Lars J Poulsen Santa Barbara, CA 93105

To: Healthy California for All Commission California Health and Human Services Agency 1600 Ninth Street, Room 460 Sacramento, CA 95814

October 18th, 2020

Re: Environmental Analysis Comments

Dear Commissioners,

I was born and raised in Denmark, where I had the benefit of universal health insurance from birth until I moved to California in 1980. I maintain close contact with family members who take the benefits of their single-payer healthcare system for granted. (Their system closely resembles the Canadian system, essentially "Medicare for all".)

I have interacted with the US patchwork of systems in 4 different roles, all of which have convinced me that "the Canadian system" would work far better for all stakeholders.

First as an employee in a number of companies of various sizes. During those years – from 1980 to 1997 – the system worked better than today, but I was aware that it worked better for me than for most, because as a computer communications software developer, I was a sought-after class of employee, who could insist that a premium health insurance coverage for me and my family was part of my compensation package.

Secondly, as en entrepreneur. When my then supervisor and I were laid off by our employer in 1997, we started a small company, which has done remarkably well. But as a small startup, we could not afford to cover ourselves and our employees with the kind of health insurance to which we had been accustomed. Fortunately, all of us were married to spouses with such coverage, so we did not need to.

Two of us divorced in the ensuing years, and had different experiences. One had to purchase a high deductible plan; the other had an amicable divorce and was able to postpone final dissolution of the marriage until COBRA coverage (36 months) could bridge the gap until Medicare eligibility.

Thirdly, as the spouse of a second wife, who had to retire from her surgical nurse career prematurely for health reasons. After her much briefer COBRA coverage ran out at age 58, she had to purchase an individual health insurance plan through Covered California (the ACA exchange). This is a poor plan at a very high cost, as will be evident from the screen shot below.

Finally, as a semi-retired senior person with Medicare coverage. My income adjusted Medicare premium for the first couple of years was similar to what I paid for similar

coverage under COBRA terms from my ex-wife's PPO insurance, but the coverage was very good, and most out-of-pocket costs were / are covered by my supplemental (type F) plan.

Here is the cost of the unsubsidized ACA package:

Blue Shield of CA Anthem

Bronzw HSA PPO Bronze HSA EPO

\$914.44 monthly premium \$1021.52 monthly premium Yearly deductible \$7000 Yearly deductible \$7000

For a thousand dollars per month, it covers primary care visits, but almost everything else is subject to a \$7,000 annual deductible. In other words, the is basically only "catastrophic" coverage.

I believe that offering an un-subsidized Medicare plan as an option on the exchange would be a great step forward, but of course this would require Federal buy-in, so this is not an option for California implementation. And even so, this would not capture the savings inherent in a single-payer system.

A single payer system would bring about several large savings opportunities: First, single payer means single payment system. Providers would no longer have to work with different forms, different computer systems, different billing codes and different pricing from multiple insurers. There would be only one system. I have been told that this alone accounts for 25%-30% of costs in the current delivery systems. Secondly, single payer implies single pricing. No longer would costs and prices be hidden in a game of inflated list prices and negotiated discounts. The resulting transparency would allow consumers and politicians alike to understand what procedures are expensive and which are not.

I hope we can take this opportunity for California to lead the nation in implementing a sane healthcare system.

Thank you for your consideration, Lars Poulsen

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