

Dear Healthy California for All Commissioners,

Having been involved in the movement advocating for single-payer financing of universal health care in California for the past thirteen years, I have invested a lot of time studying the issue.

My conclusion is that there really is no need to further investigate why financing health care through a single payer is a win for all of the true stake-holders. The experience of the real world is a much better source of data than endless studies. That said, the vast majority studies support the implementation of a single payer for financing health care, which is to be expected.

In 1994 Taiwan embarked on an effort to revamp its healthcare system, somewhat akin to your efforts. After looking abroad at many countries, including the US, they decided on a single-payer approach that covers every Taiwanese. The US model was abandoned quickly, even though our system is has aspects of being a single payer with Medicare and Medicaid covering a large part of the population. By all measures, Taiwan's single-payer financing system is a success (check out their coronavirus stats!).

You are aware that other countries that have universal coverage and are essentially single-payer (Canada, South Korea, Spain sort-of) or single payer adjacent (Germany, France, and many others) all have better health outcomes and often significantly lower health care costs than we do. The trend away from lower costs is firmly correlated with their deviance from being a true single-payer program.

Movement towards a single payer is how the problem has been solved in the real world. We can actually do better than these countries. For example, Canada does not cover pharmaceuticals, even while its costs per person are still quite lower than ours.

There really is no need for this commission, unless it is to become a premium commission to determine the best design for financing universal health care through the single payer. That is a rich playing field and well worth your effort! If you are trying to reduce costs by other means, while maintaining coverage and quality, you will be frustrated and disappointed.

You will likely spend a lot of time fiddling with policy to try to bring health care costs down, but again, real world experience in our own country is the best guide. The ACA threw everything at the problem. The results are more coverage, which is a great thing, at more cost, which is not necessarily a bad thing except that the cost per person is still rising. The Act features provisions for ACOs which have provided no cost reductions, reduced Medicare Advantage costs which never happened, and an insurance plan marketplace for means-tested individuals to shop for tiered plans that are subsidized through additional unfunded federal dollars. The upward trend of health care costs remains unabated.

I sincerely appreciate your efforts, but realistically, you are tilting at windmills until you seriously consider a universal single-payer solution. Then you will be tilting at some serious corporate interests, as will we all should your recommendations result in proposed legislation.

If your goal is to truly reduce costs, I can only appeal to your wiser selves to work towards this: a single, universal plan that covers everything medically necessary for everyone from conception, paid for by everyone according to their ability to contribute, and free from barriers based on marital or employment status, existing or past medical conditions, out of network providers, age, gender... in short, without barriers of any kind.

Thank you for taking the time to consider my comments. You could be heroes on a par with Tommy Douglas.

Respectfully yours,

Barton K. Woolery