya: YES.
133	Paul Newman: You can also go to the debriefing at healthcareforall-la.org/upcomingevents
134	Allan Goetz to Leading Resources (Privately): Do you ever think of yourselves as part of a corrupt system?
135	James Sarantinos: #Comsti - we stand with you
136	Betty Doumas-Toto: Comsti and Mrya we the people are with you!
137	Alberto Saavedra: Shameful it is. Yusra!
138	Allan Goetz to Leading Resources (Privately): Carmen! Carmen!
139	Susan Mastrodemos: @pattyharvey YES
140	Danett Abbott-Wicker: This commission is shameful!! It is just a roadblock and nothing productive is being done. Hundreds of people are dying!!! Do you have no compassion???
141	Erika Feresten: William C. Hsiao PhD, of Cambridge, Massachusetts, International Rock star economist. Lives on east coast. Thank you, Dr. Hsiao for supporting Single Payer!
142	*Rupa Marya: Me too!
143	Eric Vance: Healthy California Now is hosting a Commission debrief on Saturday, 11am - 12pm . All are welcome! http://tinyurl.com/HCN-Debrief-081520
144	Georgia Brewer: Thank you, Dr. Hussain!
145	Kathleen Healey: Thank you, Yusra!

Count	Name and Comment
146	James Sarantinos: Did the commission just vote to forward the environmental report to Gov. Newsom? Our tax dollars at work.
147	Shirley Toy: Thank you Dr. Hussain!
148	Danett Abbott-Wicker: Thank you all for your truth telling!!! GO!!
149	Paul Newman: Register to the Debriefing zoom at https://healthcareforall-la.org/wp/upcoming-events/
150	MELANIE SINCLAIR: Thank you to all the people using their voice to support the right of California people to have access to healthcare.
151	Terry Winter: Agree passionately with Dr. Hussain.
152	Erika Feresten: Rupa Marya, of Oakland (Territory of Huichin), is an associate professor of medicine at the University of California, Marya is a member of the Boards of The Mni Wiconi Health Clinic and Farm at Standing Rock, Justice for Mario Woods Coalition examining the health impacts of law enforcement violence. Thank you Dr. Marya for your Single Payer support as you know that only with Every Body In and No Body Out is the only way to guarantee high quality comprehensive health care for ALL.
153	James Sarantinos: Listen to the front line workers hamstrung by bureaucracy and can't do their jobs. Cut the admin. Single Payer.
154	Paul Berolzheimer: It would be great if the disabled community and families of the disabled were considered as a population group to be consulted.
155	Erika Feresten: Robert Ross, of Altadena, has been president and chief executive officer of the California Endowment since 2000. Made the comment " we should not limit ourselves to single payer." at first commission meeting.
156	patty harvey: WHY ARE SO MANY ON THE COMMISSION INTERESTED IN DELAYING SINGLE PAYER? And why is every single public comment in favor? Therein lies the crux.
157	Erika Feresten: Richard Scheffler, of Berkeley, is a professor in the Graduate School at the School of Public Health and Berkeley. =+ on behalf of Medicare for All He Publicly debated Sally Pipes of Pacific Research institute (conservative anti single payer)
158	Paul Newman: Tell it Erika!
159	vic bernsdorff: This is the problem with American exceptionalism: Germany and France has had Single Payer since the 50's or even earlier. Why doesn't the commission get some advicehealthcare officials in those countries ?.....kind of like Hillary tried to do with her failed attempt.
160	Stephen Vernon: After President George W. Bush there was a strong confidence that Barack Obama would vanquish his fellow senator, John McCain. Now, facing an even clearer moral divide, such Nowhere does this light shine brighter than on our healthcare. As has been much noted elsewhere, millions of people losing their jobs means they lose their health insurance and access to care. But, more fundamentally, as U.S. Rep. Pramila Jayapal has said, "We do not have a health finance system – but a set of disjointed for-profit interests vying to extract profits out of service." The pandemic reveals that the health care finance system is not a system at all. Rather it is a smorgasbord of individual profit-seeking structures that is dangerous to our health. There is no system to the "system." Profit-seeking incentivizes getting along with as confidence is tinged with more

Count	Name and Comment
	apprehension/dread than we would wish. This is an American darkness that is diminishing, or, at least, being more contained by exposure to the Corona's light.
161	Stephen Vernon: – wringing as much as possible out of resources and personnel. It is lean and mean with an emphasis on MEAN – to minimize costs and maximize profits. When you only care about money and not service, preparedness is cost, not investment. Single Payer/Improved Medicare for All (IM4A) would have had us better prepared with resources structured on need, not profit. There is no profit in keeping hospital wings – even whole hospitals – open but underutilized. There is no profit in maintaining large stockpiles and inventory of PPE and other life-saving equipment. There is no profit in expansive and "underworked" staff. There is no profit but there is preparedness. There is profit in minimizing services to rural, minority and poorer communities, creating service deserts and delaying or denying care. There is profit but not preparedness. If you are prepared, it is, first, easier to contain the disease. And, then, you are better equipped to treat it. Efforts to demonize IM4A as socialized medicine are falling more an
162	Georgia Brewer: Yes, low-income households don't have wi-fi, computers, and can't join these zoom sessions. We need to get these commission hearings out in the media! Why aren't you pushing out press releases about what you're doing and informing Californians that this commission is planning our healthcare future, but nobody knows about it.
163	Betty Doumas-Toto: We want to hear your voices please join us tomorrow for a Debrief Hi there, You are invited to a Zoom meeting. When: Aug 14, 2020 04:00 PM Pacific Time (US and Canada) Register in advance for this meeting: https://zoom.us/meeting/register/tJIldu6ppzwtHtEfcL5_sc__2XT0K6cjhHY6 After registering, you will receive a confirmation email containing information about joining the meeting.
164	Shirley Toy: our current profit driven system is throwing our Health Care Workers under the bus by not providing adequate PPE and staffing. . . these workers are taking such risks to take care of all of us. . . who will take care of us when they or their families get sick themselves
165	Erika Feresten: Richard Scheffler, of Berkeley, is a professor in the Graduate School at the School of Public Health and Berkeley. #NAME? He founded the Nicholas C. Petris Center on Health Care Markets Petris BOD: Frech- American Enterprise institute, Shortell - Blue Cross distinguished professor Feldstein - Sutter & providence hospitals Andy Schneider JD, of Washington, D.C., has been EQUITY & ACA National Health Law Program in Los Angeles. BOD- Rep hospitals vs. Medicare/medicaid in kick back, billing disputes In 2000, Schneider founded a consulting firm, Medicaid Policy LLC, that specializes in Medicaid issues
166	Lesley Ester: Agree with Patty Harvey: many commissioners wanting to slow single payer (thus protecting insurance companies future death profits) and almost all the public speakers want single payer YESTERDAY.
167	Matthew Snyder: 9 people a day was the earlier study, but now it looks like 17 BEFORE COVID

Count	Name and Comment
168	Matthew Snyder: www.28ers.com/rendon-bodycount
169	Erika Feresten: SENATE Sara Flocks, policy coordinator with the California Labor Federation, was appointed by the Senate. Flocks specializes in health care policy and works closely with unions on health care cost containment, among other issues.
170	Corinne Frugoni: patty Harvey-you hit the nailon the head. are you going to speak?
171	MELANIE SINCLAIR: Fact-finding sessions are gatekeeping sessions.
172	Kalkidan Alemayehu: Thank you thank you thank you Maureen!!!
173	Erika Feresten: SENATE
174	James Sarantinos: We represent those who don't believe they have a voice.
175	Allan Goetz: The healthcare Cartel skims $1 T/year. $100B/year in CA. This cartel is delaying the debate on single payer to preserve this payment.
176	Stephen Vernon: falling more and more, not so much on deaf ears, but educated ones. Freedom is not lost by wearing a mask, keeping personal distance being prepared, or eliminating profit gouging insurance companies. Rather, intelligence and information – two necessary ingredients for freedom and democracy – are being employed. When encountering the media/corporate elite-enhanced voices of the “Freedom!” crowd, we should remember the words of Republican President Dwight Eisenhower: “Their number is negligible, and they are stupid.” Yet, through various means, voluminously documented elsewhere, these very same few and stupid have risen to gain control of our government. We must believe that the current administration represents the nadir their reign has brought upon us. Nowhere is this inanity more at work than in our healthcare financing “system.” And nothing makes this more apparent than the pandemic. We must acknowledge, of course, the part the abject failure of the devolving Republican leadership has played in all
177	Stephen Vernon: in all this, rooted as it is in their antipathy toward government and an inability to govern. Even without this incompetence, the lack of an organized healthcare system, underwritten by a universal financing structure, greatly impedes any efforts to prepare for, contain and, ultimately, survive the pandemic. After the failures of the first months, this time around we must take Covid much more seriously. Single Payer and a fulsome effort to contain Covid both represent a resurrection of government. We should look to the pre-Reaganism days of non-insane Republicans and reconnect with the efficacy and need for good government. Of the People, By the People, For the People—and for inclusion in the Democratic Platform !
178	Danett Abbott-Wicker: YAAASSS Maureen!!!
179	Georgia Brewer: Thank you, Maureen, who does speak for the dead and the people who are suffering because our part of our healthcare system is set up to keep peoplegetting care, so a few can profit, and the public part is underfunded and inadequate.
180	Matthew Snyder: It looks like everybody’s become AOC: HERE IS YOUR ONE MINUTE! lol
181	Paul Newman: Tell it Maureen
182	Erika Feresten: Janice Rocco, Feb 2020 joined Fearless Advocacy FORMER deputy commissioner, health policy and reform, Department of Insurance, was appointed by the Senate. Now works for Fearless Advocacy.

Count	Name and Comment
183	James Sarantinos: @Yes maureen. Super Granny!
184	Shirley Toy: People who do not have affordable health insurance need to be on this commission. . . they should make up more then 50% of this commission
185	Erika Feresten: Love you @Maureen!
186	Dr Bill he/him PDA Calif Honigman: Yes, Maureen. How can those who are delaying and blocking progress to a Single Payer system sleep at night knowing they are causing more death and human suffering??
187	Dessa Kaye: Enough panels, enough studies, enough comments, enough delays. Single payer has been studied to death and proven in the real world. Our health care system is broken; people are dying. Health care is a human right, not a profit center. Single payer is the only universal, affordable, accessible system that serves the patients and providers. Bills already exist; financial studies have already been done; single-payer is in practice all over the world to guide us in implementing a long-overdue rebootscratch. Time is of the essence. We need a single-payer system in California now.
188	Shirley Toy: Thank you Maureen Cruise for speaking for the dead
189	James Sarantinos: The under-insured as big a problem as the uninsured.
190	Betty Doumas-Toto: Thank you Maureen for your wisdom!
191	Allan Goetz: Beatriz! Beatriz! State bank.
192	Danett Abbott-Wicker: Yes Dessa!! Yes Maureen!!
193	Danett Abbott-Wicker: YAASSS Beatriz!!
194	Elizabeth Castillo: Thank you Maureen!!! you were on point!
195	Paul Newman: Yes who are funding the commissioners?
196	Georgia Brewer: Yes, Michael, transparency is essential!
197	Allan Goetz: Salaries too!
198	Shirley Toy: Yes, we need transparency now!
199	Danett Abbott-Wicker: GO Michael!!!
200	Yusra Hussain: thank you Michael Lightly
201	MELANIE SINCLAIR: Yes, transparency of funders for consultant groups. Thank you, Michael Lightly.
202	Lesley Ester: Michael Lighty is right on - follow the money on these commissioners and consultants.
203	Maureen Cruise RN: YES Lighty!!!
204	Maureen Cruise RN: YES Dessa!
205	MELANIE SINCLAIR: Yes, financial transparency
206	Paul Newman: Yes Micheal Lightly
207	Jenni Chang: thank you Michael Lighty
208	Lesley Ester: YES! Michael Light! Follow the $$$
209	Betty Doumas-Toto: Join us for debrief of this Commission meeting; We want your diagnosis of the Condition of the Commission Hi there, You are invited to a Zoom meeting. When: Aug 14, 2020 04:00 PM Pacific Time (US and Canada) Register in advance for this meeting: https://zoom.us/meeting/register/tJIldu6ppzwtHtEfcL5_sc__2XT0K6cjhHY6

Count	Name and Comment
	After registering, you will receive a confirmation email containing information about joining the meeting.
210	Georgia Brewer: A billion dollars spent on healthy communities - yet these communities are being hit hardest during this pandemic.
211	Dr Bill he/him PDA Calif Honigman: Yes, thanks so much Michael Lighty. Why is he not on our commission??
212	Eric Vance: Thank you Michael Lighty! Michel will be co-hosting our Commission debrief on Saturday morning: http://tinyurl.com/HCN-Debrief-081520 FB event here: https://www.facebook.com/events/735425547292745/
213	James Sarantinos: the mighty lighty
214	Susan Hedgpeth: yes michael lighty!
215	Matthew Snyder: It's kind of like the SALTON SEA. Plenty of consultant work, but nothing has been done!
216	Erika Feresten: Since cohosts receive grant money, saw CAPA making a pitch to be a cohost coming down Broadway.
217	Barb Ryan: Hear Hear Michael Lighty!!
218	Maureen Cruise RN: Yes maribel!
219	James Sarantinos: do we already need a commission for the commission?
220	Erika Feresten: Lighty, Ligth'n it up. It's getting hot in here!
221	Betty Doumas-Toto: Yes Maribel…join us tomorrow. Hi there, You are invited to a Zoom meeting. When: Aug 14, 2020 04:00 PM Pacific Time (US and Canada) Register in advance for this meeting: https://zoom.us/meeting/register/tJIldu6ppzwtHtEfcL5_sc__2XT0K6cjhHY6
222	Michael Lighty: Say it Maribel!
223	Tish Ochoa: Go Maribel. Move forward yes!
224	MELANIE SINCLAIR: Yes, Maribel Nunez, we need to move forward
225	Susan Meyer: thank you Michael Lighty
226	Georgia Brewer: Thank you, Maribel!
227	Jenni Chang: thank you Maribel Nunez
228	Dr Bill he/him PDA Calif Honigman: Yes Maribel, time for talking the talk is over, time to walk the walk!!
229	Betty Doumas-Toto: Hey Maribel…we need expediency. We need a sense of urgency.
230	James Sarantinos: Why is the commission behaving as if this is a new issue that needs to be studied. It has been studied. It needs to be implemented.
231	Susan Howe: What if all the community groups support a single payer system?
232	MELANIE SINCLAIR: Studying is a gatekeeping strategy.
233	Erika Feresten: Antonia Hernández JD , CEO of the California Community Foundation, was appointed by the Assembly. The Foundation partners with more than 1,600 individual, family and corporate donors and holds more than $1.7 billion in assets. During her tenure, the California Community Foundation has granted nearly $2 billion, with a focus on health, housing, education, immigration programs ed States Senate Committee
234	Susan Meyer: Thank you Maribel

Count	Name and Comment
235	Vic Bernsdorff: And after all is said and done, ...there will be more said than done!
236	Erika Feresten: Anthony Wright, executive director of Health Access, was appointed by the Assembly.
237	Shirley Toy: we demand financial transparency of this commission immediately!
238	Yusra Hussain: 70% of Californian support single payer healthcare system. why don't we have it yet?
239	Maribel Nunez: Maribel Nunez,Inland Equity Partnership. Can co host in the various regions: So cal (San Gabriel Valley, Pomona Valley, Inland Empire, Coachella Valley, Imperial Valley and Norcal (South Bay)
240	James Sarantinos: @Eriks co-incidence?
241	Lesley Ester: We need a minority report - it's crazy to have this commission and consultants provide a report based on protecting the siphoning of healthcare dollars to the no-value-added insurance companies.
242	Margaret Copi: Minority report is an excellent idea
243	Allan Goetz: Privacy is an important component of the Universal Healthcare Records. It can be dealt with using a Red/Black separation of data plus stiff legislation for the fraudulent use of Red data.
244	Erika Feresten: The Commission's ex officio, non-voting members are: Bradley P. Gilbert, of Irvine, is the director of the California Department of Health Care Services. Gilbert has been a retired annuitant at the Inland Empire Health Plan since 2019, He is a board member of the California Healthcare Foundation, Planned Parenthood & Manifest medex. MX facilitates information sharing across 500+ healthcare organizations including over 90 California hospitals and seven health plans including Blue Shield of California, Health Net, Anthem Blue Cross of California, Inland Empire Health Plan, Health Plan of San Joaquin, Brand New Day and Golden State Medicare.
245	Maureen Cruise RN: =Sandra R. Hernández MD, of San Francisco, has been president and chief executive officer at the California Health Care Foundation (CHCF) since 2014. CHCF assets $791 million. We are especially focused on strengthening Medi-Cal. (medi-cal is managed care with for profit insurance administration). Prior to joining CHCF, Sandra was CEO of The San Francisco Foundation, which she led for 16 years. Covered California Board of Directors and the UC Regents Health Services Committee.
246	Betty Doumas-Toto: Also on Saturday at 2:00pm hear BLM and Patrisse Cullors discuss healthcare disparities and suggested solutions Health Care for All - Los Angeles is cohosting a Single-Payer Panel with Patrisse Cullors and Akili of Black Lives Matter on Saturday. Register for Sat., August 15: https://us02web.zoom.us/meeting/register/tZYsfu-urjosH9HaNEFoC7NpuAvmttzJaBMD. Event schedule: https://bit.ly/2XHX2VL Information: http://bit.ly/2XYCGHZ Livestream: https://bit.ly/3fHY61W
247	Maureen Cruise RN: =Robert Ross MD, of Altadena, has been president and chief executive officer of the California Endowment since 2000. Made these comments at first commission meeting: "Let's not be handcuffed to single payer." Public option will get us there. Should not try to jump a chasm, rather build a bridge with public option.. Ross said he's willing to look at all options to get the remaining 7.2% of uninsured Californians covered. For instance, California has expanded Medi-Cal

Count	Name and Comment
	eligibility to people who are in the country illegally, and created state-based subsidies to help people buy private insurance.
248	Kalkidan Alemayehu: Separate is Never Equal
249	Paul Berolzheimer: right on! Everybody gets the same benefits and keep them comprehensive for all
250	Allan Goetz: Block grants of hospitals will also save about %30 of their costs.
251	James Sarantinos: The bureaucrats can't hold back the dam breaking any longer. Legislate or move out of the way.
252	Yusra Hussain: Thank you Margaret Copi
253	Jon Li: tremendously expensive
254	Maureen Cruise RN: Richard Scheffler PhD, of Berkeley, is a professor in the Graduate School at the School of Public Health and Berkeley. Petris BOD: Frech- American Enterprise institute, Shortell - Blue Cross distinguished professor Feldstein - Sutter & providence hospitals Andy Schneider JD, of Washington, D.C., has been EQUITY & ACA National Health Law Program in Los Angeles BOD. Represented hospitals vs. Medicare/medicaid in kick back, billing disputes. In 2000, Schneider founded a consulting firm, Medicaid Policy LLC, that specializes in Medicaid issues. Andy Schneider wrote the book, Medicaid Resource Book (2002) for the Kaiser Commission on Medicaid and the Uninsured. Schneider consulted on the ObamaCare bill. He is opposed to single payer.
255	Michael Lighty: Thank you Maureen for the backgrounds!
256	Susan Meyer: I want to be handcuffed to Single Payer because it works in other countries.
257	Richard Rodgers: Sorry Margaret Copi did not have time to complete her excellent thoughts
258	Michael Lighty: Hear, hear Margaret
259	Maureen Cruise RN: =Antonia Hernández JD , CEO of the California Community Foundation, was appointed by the Assembly. The Foundation partners with more than 1,600 individual, family and corporate donors and holds more than $1.7 billion in assets. During her tenure, the California Community Foundation has granted nearly $2 billion, with a focus on health, housing, education, immigration programs ed States Senate Committee on
260	*Joslyn Maula: Correction: Bradley Gilbert is no longer ex officio on the Commision
261	James Sarantinos: SP works. If your treatment isn't covered.. go private. It's that simple.
262	Yusra Hussain: thank you Art
263	Maureen Cruise RN: = Anthony Wright, executive director of Health Access, was appointed by the Anthony Rendon…nemesis of single payer. Health Access receives millionshealth industry funded foundations. Anthony Wright proposed investing $5 billion to achieve universal health coverage by expanding the state's Medicaid program, known as Medi-Cal, to low-income residents regardless of their immigration status and by offering bigger subsidies to working families to purchase coverage through Covered California, the state's health insurance exchange which enrolls people in both public and private insurance. Medicaid is administered by

Count	Name and Comment
	private, for-profit insurance companies taking a cut. This keeps the for profit insurance industry collecting it's ever expanding cutthe public treasury.
264	Jon Li: go Perrie
265	*Joslyn Maula: Will Lightbourne is the new ex officio memberDept of Health Care Services
266	vic bernsdorff: If we ever get Single Payer in California, we need to prepare the public for the avalanche of propaganda and deceptive Adsthe For-Profit insurance blood-sucker companies.
267	Erika Feresten: Health Care for All Los Angeles is Co-hosting a panel on Single Payer with Black Lives Matter co-founder Patrisse Cullors and BLM LA Akili along with Dr. Song, and Maureen Cruise RN Register for Sat., August 15: https://us02web.zoom.us/meeting/register/tZYsfu-urjosH9HaNEFoC7NpuAvmttzJaBMD Event schedule: https://bit.ly/2XHX2VL Information: http://bit.ly/2XYCGHZ Livestream: https://bit.ly/3fHY61W
268	Maureen Cruise RN: more n Wright - Health Access opposed the Leno Single Payer Bill (formerly Kuehl's Bill) and supported the opposition GOP Schwarzneggar- Nunez bill. January 2017 Wright met with Assm Jim Wood, CaPA's doctor team of Skeen/Tarzynski/Trochet, Insure the Uninsured Project and some others to craft a Public Option "roadmap" in opposition to the single payer legislation being crafted which would become SB562.
269	James Sarantinos: @Erika I'll be there.
270	Dr Bill he/him PDA Calif Honigman: @Margaret and all. Please post your comments here in the Chat which by law will be included as testimony.
271	Shirley Toy: it is a moral issue
272	Georgia Brewer: Thanks, Matthew!
273	Maureen Cruise RN: Bradley P. Gilbert, of Irvine, is the director of the California Department of Health Care Services. Gilbert has been a retired annuitant at the Inland Empire Health Plan since 2019, He is a board member of the California Healthcare Foundation, Planned Parenthood & Manifest medex. MX facilitates information sharing across 500+ healthcare organizations including over 90 California hospitals and seven health plans including Blue Shield of California, Health Net, Anthem Blue Cross of California, Inland Empire Health Plan, Health Plan of San Joaquin, Brand New Day and Golden State Medicare.
274	Jenni Chang: Thank you Matthew Snyder
275	James Sarantinos: Bureaucratic rhetoric is not legislative action. Get to work or get voted out.
276	Betty Doumas-Toto: @MattSnyder thank you for your advocacy!
277	Maureen Cruise RN: Peter V. Lee JD is the executive director of Covered California. He oversees the planning, development, ongoing administration and evaluation of Covered California. Lee's near $400,000 salaryCoveredCA (which experiences annual premium increases of around 10%) comesthe enrollment of clients into both private and public insurance plans. The suggestion to people unable to afford the increase is to drop down to the lowest level of coverage. Covered California negotiates with insurance plans, but regions have different rates based on enrollment and the health of those enrolled. Read more here: https://www.fresnobee.com/news/local/article215172835.html#storylink=cpy

Count	Name and Comment
278	Aaron Matlen: Public can submit comments to HealthyCAforAll@chhs.ca.gov. Additionally, members of the public will have another opportunity to provide verbal comment during the meeting.
279	*Joslyn Maula: Financing considerations: Background https://youtu.be/PA07EFbWvG8
280	Allan Goetz to Leading Resources (Privately): NO NEW TAXES ARE NEEDED! This is simply a TAX SCARE tactic.
281	Cindy Young to Leading Resources (Privately): I cannot get my hand up to speak. When I hit the “Participants” button, “Invite” pops up. When it gets to public comment, Cindy Young would like to speak. I appreciate you calling on me when its appropriate. Thank you
282	Leading Resources to Cindy Young (Privately): Hi, Cindy! I’ll ask Karin Bloomer to call on you when public comment commences around 12:50 PM.
283	Aaron Matlen: Breakout Rooms are currently in progress. You will be assigned to a room momentarily.
284	Maureen Cruise RN: A 25% tax on 80 billion a year would not put a dent in Zuckerbergs spending ability.
285	Henry Abrons: Think of the healthcare fee (“tax”) to pay for single payer as an equitable replacement for the current wasteful and unfair “tax” collected as premiums, deductibles, co-pays — and for the 99%, the SP “tax” will save $, so it’s really a tax cut.
286	patty harvey: Is there any way to impose a tax on stock mkt transactions originating in CA?
287	Jenni Chang: Dr Hsiao is not some flame thrower. He approved the previous analysis. He has seen concepts turned to reality. Take his observations seriously.
288	Linda Bassett: Just overhead saves 30% by many studies.
289	Lynn Huidekoper: That was the suggestion by CNA/NNU years ago. The "Robin Hood Tax" which could fund health care, etc.
290	Maureen Cruise RN: United doubled profits in the first few months of COVID. Kaiser net in come doubled in the second quarter to 4.5 billion
291	Eric Vance: Both Medicare for All pieces of legislation, H.R. 1384 and S. 1129, have language on how they’d be paid for. Maybe study those, beyond SB 562 which Dr. Kronick mischaracterized during the last meeting.
292	Matthew Snyder: YES!
293	Matthew Snyder: What do we need after we know what we save. 100% agree.
294	Christine Shimizu: I appreciate you so much Carmen Comsti!
295	Henry Abrons: I don’t think the commissioners need to be talking about the fine points of tax policy when there’s overwhelming evidence that single payer will save money — the Commission should focus on single payer program design and the pathway to establishing it. Figuring out how to collect the funds (actually, it’s how to allocate the savings), can be done subsequently.
296	Allan Goetz: What do you propose? We need to discuss concrete proposals. Progressive Payroll tax ,plus healthcare premiums will cover it. A state bank can collect and pay the costs.
297	Susan Howe: Also, what about the proposal done for the California Nurses Union by Dr. Pollin of the Political Economy Research Institute (U.Mass, Amherst) https://www.peri.umass.edu/publication/item/996-economic-analysis-of-the-healthy-california-single-payer-health-care-proposal-sb-562

Count	Name and Comment
298	Susan Howe: The Report above proposes: We propose two new taxes to generate the revenue required to offset the loss of private insurance spending: a gross receipts tax of 2.3 percent and a sales tax of 2.3 percent, along with exemptions and tax credits for small business owners and low-income families to promote tax-burden equity.
299	Art Persyko: Something on financing to consider: https://pnhp.org/news/lets-get-it-right-medicare-for-all-is-a-huge-bargain/ ("Let's get it right:
300	Lynn Huidekoper: In Vermont, many economists told Gov. Shumlin that SP would save money. Shumlin was running for re-election for Gov. and afraid to not get re-elected if he supported SP. I will be interested in Dr. Hsiao's comment since her wrote, I believe, 3 proposals for Vt.
301	Betty Doumas-Toto: Yes Mayra it is all being reconstructed. So we can consider this a clean slate moment.
302	Maureen Cruise RN: California economy will green when we stop the bleed of wealth awaycommunities . our economy will revive when the money and the health is restored to the people.
303	Matthew Snyder: How to Reform Payroll Taxes to Fund Medicare for All
304	Matthew Snyder: https://www.peoplespolicyproject.org/2019/01/10/how-to-reform-payroll-taxes-to-fund-medicare-for-all/
305	Allan Goetz: See the PNHP's, "Summer 2020 Newsletter" for an up to date discussion.
306	Margaret Copi: Main reason costs keep rising is that monopoly power allows prices to go up. It's not because we are using more health care. Prices must be regulated.
307	Douglas McBride: I agree with the comments of Christine Shimizu above. There's so much being ignored in this discussion. It leads me to believe that this commission amounts to performative politics and a delay in care that is urgently needed. When you hear health care professionals stating on this very call, "I see people dying every single day. If you're not for Single Payer at this point, I don't know how you sleep at night," you clearly need to pay more attention to what we in the majority are saying. We in the majority support Single Payer for CA now. The numbers are overwhelming. The vote here in CA overwhelmingly supported it. Why are these facts being ignored yet again?
308	Margaret Copi: PNHP recommends banning profit in hospitals, nursing homes and dialysis centrs.
309	Danett Abbott-Wicker: Yes Douglas!!
310	Margaret Copi: NO we are trying to drive UP utilization by increasing access.
311	Michael Lighty: "Driving down utilization" is a canard and a problematic frame
312	Eric Vance: I sometimes feel like we're in Shirley Jackson's "The Lottery," just supporting the status quo because it's tradition.
313	Allan Goetz: The Universal Bundled Chargemaster(UBC) will regulate costs and adjust the provider and supplier costs. The commission needs to discuss how this UBC would be generated.
314	Henry Abrons: Commissioners: Please speak to Prof. Saez and Zucman's statement that single payer would be the largest low- and middle-income tax cut ever.
315	Eric Vance: Thank you Dr. Abrons!!
316	Douglas McBride: Dancing around financial models that emphasize for profit health care providers is redundant and pointless. Many of the commissioners and the

Count	Name and Comment
	actual infrastructure behind this commission have been compromised by their advocacy for that very same for profit healthcare industry. The same corporations that have poured billions into the fight against Single Payer are part and parcel of the crooked infrastructure this commission is essentially supporting with delays.
317	Joan Smith: where could I find the financing portion of SB562?
318	Christine Shimizu: The PERI analysis
319	Michael Lighty: The PERI study is the basis for what would have been proposed in SB 562
320	Danett Abbott-Wicker: Douglas, so well said
321	Lesley Ester: Why are they discussing these types of very important funding mechanisms in a 30 minute breakout room? This seems ludicrous.
322	Matthew Snyder: Delay, Distract, Deny
323	Margaret Copi: Public private mix has not done well in the European systems.
324	Danett Abbott-Wicker: This whole forum is really quite ridiculous and such a waste of time. We have the information we need and what we need now is to move forward with SP!!!
325	Michael Lighty: The private portion is a means to profit-making, denial of care and administrative waste
326	Matthew Snyder: The best healthcare in Europe moves to full decommodificatios of healthcare.
327	Dr Bill he/him PDA Calif Honigman: @Douglas M: I agree, "...The same corporations that have poured billions into the fight against Single Payer are part and parcel of the crooked infrastructure this commission is essentially supporting with delays..."
328	Michelle Grisat: No to public-private financing. Private funding through taxation.
329	Margaret Copi: Private insurance drains healthier wealthier patients and creates pressure and creep toward privatization, drains moneythe public system.
330	Ernest Isaacs: The private mixes in other countries ae paid for by TAXES, no or very little private funding.
331	Matthew Snyder: The more you take the profit-motive out the greater the costs savings and rights based outcomes.
332	Lesley Ester: The public option retains the no-value-added insurance companies and does not bring down overall costs
333	Douglas McBride: Agreed Lesley, Matthew, Margaret, Dannett, Christine and Michael!
334	Douglas McBride: I'd like to agree with the previous comments of Rupa Marya, Michael Lighty and the concerns and questions of Ms Comsti. The current model under discussion begins with, 'Do no harm.' This turns a blind eye to the fact that we've already got the worst health care system in the world. It does irreparable harm each and every day here in CA and across the country. The numbers don't lie. We pay more in healthcare costs than any other nation in the world for our failed system. Proof of our failure is not just in the fact that we are the global leader in Covid cases and deaths. It's also in the tens of millions of people who have zero healthcare access -a tally that rises alarmingly each day, week and month- due to our for profit healthcare industry. We need fundamental, systemic change to create Single Payer here in CA NOW!
335	Allan Goetz: Supplemental healthcare plans are NOT allowed to cover single payer therapies in single payer countries. They provide the homeopathic,... "cures".

Count	Name and Comment
336	Joan Smith: so if I look up PERI study I will see the financing proposal?
337	Michelle Grisat: Agree, Lesley Ester
338	Lesley Ester: Why are so many of these commissioners trying to retain for-profit insurance companies within our healthcare system. Can any of them explain to me what benefit insurance companies bring to anybody's health?
339	Georgia Brewer: Public option - increasing fragmentation & inequity - dead-end street when it comes to our state goal of unified financing.
340	Matthew Snyder: So is this just a breakout session for the commissioners? This is not a democratic discussion.
341	Michael Lighty: Douglas - hear, hear
342	Margaret Copi: Refer to 7th annual Global Health Economics Colloquium for studies of the results of countries including private insurers - even if non profit. Has not worked out for the populations overall.
343	Matthew Snyder: YEP!
344	Matthew Snyder: Thank you Carmen Comsti!
345	Lesley Ester: Carmen Comsti is amazing!
346	Jenni Chang: I don't think we can trust "non-profit insurance companies" to be part of our healthcare system, not in the USA
347	Jenni Chang: too much lobbying and special interest influence in our politics
348	Lynn Huidekoper: UK govt. has found that their NHS is definitely the system that has helped them in the pandemic further proving a SP system!! UHC has been aggressive in trying to privatize the NHS.
349	Art Persyko: No insurance companies are trustworthy. Where they exist in healthcare at all in other countries they are generally highly regulatedwhat I know
350	Ruth Carter: Non-profit insurance companies are another scam. Kaiser is a non-profit and they just had one of their biggest quarter earnings ever.
351	Jenni Chang: Look how charter schools try to feign non-profit status while hurting the public education system. do not trust this idea of non-profits in our healthcare.
352	Jenni Chang: agree Ruth
353	Maureen Cruise RN: This is done all over the world…the self importance of not looking at long time successful models is unbelievable to me.
354	Elizabeth Castillo: The insurance commissioner Lara has benefittedthis
355	James Sarantinos: We don't need different colored band aids. We need wholesale gutting of the health insurance industry
356	Craig Simmons: Schools benefitSB 562
357	Elizabeth Castillo: stop charter schools
358	Elizabeth Castillo: ban charter schools...tax corporate property
359	Stephen Vernon: Property tax yields inequitable school systems !
360	Eric Vance: Please don't look to the Biden-Harris ticket for any answers on healthcare.
361	Matthew Snyder: lol
362	Henry Abrons: Commissioners: A systematic review of 22 formal economic studies of the projected costs of single-payer plans by Cai et al was published in January, 2020. The overwhelming majority (19 of 22) concluded that there would be cost savings in the first year (median net savings = 3.5%), and all 22 found the potential for savings over the long term. Therefore, the challenge of financing can be

Count	Name and Comment
	mitigated by a single-payer program, and we contend that no other program design meeting the Commission's principles can assert that claim.
363	Michael Lighty: RE: Biden it includes support for granting federal waivers to enable state single payer
364	*Joslyn Maula: Public can submit comments to HealthyCAforAll@chhs.ca.gov
365	Matthew Snyder: YES!
366	MELANIE SINCLAIR: You are being told both by commissioners and by the attending public that the consultancy team is having an outsized control on the direction and content of the discussion. Every time this observation is brought up, it is deflected and consultants are given the floor to push back on the critique. There is no use in pretending to welcome “diverse voicesthe community” if you won’t even let commissioners impact the direction of the discussion. You need to do better for the marginalized populations of our state.
367	Stephen Vernon: Vermont—Couple brief things— Vermont is not CA in re: population numbers and financing Vermont excluded self-insurers, e.g. major corps would not participate in program and not be part of funding And echoing Maureen Cruise—don’t you—why don’t y’all already know a lot of this stuff…?
368	Danett Abbott-Wicker: GO DR. BILL!!!!
369	Henry Abrons: PNHP comments on Financing were submitted to the Commissioners before the meeting today: https://bit.ly/2POKW8I
370	Matthew Snyder: That Anthony Rendon purposefully shelved, lying to Healthy Califronia for SB-562
371	Paul Newman: Our life is on the line
372	Douglas McBride: Yes!
373	MELANIE SINCLAIR: Yes, California State Residents are the stakeholders.
374	Matthew Snyder: 10,340 people have died since it’s shelving in 2017
375	Stephen Vernon: "Cost containment" does not infer in anybody's mind "cost savings"!
376	Douglas McBride: Thank you Dr. Bill!
377	Jon Li: all countries who have gone to universal care have seen better health outcomes and controlled costs
378	Eric Vance: Thank you Cindy and Dr. Bill!!
379	James Sarantinos: @Jon LI ALL OF THEM!!!!!! Period.
380	Betty Doumas-Toto: Thank you Dr. Bill for urging the commission to move forward now…
381	Gerald Hunt: You need to include Franchise Tax Board in your financing discussions as they have the financial statistics as well as the Board of equalization.
382	Paul Newman: Medicare for All in California could only stimulate the economy
383	Beatriz Sosa-Prado: What is missingthe commission's financing discussion on revenue is the question: ‘where do collected funds go?’ CaPA's proposes we establish a trust fund -- Golden State Care Trust Fund (Read it here: bit.ly/caparoadmap)
384	Douglas McBride: Thank you Melanie Sinclair for your comments! Agreed!

Count	Name and Comment
385	Dr Bill he/him PDA Calif Honigman: Thanks but once again, commissioners, you are reducing us to talking about talking, instead of taking action now when we need it. These financing considerations have been studied over and over, for California, going back to when former Speaker Willie Brown tried to pass legislation back in 1971. Nothing new here. Please move forward with the financing proposal given to Speaker Rendon with SB562 by the PERI economic analysis group, and let's get on with it. Cost savings and creating better and many more jobs in the provision of Healthcare is exactly what a Single Payer system addresses. BTW… We the people of CA are the stakeholders here, not some corporation or foundation or endowment, whose livelihood depends on a broken, corrupt, and immoral system they choose to keep in place. Our lives are on the line. Our life, liberty, and the pursuit of happiness is on the line. Please stop talking and take action NOW!
386	patty harvey: What about a tax levied on wall street transactions originatingCA?
387	Sean Broadbent: no nonsense w/ Margaret Copi!
388	Douglas McBride: Well said Dr. Bill!
389	Jorge De Cecco: Commission is re-inventing the wheel.
390	MELANIE SINCLAIR: Thank you Margaret Copi!
391	Douglas McBride: Exactly Michael Lighty!
392	James Sarantinos: 10-30% cost savings in admin alone. Why are we financing the health insurance claim denial complex?
393	Betty Doumas-Toto: . Health Care for All - Los Angeles is cohosting a Single-Payer Panel with Patrisse Cullors and Akili of Black Lives Matter on Saturday. Register for Sat., August 15: Event schedule: https://bit.ly/2XHX2VL Information: http://bit.ly/2XYCGHZ Livestream: https://bit.ly/3fHY61W https://us02web.zoom.us/meeting/register/tZYsfu-urjosH9HaNEFoC7NpuAvmttzJaBMD
394	vic bernsdorff: Why hasn't the commission asked the help of or get inputsome European healthcare leaders like in Germany or France to help us get to Single-Payer ?…….we will save a lot of time and money by not reimventing the wheel.
395	Ross Ward: Michael is spitting fire, thanks
396	James Sarantinos: @Vic They don't want a solution.
397	Kathleen Healey: Many MDs won't see patients with Medical, ACA, Medicare. These "insurances" don't give access to healthcare. Need single payer not public option.
398	Jenni Chang: Hear hear Michael Lighty
399	MELANIE SINCLAIR: The consultants are gatekeeping the discussion.
400	Barb Ryan: Michael Lighty Thank you!
401	Matthew Snyder: Thanks Michael!
402	Maureen Cruise RN: ==Don Moulds PhD is chief health director of CalPERS. He oversees CalPERS' health benefits program, including policy, research, plan contracting and administration, rate development, member and employer account management, and the long-term care program. LOWER BENEFITS, HIGHER PRICES."If CalPERS made inaccurate pricing decisions plus losing investments such as derivatives involved in the 2008 financial crash, we should not have to

Count	Name and Comment
	make up for those miscalculations," Goldsmith told the CalPERS Pension and Health Benefits Committee at its November meeting. Don Moulds, the chief health director in CalPERS' health policy and benefits branch, said in a letter to Goldsmith that outside auditors and actuaries have determined CalPERS' rates are in line with the rest of the market.
403	Danett Abbott-Wicker: Yes Mr. Lighty!!!
404	Linda Bassett: Dr. Bill is right
405	James Sarantinos: Flighty Lighty!!
406	Jorge De Cecco: Thanks Michael!
407	Maureen Cruise RN: Industry experts determined in 2018 that CalPERS' rates were "among the most competitive in the marketplace," according to the letter. About 100,000 people had those plans, and are now part of the lawsuit. When CalPERS announced the 85 percent price hike on them, Goldsmith's group of 57,000 opted to switch plans. About 30,000 paid the increase, while others dropped the insurance altogether. Read more here: https://www.sacbee.com/news/politics-government/the-state-worker/article238134559.html#storylink=cpy Read more here: https://www.sacbee.com/news/politics-government/the-state-worker/article238134559.html#storylink=cpy
408	Georgia Brewer: Thank you, Michael Lighty! Biased framing. . . .holding us backprogress.
409	Paul Newman: To go to the Post Commission DeBriefing Zoom meeting register at this address. https://healthcareforall-la.org/wp/upcoming-events/
410	Maureen Cruise RN: =CA Senator Richard Pan MD is chair of the Senate Health Committee. He was elected 2010 $1.6 million Health care sector/insurance/ pharma/ hospital/ nursing homes. A vocal opponent of single payer.
411	vic bernsdorff: James Saran.....I think you may be right about my comment.....…unfortunalty !
412	Betty Doumas-Toto: Please join HCA-LA for a Debrief of this Commission. Give us your diagnosis of the condition of this commission; Hi there, You are invited to a Zoom meeting. When: Aug 14, 2020 04:00 PM Pacific Time (US and Canada) Register in advance for this meeting: https://zoom.us/meeting/register/tJIldu6ppzwtHtEfcL5_sc__2XT0K6cjhHY6
413	Douglas McBride: Michael points out the bias of the commission so well. Paid Consultant dollars at work.
414	James Sarantinos: One of the fastest growing area in the healthcare system is BILLING not healthcare.
415	Brian Stompe: Has the Commission done a thorough analysis of the U of MA POLLIN Report which shows CA can save $37.5 billion a year using a single payer system compared with current costs, and tells us how to finance it to effect the $37.5 billion savings?
416	Paul Newman: https://healthcareforall-la.org/wp/upcoming-events/
417	Michelle Famula: Great comment by Carmen Comsti that Commission members really needs to hear morethe expertise of their fellow Commissioners and put less emphasis on relying so heavily on consultant reports.
418	MELANIE SINCLAIR: Yes, thank you Carmen Comsti

Count	Name and Comment
419	Eric Vance: https://healthpolicy.ucsf.edu/news/single-payer-systems-likely-save-money-us-analysis-finds
420	Jon Li: That was Rick Kronick's 1st slide
421	Danett Abbott-Wicker: Boo Jim Wood!!
422	Maureen Cruise RN: Yay PNHP!!! Honigman and Abrons thank you. This commission seems not to be aware of studies nor the many financial analyses done for decades
423	Marilyn Albert: Consultant Mulkey in her summary of breakout did not say the word SAVINGs once - only talk about tax options. This shows what Michael Lighty is saying.
424	Susan Meyer: I was in group 2. All I heard was Taxes. How can you talk about Taxes if you do not examine the cost savings and understand the cost. Look at the PERI study. Why do commissioners ignore this. So happy group 3 talked about cost savings.
425	James Sarantinos: CA could literally pick ANY european system in a pot luck and it will be an improvement.
426	Linda Bassett: Look and listen to all the experts here!!!
427	patty harvey: WELL SAID, HANK ABRONS!
428	Paul Newman: Why take itthe employers?
429	Kenneth Saffier: Great points, Hank! And charge to the commissioners.
430	Sean Broadbent: That's not "single-payer". That's public option. It isn't hard.
431	Eric Vance: Cindy Young, Dr. Bill Honigman, Michael Lighty, Dr. Hank Abrons are all key members of the Healthy California Now coalition: https://healthyca.org/
432	Barb Ryan: Mr. Simmons - Not gonna work!
433	Sean Broadbent: anything w/ multiple payers is multi-payer. Single-payer is a single payer of insurance.
434	Betty Doumas-Toto: NO CRAIG SIMMONS IT DOESNT WORK THAT WAY…NO SAVINGS THAT WAY…CHECK OUT WASHINGTON STATE A STUDY CAME OUT THAT THEIR PUBLIC OPTION POLICIES WOULD COST MORE THAN THIER ACA MARKET RATES.
435	Dr Bill he/him PDA Calif Honigman: @Eric V: Thanks, please all join Healthy CA Now coalition.
436	Carol Mone: Thank you Francis Li!!
437	James Sarantinos: We need health insurance to only cover healthy people so the gov option will be forced to cover the rest. What can go wrong?
438	Shirley Toy: thank you Francis Li!
439	Betty Doumas-Toto: YES Francis Li…..one of my examples I have used in the past. Costco etc…
440	Susan Meyer: If we care for our peoples health instead of our people waiting until their health issue turns into an emergency we know we will save money. We know this.
441	Georgia Brewer: Thank you, Francis Li!
442	Margaret Copi: The only way we can provide complete care for everyone is by garnering the administrative savings found in single payer's simplicity. We cannot afford private insurance companies nor multiple public plans. Losing these powerful and familiar insurance companies and public plans is the cost of equity. One public

Count	Name and Comment
	plan. One billing form. Global budgeting for each hospital. Fee for service for each clinician - all other payment schemes promote administrative complexity and provider burnout and decreased access by sicker patients. All licensed providers in network. Identical plan benefits is a requirement for fairness and equity. The European experience including private companies has been studied and been shown to drain the public plan end not benefit the populations.
443	vic bernsdorff: California is the catalyst (and also the bluest state) If we cant get Single Payer here...……it wont happen in any other state - so everyone will watching us !
444	WINCHELL DILLENBECK: So obvious. Eliminate middle man, the insurance companies
445	Dr Bill he/him PDA Calif Honigman: @Francis L: 100% agree, SP will save $$ and save lives. It's past time we implemented, not just talk about getting it.
446	Betty Doumas-Toto: Non-Profit Industrial Complex per Rupa!
447	Tish Ochoa: Thank you Jenni
448	Douglas McBride: Thank you Jenni Chang!
449	Dr Bill he/him PDA Calif Honigman: @Jenni C: Excellent points, thanks!!
450	Jon Li: Second Jenni Chang
451	MELANIE SINCLAIR: Thank you Jenni Chang
452	Susan Meyer: Thank you Jenni Chang
453	Douglas McBride: Agree with the comments of Betty Doumas above!
454	MELANIE SINCLAIR: Thank you Francis Li
455	Danett Abbott-Wicker: Thank you Jenni!!!
456	Eric Vance: Jenni Chang and Michael Lighty are co-hosting a Commission debrief for Healthy California Now this Saturday, 11am - 12pm: https://www.facebook.com/events/735425547292745/
457	James Sarantinos: @Robert Lehman - The majority of the public wants SP. They are being mislead and scared by special interests claiming that massive tax rises will be needed.
458	Paul Newman: Register for deBriefing. https://healthcareforall-la.org/wp/upcoming-events/
459	Maureen Cruise RN: Jenni— yay Jenni!
460	Douglas McBride: In addition to shifting the commentary back to paid consultants at every turn, you've erased the chatearlier. The comments overwhelmingly showed support for Single Payer in CA.
461	Jon Li: good job moderator!
462	Margaret Copi: Quoting Reverend Barber of the Poor People's Campaign: "Our system of private insurance is violent. It is public policy assault, public policy murder. It is policy murder when people die who didn't have to die. There is a myth of scarcity in this country. There's plenty of money to support insurance companies and for profit hospital chains. It is despicable in this moment to continue to defend corporate profits in healthcare."
463	Michelle Grisat: You can see Commissioner Comsti's full comments at this link: https://www.nationalnursesunited.org/hcfacomments The link is also in her 1-page comments in appendix to the Environmental Analysis here: https://chhs-data-

Count	Name and Comment
	prod.s3.us-west-2.amazonaws.com/uploads/2020/08/10103817/Healthy-California-for-All-Environmental-Analysis-Final-August-7-2020.pdf
464	MELANIE SINCLAIR: There should be no comment erasing when we were assured this was part of the public record.
465	Eric Vance: Thank you to Karin Bloomer, this can't be an easy event to moderate.
466	Michael Lighty: So agree Francis and Jenni, thank you!
467	Peter Shapiro: The Environmental Analysis envisions greater efficiencies by consolidating CalPers, and Covered California is a single funding stream. This might make a difference if these three public programs did not rely heavily on private insurers when they could be paying providers directly.
468	Douglas McBride: Agreed Melanie Sinclair!
469	Margaret Copi: Ban stock holder owned hospitals, insurance companies, nursing homes and dialysis centers. The profit taking incentive is a direct conflict of interest to the provision of good, complete, appropriate and needed healthcare.
470	James Sarantinos: The public is also misininformed that cost containment equates to reduced quality of service.
471	vic bernsdorff: Nordic citizens pay between 30 - 42% in taxes but no one complains because that tax money pays for - healthcare, low-cost childcare, free college, parental leave, etc. So those citizens have more money left over, even after those higher taxes for actually being able to have a life.
472	Ruth Carter: I am the chair of the California Democratic Party Senior Caucus and am concerned about the mention of non-profit health insurance companies. One of the largest so-called non-profit companies, Kaiser Permanente reported a net income of $4.5 billion during the second quarter. How is this non-profit? Where is the equity?
473	Corinne Frugoni: Let's get to the crux of the matter and reiterate the issues brought up by some of the ocmmissioners. Huge profits are being made by the medical industrial complex. The health insurance companies have recently reported huge profits for the second quarter in 2020 more than the second quarter in 2019. Covid-19 is very profitable for these corporations and their costs are not controlled. Our premiums are taxes that go directly to health insurance companies and contribute to exorbitant profits. Health care is not a commodity. We need to take healthcare out of the profit driven marketplace.
474	Linda Perez: Thank you Commissioners for your hard work. Retired people like me have limited income and would be hard for many to have to pay. Tax the millionaires. If this goies
475	Maureen Cruise RN: When the commissioners and the politicians and the governor and every one…means everyone…is in the same system with exact same access, benefits, we will see equity. Then the money will be found in lightening speed. The problem is a supremacist ideology controlling our system and this discussion. When the do=commissioners gardeners and housekeepers get the same benefits as commissioners there will be equity and funding

Count of verbal comments: 35
Count of email comments: 68
Count of Zoom Chat comments: 475
Total count of public comments: 578