Dear Commissioner,

I am an emeritus professor at UCLA, where I practiced and taught emergency medicine for about 30 years, writing to you regarding the work of the Healthy California for All commission and the Environmental Report.

As you know, the commission was formed after SB 562, a single payer bill, did not progress though the assembly because it was felt that it was incomplete. The mission of the commission was to find a way to develop "a plan that includes options for advancing progress toward a health care delivery system in California that provides coverage and access through a unified financing system, including, but not limited to, a single-payer financing system, for all Californians."

Many studies, as summarized by C. Cai et al (PLOS Medicine, January 2020), have concluded that the only way to achieve universal, affordable, and quality coverage is through a single payer system. The funds to extend coverage to all come predominantly from the savings achieved with elimination of the administrative waste associated with private insurance companies and to a lesser extent from savings on drugs through bulk purchasing. Insurance companies add nothing to patient care and consume about 1/3 of health expenditures. To expand coverage to all relying on private insurance would be prohibitively expensive. Economic analyses of single payer proposals indicate that universal coverage with no increased health expenditures can be achieved through a single payer system.

It is true that some incremental changes such as bulk purchasing of drugs by the state, allowing the state to manufacture generic drugs, requiring a uniform billing form, hiring more nurse practitioners, encouraging more use of tele-health, etc. would offer some improvements over the current multi-payer system but none would achieve universal coverage at an affordable price.

The current pandemic, where >110,000 have died in the US and millions have lost their health insurance as a result of losing their job is an indication that our current health care system needs a complete overhaul. We need a system in which access to health care is a right, not determined by employment or income.

Consequently, I believe that the commission should focus not on incremental changes but rather take the bold step of working with the governor to figure out how to establish a single payer system-the only way to provide quality health care to everyone at an affordable cost.

One way to get there is to have the governor support US HR 5010, the State-based Health Care Act of Ro Khanna to allow states to obtain the federal waivers needed to fold in federal dollars to a state based single payer plan.

Sincerely,

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Professor of Medicine Emeritus

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