

## Public Comments from June 12, 2020 Healthy CA for all Commission Meeting

### 1. The following table shows public comments that were made verbally during the webinar:

Count	Name	Verbal Public Comments
1	Cindy Young	Sure. My name is Cindy Young, and I am President of Healthy California Now and I would like to thank the commissioners for meeting today and for allowing me to speak. The pandemic has shown the biggest blemishes in our healthcare system and as Carmen Comsti spoke earlier, you know, there are deaths that are happening in our State over COVID-19 and the blemishes of employer-based insurance. My daughter just got a pink slip along with a COBRA notice, just bought a house last June and is struggling to figure out what to do. Our healthcare system is not serving the people of California. And so, we want to strongly encourage the commission to advance the single payer system but also to include advocates. We have folks who have been working on health policy for years, doctors, nurses, and health technicians. So please consider putting us on your stakeholder groups. Thank you.
2	Peter Shapiro	I'm a member of the Healthcare Action Committee and also the California Alliance for Retired Americans, both of which are affiliated with Healthy California Now, and I'm the Labor Council delegate for Alameda County, for CARA. And I just want to address what Jim Wood said. CARA is well aware of the devastating budget crisis that we face in the state as a result of the pandemic. And that's all the more reason why we need to stop throwing away money on private insurance, on duplicating features and on corporate hospital chains that allocate money where it's not needed, while rural hospitals go broke. Clearly, there have been study after study that shows a single financing system, a unified financing system, where public dollars go directly to providers, saves enormous amounts of money and we can't afford to wait any longer. That's it.
3	Joel Sarch	Joel Sarch, member of PNHP and a chair of a chapter of Healthcare for All. I think we're missing one thing that's not being said that trumps everything else. If my neighbor down the street gets sick, the chances are greatly increased that I'm going to get sick, especially in the in the time of epidemics and pandemics. Therefore, the most important thing is to eliminate any impediment to a person who needs medical care getting that care. Access is fine if it beats insurance, but if you can't die if you have to worry about a choice between paying a large copay, and \$20 is a very large copay to people that I meet daily, and putting food on the table, don't have access to health care. That's all I'll say for now.
4	William Bronston, MD	Thank you. I'm a physician. I want to say that there's an urgency because more than thousands of people are dying every day. And they are dying because they don't have insurance, they are under insured at the level of close to 37% of the people in the state of California. The pandemic has only aggravated and

Count	Name	Verbal Public Comments
		<p>multiplied the problem. I'm absolutely in a knot about participating in this Commission's proceedings because there is a certain level of theatrical naivety that is being engendered by many of the commissioners that they don't know how serious and how urgent the problem is because the money is polluting and prostituting all decisions and creating a sense of possibility of delay. That delay has got to stop now, we need to make a decision about single payer, similar to what's happening all across the world, and in the face of this devastating savage, vicious disease that we're confronted by. And so, I don't know whether to continue working with the commission or whether to somehow be more aggressive and participate in some kind of advisory structure. But this commission has got to get out of the way and let the governor establish universal single payer health care in the state of California related to HR 1384, which is our gold standard.</p>
5	Randy Hicks	<p>I'm Randy Hicks, California Disability Rights. I want to let you know that COVID has devastated the disability community, and it's hurt them very badly. And because of that this COVID budget is going to end up cutting other state services across the board. So, we'd like to see a single payer health care system, because with that financing system, we would not have had these devastating budget cuts and all the other services that could be funded. That is what I have to say. If we had single payer, we have better budgets. Thank you very much.</p>
6	Craig Simmons	<p>Hi, I'm Craig Simmons, I became aware of the commission through senator Tony Atkins office, and I've been an advocate for a single payer plan for a long time. The Supreme Court actually approved the affordable care act as a tax. So my background is that my first job out of college actually was with a Kaiser Family Foundation and teamsters union to give multiphasic physicals to county workers all over the state of California and the way it was financed was through a one cent per hour payroll deduction from employers would pay. And we would do multiphysics, complete exams with physicians. It's all the workers and then we send the results to their private physician within two weeks of the exam for further diagnosis and treatment. Now, if you take that one cent per hour and bump it up to 25 cents per hour, comes out to \$6 million an hour. That's revenue we don't have, it would pay for everyone who wants one to go to a hospital or urgent care center and sign up for a multiphasic physical, further diagnosis and treatment. And it would accrue \$48 million a week into the state Treasury. That was a perfect solution. And I'd like to pursue it further. If somebody could get back in touch with me.</p>
7	Mark Van Landuyt	<p>Good afternoon, commissioners. Mark Van Landuyt in Northern California. For what the commission ultimately recommends and submits. I want to discourage any strenuous efforts to keep the private insurance sector included in the equation. These</p>

Count	Name	Verbal Public Comments
		<p>insurance companies add no value to health care. They are middlemen extracting wealth from the interaction between sick people and their doctors. They have been ripping off the system. They have been paying off the states. They are the fragmentation for financing healthcare. We heard justified concerns about building workforce and infrastructure in rural areas. This is a real concern. But private insurance companies do not create that infrastructure. Only a single payer system could focus resources in such a way to deal with those problems. If we are going to move forward with a healthcare system that is equitable, and universal, we must leave the private insurance companies behind. This pandemic is a terrible teacher. It does not listen to focus groups. Our neighbor's health is our health. I urge urgency. California's lives are at stake. California desperately needs your advocacy now. California needs a universal single payer health care system.</p>
8	Dr. Bill Honigman	<p>Thank you. Can you hear me okay? Yes, sir. Thanks. Yeah, I'm a retired emergency room physician from Orange County. I'm affiliated with the Physicians for a National Health Program, and Progressive Democrats of America. I'd like to thank especially commissioners Comsti, Hsiao, and Marya for their bold comments. We know that countless economic and other social science studies have proven a single payer system will save money and save lives for California which couldn't be more obvious now, since we have all experienced COVID-19. Why are we not already moving forward with such a system? I believe the commission cannot wait a day more, an hour more, or a minute more without taking action to move this forward now.</p>
9	Marleen Gillespie	<p>Hello, my name is Marleen Gillespie from Irvine, California. And I think for all of us are on board with single payer, we have been for years, the majority of the population is, but it's not going to be the public that's going to have to lead this. It is very clear that it's going to have to be the business community. Large corporations, and we have a wonderful opportunity here in our tri state of California, Washington, and Oregon, to connect and educate and work with some key more progressive corporations large ones, to let them lead this. The public will follow. Having all these public testimony at your meetings is not going to work. They have never paid attention to them. It's going to have to be the corporate leadership. Maybe picking somebody like Charlie Munger, who is from you know, back east in and who was so pro that, and having key leaders that people will lead and be listened to on this. And that gets us around our stumbling blocks of Anthony Rendon and Jim Wood. And it also gives it back to our governor to be able to move forward. It will prove that it saves the economy and it saves all elements of this country.</p>
10	Erika Feresten	<p>Hi, I'm just feeling a little concerned that this commission, like the Los Angeles Police Commission, one that was appointed by</p>

Count	Name	Verbal Public Comments
		the mayor, but is really just a protector of the police and a buffer between the people and the mayor and the board of supervisors who really call the shots here. Governor Newsom couldn't act, he could tap any legislator right now and demand a bill be on his desk. People have referenced 1384 as the gold standard. So, I'm just really concerned that this commission, with the exception of a few on this board, is really just a distraction to continue the corporate healthcare that has been causing death, financial bankruptcy, and suffering long before COVID
11	Larry Woodson	Good morning, Larry Woodson, California State Retirees. I want to draw attention to an alarming trend in health care highlighted most recently in a May 13th article in NBCnews.com, titled "Private equity firms now control many hospitals, ERs and nursing homes. Is it good for health care?" And a May 20th Bloomberg article "How Private Equity Is Ruining American Health Care" PE giants, KKR, Blackstone Group, Carlyle Group, and Apollo Global Management and more buying healthcare operations at a rapid rate. 340 billion dollars spent in the last 10 years to buy rural hospitals, physician practices, nursing homes, ER staffing, urgent care. PE primary mode is to buy, cut costs, and then sell for a profit and I urge the commission to broaden their description or analysis of the California healthcare landscape and incorporate and address obstacles that this trend poses to the accomplishment of its mission, which includes quality health care for all. Thank you.
12	Taylor Jackson	Hi, this is Taylor Jackson with the California Nurses Association. In my comments I wanted to drill down on a specific component of the draft report we're deeply concerned with. This is the consultants reference to a flexible workforce and greater use of non-clinical providers on pages 75 and 79. These references are made in the context of an overarching argument for getting better value for California's current spending on public coverage programs by shifting to a capitated per member, per month payment model rather than a fee-for-service payment model. Capitated payments are not value-based they are risk-based and require doctors groups to become quasi-insurers. Greater use of non-clinical providers is not about value, it is about reducing costs by inappropriately substituting unlicensed personnel for licensed health care providers, who lack the education and clinical experience necessary to provide quality patient care. It is upsetting and very dangerous to hear this commission would put costs ahead of patient safety. Thank you for your time.
13	Alberto Saavedra	Hi, thank you commission. I hope the commission becomes committed to what the public in California wants. We already know that the vast majority of Californians want a single payer system. The latest data point beyond all the studies that have been already made is that Bernie Sanders who proposes Medicare for All nationwide won the primaries in California.

Count	Name	Verbal Public Comments
		<p>Even that personally I have involved as a single payer activist since I sold a computer system to a large healthcare insurance company that eventually when I met with their chief information officer, he told me they were going to use it to deny things. This is what a for profit insurance industry is all about: how to make more money, not how to sell, not how to help people take care of their health care. Thank you very much.</p>
14	Paul O'Rourke-Babb	<p>Hello, everyone. I want to start out by saying that I've been a family nurse practitioner for 34 years, almost all of that time in rural areas, and the structural and institutional racism and classism that exists in our society is probably the most painful manifestation of one of the aspects of our healthcare. But I want to say that I bear witness on a weekly basis to the disaster that we call our insurance system. The pain and injury to my patient population is real and profound. I am a board member of the Butte County Health Care Coalition. I've also have been for more than 20 years a member of nursing member of Physicians for a National Health Program. The lack of access caused by the private system we have now due to costs and extremely complicated portability causes 10's of thousands of deaths each year and needed care not obtained from millions of Californians. COVID-19 made this so catastrophically apparently the inequities that we have in our healthcare delivery and planning. And we need to move to a publicly administered, taxpayer funded, single universal and comprehensive insurance system. I want to agree with Dr. Bill Honigman that the historical science has already answered the question of what we should do. And the costs are also answerable. And I would beseech the legislature to start taxing the people who don't pay taxes, the big corporate owners all over this state, the way they should be taxed and we would have no problem funding this.</p>
15	Jen Flory	<p>Jen Flory, on behalf of Western Center on Law &amp; Poverty. I would like to agree with the comments that were made about what COVID-19 has done in laying bare the health disparities that exist in in California. But besides laying bare those inequities that we have, it also laid bare some of the things that we are able to do when there's a will. Recently, the Department of Health Care Services was able to launch a COVID-19 presumptive eligibility program by which any uninsured or underinsured Californian could get testing and treatment for COVID-19. This sounds a lot like a single payer system for a single disease. So, I would behoove the commission to think about what does it mean if we are saying that poverty shouldn't preclude treatment for any disease and health care should not impoverish anyone when they seek treatment? We are well-aware of the Federal obstacles to getting all of the waivers needed, particularly under this current administration that would enable us to unify into a true single payer system. But in the meantime, we do need to think about how we can answer those questions and make sure that people are not being</p>

Count	Name	Verbal Public Comments
		impoverished because they need health care or they're not getting health care because they don't have money. I strongly agree with Bob Ross's suggestions to talk to the communities that have been left out of our health care system. And then think of what we can do while we're working on unifying our healthcare system, because this is an emergency and we need health care disparities to stop now.
16	Shirley Toy	My name is Shirley Toy. I've been a nurse for over 40 years and I'm a proud member of California Nurses Association and also an elected a dem delegate to the California Democratic Party. Our current healthcare system has really hurt current healthcare workers and nurses. It's for profit and they are not able to get the protective PPE that they need to take care of their patients and there's no collaboration between the hospitals. Everybody is competing and prices have gone up. Single payer will save money. I don't know why we want to pay more than we have to. We have no control of how much we have to pay, we're all hostages to increasing costs, whether you're an individual, an employer, a city, the county, state, and, you know, no one chooses to become sick, it just happens and it's not like a car where you can get a lower version or a higher luxury car. Everybody needs health care when you need it. And this is a public health crisis as COVID-19 has shown, when someone else is sick, it puts all of us at risk. It's insanity to just keep the status quo to keep doing what it is and thinking we're going to get a better solution. Thank you very much. We need single payer now.
17	Kathy Rallings	Good afternoon and thank you for the opportunity to speak to the commission today. I'm currently a school board member in Carlsbad as well as a member of Healthy California Now and represent teachers for the California Teachers Association and formerly worked for the California School Employees Association. Over the last 25 years, I've seen how our healthcare system has just robbed and stolen from our public education. We have teachers right now that pay over \$1,000 a month to pay a \$2,000-\$3,000 deductible to receive health care and it takes this money out of our system and into the profit centers that exist. So, what I'm asking this commission to look at is to remove the profit motive, period. And I'd like to just quote Star Wars that "I don't believe that you are elected or appointed to watch people suffer and die."
18	Denis Recendez	Hi, my name is Denis Recendez. I'm with the Democratic Socialists of America, Los Angeles and the Democrats of Pasadena Foothills. I demand that this commission put priority on the discussion towards the implementation of a Medicare for all single payer health care program for all California residents. For the COVID-19 crisis, millions of Californians were uninsured or underinsured, especially in communities of color. That number I would assume has grown significantly for the COVID-

Count	Name	Verbal Public Comments
		<p>19 pandemic. And now many have lost their jobs and along with it, they have lost their employer-based health care. Corporate health insurers prioritize profit over health of the public. We the People must be in the driver's seat when it comes to making sure all Californians are provided with guaranteed comprehensive health care, principally in communities of color. Doing so would also ensure that all funding for health care stays and the program is not siphoned off by health care CEOs and investors. California is the sixth largest economy in the world, even larger than Canada, yet Canada has guaranteed health care through a publicly funded program. California must be the leader in guaranteeing comprehensive health care to all its people, with no premiums co pays and deductibles. The only way to achieve this is through a publicly funded and directed Medicare for all single payer program. Thank you very much.</p>
19	Nina Eliasoph	<p>I'm Nina Eliasoph, I'm a sociology professor at USC and I've been a health care activist since I realized how much better single payer is for everyone. There are over 22 studies and examples from other countries that show that single payer is cheaper and saves lives more than any other kind of system. We don't need focus groups to discover this, we already know it. It's out there, it's data we all have. So, two comments about the focus group thing. The industry focus groups are just bizarre. To hold industry focus groups is to assume that we need the for-profit stakeholders to continue to exist, but we don't! It's cheaper if they stop existing and it saves lives. Why do we want the pro death industry to continue? That is one problem with the focus groups but the other one about inviting random members of the general public would also be a disaster. We don't hold focus groups to learn how to build subway tunnels or to design engines or nuclear power plants or vaccines, that's not how you design a healthcare system. It's to find out how to market maybe, but not how to design a healthcare system. So, we need single payer now. We already know that it works for all these different reasons. It's cheaper, it saves lives. People are dying now. We need it now.</p>
20	Corinne Frugoni	<p>My name is Corinne Frugoni. I'm a family physician up in Humboldt County. And I'd like to deliver a quote from someone who's much more eloquent than myself, Dr. Don McCann, who is a member of PNHP, Physicians for a National Health Program as I am as well. What he says is that when the proposed policy is right and the politics are wrong, you don't change the policy, you change the politics. That begins with people having a clear understanding of the single payer Medicare for all model. If they understand it, most will demand it. And we want a one tier system so that everyone has equal access to the highest quality health care. A one tier system guarantees that everyone will have the highest quality health care. Thank you.</p>

Count	Name	Verbal Public Comments
21	Beatriz Sosa-Prado	<p>Good afternoon. My name is Beatriz Sosa-Prado, executive director of California Physicians Alliance. Since 1987 CaPA has been advocating for single payer in California. Today I'd like to commend Carmen Comsti and Dr. Rupa Marya for their bold, progressive and clear comments. COVID has proved that our current healthcare system is ill equipped and dysfunctional. It's imperative to establish a unified system of public financing now. It is the only way that we'll have a healthcare system that is accessible, affordable, equitable, and that is high quality for everyone. Last year, CaPA released our roadmap to Golden State Care, which is a realistic, approachable plan that outlines how we can get from where we are now to a universal health care system. We look forward to sharing our roadmap with you and to being your thought partners of the Commission. Additionally, I'd like to echo everyone else's comments before me, but I'd like to add that we would like to see the commission address private equity and healthcare and to talk about the importance of unlinking health care coverage from employment. Thank you very much.</p>
22	Eric Vance	<p>Hi, my name is Eric Vance. I'm an organizer for the Healthy California Now coalition. As Cindy Young mentioned, we represent millions of Californians from multiple areas of expertise and passionate advocacy who are carefully watching the proceedings of this commission. You might remember that I spoke at the first meeting in Sacramento about my mother support of Medicare for all, and her passing in a nursing home last Christmas. A single payer plan is the only solution to bring both a universal comprehensive standard of care to all Californians and to address racial and socio-economic inequalities. Hundreds of thousands of people are protesting because they are fed up with widespread injustice. Today, we are fed up in particular with the health care insurance system and it's tie to employment. And it's disheartening to see that the Commission's only advisory focus groups so far, our employers and providers, the commission must include the working class the true stakeholders of any future system of care. Please work with the Healthy California Now coalition as we have continued to offer our breadth of expertise. You have a chance to change history and provide a measure of safety and justice for all Californians by recommending a single payer plan and listening to the public. Thank you to the multiple commissioners who have spoken in favor of these measures and have expressed concern with the consultant's plan so far. I trust to the rest of the Commission will listen to their colleagues and to all of us rallying today to make our voices heard. Thank you.</p>

**2. The following table shows public comments provided via written Q&A that received an answer during the webinar:**

<b>Count</b>	<b>Name</b>	<b>Question</b>	<b>Answer</b>
1	Vikki Glinskii	Where do you post the recorded meeting videos?	Joslyn Maula: You will be able to find recordings on the Healthy California for All website <a href="https://www.chhs.ca.gov/healthycforall/">https://www.chhs.ca.gov/healthycforall/</a>
2	Marci Levine	My name is Marci Levine from Los Angeles. Please allow Healthy California and ordinary citizens to be part of this commission as ultimately it is the people who should have a say in what is best for them.	Rupa Marya: I agree with you.
3	Sonja Brodt	Can you please repeat the e-mail address we can submit comments to? Or please put it in writing on the screen. Thank you.	Joslyn Maula: You can send comments to <a href="mailto:HealthyCAforAll@chhs.ca.gov">HealthyCAforAll@chhs.ca.gov</a>
4	Carlos Ardon	Where I can access the recordings of this presentation.	Joslyn Maula: When the recording is posted, you will be able to find it at <a href="https://www.chhs.ca.gov/healthycforall/">https://www.chhs.ca.gov/healthycforall/</a>
5	William Bronston	can we adapt HR 6096 Jayapal to CA as an emergency policy and practice given the pandemic here?????	Rupa Marya: We can push our legislators to do this.
6	Barbara Commins RN	Is there video of speakers?	Joslyn Maula: If speakers are connected via video, you should be able to see their video as they speak.
7	Susan Meyer	Is there any representation of the working class (folks like me) and singlepayer advocates (like Heathy California Now) on the Commissions advisory groups?	This question has been answered live.
8	Alex Newell Taylor	Why have these focus groups been created outside of the public's eye? Why didn't the public get a say on the focus groups, the content that could be discussed and who will participate in these focus groups? It is clear that the consultants have been making these decisions about what will be discussed and who will be discussing it. This hardly seems fair or democratic and shows bias towards industry rather than serving the public. Our healthcare should be in the	Rupa Marya: I believe there should be a public advisory group. I will raise this today. I'm concerned that the two advisory groups are industry-based.

Count	Name	Question	Answer
		hands of the public not the hands of industry and consultants.	
9	Craig Simmons	Unable to access chat feature. I would like to speak. Craig Simmons	Karin Bloomer: Please provide your written input using this Q&A feature. Before adjourning, we will explain how to request to make verbal comment. Thank you.
10	Gerald Rogan	How do I find the report? What is its url?	Joslyn Maula: <a href="https://www.chhs.ca.gov/wp-content/uploads/2020/06/Environmental-Analysis-of-Health-Care-Delivery-Coverage-and-Financing-Draft-2-06-12-2020jm.pdf">https://www.chhs.ca.gov/wp-content/uploads/2020/06/Environmental-Analysis-of-Health-Care-Delivery-Coverage-and-Financing-Draft-2-06-12-2020jm.pdf</a>
11	Art Persyko	The Chat funditon is not working! It says its disabled by the host. How can we raise our hands if its not working?	Karin Bloomer Please use this Q&A feature for written comment, and then before adjourning, we will explain how to request to provide comment verbally. Thank you.
12	Jenni Chang	Anthony Wright, you were appointed by Anthony Rendon and are ED of Health Access, which receives funding from insurance companies. You will have to work harder to prove that you are not working against single payer.	Anthony Wright: Just to correct the record: Health Access, the statewide health care consumer advocacy coalition, does not take any funding from health insurance companies, or frankly other parts of the health industry. No money from insurers, hospitals, drug companies, etc. In fact, the health insurers often make our legislation and policy efforts their

Count	Name	Question	Answer
			top effort to kill-- spending lots of money lobbying and campaigning against our patient protection proposals. Thank you.
13	Art Persyko	I now understand the Q&A is for members of the public, like me. The Chat is for the panelists. Got it!	Karin Bloomer: Precisely! Thank you!
14	Maureen Cruise RN	Bob Ross is CEO of California Endowment since 2000 which is a legacy foundation financed by insurance industry. He made the comment that we need to consider options other than single payer	Rupa Marya: We need full public disclosures about the commissioners industry ties.
15	Geoffrey Summers	Single payer WOULD stabilize the healthcare infrastructure. And regarding funding and budget deficits: single-payer costs less than the current system.	Rupa Marya: Yes.
16	Maureen Cruise RN	Love being in the "chat deprived- Q&A " ghetto with so many people who have actually done the work of researching the system and appropriate reforms.	Rupa Marya: I'm listening to you.
17	Ann Harvey	Again, please identify speakers further than by their names. You know them, but members of the public do not.	Karin Bloomer: Here is a link to their biographies: <a href="https://www.chhs.ca.gov/wp-content/uploads/2020/03/Healthy-CA-for-All-commissioner-biographies-updated-03-03-20.pdf">https://www.chhs.ca.gov/wp-content/uploads/2020/03/Healthy-CA-for-All-commissioner-biographies-updated-03-03-20.pdf</a>

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<b>Count</b>	<b>Name</b>	<b>Comment</b>
18	Peter Shapiro	<p>My name is Peter Shapiro. I am a delegate to the Alameda Labor Council for the California Alliance for Retired Americans, and a member of the Healthcare Action Committee in Oakland, an affiliate of Healthy California Now..</p> <p>To assure that the commission's findings accurately reflect the concerns of working people and people of color, I urge you to broaden your definition of "stakeholders." Taft-Hartley trusts can provide valuable models for health care financing, but they do not typify the experience of most working people with employer-based coverage.</p> <p>You need to hear from public sector unions who can testify to the impact of rising costs on city, county, and state budgets and the disastrous cuts in public services that have resulted.</p> <p>You need to hear from unions who have struggled at the bargaining table and on the picket line to protect their members' health coverage from debilitating cuts.</p> <p>You need to hear from specialists in the area of health care disparities who can testify to their impact on people of color--those who have truly borne the brunt of the COVID-19 crisis.</p> <p>In short, you need to hear from people who are NOT invested in the existing health care system--the people who have experienced firsthand the distorting impact of market forces on health care access and delivery; the people who have the least to lose and the most to gain from a unified, publicly financed system that truly provides health care for all.</p>
19	Alberto Saavedra	Does health insurance for profit make sense?
20	Hugh	Public comment, no question.
21	Cindy Young	Good Morning All, Cindy Young, President of Health CA here.
22	Hugh	<p>June 12, 2020</p> <p>Dear Healthy California for All,</p> <p>As a registered nurse, every day I see the devastation that occurs when people do not have access to healthcare (and to be clear, insurance is not healthcare).</p> <p>The current pandemic response has demonstrated very effectively why insurance is not healthcare. Many people lost their healthcare insurance because they lost their jobs. So now they do not have healthcare when, for many, this is the first time they really need effective healthcare!</p> <p>Medicare for All is the only appropriate response to creating excellent healthcare in our country and to make healthcare a right (as it should be) rather than a privilege as it is in our current system.</p> <p>Please look at the multiple studies that compare the healthcare delivery system in the US to every other industrialized country</p>

Count	Name	Comment
		that has a national healthcare system. You will see, demonstrated clearly, that the US does not have the best system (in fact we have an embarrassing system), and nearly every nationalized system.
23	Nina Eliasoph	Many studies have found that single-payer health care would be cheaper and would save more lives than what we have now. One sponsored by the right-wing Koch brothers found it could (nationally) save American families 2 trillion dollars over the course of ten years. Taxes for some would rise, while copays, deductibles, and premiums would disappear. The life expectancy for African Americans would start to resemble that of whites, since everyone would all have access to health care. Since it would be cheaper and save lives, can we institute single-payer right now?
24	Marisa Melo	Good morning. Marisa Melo with Meals on Wheels of Alameda County here.
25	Patty Harvey	How important is legislation like Ro Khanna's HR 5010 in overcoming challenges to obtaining fed. funds essential for implementing a SP program in CA?
26	Hugh	My name is Hugh Moore. My public commented truncated above was sent to you via e-mail. Thank you.
27	Beatriz Sosa-Prado	Good morning, everyone. This is Beatriz Sosa-Prado, Executive Director of California Physicians Alliance. CaPA is a non-profit statewide organization that advocates for a universal healthcare system in California.
28	Phillip Kim	Why have you stacked these "focus groups" with people from anti-single payer and right wing reactionary organizations? The real stakeholders are the people of California, not for-profit corporations and not organizations that have a vested financial interest in maintaining the status quo. We are in a major health care crisis and in the middle of a deadly pandemic. Millions of people have lost their jobs and are losing their employer sponsored insurance. We should not be talking to the employers who only care about profit and in many cases are forcing their employees to work in unsafe conditions without PPE. We should not be talking to the Chamber of Commerce or the California Retailers Association. These are ultra conservative organizations that don't even support the minimum wage. Their last concern is public health or even the health of their workers.
29	Phillip Kim	And organizations like the California Hospital Association are tied to the Partnership for America's Health Care Future, the corporate front group dedicated to fighting Medicare for All. This is hugely disappointing and a major disservice to public health. Millions of uninsured and underinsured Californians need you to do better!
30	Gerald Rogan	Test question- no answer required Was it a mistake for the California Legislature to allow Blue Cross of California to change to a for profit insurer?

<b>Count</b>	<b>Name</b>	<b>Comment</b>
31	Marie Twining	More Californians must be made aware that even though they may have top private health insurance, they still may be denied coverage when they need it.
32	Henry Abrons	PNHP-California submitted comments: <a href="https://drive.google.com/file/d/1BAn_UgBkZh40wtMU-hfUSoX6SDJsl6Ht/view?usp=sharing">https://drive.google.com/file/d/1BAn_UgBkZh40wtMU-hfUSoX6SDJsl6Ht/view?usp=sharing</a>
33	Art Persyko	What future options for public input will be offered? For example will you utilize the public airwaves i.e. broadcast media to alert the public to your work and even to gather public input (e.g. via one or more town hall meetings on the radio and/or tv; with a way to poll and gather large numbers of listeners/viewers to register their opinions; and also to gauge the level of public understanding of all of the options e.g. single payer, expanded ACA, etc..)?
34	Eric Vance	Commission - thank you for reconvening in the midst of a pandemic. We in the Healthy California Now coalition - representing 6 million Californians - demand a single-payer plan, and ask to have spots on the focus advisory groups which are dishearteningly only hearing from Employers and Providers at this point. We need working-class representation, as we're the true stakeholders. <a href="https://healthyca.org/healthy-california-for-all-commission-has-reconvened-and-is-moving-forward/">https://healthyca.org/healthy-california-for-all-commission-has-reconvened-and-is-moving-forward/</a>
35	Dr Bill Honigman	Established social science has shown Single Payer Healthcare systems save money and save lives. In these times of economic and social stress due to COVID19, why are we not already implementing a Single Payer system for California to save money and save lives, now?
36	James Sarantinos	During the current pandemic, our fractured healthcare system demonstrated that allowing states to bid for PPE only raised costs and left hospitals without the required PPE. The power of bulk purchasing power at a national level would have offset this. This is ONE example how single payer works. States will always will free to add to this if they wish. This is how Federalist systems should work.
37	Thomas Reed	Good morning to everyone.This is Tom Reed from theButte County Health Care Coalition.

Count	Name	Comment
38	Shirley Toy	<p>Dear Commission,</p> <p>We really need to have Single Payer Insurance here in CA and across the nation. Having your insurance be tied to your employer does not work - as so many are now unemployed because of COVID-19. This pandemic shows that our for profit health care system is not adequate to provide the public health so needed. The for profit health care system has been forced to compete with one another for PPE and this has increased the cost of PPE and left all healthcare workers inadequately protected against getting the infection themselves. Our current health care system does not focus on prevention and accessibility and instead focuses on treatment and expensive procedures. This hurts us financially, mentally, and physically. We do not have a health care system, instead we have a disease focused system.</p> <p>Healthcare is a human right. When you lose your job, you should not also lose your healthcare. Many jobs these days do not even offer healthcare. . . that is the new trend . . . everyone will be on their own. Single Payer will not just help the individual, it will also help business who also have to foot a large part of the ever increasing health care costs. Single Payer will also help small community hospitals stay open.</p> <p>I am a retired nurse and luckily I have some assistance with my retiree health so that I can still afford it for my family. This coverage is not guaranteed, however, and it would be very expensive if I had to pay the entire bill by myself. My daughter just aged out of my healthcare plan because she turned 26. She is still in graduate school and now qualifies for Medical. The field she would eventually work in often has staff work per diem and without benefits. My son in in college and who knows if he will need to go to graduate school as well, or if he will be able to even get a job, or if that job will provide health care. Our current health care system makes individuals to deal with the stress of trying to have coverage and being able to afford it individually since there is no guarantee that you will be employed with a company that even provides healthcare. This shifts the cost of insurance to taxpayers, as we have to provide the care for so many who are not working or are so poor that they cannot afford healthcare while big insurance companies continue to be able to profit off of people being sick and we also pay for the healthcare of those who have no coverage. We need everyone to be in the same risk pool so that the healthy can subsidize the care of the sick - instead of all the sick being grouped into one high risk group that would be very expensive to provide care to while an insurance company will profit off the healthy (and sick as well). Healthcare is not a "choice". We do not get to decide when we will get sick or not. Covid-19, cancer, and many other diseases will affect all people. If a person gets their coverage from the employer, the employer decides the coverage. Healthcare is not like buying a car or a pair of shoes - When you get sick, you</p>

Count	Name	Comment
		<p>should not have to choose between lesser price care verses good care and it is not something that one can do without. Our Healthcare needs to be guaranteed and comprehensive - and not based on what a person can afford or if they are lucky enough to have insurance. We need healthcare and not health insurance.</p> <p>All of us are being held hostage by our for profit healthcare whether you are an individual, business, city, county, state or nation. The cost goes up and up and we have no control over it. I have known co-workers who have provided care for others their entire career, but then they got sick themselves, couldn't work, and unfortunately lost their healthcare when they needed it the most. We are all one illness away from losing our healthcare. Our current system is not sustainable, and it is insanity to keep doing the same thing over and over again and expecting a different result. People should not be going bankrupt over medical problems. What good is it to have life saving medications or treatments if you are not able to afford it? We must contain the cost of our healthcare while providing this need to ALL. Without healthcare, one cannot pursuit life, liberty, and happiness, and it is horrific to have to watch a loved one or even ourselves have to suffer under this system.</p> <p>Thank you for your work. Our lives depend on moving to Single Payer.</p> <p>Shirley Toy  stoydc@sbcglobal.net  1920 27th Street  Sacramento, CA 95816  recently retired nurse of almost 40 year bedside career  wife, mother, and sister  CA ADEM delegate district 7  Bernie delegate CD 6  correspondence secretary for Wellstone Democratic Club  Member of Democratic Socialist of America HealthCare  Commitee  concerned citizen</p>
39	Carlos Ardon	Thank you.
40	Marci Levine	In addition to my comment about including ordinary citizens and citizen organizations into the commission, I want to add some other comments in support of pursuing a single payer health care system.
41	William Bronston	Marc, thank you for this expedited meeting and our profound hope that we get beyond talk and lock into genuine corrective action! bill
42	Kathy Rallings	Why do we continue to give so much of our tax payer dollars meant for health care in the hands of for profit companies that use their profits against the interst of the public?

Count	Name	Comment
43	Michelle Grisat	If you want to hear from the people of California, you need to hold more meetings and include us in the advisory groups!
44	Marilyn Albert	Using Dr. Ghaly's term - the nursing home industry has been "unmasked" by COVID. How is it possible to transform long term care to a not for profit, high quality health service? Marilyn Albert, RN, Healthy California Now coalition
45	Shirley Toy	Yes, please listen to the people and not the industry. We cannot trust the industry to do what is best for the people. That is like the fox guarding the hen house. We must address root problems and think big. Our current "system" does not work. Shirley Toy, RN, mother, wife, daughter. sister, patient advocate, concerned citizen
46	Margaret Copi	The only way to afford all these steps is to exclude insurance companies with the major cut they take in our healthcare dollars. From Margaret Copi MD Oakland CA
47	Alice Maupin	Alice Maupin, Member at Large from CA Health Care Emergency Action Group
48	Michael Monasky	Like watching paint dry while Rome burns...
49	Karen Stevens	Our failed employer-based for profit system is unconscionable. The current pandemic has clearly brought this inhumane system into sharp focus. That our system disproportionately impacts low wage workers and people of color is beyond outrageous. I echo Phillip Kim in his question as to why this group is slanted to represent for-profit interests?
50	Max Cotterill	Why are we wasting so much time theorizing what we already know can be done? As far as I know this is only the 2nd public meeting of this commission. At a time when millions of Californians have recently lost health insurance because we largely predicate health care on employment, it seems like we should be moving with much more urgency. Every day, week, month that you delay is that much longer that people are going without the care they need.
51	Michael Bullion	Time has run out for millions of California Single Payer Now!
52	Phillip Kim	How many commissioners work for or get funding from the health industry (including non-profits that get funding from the health industry or non-profits whose boards are stacked with people from health industry funded orgs)? Can you please disclose.
53	Jenni Chang	Jenni Chang, a State and County Delegate of the Democratic Party. I agree with others. I think it is obscene that we will only be hearing from focus groups that have immediate preferences for multi-payer. They do not represent the majority of voters of this state (check the exit polls), which is why it is alarming that they may be giving the lasting impressions coming away from this meeting today. This commission belongs to the people, should be representative of, and serve the people.
54	Michael Monasky	What? An impressive report?

Count	Name	Comment
55	Michael Monasky	A report about commissioner interviews?
56	Michael Monasky	Hey, do you want to interview me?
57	William Bronston	There is no other alternative than single payer to save CA billions, universalize care to every resident , end all out of pocket barriers, cover all aspects of health care including dentistry and mental health and social determinants, end job lock CA cannot go forward without this strategic democratic change in our cruel and violent current delivery system!! William Bronston MD
58	Jenni Chang	To start, the mission statement of this body offensive. The insertion of “not limited to single payer” is language that serves monied interests, not the people. Single Payer would give our public agencies so much more freedom. It would be “limited” for insurance companies. People are tired of these games.
59	Jeanie Schmidt	<p>We need Medicare4All NOW. Never has it been more clear or opportune. As a patient and a critical care RN of many years, I have seen this from many perspectives.</p> <p><b>**NO other health care options are destined to be as successful or sustainable!**</b> I beg of you to review the documentation at <a href="http://pnhp.org">pnhp.org</a></p> <p>"Including but not limited to Single Payer" is NOT sufficient and will NOT solve the problems.</p> <p>I became disabled and we lost our home and nearly everything else while “good health insurance” with my brain tumor in 2010. My experience is sadly one of millions.</p> <p><b>**It is ABSURD to tie healthcare to employers and have companies MAKING PROFIT OFF OUR ILLNESS!!!**</b></p> <p>It is absurd that Americans can be one illness away from complete devastation in our current system- WE MUST ACT NOW FOR MEDICARE 4 ALL!</p> <p>It is critical that you INCLUDE working people, consumers and single-payer advocates as stakeholders - we are the ones on the receiving end of all this- we are the ones to be served.</p>
60	Michelle Grisat	The steps in the document are neither bold nor steps toward unified financing.
61	Cindy Young	<p>Dear Commissioners,</p> <p>Healthy CA Now includes physicians, nurses, health professionals, and advocates with years of experience in policy. Our voices must be heard, and included in the stakeholder/advisory committees.</p>
62	Michael Bullion	LOLOLOL Job based coverage?????
63	Maureen Cruise RN	why“move toward” path instead of construct and implement since 22 US studies over 30 years ( and International systems) have

Count	Name	Comment
		all shown single payer offers savings and full quality coverage...same coverage for everyone?
64	Kathy Rallings	Can you define affordable?
65	Marci Levine	Having health insurance tied to employment has many problems even when there is low unemployment, but it is catastrophic when there is a crisis that disrupts employment so drastically. In the best of times, people have to choose between the right job for them and the one with the best health care (if that is even a thing), and may have to change doctors every time they change jobs. But when they lose their jobs, as millions have during the pandemic, they are forced to pay for Cobra at a higher cost, at a time when they need health care the most. I urge you to not maintain the current job based health insurance system.
66	Art Persyko	Question for Mulkey consulting: Do you study (or will you be studying) the "lobbying environment" that affects decision-making by members of the legislature and the Governor? I am referring to the impact of those with an economic interest in the health care business community (e.g. money and related messaging and pressures brought to bear on elected officials from: health insurance companies, pharmaceutical companies, hospitals, and associations representing the interests of all for-profit entities making money in California healthcare)?
67	William Bronston	one does not jump a chasm in two steps. the pre decision to act to preserve private insurance is the corrupt fix in the Commission's majority conflict of interest!! this is not the people's will and represents the corporate investment in the great American health care scam (see. David Belk MD new book)
68	Ernest Isaacs	"
69	Nina Eliasoph	Nina Eliasoph, sociology professor at USC here: Since we know from empirical social science research that by getting rid of the insurance corporations, single-payer would save money and lives, and would address our country's horrific health inequities, why is the commission stocked with people from for-profit insurance corporations and their allies?
70	Ann Harvey	Thank you, Dr.Ghali, for pointing out that massive job loss due to COVID measures unmasks the folly of tying health care coverage to employment. Health and health care disparities are highlighted by the epidemic. The much broader disparities impacting health, well being, and life expectancy that are created and perpetuated by systemic racism are highlighted by videos of murders of Black people by law enforcement officers and by the ongoing demonstrations.  Now is the time, when the nation is acutely aware of these unconscionable disparities, to embrace and implement ASAP a health care system that provides THE SAME ACCESS AND

Count	Name	Comment
		COVERAGE TO ALL, from preconception to grave. Single payer is absolutely necessary, although not sufficient.
71	Marci Levine	Also, as the person at a small business that has to administer the health insurance system at our company, it creates a huge burden and is very distracting to my ability to do the main job I should be focusing on.
72	Stephen Vernon	Stephen Vernon, MFT --Therapists for Single Payer, PNHP, Healthy California Now Coalition--- Appreciate the "bold" partial steps as an attempt at compromise. But how do you take the insurance corporate profit and administrative waste out of health care without taking the insurance corporate profit and waste out of health care...?
73	Ryan Skolnick	<p>This commission's environmental analysis spent far too much time rehashing tired objections about the process of implementing single payer, and proposed virtually nothing to address these objections outside of federal action (which is not necessary to implement unified financing in the state of California).</p> <p>Indeed, most suggestions for action in the report were entirely unrelated to the implementation of single payer, and instead focused on piecemeal fixes, many of which the legislature is already considering. Why is this committee talking so much about figuring out next steps about unified financing, when in the committee's own report, it does nothing to further that?</p>
74	Alberto Saavedra	California spends almost \$400 billion/year in healthcare. A single payer system would cut at least \$40 billion/year because of lower administrative costs. Small businesses would benefit let alone all non covered people and those who lost their jobs. When do you plan to have a just and efficient healthcare system such as Canada, Taiwan, Norway, etc.? BTW I'm just an activist. Enough "incrementalism" we need real progress.
75	Gerald Rogan	Is there a way to meet the goals of the commission without comingling all the money? There are significant barriers to combine Medicare and Medicaid funding. Administration of each program are markedly different. I have worked as a medical director for both payers, NHIC and Xerox. I would not want my medical care financing run by DHCS.

Count	Name	Comment
76	Sonja Brodt	As a health care consumer and long-time resident of California, I urge the Commission to create advisory groups specifically for regular health-care consumers, low-income communities, communities of people of color, and groups already working on alternative visions for health coverage, especially single-payer systems. The COVID pandemic has clearly shown the urgency of fixing a system where coverage is tied to employment, as well as the terrible and unethical disparities in health coverage between different demographic groups. This Commission's analysis and recommendations can have no legitimacy in the eyes of the public without clear and thorough representation of the most deeply affected demographic groups amongst our population. I also urge the Commission to give fair and serious consideration to a "Medicare for All" type, single-payer system, which is the only clear way forward to provide for disadvantaged groups, and to save money across public and private sectors, as shown by previous economic analyses
77	Dr Bill Honigman	COVID19 shows how we need public prioritization for a public health emergency. This can only be done by a publicly financed system that allocates resources to where they are needed. Why are we still only talking about implementing such a system when Californians are suffering and dying now especially in inner city and rural areas because we are not already acting on this issue?
78	Michael Monasky	Is the commission, the governor, the legislature, and the industry blind and deaf to our anger, frustration, and disdain towards them and this health market system?
79	Michael Monasky	Can I answer for you?
80	Maureen Cruise RN	The make up of this commission only has 3 possibly 4 bona fide single payer advocates out of the 18 involved. Should the governor disband this commission and reappoint a more fair representation of the research and of the people's needs in this state. Thousands die every year incrementalism and insurance, hospital, pharma profiteering is an emergency for people every day. The foundations represented by members of this commission are advocates for those interests. Maureen Cruise RN
81	CS Lim	COVID-19 has shown that any healthcare system that continues to tie healthcare coverage to employment, and is premised on insurance companies, drug companies and hospitals making profits isn't actual healthcare. The public option is unacceptable. We demand real quality universal healthcare in California, and that is single-payer. It is also unacceptable that the Commission's "Current State of Health Care in California" presentation proposes only employer and healthcare provider advisory focus groups. Millions of ordinary Californians need to be represented on the advisory focus groups by advocacy groups for the public, such as Healthy

Count	Name	Comment
		California Now and Health Care for All – California. Thank you.
82	Margaret Copi	Define “Unified Financing” - that term is a veil and could be interpreted as “move everyone into Blue Cross and the tax payers pay for everything including the profits. Clarify the goal or it is not possible to define the steps to get there. You folks have to be brave and tussle with the kernel of the controversy - diversion of money to profits. The composition of your currently advertised advisory groups is pulling back the veil to the dismay of virtually ALL of todays public commenters.
83	John McKean	Does this Commission continue to view job related medical coverage as part of the solution to Universal Health Care?
84	Maureen Cruise RN	This commission is a delay and distract tactic to block re4al reform
85	William Bronston	the action of this body and the governor will presage the shift of content of mass demonstrations on our streets. The deaths due to the lack of access to health care from non and under insurance exceed the deaths from COVID, silently!! We can't breath????? There has been a knee on our neck for over 100 years with its concurrent death toll!!!!
86	Henry Abrons	The term “unified financing” is open to interpretation. How does the Commission define the term? What does it include? and what does it exclude? Henry L. Abrons, MD, MPH, Physicians for a National Health Program, California Chapter
87	Erika Feresten	My name is Erika Feresten, I am an elected CA delegate AD 50. We should be past conversation. It is has repeatedly been made clear by every other industrialized country in the world, and the various reputable studies done here that single-payer is the only viable way to give all US residents quality and comprehensive health care and save money. We don't need a commission to discuss, we need the Governor who campaigned on Single-Payer to implement it now.
88	Alyssa Kang	I want to enter into the record, the concern shared by patients, frontline health care workers and so many others throughout the state about the lack of public input into this entire process, especially during this devastating pandemic. Those most impacted by the racial and economic disparities that have been exacerbated by COVID-19 - these voices need to be heard and included. Also very concerned that the work of the Commission lacks transparency - all this work is being done behind closed doors, spearheaded by consultants, instead of those most

Count	Name	Comment
		directly impacted (patients and the nurses, doctors and other caregivers who take care of them). Why was the draft report only made public late yesterday? This does not allow enough time for the public to review. The public, all the stakeholders, should be able to submit comments on the draft and other future reports to make this a productive, useful and impactful process.
89	William Bronston	false question!~!! election must correct the conflict of interest that suffocates our culture and puts us all at high risk
90	Art Persyko	The chat is disabled by the host it says on the screen!
91	Ellen Karel	Can you please summarize the rationales voiced by commissioners favoring the “big leap” and “bold preparatory” approaches? Thank you.
92	Maureen Cruise RN	Why so many from east coast...they do not know California...is that why they were selected?
93	Eric Pierce	My name is Eric Pierce and I am the social worker in the largest infectious disease clinic for Kaiser Permanente. I would first like to thank Governor Newsom and staff for helping to resolve my union, National Union of Healthcare Workers, labor dispute with Kaiser. Let me be clear, we need single payer now in California. All my patients Have HIV or AIDS and need life saving medication daily. Many of my patients have lost their jobs due to COVID 19 and hence their healthcare coverage. Because of our current system tying jobs to healthcare, my patients will be without their vital medications and doctor appointments. Think off all the chronic life-threatening illness that now have no treatment like diabetes, high blood pressure, cancer. Do we want to abandon these people to die? The lives of all Californians are in your hands. California is the 5th largest economy in the world. Behind us is the UK and France both have single payer healthcare systems. We have the money we need the political will.
94	Kathy Rallings	The chat is disabled.
95	Iris Perez	Hi, I’m a lifelong resident of California and a current nursing student. While the Commission has formed two Stakeholder Advisory groups, there is still no public stakeholder group that represents the diverse patient population that lives in California. We need Healthy California Now to fill this role. Healthy California Now is a statewide coalition of organizations and activists whose goal is to eliminate all barriers to care, starting with establishing a single-payer, Medicare For All system in California that will serve our state’s diverse patient population. The for-profit/insurance-based healthcare model is ethically unsound and capitalizes on patients’ illnesses. We need a fair, equitable, cost-efficient healthcare system that puts patients before profits. We need to focus on prevention and put a stop to increasing costs of healthcare, limited provider choices,

Count	Name	Comment
		pharmaceutical price gouging, surprise bills, and health plans that charge more and cover less. We need Medicare for All. Thank you
96	William Bronston	the preparatory step is to replace the cowardly and corrupt legislators from blocking the true and only solution with its urgency.
97	Ann Harvey	Web Moderator: can you please display the speakers' names as they speak? And position if possible?
98	Kathleen Healey	Ro Khanna's bill HR5010 would allow CA to use federal health funds (MCare/MCal) for a state health care system. Is the Commission supporting this bill?
99	Kathy Rallings	We can't continue lining the pockets of the for profit insurance companies with tax payer dollars.
100	Denis Recendez	California is the sixth largest economy in the world, even larger than Canada. Yet, Canada has guaranteed healthcare through a public funded program. California must be the leader in guaranteeing comprehensive healthcare to all its people, free at the point of care with no premium, co-pays or deductibles. The only way to achieve this this is through a publicly funded and directed Medicare For All single payer program. Please help make it happen!
101	Mari Lopez	Since the creation of the ACA, state leaders have allowed the grave concerns over cost to working individuals and families to go largely ignored. Since then we have seen insurance costs soar, pharmaceutical prices dramatically increase, and many people who do have insurance are now reporting in greater numbers that they are foregoing care because of the additional costs at the point of service. The insurance industry have demonstrated time and time again that their concern is not the health of the population, but instead the maintenance of their profit margins. And it is a fact that their practices disproportionately impact people of color.
102	Susan Howe	Have the University of California and Kaiser, plus the larger Hospital Systems in California been approached for their opinions and willingness to cooperate with a unified State Financing system? Especially the UC Health System and Kaiser may have self interest in a State Financing System
103	Dr Eric Hansen	Has the panel considered other countries systems as a possible solution to improving healthcare affordability and delivery in California. Such as the German model that does not entirely depend on State/Federal funding to work?

Count	Name	Comment
104	shirley toy	The current system is not working. If people do have adequate health care coverage, we as a society are still paying for it - either increased cost for tax payers, cities, counties, businesses, individuals, our nation. . . and the "profits" are not going into more care, but profit for the few.
105	Jenni Chang	With all due respect for everyone's time, if there are commissioners who cannot dedicate the time and energy to help get California to single payer, then please resign.
106	George Woyames	I am George Woyames, LCSW, a retired medical social worker in San Francisco. Insurance companies are having to pay lots of money to cover COVID19 hospitalizations. Wouldn't this be to their advantage to join into a health care for all kind of system?
107	Erika Feresten	YES Comsti!!!!
108	William Bronston	right Carmen!!!!!! Act now!!
109	Michael Bullion	Go Carmon Comsti!!!
110	Marci Levine	I agree with Carmon that now is the time for the big leap!
111	Eric Pierce	Thank You Carmon! Yes let's talk now!
112	Steven Gibson	Is it possible to add additional California citizens to the commission? They should have input and contribute also! Steven Gibson 562-900-2834 sagauthor@gmail.com ADEM member AD 41
113	Denis Recendez	Thank you Carmon!
114	Nina Eliasoph	Yes, Carmon Comsti!! 108 people in the Q&A agree!
115	Erika Feresten	Comsti for Governor!
116	Michael Monasky	what autoerotic puffery this environmental analysis is? Did I fall off my chair when this body calls this report "environmental"? Urban planners engage in similar report writing following guidelines from CEQA (1970) while destroying our environment? Is the bloated food system, harboring 700 billion animals worldwide, contributing to the zoonotic pandemics we now see?
117	Eric Pierce	Carmon is speaking about my patients.
118	Michael Bullion	Covered CA is bankrupting me right now!!!!
119	Michael Monasky	should I answer that question for you?
120	Gerald Rogan	Can we reduce the cost of medical care by improving the medical staff peer review process? Should we change the way medical malpractice litigation is conducted to reduce the need for defensive medicine?
121	Alberto Saavedra	Well said Carmon!

Count	Name	Comment
122	Barbara Dunn	Yes, the time for the big leap to single payer is now!!!
123	Maureen Cruise RN	YES COMSTI !!!! get the profiteering pirates out and their representatives on this commission out!
124	Eric Pierce	People over Profits!
125	Erik Marquis	I would like to know if any of the commissioners disagree with the following, and if so, why: Any healthcare reform that California undertakes must be preceded by a plan to collect and share health data. If no commissioners disagree with that statement, then shouldn't we create a subcommittee that focuses on that task?
126	C E Mone	Listen to her!
127	Michael Bullion	Single Payer Now! Go Carmon!
128	Marci Levine	The financing should be able to be done fairly simply by a combination of a fee to employers and a tax on people, with subsidies as needed to aid the burden to the poor and certain small businesses.
129	Stuart Flashman	Emphatically support Ms. Comsti's comments!
130	Marci Levine	Yes! HR 1384!
131	Eric Pierce	Healthy Cal will help you with that!
132	Jeanie Schmidt	I really wish for some indication that this commission is actually listening to what Carmon is saying here? When will the people be heard?
133	Maureen Cruise RN	NURSES know...not these corporatists on this commission....and the fake "reformers" there to blockade single payer like health access.
134	Gerald Rogan	Can we treat drug addiction more as a medical problem, not a criminal problem?
135	Rhetta Alexander	Thank you Carmon Comsti for your support for single payer in California!
136	Shirley Toy	I support this current speaker! Yes!
137	Patty Harvey	Why are commissioners willing to fiddle around while people are suffering and dying? Comsti is 100% correct!
138	Kathleen Healey	Yes on bold preparatory steps!! Thank you, Carmen!
139	Ernest Isaacs	A "Great Leap" is absolutely necessary. A "Bold Step" just drops us into the abyss.
140	Alex Newell Taylor	Thank you Carmen! This commission is designed to do nothing but make us wait- and we don't have time to wait. The time is NOW.
141	Henry Abrons	Agree with Commissioner Comsti — we need to take the big leap without dithering around.
142	William Bronston	Bottom line is health care must be public good belonging to the public and delivered privately in this first step before thru public ownership of all health professionals. 1384 and 6096 are the

Count	Name	Comment
		first steps!! The bias of the consultants and rejection of single payer by the commission is unethical.
143	Alyssa Kang	Thank you, Carmen!
144	Marci Levine	Yes Carmon!! Ordinary citizens and businesses need to participate, not big corporations.
145	Iris Perez	Why are we willing to spend so much money on a healthcare system that doesn't serve patients who need the most care? Where is the moral backbone from this nation's leadership? Our current system is failing our patients.
146	Shirley Toy	Thank you, Carmen!
147	Alex Newell Taylor	We don't have time to wait! Thank you Carmen! We need to be focused on what it will take to get this done - not more time for corporations to tell us what their position is. We need to move forward now - CA can be the beacon of hope for the millions more who are uninsured!
148	Robin Sunbeam	Maintaining illness is more favorable in a for profit healthcare system.  Also, it is not profitable to maintain supplies of emergency equipment and paying for storage when it may not be used for years. The theory is that the emergency equipment can be acquired as needed. A public healthcare system would have emergency supplies in storage.  Government is not for profit. Government services should never be for profit.
149	Iris Perez	Thank you, Carmen!!!
150	Maureen Cruise RN	BOO Wright—shame on you for derailing single payer for years while claiming to be for it. Nice paycheck?
151	Michael Bullion	How about we use \$\$ from sales of Marijuana and set up funding through a Public Bank!?! The money exists!
152	Suzanne Cowan	As a senior citizen, I believe that one of the most urgent and important steps in the transition to universal health care is reducing the price of medications. California can and must establish control over drug costs and require pharmaceutical companies to engage in price negotiation with State representatives for all medications they place on the market.
153	Eric Pierce	We can all talk about what COVID has shown about our current healthcare system, now is not a time for talk, it is time for action!
154	William Bronston	We must take on evil directly!! single payer now
155	Gerald Rogan	Can hospitals work more collaboratively to avoid needless duplication of health care resources, such as developing centers for elective neurosurgery, more urgent care centers to reduce emergency department visits?
156	Michael Monasky	C'mon, Anthony...can't you just spit it out? Do you still oppose single payer health care?

Count	Name	Comment
157	Linda Bassett	Linda Bassett State and County delegate for the democratic party and retired teacher. We essentially do provide single payer to many already in the state through the public/government employers such as education, police, government. It is not a leap to insure all people. This is another stalling step or the corporate insurance companies and their grab for our public dollars. Getting rid of the intermediary insurance companies and directly paying doctors of these worker's choice is an easy step. These groups are paying for the uninsured already by way of inflated prices. Covering the rest by way of a progressive tax on all others, is an easy step. Get rid of the gougers and Single Payer is NOT a leap.
158	Eric Pierce	People don't experience our current system because they can not afford it!
159	Ann Harvey	Thank you Carmen Consti. You hit the nail in the head. Take the leap now. Get the experts, such as from my organization, Physicians for a National Health Program, National Nurses United, Congresswoman Jayapal and her staff, etc, and GET IT DONE. —a family doctor
160	Marci Levine	Exactly Anthony! I know so many people that are stuck in jobs because they can't give up health care. Or can't afford to do what they want to do because of health care needs.
161	Phillip Kim	Yes to everything Carmen said! We need to move immediately to a single payer health care system in California. The current profit-driven patchwork is hurting Californians. Health insurance companies serve no useful purpose; they make money by denying care. Get rid of them!
162	Ramon Bieri	Does this commission have the same frame of mandate to approach developing the solutions for the state, as the state approaches universal education access for all Californians?
163	Eric Vance	Please listen to your own Commissioners — there MUST be public input, not solely from Employers and Providers. People are fed up across the country and the planet with the continuing systemic injustices, and are demanding and winning substantial change in real time by righteous protest and direct action. The Commission's report as it stands does not reflect the will of the working class. Please accept the breadth and depth of experience that Healthy California Now coalition is offering you. There's a reason hundreds of people are calling in right now. You have a chance to not only be on the right side of history, but to be leaders.
164	Gerald Rogan	Medicare had authority to impose least costly alternative payment to specific drug pairs such as Lupron and Zoladex. The authority was removed in 2009 via a court action. Should this authority be enacted?
165	William Bronston	People are dying daily stop this Wright blah blah blah

Count	Name	Comment
166	Brian Stompe	The only winners in the current system are the insurance companies and legislators who receive insurance lobbyist funds. How do we make clear to the multiple entities using the health care system that they will make huge savings with single payer and everyone will receive good health care with single payer? Insurance companies and their legislators try to divide the public into spheres of different interest, when actually they have a common interest.
167	Stuart Flashman	We need to move away from employment-based healthcare. It doesn't work for the unemployed, for those in the gig economy, for those whose employers don't provide healthcare coverage, and for those, like me, who are self-employed.
168	Erika Feresten	Keep speaking truth, Comsti! Aside from you Marya , Hisao, and maybe Schefler the rest of the commissioners are aligned with the medical industrial complex that profits off the current health system that discriminates based on race, economics and immigration status.
169	Alberto Saavedra	Don't get lost in the trees, look at the forest. It's on fire.
170	Maureen Cruise RN	Every body in exactly the same system of finance allows community services to thrive with every person being of same value. Everybody in and nobody out. Divide and conquer has been Health Access' and CPEHN and so many other "non profit identity politics groups" getting foundation money. Single payer is not complicated. what you propose is health access apartheid. We dont need to "get to" the big leap. Take the leap.
171	Randy Hicks	can compare to insurance model to single payer on Covid19 coverage
172	Dr Bill Honigman	Commissioner Comsti is right. COVID19 shows now is the time to do what's right for all Californians. Implement Single Payer HC now.
173	Ryan Skolnick	Why are we even discussing markets here? The entire premise of single payer (or unified public financing as the commission insists on calling it) is that markets don't work in health care. That's why people are so critical of these advisory committees: they reflect the mindset that the current system just needs reformation. You can't reform something that has rot at its core, we need to replace that system.
174	Craig Simmons	I would like to speak about implementation of a voter approved payroll healthcare tax.
175	Mari Lopez	We agree with Carmen Consti's comments regarding the snails pace of the commission's action to determine the merits of a single payer system while millions continue to suffer from a pandemic that has accelerated the loss of their coverage through contracting the virus, the loss of a job that provided insurance, and the increase in costs that has been on an upward trajectory for years. There has never been a time nor circumstances that call for immediate and wholesale change of a system that is

Count	Name	Comment
		transparently draining the taxpayer coffers while CEOs make millions in salary
176	Stephanie Nakajima	lol ya'll think you are going to funnel more public funds to private, for-profit insurers? Good luck selling that one :)
177	Erika Feresten	Right on Marya!
178	William Bronston	Rupa!!! YESSSSSS!!
179	Baba Akili	My name is Akili. As an organizer with Black Lives Matters-LA we are supporting and advocating for a single payer health care system. It's the best way to assure Black people will have access to health care. It makes no sense to continue to connect health care to employment, health care is a human right not a benefit. Act now people are dying, to many of the people who are dying are Black and need health care, don't let institutional racism stop you. End health care apartheid.
180	Michael Monasky	Anthony Wright needs more time to figure out how to continue passing profits to hospital systems, insurance companies, and all those still employed health insurance brokers...
181	Denis Recendez	YES! Thank you Rupa!
182	Nina Eliasoph	I wonder why there are so many speakers who are filling up a great deal of time repeating what we already know, without (except for Carmon and Rupa!) directly saying that we already know what would save lives and be cheaper: single-payer. Since we know this already, can we work on single-payer right now?
183	Eric Pierce	Thank You Rupa!
184	Eric Pierce	Preach
185	Stephen Tarzynski	Steve Tarzynski MD
186	William Bronston	AND FUNERAL DIRECTORS
187	Shirley Toy	The public need to be included now!
188	Marci Levine	Yes Rupa!
189	Kathy Rallings	California must compete globally and that means we need Single Payer health care now!!
190	Eric Pierce	Yes Thank You!
191	Henry Abrons	Cheers for Dr. Marya's comments (10:46 AM)
192	C E Mone	Listen to her [Rupa Marya], too!
193	Maureen Cruise RN	YES RUPA...and i love the April's Fishes...cool. Everyone in the same system are valued the same. Tiered care is discriminatory by design and definition

Count	Name	Comment
194	Alyssa Kang	Thank you Dr. Marya! Yes everything you are saying. Thank you for standing with us and speaking out for these communities!
195	Judy Rice	Where is the process flow? that could show visually where the bottlenecks exist
196	Jeanine Rohn	THANK YOU, Rupa!!
197	Eric Pierce	Listen to Rupa!
198	Shirley Toy	People need healthcare and not health insurance!
199	David Melford	Single Payer MC4A is a must not to be tied to employment. We can't afford the ACA system now. You have to be making more than \$225,000 dollars a year in income to be paying more than the average monthly major medical plan premium of \$833 families, not mentions \$321 for individuals. The Sanders Campaign emphasizes a first \$29k income exempt and 4% tax on incomes above \$29k. The break even income is \$250,000 taxed at 4% about the average of \$10k a year on premiums. Families on average pay twice as much as the Now \$20k Just on Premiums. Not talking about including premiums Co-Pays and Deductibles and Big Pharma bills. Medicare. Is a No Brainer except for Big Wall Street Lobbyists and Crony Capitalists.
200	Beatriz Sosa-Prado	Thank you, Rupa. This is Beatriz Sosa-Prado from California Physicinas Alliance. Participants here overwehwhelmingly support a single payer system.
201	Iris Perez	Thank you Rupa!!!!
202	Eric Pierce	ACA is a failure, my patients are suffering!
203	Marci Levine	Also, small business HR administrators and CFOs should also be consulted about the impact of the current system on them and what they would recommend.
204	Erika Feresten	An error the public who overwhelmingly suupports single-payer was not included or by design?
205	Max Cotterill	Thank you Dr. Marya!
206	Shirley Toy	I support this speaker 100%
207	Maureen Cruise RN	Private Profit only extracts resources away from care
208	Stephen Tarzynski	California Physicians Alliance. Pandemic shows that market forces can't handle a major crisis. Have to end linking employent to insurance, i.e single payer. Also need to strongly regulate private equity which is taking over the healthcare system.
209	Gerald Rogan	What is the likelihood Medicare beneficiaries will agree to risk their benefit in favor of the State of California managing the benefit dollars? I think there would be lawsuits to prevent it in the absence of federal legislation. How can we move toward less employer based financing of medical care for those who are not Medicare beneficiaries? I recommend the focus be on those who are not on Medicare and leave Medicare alone.

Count	Name	Comment
210	Marge Gianelli	I agree with Carmen Comsti
211	Michael Mulderig	Listen to Rupa
212	Shirley Toy	where can we find this "report"
213	Margaret Copi	Linda Bassett agree agree agree with your comment. — Margaret CopiMD Oakland CA
214	Nina Eliasoph	Please be sure to put Rupa and Carmon's comments in the report!
215	Barbara Dunn	Yes, Rupa, good point about twin pandemics. And I agree again we need to take bold visionary action, and take the big leap to single payer now! Must have equity in health care.
216	Eric Pierce	Why were Rupa's comments left out of the report?
217	Max Cotterill	Very concerning that the commission has made little effort to include the public in this process AND that several of the commissioners who support single-payer are noting their comments were excluded from the report.
218	Gerald Rogan	Should all vaccines and immunizations be removed from insurance and become the financial responsibility of the public health departments?
219	Dr Bill Honigman	Thanks Commissioner Marya, you are exactly right. Corporate insurance diverts resources to their own benefit which is not necessarily that of we the people of California. Why are we not moving forward to such a system now that prioritizes the good of the public not that of corporations?
220	Maureen Cruise RN	Tarzynski CaPA in partnership with health Access supports "regulation" but keeping the insurance in profiting from our needs and tiered care. Check out the Golden State Roadmap....complete nonsense.
221	Michael Monasky	are white people blind to the racial apartheid of private health insurance systems and markets?
222	Henry Abrons	To Commissioner Hansen: The ashes are all around us. We need to open our eyes.
223	William Bronston	WHY HAVE WORKING SUBCOMMITTEES AMONG THE COMMISSION NOT BEEEN ESTABLISHED??? I HAVE REPEATEDLY CALLED TO FIND OUT HOW WE CAN PARTICIPATE TO NO AVAIL AND NON ONE TO ANSWER!
224	Eric Pierce	The large amount of money we spend is to CEO pay and administration, I have to disagree with your comment Jeannie.
225	Dr. Madhu Sisodia	Right health care is a human right not a benefit. (Dr. Madhu Sisodia, India)
226	Maureen Cruise RN	Many well to do privileged white professionals ( I am one) are absolutely not blind. They do not care. Their interests are tied to the status quo

Count	Name	Comment
227	Robin Sunbeam	I am Robin Sunbeam, RN, MSN, PHN. After decades as a hospital nurse, I retrained and became a School Nurse with a clear credential. I retired after 11 years for these reasons: 1) Every year the budget was cut, resulting in my hours cut. I had to do more in less time. 2) Every year, the scope of the School Nurse was narrowed, first by policy, and then by law, to squeeze the School Nurse role into a vaccination box. Recording vaccinations can be done by unlicensed personnel. And reminding parents to get their children vaccinated can also be done by unlicensed personnel. With all the important and critical health issues being managed in school, why squeeze licensed nurses into work that doesn't require a license? 3) The professional School Nurse publications were being consumed by vaccination issues, and neglecting most other issues except diabetes and epilepsy. 4) Budget cuts closed the offices in Sacramento that received the data on school health, resulting in most nurses stopped doing those services.
228	Ligia Montano	Are we going to get the recording of this presentation?
229	Judy Rice	The old Framm commercial--pay me now or pay me later--if we maintain our cars on schedule we don
230	Eric Pierce	No ACCESSS this is not about ACCESS this is about universal program!
231	Maureen Cruise RN	Too many "faux friends ( foes)"
232	Reed	Thank you Commissioner Comsti and Dr Marya for speaking out for bold systemic change. We've seen how incremental change just keeps racial and economic inequalities in access to healthcare. Single Payer NOW!
233	William Bronston	"BASIC" IS DELAY AND SECOND CLASS CARE COMPARED TO SINGLE PAYER THAT IS NOT DISRUPPTION. BOLD BS
234	Barbara Dunn	Need to ensure mental/behavioral health care as part of universal health care for all too.
235	Robin Sunbeam	Our elected representatives should not have more services than their electorate. Our elected representatives are our servants and need to understand that the electorate is their boss.
236	Maureen Cruise RN	oohhh Kaiser.....6 billion in profits!! opposed reforms
237	Geoffrey Summers	Abolishing private, for-profit health insurance is a moral and financial imperative. It should have been done decades ago. Universal single-payer healthcare that is free at the point of service needs to happen now. Anyone who is opposed to this has blood on their hands.

Count	Name	Comment
238	Linda Bassett	To illustrate my above point, I would like to convey a conversation I had with my hairdresser not long ago about Single Payer healthcare. She said that in her whole life, she had never had healthcare. I was astonished. She granted that she had been lucky to be so healthy, but confided that she had recently gotten married and then had healthcare. She immediately had a deviated septum corrected or hersel and her daughter. This procedure had dramatically changed her life for the better. As she was relaying this story, I thought to myself, how awful. Here I was, a teacher, with public tax dollars paying for my healthcare, placing me in an advantaged position from this hardworking talented individual. I imagine that all nongovernment workers must be - or should be - resentful of their taxes providing some for some and not for themselves. This is an unequal representation of tax dollars between citizens and needs to be stopped now! Single Payer NOW!
239	Nina Eliasoph	I couldn't figure out what the previous speaker was advocating. She said, we need "a bold journey on this path at this time...to make sure people have greater access as well as greater well-being in this process?" What is this advocating in particular? It sounds like word salad, but maybe I'm missing something.
240	Michael Monasky	Isn't dental care essential to circulatory health? Isn't a lack of end of life care funding barbaric treatment of our elders and disabled persons?
241	Maureen Cruise RN	LOOK at SB562 and the financing from PERI for a basic scheme. Educate yourselves
242	Reed	Look at SB 562, that provides a framework for this transition!
243	Robin Sunbeam	Rendon and Woods in the CA Assembly are blocking the way.
244	Reed	SB 562 The Healthy CA Act (2017-2018)
245	Stephen Tarzynski	Yes, everyone please do check out CaPA's "Road Map to Golden State Care" and decide for yourself.
246	Stephen Vernon	To Bob Ross-- Happy to help with that vision-- AND isn't that the commissions job ?
247	Ernest Isaacs	Mr. Roos - There is a vast amount of information on how M4A will work. Google "Robet Pollin". Lok at the PNHP web site. Check out the text of HR1348.
248	Judy Rice	If we open a Health Division within the Education Department then if/when taxes are involved, then the 30% could be used fund school nurses for each school--not dependent solely on property taxes--we could have school social workers, community/school clinics--could also tap into a reparation fund.
249	Michael Monasky	Is Bob Ross asking for a picture painting of what reformed public health system looks like? The other Bob Ross might be dead and bequeathed a bunch of paintings to us; but isn't this Bob Ross living under a rock?

Count	Name	Comment
250	Jerry Marr	<p>To repeat an often used, but nonetheless very true observation over the years, ; the United States is still the only modern nation where medical debt is the leading cause of bankruptcy , as well as the highest use of Go Fund Me appeals!</p> <p>This was being stated last decade when California was attempting to pass SB 840 and SB 810 for a single payer health care approach . We know it was vetoed by Governor Arnold both times.</p> <p>Leading up to the enactment of these bills, we would always hear in committees how the single payer issue “needed more study” etc. Since then, we have seen fiscal analysis studies brought out, including for SB 562 this decade, which pointed out how cost effective a single payer system can be.</p> <p>I would think there has been more than enough study as to the feasibility and need for Medicare for All!</p>
251	Ryan Skolnick	We know what a transition to single payer looks like. There have been multiple bills and several financial studies on it. This is not a matter of “how.” This is a matter of “do our elected representatives have the political will to do what is right even if the money is not with them?”
252	Margaret Copi	to Gerald Rogan - people actually on medicare know it is not really where we need to be - there is significant out of pocket cost and a thicket of confusion when one attempts to enroll.
253	Denis Recendez	Thanks to all who already commented on looking at SB562 for a pathway to comprehensive guaranteed single payer healthcare.
254	William Bronston	BOB LOOK AT THE rest of the WORLD! read HR 1384 and hR6096 to get concrete on policy. we must add governance, public health framework, manpower subsidies with community service assignment year for year and deep conversion of long term care to life time care to replace out of home placement for elders and folks with disabilities.
255	Eric Pierce	My patients can't move they have no money to afford the premium because they have lost their jobs. Time for the Big Leap!
256	Stuart Flashman	We also need to figure out how we get around the roadblocks that Congress, and especially the current administration in Washington, can be expected to place to block a move towards single-payer. As an interim measure, any healthcare related to COVID-19 should be covered for everyone.
257	Erika Feresten	Here are a few pictures that can help you understand what single-payer would look like SB 562, HR 1384, S1804, Canada, S. Korea and just about all the other industrialized countries in the world
258	Reed	Even BEFORE the pandemic in January it took me WEEKS to finally get my private health insurance company to approve an appointment with my PCP! I can't imagine what a disaster it is for people right now.

Count	Name	Comment
259	Jenni Chang	To Bob Ross. "Bold incrementalism" is something a protector of the status quo would say, isn't it?
260	George Woyames	To Commissioner Ross: a single bold leap into health care would include for example: Medical/Medicare/Insurance Companies/Employers/Federal and State Monies/ Contributions from Pension Funds. I favor the Massachusetts style health plan. There, for the most part, people do not have to worry about losing their health coverage when they change jobs - or lose them. George Woyames, LCSW Retired Medical Social Worker San Francisco,
261	Alberto Saavedra	The ACA was a step in the right direction and it left the door open for single payer. It was only a step. It did highlight that America did not have the "best" healthcare system in the world but it was only a step.
262	Beatriz Sosa-Prado	(California Physicians Alliance) CaPA's Road Map provides a step-by-step plan to achieve a universal, high quality, accessible, and equitable health care system: Golden State Care. It builds on California's current system in three phases to avoid disruptions in access to care and to ensure stability at each phase. With a design specifically created to account for the unique needs of Californians, the Road Map can help lead the state to universal health care. Visit: <a href="http://caphysiciansalliance.org/capas-road-map-to-golden-state-care/">http://caphysiciansalliance.org/capas-road-map-to-golden-state-care/</a>
263	Michelle Grisat	Bold steps: - start with application for federal waivers to combine all public programs: Medi-Cal, Covered California, etc. - direct contracting with providers, not insurance companies—no more managed care in Medi-Cal - introduce state legislation for single-payer - reallocate policing and corrections money toward health care and social services
264	Jenni Chang	People need to be more clear about what they mean when they say "bold leap." Stop playing.
265	Michael Monasky	We're not all in this together, really...first responders and essential workers tend to be female and have darker skin and be poor.
266	Elizabeth Connors-Keith	Since a single payer system has been found to cost less than the current system, what's the real stumbling block to instituting it? Isn't it true that it's because the insurance and pharmaceutical companies support our politicians' election campaigns so there isn't the political will to make the right choice?
267	Nina Eliasoph	Who was Bob Ross? Basic protocol ought to be that speakers identify themselves. Why is Bob Ross against involving people who have been examining the pro's and con's of single-payer for years, and who have concluded that single-payer saves lives and

Count	Name	Comment
		is cheaper than any system that includes insurance corporations?
268	Brian Stompe	Has Bob Ross read the U. of MA POLIN Report which details how single payer can be used in CA and would save CA \$38.5 billion a year? Educate yourself, Bob. The information is there. Check out the Economist, "World In Figures" 2020 issue. Compare our costs with others. We pay twice as much. Over \$10,200 per person, more than twice what other countries pay with worse results.
269	Michael Monasky	Hey, DICK...Unified financing is a euphemism for single payer.
270	William Bronston	the rhetoric is not about 'bold" but about universal justice and human rights. The cost is not consequential given the national crisis and massive suffering not only from illness and death but suffering and losses of security
271	Michael Mulderig	The primary stakeholders in healthcare are any and all people of society. That these voices are not represented in your advisory groups and are occasionally referred to as "consumers" is evidence that we as a society have for far to long viewed healthcare as a capitalist venture. HEALTHCARE IS A HUMAN RIGHT.
272	Nina Eliasoph	Bold leap: expand Medicare to everyone, and employ all the people whose current job is in the "delay, deny, and wait to die" industry in the newly blossoming field of preserving life!
273	William Bronston	we must call out evil and corruption directly. end talk and embrace the single payer fix. the money is always there for banks and the medical tyrannical exploitation
274	Stephen Tarzynski	It's strategic planning not incrementalism. But Covid demands a much faster rate of change. Cannot continue to have insurance linked to employment. But unlinking from employment must be done by unified PUBLIC financing not radical liberalitarian vouchers. Again, Commission also needs to look at highly regulating private equity which is destroying our health care system as we speak. It may actually be too late.
275	George Woyames	Kudos to Commissioner Scheffler. Great comments.
276	Kathy Rallings	We also need to address who is getting paid. Profit over Patients doesn't work!!
277	Michelle Grisat	Single payer is the answer for funding rural hospitals. Global budgets based on need. Must be a single-payer, not a multi-payer system, for global budgets to work.
278	Eric Pierce	I encourage Jim to review history of the Great Depression when FDR proposed bold measures that are similar today yet he did it.
279	Stephen Vernon	Professor Scheffler- Absolutely it is inequitable that some people, some governing structures can afford more than others-- Isn't that why single payer, providing coverage/service for everyone, is a good idea...?

Count	Name	Comment
280	Bonnie Coleman	As a senior with both Medicare and union based health coverage, would I give it up for single payer? YES Bonnie Coleman, member of Calif. Alliance for Retired Americans ( million strong)
281	Maureen Cruise RN	Wood you took millions from the corporate industries collapsing health care system
282	Shirley Toy	Single Payer will save us money!
283	Dr Bill Honigman	Assembly member Wood, why do you deny the science that shows a Single Payer system will save money, not cost more, and will save lives??
284	Eric Pierce	I further encourage Jim to review history of UK Single Payer system in 1947 after England was bankrupt and destoryed. Sorry this is an exucse not to have the will. I will disagree Jim.
285	Jenni Chang	Hear, hear Dr. Marya
286	Ramon Bieri	Jim Wood, the lack of primary care providers does nothing for those who can't even get healthcare. Obviously your are not interested or part of the solutions.
287	Maureen Cruise RN	SB 562 would have saved us \$37 billion a year. There are waivers for federal resources.
288	Dessa Kaye	I want to add my endorsement to so many great comments on the need for a single payer healthcare system. Health care is a right; health insurance is not health care and should not be for-profit. Health care should not be tied to a job. Single-payer is not a mystery; it works in countries large and small all over the world. We can't transition from a for-profit to a non-profit system incrementally. Look at how Taiwan did it just recently. Everyone in; no one out; no premiums, deductibles or co-pays. Economies of scale, negotiations with providers for fair reimbursement, participation of experts and real stakeholders (patients/consumers) will result in cost savings that will more than cover universal single-payer coverage for all Californians. Single-payer/Medicare for All is the ONLY viable, affordable, universal, fair health care system and NOW is the time.
289	Nina Eliasoph	Jim Wood: Hospitals are closing because they can't make a profit in rural areas.
290	Kathleen Healey	Khanna's HR 5010 would allow the state to use federal health funds to finance our system.
291	Karen Stevens	Mr Wood's comments are nonsensical. We don't have the money so we shouldn't do it? Our current system costs MORE because of insurer profit margin, meanwhile acting as death panels as they deny healthcare.
292	Michael Monasky	Jim Wood is a dentist who hates the very idea of single payer. Talk about shooting yourself in the foot.
293	William Bronston	the olny way to save money and deal with the budget deficit is single payer that will save 37 billion immedeately. How mcsh does Woods take from Big Pharama, hospitals and insurance lobby money. EXcuses are the diagnosis of hidden corruption.

Count	Name	Comment
		basidci infrastructure is where will woods got his payola if we have single payer and insurance is out?
294	Eric Pierce	No Ballot the healthcare system will kill us with advertising. That is DOA!
295	Judy Rice	Don't forget that the health industry pays itself first--all of the pricing structures are determined by them behind closed doors
296	Maureen Cruise RN	The biggest picture of all is political corruption, Wood
297	Michael Lighty	Precisely because of the budget problem, we need the savings that only single-payer financing can provide: \$37 billion saved by eliminating administrative waste of insurance system, and setting equitable rates and global budget, in addition to relieving state of retiree health liability (approx \$80 billion), as well as reducing by half the cost of coverage going forward for all state and other public employees.
298	Denis Recendez	I will enjoy doing a search of campaign finance for Assembly man Wood.
299	Eric Pierce	Jim Wood please come and talk to my patients who have lost their healthcare coverage and explain to them why they will have to go without their medication.
300	Dessa Kaye	It doesn't look like my comment was properly identified. I am Dessa Kaye, Health Care for All-CA, San Fernando Valley. Thank you.
301	Jodi Reid	Dr. Wood, we waste so much money on the so called "infrastructure" - 15 - 30 cents of every health care dollar is spent on administrative overhead, advertising, ceo salaries, and profits. This money should be redirected to actual care. California already spends almost \$387 billion dollars for health care through state sponsored care and state employees, etc.... We are wasting money. We must redirect this money - and during this incredibly difficult time when we have a \$54 billion budget deficit we can't waste a moment in creating a system that will actually save money and provide the care that all Californians need and deserve.
302	Brian Stompe	Jim wood comments on how short we ae on financial resources. Of course we are! We waste at least 25% of our health care dollars on insurance companies that don't do health care, they make profits for their stock holders and huge salaries for their management. They can't prescribe an aspirin, yet we pay the m for health care.
303	Michael Monasky	Urban hospitals run with a 30 per cent vacancy rate; rural hospitals have 60 per cent vacancies. We need local community health centers run by the people in their neighborhoods.
304	Linda Okamura	Financial perspective — this needs to be financed by the Federal Government. It should be obvious that the Fed and the federal government can spend at will- any amount

Count	Name	Comment
305	SAMSUNG -SM- G950U	I wish to comment that I totally support a single payor public healthcare system. Those of us who pay premiums and deductibles are making insurance companies wealthy. The insurance companies overrule doctors decisions on patient care or flat deny care. This is wrong. I do worry that emergency rooms could become overwhelmed. Clinics and or general practitioners need to be encouraged. In recent years most MDs chose specialized medicine instead of general healthcare. Incentives and protections would need to be considered.
306	Dr Bill Honigman	Assemblymember Wood, are you aware that the US Supreme Court has decided in favor of the states to administer their own HC systems? Why would we need a ballot measure for this if there is already court precedence for us to have our own system including federal resources that rightfully are ours to use?
307	Ryan Skolnick	The claim that we need federal waivers is factually incorrect. Section 1115 waivers and 1332 waivers are only subject to limited federal discretion and can be litigated. It's not hard to design a single payer system that waits for ballot approval if needed (which is not actually a sure thing) There are design solutions to ERISA, Medicare funds, literally all of these objections that Jim Wood has been articulating for years now. We can also design the system to work even while waiting for those federal waivers. Policy is not the obstacle. Political will is. We need more of that and less obstruction and hand-wringing.
308	Ryan Skolnick	*Federal approval
309	Michael Monasky	Am I simply spitting into cyberspace?
310	Maureen Cruise RN	Follow the Money research has been done....Wood and Rendon and Arambula ( is he out of jail?) and many others have received millions in campaign contributions to block single payer. They are MERCENARIES not representatives.
311	Nina Eliasoph	This Q & A is really impressive! There is SO much serious, empirical knowledge amongst us who have been thrown into the Q & A ghetto! And thank you, Dr. Marya and Carmon!
312	Kathy Rallings	We must stop propping up this for profit system especially when our budget can't afford it.
313	Sean Broadbent	It is amazing that financing is discussed in a way that distances the argument for universality.  As if truly universal financing via single-payer wouldn't be universal. As if fragmented financing on the front end could ever lead to a universal system on the backend.  Stop pushing the industry line on how to insure people in our State. Finance it through a single-payer public entity. Healthcare justice will continue to be fought for afterwards. Only we'll be fighting for it collectively rather than ourselves.

Count	Name	Comment
314		
315	William Bronston	waht great unanimity among all the comments!! Alal ower to the people. it seems the host are not reading our feedback. outrageous obstruction!
316	Georgia Brewer	Our current system appears to be “affordable” only because millions of people aren’t getting the care they need. If you add to the calculation their suffering and premature deaths, our current system is no bargain at all.
317	Michael Monasky	This commentary area needs more anger, chaos, angst, vitriol, cursing; you know...democracy.
318	James Sarantinos	Why are you discussing increasing budget challenges when every study on health care economics and expenditures has confirmed that costs will decline? We are not asking for a massive increasing in gov. spending, just a more efficient spending of our current resources.
319	Eric Vance	The coalition of Healthy California Now - a statewide, non-partisan coalition of community, consumer, labor, health, disability, LGBTQ, business, faith, and political organizations, representing over 6 million Californians - have repeatedly offered our breadth and depth of experience to the Commission. It’s disheartening to hear that multiple Commissioners have called for single-payer and public input and were not recognized in the report.
320	William Bronston	the system is not broken it serves capitalism perfectly and willbankrupt CA and the nation relentlessly
321	Beatriz Sosa-Prado	Single-Payer/unified system of public financing is the only way we can have a healthcare system that is accessible, affordable, equitable and that is high quality.
322	Denis Recendez	Thank you Dr. Bronston.
323	Michael Bullion	No more meetings! Actions Now! Single Payer Now!
324	Bruce McLean	I live in Chico, CA which is surrounded by rural California. I believe that we need to move bodily towards the Big Step of establishing a Single-Payer system - based on HR1384 - for California.
325	Maureen Cruise RN	We are all.hurting in the system. Merely observing the discrimination and callous cruelty of the status quo is painful. People are suffering unecessarily. Our ourcomes are a disgrace
326	CS Lim	Assemblyman Wood – The collapse you’re talking about is happening in and because of the current profit-driven system! Global financing with single payer (rf. HR1384) will distribute financing equitably according to need to stabilize the very healthcare infrastructure under threat in the current system.
327	Phillip Kim	Regarding Jim Wood's concerns about the California budget and federal funding, this is all the more reason to combine all health care funding together into a single publicly funded state health program (as was featured in the 2017 bill SB 562). There is a waiver process that allows federal funds to be combined with

Count	Name	Comment
		state funds. Any further needed funds can be raised from progressive taxation, replacing all premiums, copays, and deductibles. Multiple studies show that the vast majority of the public would save money from a single payer health care system. This is one of the main benefits of a single payer system.
328	William Bronston	speed, urgency, action critical given the daily deaths and suffering.
329	Karen Stevens	But the "focus group" needs to include true stakeholders, California people.
330	Margaret Copi	Rupa Marya thank you for representing us.
331	Geoffrey Summers	Dr. Wood: It is LITERALLY your job, along with the rest of our legislators, to make it work. NOT to talk about "oh wouldn't it be great if we could do single-payer, but we need to consider the budget shortfalls blah blah blah." Figure it out. Do your job. Stop talking and start acting.
332	Michael Monasky	Richard Scheffler is an econometrist, not a medical doctor. He should be differentiated from actual medical doctors who deliver care to patients.
333	Ann Harvey	<p>Dr. Wood: rural districts would be likely to have much more stable and equitable infrastructure and workforce resources with single payer. Single payer, and preferably an end to for-profit health care providers/hospitals as well as insurance, would free up TONS of resources now wasted. As your fellow commissioners have pointed out, we also need reallocation of resources both within health care (eg much more for public health/prevention so that we don't need as much of the much more expensive MD expenses) and without strictly health care (eg, more for nutrition assistance, housing, and other basic needs that also constitute prevention).</p> <p>Pay scale within health care must also be re-evaluated. I was a publicly employed family doctor for decades, making. Quarter of what some surgeons and specialists do but shamefully more than the mostly nonwhite legions of health care workers, from CNAs in nursing homes to the many "lower level" workers in clinics and hospitals. To start with CEO highway robbery has to end.</p>
334	Maureen Cruise RN	financing is half the equation...distribution is the other half that really affects life and death, health and disability, solvency and poverty for families and communities. This was all in place before covid.
335	shirley toy	healthcare should not be a "business". It is a basic human need that everyone needs. . . and we need it NOW
336	Eric Pierce	Employers use the multi-payer system to hold over our head, if you leave the job then you lose your insurance.

Count	Name	Comment
337	Michelle Grisat	Fee-for-sevice is not the problem. Elective procedures and routine medical appointments were canceled because there was not enough PPE for care to be delivered safely.
338	Alex Newell Taylor	The current COVID-19 crisis has shown, in no uncertain terms, that tying health care to employment is at best a bad idea, and at worst, a moral failing of our society. Just when they need it most, millions and millions of people are losing their health insurance coverage, as they also lose their jobs and their ability to pay their bills. So why is this commission asking EMPLOYERS for their input on this panel, rather than the PEOPLE of California who are the ones suffering at the hands of our broken system? You say you recognize this problem, but yet you are still pandering to the private insurance industry, and employers, through this process. Why are the opinions of employers relevant if you recognize that they should not be involved in providing health care?
339	Reed	In a globally connected society we will always be vulnerable to pandemics from ANYWHERE. If we don't have free access to healthcare, when COVID-19 makes another outbreak we will have the same disordered scramble for health access.
340	Peter Shapiro	Why should employers even be paying for health care? It should be a public resource.
341	William Bronston	are you reading the chat thread that has the key commens and ideas laid out vs Q&A??
342	Michael Monasky	It was not Covid19 that blew the lid off health care gaps; those gaps have been around for a long time. Covid19 eliminated some white advantage, and runs rampant in poor communities. Covid19 is putting the screws to the system of capital, in which this health care market is deeply ensconced.
343	Eric Pierce	I have plenty of providers where I work who are all in for Single Payer and see how multi-payer for profit kills patients!
344	Nina Eliasoph	Sociology prof Nina Eliasoph here: I've conducted focus groups. They won't give you the info you need. Their purpose is to give you a feel for uninformed public opinion. One wouldn't do focus groups to find out how to build safe subway tunnels or to engineer highways! If you want to do real focus groups, get the system that Xavier DeSousa Briggs describes, from Utah, in which voters FIRST have to study the issue, with presentations and readings from people who've studied it, and only THEN can participate in the focus group. We don't have time for that. Use your power and expertise to give Californians what we need: single payer.
345	Randy Hicks	we should support Ro Kohanna bill on financing
346	Reed	I can't even get my PCP to take my temperature in a reasonable amount of time. I think you know what the temperature of the public is right now!
347	Darlene Little	Is there a way to make use of the Covered California structure to implement the Single Payer option?

Count	Name	Comment
348	Dr Bill Honigman	Why are we still talking about focus groups when Californians are needlessly suffering and dying from COVID19??
349	Michael Monasky	I think the paint is dried. Time for another coat. Did anyone call 911? Wow, Andy Bindman reads a mean PowerPoint...
350	John McKean	Do you see a national energy tax as a solution to resolving funding health insurance and dealing with Global Warming. Canada continues to finance it's health care through such a method.
351	o660547	So who you going to listen to? The focus group that has people with money or the focus group of the people!?
352	Michelle Grisat	What? "Discussion summarized without personal attribution and communicated back to Commission at a public meeting in August." Why the secrecy?
353	William Bronston	why the hell focus on profiteering interests when the true stakeholders are the public and working class organizations that have been battling for M4A for 50 years in CA???????
354	Margaret Copi	Nina Eliasoph - good point about focus groups utility requiring informed participants. - Margaret Copi MD Oakland
355	Michael Monasky	Paint dried. Next slide.
356	Michael Bullion	Why doesn't the advisory focus groups include actually community members? Consumers if you will?
357	Eric Pierce	This is all healthcare corporate talking points what are you talking about Andy??????
358	Jodi Reid	Focus groups should also include consumers - why are we leaving the voice of those needing care and who will be the beneficiaries or victims of this commissions work out of the mix?
359	William Bronston	Andy utterly unacceptable to have profiteers to speak to self interest?/ this is BS and must be balance and properly replace by mass organization reps!!!!
360	Maureen Cruise RN	As referenced last commission meeting by Dr. Marya, read the recent UCSF /UCLA/Stanford report on the review of 22 studies done over 30 years which all find savings with single payer. 19 of them found substantial savings the very first year. Michael lightly should be on this commission. He has studies the waiver situation
361	Alberto Saavedra	The health insurance for profit industry will never support single payer. We don't need them in focus groups.
362	Michael Monasky	Got a revolution...Volunteers of America. Listen up, Sheeple...
363	Eric Pierce	Oh brother more white, corporate, old boys talking club.
364	Darlene Little	How can we be confident that the current funding from the federal government will still be available and at the monetary level we currently see for the supplement to the proposed Single Payer system?
365	Ann Harvey	Please keep in mind that the CMA does NOT represent the majority of California doctors, let alone doctors, NPs, CNMs, and PAs. Please do not allow the CMA or ADA to speak for us.

Count	Name	Comment
		Remember that the AMA fought MediCare tooth and nail (and found it was actually great for doctors once it was implemented).
366	Betsy Strausberg	We need to ask ourselves why it has taken a pandemic to shake us up at a new level to address the health disparities that people have been living with and dying from. What do we need to learn from our inability to do that in the past? What have been the barriers to doing that?
367	Judy Rice	Simple question to ask--what is the cost to make a bag of Normal Saline or D5W et al--what are the hospitals charged and what due the hospital charge the patient?
368	Eric Pierce	Most of these are lobbying groups California Hospital Association WTF?
369	William Bronston	use the top economists that have studied the costs and savings for the last 22 studies!! this roster of focus groups is utterly unacceptable. who is deciding this outrageous corruption?????
370	Diane Moore	Will the disability community be represented in the focus groups?
371	Nina Eliasoph	Focus groups designed solely to pander to monied interests! Wow! I had entered this meeting with higher hopes. I'm so disappointed in my beloved state of California! We could be the beacon for the nation.  "Stakeholder" is Orwellian doublespeak. "Stakeholders" should include people who have a stake in being alive, no?
372	Casey KirkHart	Please focus on importance of primary care and disease prevention, not on specialty or hospital care.
373	William Bronston	Stop this abortion!!!
374	Iris Perez	Healthy California Now, a coalition of organizations and activists whose goal is to eliminate all barriers to care, including establishing a single-payer, Medicare For All system in California, needs to be part of the public stakeholder group.
375	Ligia Montano	But, Andy you are not including community/consumer of health care
376	Michael Monasky	Check your Charge Master to see just how badly we're being ripped off for bandages, aspirin, or normal saline.
377	John McKean	What are the chances of coupling Senator Warren's financial Transfer tax with an energy emissions tax to cover our health care cost?
378	Geoffrey Summers	Where is the public's focus group? And why are we even still doing focus groups? We do not need "focus groups," we need HEALTH CARE.
379	Brian Stompe	Question for Dr. Bindman: Have you read the U. of MA POLIN Report, which shows how CA can finance single payer and save \$38.5 billion a year? It's fine to continue studying the situation, but we need to take action after detailed study shows us the way!
380	Thomas Reed	Will there be other focus groups? ie labor, local government, non-profits, local governments/

Count	Name	Comment
381	Janlee Wong	The Provider Advisory Focus Group should include social worker organizations such as NASW given the extent of social workers both in the industry as well as individual practitioners. It is estimated that social workers provide 75% of the mental health care in the U.S.
382	Dr Bill Honigman	Sorry Mr. Bindman, time has run out for focus groups. It's time to implement a Single Payer system, now!!
383	William Bronston	this delegitimizes this commission's work
384	Peter Shapiro	Re. Jim Wood's comments--weak infrastructure reflects decades of waste due to channeling health care dollars into private profit. Paying providers directly out of state coffers would free up enormous amounts of money to finance a truly fair and comprehensive system. And people would be more amenable to paying higher taxes if they weren't already forking over 20% of their income to pay for insurance coverage.
385	Maureen Cruise RN	These organizations represent the corporate stake. Thought leaders? we are not sheep. There is no real diversity here...all the profiteer advocates. GOVERNOR NEWSOM DISMANTLE THIS BOGUS COMMISSION. Governor the buck stops with you. You campaigned on single payer...until elected. Classic political BAIT and SWITCH.
386	Linda Perez	I didn't see Kaiser included.
387	Norma Myers	I am lost. What is the reason for focus groups of people who monetarily benefit from the current health care system. Because maybe they have moved a little. I do not care what they think. Their voices are all we hear.
388	Bruce McLean	You should consider including the California Physicians for a National Health Program (PNHP) among the provider focus group.
389	Michael Monasky	Ah..."these two industry focus groups"
390	Eric Pierce	Industry??? The question to them should be how will you help us get single payer Now!
391	William Bronston	Bronston. please recognize me
392	Eric Vance	The working class, let alone single-payer advocates, are not represented in these groups. We should not be an afterthought that are only "recognized" when we show up en masse and make demands. Thank you to the Commissioners in favor of single-payer speaking truth to power and including us.
393	Larry Woodson	I'm Larry Woodson, California State Retirees.
394	shirley toy	Where are the citizens and patients about to participate??? We are the ones who have the experience living under the providers and employers decisions???

Count	Name	Comment
395	Karen Stevens	Aren't we tired of the concept of ongoing "focus groups". Many polls show that single payer healthcare is overwhelmingly the favored healthcare delivery model. Financing models have been studied ad nauseam. We are all aware that a single payer system is by far, a cheaper delivery model while producing better health outcomes. Further, including for profit minded entities is clearly an attempt to further blockade towards a universal single payer system.
396	Georgia Brewer	It's shocking that the commission is consulting those who are fleecing the public and the business community, and not including the people who are impacted by our unjust healthcare system and the advocates who support them.
397	Nina Eliasoph	The question was, "What would you like to hear from these two industry focus groups?" I would like to hear this: "How can you live with yourself when you are causing millions of deaths? What do your children think?"
398	Michael Bullion	CALL THEM OUT CARMEN!!!!
399	Georgia Brewer	Thank you, Carmon Comsti!
400	shirley toy	You work for US, the public. . .
401	Eric Pierce	Thank You Carmon listen to her!
402	Ruth Carter	Ruth Carter. Health Care for All-Marin - The choices for these focus groups remind me of the wolf guarding the hen house. Where is diversity? Where are the nurses? Where is the public?
403	Norma Myers	Go get em Carmen.
404	Stephen Vernon	ABSOLUTELY-- Carmen !
405	Geoffrey Summers	Thank you, Carmon.
406	Norma Wilcox	We need to implement a Single-Payer System Now that will save lives and money. Public input from diverse groups especially those denied equitable care such as black, brown, unemployed, LGBT, disabled need to be invited to participate in discussion. Norma Wilcox Chico, Ca
407	Reed	Carmen, thank you! These focus groups are just a STALLING TACTIC
408	Maureen Cruise RN	YAY COMASTI !!!!! YAY MAYRA!!! YAY ROCCO !!!!!
409	Casey KirkHart	The initial purpose you pose to the focus groups will be most important. I suggest you begin with a PROPOSAL: Implementing single-payer in California.
410	Judy Rice	The AMA has kept the number of Med School small so that there is a scarcity of providers to keep their income stable (no of doctors vs number of lawyers)
411	Eric Pierce	Oh Thank you Carmon so glad you are here!

Count	Name	Comment
412	Denis Recendez	Wow. Carmon rocks!
413	Ann Harvey	Andy's list of stakeholder focus groups is set up to derail the process. CMA, Hospital lobby group, Chamber of Commerce, Carpenters union ... these are the ones who are invested in our inequitable, wasteful, system that benefits them to the detriment of everybody else.
414	Jenni Chang	Thank you Carmen Comsti. Delegitimize these focus groups.
415	Pilar Schiavo	This is shocking! Why are consultants making these decisions without commissioners and prioritizing employers and industry? This needs to be a public process that listens to the people suffering in our broken for profit system.
416	CS Lim	Yes, Carmon!
417	Nina Eliasoph	YAY CARMON COMSTI!!! Humans who have a stake in staying alive are "stakeholders" too!
418	Michael Bullion	The focus groups are a sham!!!! A fix!
419	Ligia Montano	Well said Carmon!!!
420	Michael Monasky	Real health care advocates need a toxic chemical to kill off the industry leeches.
421	Kathy Rallings	THANK YOU CARMEN!!!
422	Susan Meyer	Thank you Carmon Comsti. Is there a focus group from us the public?
423	Mike Parker	Right on Carmen
424	Michael Bullion	YESSSS!!!! Hsiao!!!
425	Pilar Schiavo	I see people on the chat who have been working on single payer for decades. How long will we continue to do incremental change? We know if we'd implemented single payer with Kuehl's bill we would now have a system that could not only handle the pandemic, but would have saved billions in the system as well as saving Californians from going bankrupt and becoming homeless from healthcare costs. This commission needs to stop spinning it's wheels - those same wheels of incremental change that have silenced us for decades. It's time to make bold moves now to create a single payer system so we don't miss another decade of saving lives and saving billions.
426	Erika Feresten	Thank you, Hsiao!
427	Bonnie Coleman	Bonnie Coleman: Thank you Carmon! Why are there no consumers, community organizations, unions involved with these focus groups.

Count	Name	Comment
428	Maureen Cruise RN	The peoples new demand....GOV. NEWSOM ..DISBAND THIS BOGUS COMMISSION. Have a conscience. The old "Pay to play" politics are on their way out.
429	Arla Ertz	Please let's not assume that the enormous deficit incurred due to the pandemic means Health CA for All will not be financially viable! Instead, let's assume that we are quite capable of finding a way of financing it that will not only work, but will actually save the State money and help diminish the deficit while serving all Californians! Si se puede! We need representatives from community health care on these focus groups—not just the big names listed in your presentation. Community based health care MUST have a loud and clear voice from the outset!!
430	Phillip Kim	Most of these "focus groups" are anti-single payer and ultra conservative organizations, many with a vested financial interest in maintaining the status quo. The real stakeholders are the people of California not healthy industry lobbying groups or for-profit companies. And where are the nurses???
431	Michael Bullion	Yes Hsiao! Thank you!
432	Michael Monasky	Our voices are not silent. We've been silenced, ignored, and marginalized.
433	Lenny Potash	Sectors of organized labor (Constriction, Public, Service, Manufacturing, etc. must be represented in focus groups. They are majorly involved in purchasing and negotiating health care for millions in CA.
434	George Woyames	Commissioners; please refer to Jodi Reid's comments in this Q&A. Can any one of you address it? George M. Woyames, LCSW,ACSW Retired Medical Social Worker, SFDPH
435	Casey KirkHart	Great comments from these commissioners! Listen to the real stakeholders: our patients!
436	Art Persyko	Carmen is correct: we don't need to strengthen the hand of the established entities who have a financial interest in the status quo. If we finally have an opening for a big leap to do the right thing (single payer, Medicare for All) to instead reach out to the for-profit "community" which is dead set against losing their grip on the money pouring into their pockets to guide decision on health care decision making, its wrong!
437	Michael Lighty	The question is not whether - because these problems clearly exist - there is provider shortage, hospitals and clinics are under financial pressure, there is a fragmented and underfunded public health system, and a budget shortfall, so what is the best system to address them? These problems are not rationale for doing nothing or going slow, but rather the reasons to go forward toward single-payer financing as the best way to address them.
438	Maureen Cruise RN	Most members of this commission are anti single payer...i could only come up with 3 definite supporters and possible one or two more of the 18 members involved. This is Kabuli theatre

<b>Count</b>	<b>Name</b>	<b>Comment</b>
439	Michael Bullion	Yes the community is the FOCUS!
440	Iris Perez	Thank you again Carmen and Bill!!
441	Jeanie Schmidt	Absolutely, Carmon Comsti- thank you! These corporations are ONLY interested in their profit- not our health! They don't belong here in any conversation re our health that they profit from! The people will prevail the easy way or the hard way.
442	Alberto Saavedra	Most of the public already supports Medicare for All. No need for focus groups. <a href="https://www.kff.org/slideshow/public-opinion-on-single-payer-national-health-plans-and-expanding-access-to-medicare-coverage/">https://www.kff.org/slideshow/public-opinion-on-single-payer-national-health-plans-and-expanding-access-to-medicare-coverage/</a>
443	Dr Bill Honigman	Thank you Commissioners Comsti and Hsiao, we the people have spoken countless times in favor of a Single Payer system. Why are we not already implementing such a system now??
444	Michael Monasky	The health market system junkie is made free when he says GODDAM THE PUSHER.
445	Jenni Chang	Thank you Dr Hsiao. You have been writing about the political landscape for single payer. We hear you.
446	Kendra Benttinen	Thank you Carmon - "Industry Focus Groups" is a joke - we already know what they think; they have a vested interest in keeping things the way they are. It makes no sense and undermines this whole effort, wasting the time and expertise of the Commission. I am a public health professional on the front lines of COVID response, and we don't need industry input. We need legislators that are willing to stand up and do the right thing. There is nothing "bold" or "big leap" about a single payer system - we're in the midst of a public health crisis and people are dying because we're wasting our time asking "industry experts" how to do something we know they oppose. We need a preventive, primary-care, whole-person, equitable approach to healthCARE, not just a new health INSURANCE scheme that covers downstream, expensive medical intervention. Please stop insulting us and this Commission with 2 months spent on interviewing industry experts.
447	John McKean	Maybe given the lack of national consensus the best solution for the most rapid response would be a Constitutional amendment requiring health care to be a right for all!
448	Casey KirkHart	Focus groups can be used to help with IMPLEMENTATION of the plan we know we need - single-payer for all Californians. Focus group members should be leading their organizations to prepare for the system of health care we need, how it might impact them which it will and should.
449	Michael Bullion	Hsaio calling out the 'Focus Groups" as lobbyists for the status quo!
450	George Woyames	Mr. Hsiao and Carmen spoke like prophets
451	shirley toy	very good advice, - Follow the money! We do not need these focus groups!

Count	Name	Comment
452	Reed	Thank you Commissioners Comsti and Hsiao. Is this a commission just to put up more roadblocks to universal access to health??
453	Maureen Cruise RN	Wood is in alliance with Anthony Wright of health Access and Steve tarzynski of CaPA and ITUP and other corporate foundation funded organizations.
454	Alberto Saavedra	And the front line California Nurses are for single payer. Do include them.
455	Arla Ertz	There are numerous grassroots organizations that are well versed in single payer, Medicare for All type policies and need to be represented on the focus group. I didn't see them on your list. They MUST be added!! Our voices MUST be heard and at the table from the start.
456	Kathy Rallings	Well said Sara
457	Georgia Brewer	Great points, Sarah Flocks!
458	Marleen Gillespie	It is becoming more and more apparent that we are going to the need some key, large corporate leaders not only on board with moving to a single-payer system, but also leading the push for it. With states now facing horrendous budget deficits, why are leaders in the movement in California, Oregon, and Washington not reaching out to several of the major, more open-minded corporations in Silicon Valley and Seattle to lead the push to show how single payer would not only save lives and money but benefit all elements of our economy. Corporate America would be our way around Anthony Rendón and Jim Wood.
459	Michael Monasky	So, let me get this straight...we taxpayers are funding two industry focus groups? Let them pay for their own focus groups.
460	Nina Eliasoph	We don't need to balance the pro-death, money-worshipping focus groups with a few random members of the public. The "general public" hasn't been studying the pro's and con's of various health care systems. Random members of the "general public" in a focus group would need to study the issues first. It's not something you can just have "feelings" about.
461	Michael Bullion	Yes Rupa calling the commission out for being undemocratic!
462	Eric Pierce	Thank you Rupa! Yes Yes!
463	Nicki Davis	Be cautious about using focus groups - this method has had major fails. For example, the "New Coke" came out of focus groups.
464	William Bronston	rupa!!!! live!!! wanted so much to chat off line but couldn't find your contact info!!
465	Georgia Brewer	Thank you, Dr. Marya.
466	Erika Feresten	Thank you Hsiao. It seems like with few exceptions this commission is meant to distract and stall from getting single-payer now with confusing, disingenuous road maps designed to keep the shareholders in the medical industrial complex profiting.

Count	Name	Comment
467	Michael Bullion	Oooooo!!! Yes it is racial apartheid!
468	Iris Perez	THANK YOU RUPA
469	Karen Stevens	Thank you Rupa, great remarks.
470	Marleen Gillespie	Typo: “knot” should be “not”. 🙄
471	Deborah LeVeen	I will send a written comment, but I want to emphasize a couple of points: first, the need to think strategically—that is, to assess what’s possible in moving toward the health care system we want. What can we build on immediately? What are the politics? “Educating the public” isn’t a powerful enough tool to overcome the opposition of major stakeholders. I think starting with “alignment” among the state-sponsored programs would be a bold step, is more possible than one more effort to adopt single payer all at once, and would build examples of what a “unified financing system’ might look like. These also offer avenues to increasing coverage. I think we need to build strategically. And I hope the approach suggested by CaPA Road Map to Golden State Care will be considered: lay out steps that can lay foundation for further steps—show how they will build toward ultimate goals. We have to consider the politics—and build toward the policies ultimate need. Debbie LeVeen, professor emerita SFSU, CaPA supporter.
472	Eric Pierce	No Consultant Step, Public First!
473	CS Lim	Yes, Rupa Marya!
474	Dr Bill Honigman	Thank you Commissioner Marya, social determinants of health include institutional racism. Why are we not already implementing a Single Payer system to offset these inequities??
475	Erika Feresten	Yes, Marya the health care system this commission and the Governor are keeping in place is one of apartheid.
476	Margaret Copi	Rupa Marya agree agree agree - Margaret Copi MD Oakland
477	Ruth Carter	Thank you Rupa!!! No business as usual!!
478	Judy Rice	Ask non-profit hospitals how many times they change their office furniture for the upper staff--rather than giving raises to their EVS staff--ask the use of out sourced services--if outsourced services come in cheaper are they compromising care by watering down cleaning solutions to make a buck?
479	Eric Pierce	Preach thank you Rupa Marya!
480	Denis Recendez	Thank you for calling out the under representation of poor people of color in this discussion, Rupa Marya.
481	Erika Feresten	Yes, release your industry ties!
482	Karen Stevens	YES Rupa! Thank you! Transparency now!

Count	Name	Comment
483	William Bronston	yes expose the commissioner financial conflicts!!!
484	Larry Woodson	I'm Larry Woodson, California State Retirees. I want to draw attention to an alarming trend in healthcare highlighted most recently in a May 13 article in nbcnews.com titled "Private Equity Firms now control many hospitals, ERs, and nursing homes. Is it good for healthcare. And a May 20 article in Bloomberg Businessweek titled How PE is Ruining American Healthcare. PE giants Blackstone, Apollo, Carlyle, KKR and more are buying health care operations world wide. In last 10 years they've spent over \$340B to buy rural hospitals, physician practices, nursing homes, urgent care and surgical centers and staffing for ERs. PE's primary MO is to buy, cut costs, and sell for profit in 5 or more years. I urge the Commission to broaden their description and analysis of the CA healthcare landscape and address obstacles this trend poses to the accomplishment of its Mission which includes quality healthcare for all Californians. This should include addressing this issue in its Workplan. Thank you.
485	Eric Pierce	Rupa is correct!
486	Susan Meyer	Now is the time. Healthcare for all. This pandemic calls for immediate action.
487	Nina Eliasoph	YES, Dr. Marya! Release current and previous industry ties, including those through marriage.
488	Michael Bullion	Rupa call them out!
489	Theresa Corrales	My name is Terry Corrales. I am a nurse from San Diego. This is my first meeting and I am completely disappointed. Let me say, I'm tired of the circular conversation. We seriously need a one type payor system. Everyone covered from birth, through death. All the employers will save money, all the employees will save money. We cannot allow Insurance Companies to decide what our healthcare needs are!!!!!!!!!!
490	Michael Mulderig	Go Rupa!
491	John McKean	Does the Commission begin with a basic understanding that Health Care must be a not for profit system?
492	Beatriz Sosa-Prado	Excellent remarks, Rupa!
493	William Bronston	transparency is not honesty nor urgent
494	Eric Pierce	Who side are commission members on? Industry or the people?
495	Michael Monasky	In an emergency, cluster play situation like this, Mark Ghaly wants to encourage dialogue. Thanks Mark, you've earned your pay today.
496	Jenni Chang	Dr. Mark Ghaly, as chair of this body, you need to work with the people and less with Amazon and Salesforce.

Count	Name	Comment
497	Maureen Cruise RN	FREEDOM OF SPEECH ...speaking the truth is transparency. YES Dr. Marya! RELEASE the industry ties...I researched these members...only 3 are with us. Commission is a disingenuous effort...distract, delay, divert. It is apartheid. It is all the market based capitalist system based on the debasement and disregard of human beings. This is economic and racial violence ...in economic systems and in health care. Our tax dollars are paying for this commission nonsense. This money should go to food banks.
498	Alyssa Kang	There should be work groups that talk to patients and also to direct care providers, like nurses. Nurses and California Nurses Association have been on the front lines, fighting the corporatization of healthcare for decades and now find themselves in the center of this pandemic, fighting for PPE to protect themselves and their patients. Fighting the same employers and healthcare corporations that some Commissioners want to give the reins to. Please listen to the nurses and patients, not the corporate healthcare industry and employers.
499	Jeanie Schmidt	Those not in this conversation are out on the streets protesting! Rupa Marya is absolutely correct. This commission best listen to the people and act immediately or fuel further the protests in the street. The people have been speaking and you have not been listening or acting. As Dr. Honigman said, Why are we not already implementing a Single Payer system to offset these inequities?? Stop talking and act.
500	Beatriz Sosa-Prado	Thank you, Dr. Deborah LeVeen.  CaPA's Road Map provides a step-by-step plan to achieve a universal, high quality, accessible, and equitable health care system: Golden State Care. It builds on California's current system in three phases to avoid disruptions in access to care and to ensure stability at each phase. With a design specifically created to account for the unique needs of Californians, the Road Map can help lead the state to universal health care. Here is the Roadmap: <a href="http://caphysiciansalliance.org/capas-road-map-to-golden-state-care/">http://caphysiciansalliance.org/capas-road-map-to-golden-state-care/</a>
501	Eric Pierce	Who side are you on Mark, Amazon?
502	Lucinda Bazile	Mark Ghaly, please connect with community health center patients. they would love to talk about reshaping health care so that it actually benefits them. Thank you.
503	Susan Hedgpeth	You could have Bill Hsiao come up with the questions to ask stakeholders aka the public. I liked what he had to say and he has experience.
504	Ann Harvey	Is the chair reprimanding the commissioners who object to going to the deeply selfishly motivated groups like the CMA and Chamber of Commerce whose poor little voices are not adequately heard (despite their being some of the highest rolling lobbyists)???

Count	Name	Comment
505	Theresa Corrales	A one payor system would take care of the entire population...no Exceptions!
506	George Savage	Focus Groups are bogus. Industry members will push their status quo. Public focus group are also a huge problem. Many underserved people are totally unaware of the Medicare for All option. The minute a focus group hears that they'd have to PAY MORE TAXES, the group will likely veto this reform.
507	Nina Eliasoph	In academia, the use of focus groups has been widely discredited.
508	Dr Bill Honigman	Commissioner Ghaly, why are you still talking about next steps instead of moving forward with next steps? How many more preventable deaths and suffering will we need to endure before you take action??
509	Ellen Karel	Thank you Carmon, Bob Ross, Bill Hsiao! Commissioners, listen to these colleagues. The suggested Advisory Groups reflect an outrageous tone-deafness, contempt for process and the hope some of us had for this commission, and the outsized influence of these stakeholders.  We will get to single payer—a universal, equitable, modern health care system that makes rationale and responsible use of taxpayer dollars and guarantees health care for all. Go ahead and make the struggle harder, we will prevail.  Thank you Mark Ghaly, who is now saying the advisory groups will be revisited.
510	Michael Monasky	I say send these bureaucrats to the front lines. Force them to see action so that they don't mistake it for the autoerotic virtual reality they want to confuse the rest of us with.
511	William Bronston	urgency urgency people are dying!! establish genuine voices of mass stakeholders that are not profiteering from illness and death
512	Eric Pierce	All Commissioners release your industry ties now!!!!
513	Maureen Cruise RN	Yes...read CaPAs road map to public option...pretending to be single payer...a joke
514	Erika Feresten	Michael Monasky, you are not spiting in the wind. So glad to be reading your comments!
515	Eric Pierce	How did England fund NHS when there were broke and destroyed after WWII in 1947?
516	Elizabeth Connors-Keith	Health care is a human right. Publicly financed guaranteed health care can be easily paid for by a small tax on businesses (less than what they are paying for their employees' health care now) and through graduated taxes (which would total less for individuals than the premiums, co-pays and deductibles we are paying now). Healthcare with a single standard for all Californians — is critical to our state's social and economic well-being. Having these focus groups seem to be a way to stall the process.

<b>Count</b>	<b>Name</b>	<b>Comment</b>
517	Michael Monasky	Andy Schneider, JD, has been a consultant to "several California-based foundations...which ones???"
518	Shirley Toy	we need political will to do what is right, what is needed
519	Ann Harvey	"I'm particularly interested in hearing from providers"—again, we provider's are NOT represented by the CMA or Hospital Association, which make themselves disproportionately heard already. —a family doctor
520	Gerald Rogan	Medicaid does not have a formal Medicaid advisory committee made up of provider groups. Medicare has the benefit of this resource called the CACs. When I was Medicaid Xerox medical director, I suggested DHCS establish the same system to allow providers to help DHCS administration work better. DHCS rejected this proposal. Regulations for the Medicare advisory system can be found at <a href="http://www.cms.gov">www.cms.gov</a> . When I was Medicare Medical Director for California Medicare, I found the CAC advisory system very helpful to improve administration of Medicare to allow. Physicians were empowered to tell the administrators about glitches in claims process, reviews, and appeals. Their feedback made our system better for all concerned including beneficiaries. DHCS does not allow for this kind of process. When I was Medicaid Xerox Medical Director DHCS forbade me from reaching out to providers to gain insight into administrative problems. This is but another reason why providers who run their own businesses shun Medicaid.
521	William Bronston	yeah Monasky for knowing conflict of interest!
522	Jenni Chang	And who is selecting the participants of these groups?
523	Michael Bullion	CaPa shove your road map! Your map left off the human road kill along the way because of lack of healthcare!
524	Eric Vance	THANK YOU to Commissioners Carmen Comsti, Sara Flocks, and Drs. William Hsiao and Rupa Marya for speaking truth to power! Thank you for recognizing the multiple health care, racial, and socioeconomic injustices during this pandemic, and for fighting for inclusion of the working class and listening to the people overwhelmingly demanding single-payer, rather than focus groups who will keep profiting off our current ineffective system.
525	Michael Bullion	CaPa shove your road map! Your map left off the human road kill along the way because of lack of healthcare!
526	Michael Bullion	CaPa shove your road map! Your map left off the human road kill along the way because of lack of healthcare!
527	Dr Bill Honigman	Commissioner Rocco, we are asking you to release the pause button that has been pushed on this entire process. Why are we not moving forward now with a Single Payer system for CA that will save money and save lives??
528	Michael Bullion	CaPa shove your road map! Your map left off the human road kill along the way because of lack of healthcare!

Count	Name	Comment
529	James Sarantinos	What additional information do you hope to glean from more focus groups? We've been running them for years and know where the public stands. COVID is merely reinforcing what we already know and the deficits of an inefficient system.
530	Theresa Corrales	Why are we so concerned with the insurance companies??? My patients are tired of fighting to get the care they need. !!!
531	Arla Ertz	NEXT STEP: Reconstitute the focus group as the very next step.
532	Michael Lighty	It's important to not let stakeholders invested in the present financing system among employers and providers to set the terms of debate - that's not a way forward toward solutions. It could instead orient the Commission to placating their financial interests.
533	Jenni Chang	Second what Michael Lighty said, 11:48AM.
534	Ernest Isaacs	These focus group members are all from Corporate America. What about some actual people?
535	Henry Abrons	Re focus groups: need to hear from the public first. Entire process need to serve public needs, values. Social contract requires that public policy be guided by the public. Yes, we need to understand views of powerful interest groups so we can gain their cooperation or overcome their opposition. But the public must "host" the discussion and Commission should first hear from them.
536	William "Bronston	this is truly terrible with the idiocy of commissioner comments that you would think grown up experts should know the reality. This is class war and the comments reveal whose side the commissioner is on.
537	Dr Bill Honigman	Commissioner Scheffler, thank you for bringing up the pandemics yet to come, which we know are on the horizon with rising global temperatures. Why are we waiting a moment longer to implement a Single Payer system where we could prioritize resources to Nursing Homes and other communities of particular need??
538	Michael Monasky	Andy Schneider literally wrote the book, Medicaid Resource Book (2002) for the Kaiser Commission on Medicaid and the Uninsured.
539	Eric Pierce	As a social worker at a major hospital I can provide you input how workers and patients did, they lost their coverage, the paperwork to get other coverage was terrible. many stopped trying because the forms were daunting and vague.
540	Judy Rice	SNF are financed almost completely by government money/tax payer money--shouldn't there be complete transparency in their books??
541	Michael Monasky	Schneider consulted on the ObamaCare bill. He is opposed to single payer; his allegiance is to Kaiser.
542	Ernest Isaacs	The head of Kaiser is not a provider. The doctors and nurses and nurse practitioners are providers. The head of the California

Count	Name	Comment
		Restaurant Association is not an employer, the guy who owns that restaurant where you eat is.
543	Geoffrey Summers	Yes, Ernest!
544	Gerald Rogan	When I was a family practice doctor (1980-1998) we could not afford to take Medicaid recipients because the reimbursement rate covered our overhead only. Also, the claims processing system was much more difficult to navigate compared to Medicare and Commercial plans. Many Medicaid claims were denied improperly and we abandoned them because the cost of appeal was not worth the potential recovery, typically less than \$50.00. We saw a few Medicaid patients pro-bono and did not bother to bill Medicaid. Our experience was typical of other providers but now Medicaid is managed care. But if California manages a single payer plan under a fee for service method, the result will be a disaster for providers unless DHCS management becomes much more responsive to providers, such as via a physician advisory group.
545	James Sarantinos	There have been some comments about administrative roadblocks in gov. systems. Let's have a discussion about how these can be overcome.
546	William Bronston	please let me speak when you open up for input William Bronston MD CA PNHP
547	Alice Maupin	'@Sonja Brodt The comment email is HealthyCAforAll@chhs.ca.gov
548	Eric Pierce	No more cost talk. Again Single payer save money!
549	Nina Eliasoph	1. Many studies have already shown what works. We don't need focus groups. If the insurance corporations "educate" the public with glossy flyers and slick ads, it won't help create expertise. 2. I can't believe that the commission is letting the people who make money by rationing health care to guard the health care system. The word "stakeholder" is nonsensical here. Classic "fox guarding the chicken coop" scene.
550	Denis Recendez	Ernest, you lost me on the last line of your comment. Please expand.
551	Corinne Frugoni	"When the proposed policy is right and the politics are wrong, you don't change the policy, you change the politics. That begins with people having a clear understanding of the single payer Medicare for All model. If they understand it, most will demand it." Quote from Don McCanne, M.D.
552	William Bronston	Wright liar liar pants on fire.
553	Maureen Cruise RN	This is not about covid response. This is about the thousands of deaths every year. Mr Moulds announced an 85 % price hike on CALPERS members and defended that hike as in line with market rates. 100,000 CALPERS members filed a lawsuit.
554	Michael Monasky	WE THE PEOPLE WANT TWO THINGS FROM THIS COMMISSION: THE RECORDED VOICES OF THE

Count	Name	Comment
		SPEAKERS; AND A FILE OF ALL THE REMARKS FROM THE PEANUT GALLERY. THIS MEETING IS A SHAM.
555	Jenni Chang	Anthony Wright, please say you want single payer now. Would really appreciate hearing you say it.
556	Maureen Cruise RN	Health Access: Corporate industry funded foundations contributions count as taking industry money
557	Gerald Rogan	Our total spend for medical care is 150% of the next highest country. We must figure out how to improve quality and access without increasing the total spend. Do not rely on "insurance company profits" to make a difference.
558	Erika Feresten	There is no real sense of urgency from this commission except from Marya, Comsti and Hsiao. The for profit health care system has been leaving people to suffer and die long before COVID, which has made it much more difficult to ignore.
559	Rheva Nickols	I believe most employers would welcome Single Payer and not having to negotiate the lowest insurance costs every year for their employees.
560	Phillip Kim	Echoing Ernest Isaac's comment: there is a distinction among who you're calling a health care "provider." The CEOs of hospitals are not on the front lines providing direct patient care. In many cases the hospital management is still downplaying the dangers of COVID-19 to save money. Nurses and health care workers are the real providers and they are not being provided enough PPE. Listen to the nurses, not hospital CEOs.
561	Erika Feresten	Ditto Michael Bullion!
562	Elizabeth Connors-Keith	There is so much savings to be had by negotiating drug prices and by cutting out the profits of the middlemen--the insurance companies-- and by not having administrators have to spend so much time fighting with insurance companies for payment.
563	Jeanie Schmidt	They really need to read the comments- your summary is far too polite!
564	James Sarantinos	A single payer system will also inject life into rural communities. A large stable employer will allow small businesses to flourish. Rural hospitals are closing at an alarming rate because they are not profitable enough.
565	daniella salzman	Single payer is the only way forward that will cut administrative costs, end profit over people motives, and offer equal access with full coverage.
566	Michael Monasky	How can anyone summarize 600 comments in a few sentences?
567	Art Persyko	This Commission has a historic opportunity to adjust its approach and what it considers in this pandemic era in which the inequality in healthcare has been exposed, much as inequality in policing has been more clearly understood and change is required. Expand your outreach to the public! use radio and tv as well.

Count	Name	Comment
568	Andrew Swetland	I just want to add, since the commission seems interested in obtaining the opinions of the general public, that we just held a major election a few months ago on March 3rd. According to an Edison Research exit poll of the state of California published by the Washington Post, exit poll respondents in the state of California answered the following question, "How do you feel about replacing all private health insurance with a single government plan for everyone?" as follows: 55% of voters in the state Support, while on only 36% of voters Oppose. I would suggest that those numbers have likely only widened in the intervening months dealing with a global pandemic. <a href="https://www.washingtonpost.com/elections/election-results/california-democratic-primary-live-results/">https://www.washingtonpost.com/elections/election-results/california-democratic-primary-live-results/</a>
569	Luai	We need Medicare for all badly.
570	Corinne Frugoni	Mr. Ross, please watch the films "Power to Heal-Medicare and the Civil Rights Revolution" and "Fix It-Healthcare at the Tipping Point" as introductions to the questions you posed.
571	Iris Perez	Thank you, Cindy!!
572	Beatriz Sosa-Prado	Good afternoon. This is Beatriz Sosa-Prado and I have a comment.
573	James Sarantinos	The commission may want to reference all the polling data suggesting an increase in public support for single payer healthcare in lieu of more focus groups.
574	Andrew Swetland	I just want to add, since the commission seems interested in obtaining the opinions of the general public, that we just held a major election a few months ago on March 3rd. According to an Edison Research exit poll of the state of California published by the Washington Post, exit poll respondents in the state of California answered the following question, "How do you feel about replacing all private health insurance with a single government plan for everyone?" as follows: 55% of voters in the state Support, while on only 36% of voters Oppose. I would suggest that those numbers have likely only widened in the intervening months dealing with a global pandemic.  <a href="https://www.washingtonpost.com/elections/election-results/california-democratic-primary-live-results/">https://www.washingtonpost.com/elections/election-results/california-democratic-primary-live-results/</a>
575	Michael Monasky	The State of California pays a tax subsidy of \$66 BILLION to corporations and the wealthiest Californians. There's no political will on the part of politicians to tax corporate and wealthy donors to their campaigns. But, there's money aplenty to cover the state budget deficit...
576	Brian Stompe	Amaze that during the whole meeting the U of MA PERI report showing how CA can save \$38.5 billion and how to finance it with single payer health care. NEED TO FOCUS ON THAT REPORT!
577	William Arroyo	William Arroyo, M.D

<b>Count</b>	<b>Name</b>	<b>Comment</b>
578	Michael Bullion	Hey CaPa; CaPa shove your road map! Your map left off the human road kill along the way because of lack of healthcare!
579	Gerald Rogan	Consider paying physicians directly a fixed amount to be the PCP for each patient based on an illness burden adjusted rate, instead of fee for service. Or a base rate with a fee for service addition for each encounter. Review how other countries do it and consider a pilot project.
580	Gerald Rogan	I am not convinced that single payer (meaning single source of funding) is going to help. Even Medicare has multiple payers. So the real term should be "single source of funds" with multiple payers.
581	Gerald Rogan	I recommend you survey Medicare patients to determine the level of support to move their benefit from CMS to DHCS.
582	Lauren Steiner	The Commission should contact the California Public Banking Alliance to see how the establishment of a state bank could finance a single payer system. State pension funds could be used to establish such a bank.
583	Eric Pierce	Thank you, Mark
584	Margaret Copi	How are people unmuting themselves when called upon, I don't see the usual icons.
585	Gerald Rogan	I do not agree than private insurers are the bad guys. Where is the evidence? Most private insurers and really third party administrators for large employers.
586	Michael Bullion	Yes Mark!!! Excellent! Thank you!
587	Erika Feresten	Mark!!!
588	Dr Bill Honigman	Excellent point Dr. Honigman.
589	William Bronston	good presentation Dr. Bill
590	Erika Feresten	Thank you, Dr. Bill!
591	Nina Eliasoph	Good presentations, Dr. Bill and Mark!
592	Art Persyko	How does one unmute to make public comment now?
593	Denis Recendez	Gerald, private insurers exist for profit taking only. They are middlemen that need to go.
594	James Sarantinos	Gerald Rogan Great comments. There are big issues with Medicaid reimbursement rates. SB562 set the minima at Medicare rates to address this finance systems globally include giving hospitals a global budget with set terms and fee for service as an add on or substitute. Health professionals should be properly awarded for their expertise.
595	Denis Recendez	Art, click on the "raise hand" icon.

Count	Name	Comment
596	Susan Howe	Suggested question for Insurance Companies: How would you suggest retraining and incorporating your staff and companies into the new single payer system or other sectors?
597	Gerald Rogan	Good idea from Marleen. Might Apple, Google, or others work with DHCS to figure out a "single payer pilot" excepting Medicare patients?
598	Eric Pierce	Thank You Erika!
599	William Bronston	Yeah Erika!!!
600	Denis Recendez	Yes Erika!
601	Gary Graham	Why does the Commission try to reinvent the wheel? There are many studies which demonstrate the superiority of the single-payer method of financing and the obsession with profit by the insurance industry. We also have decades of real life examples from countries that have single payer systems in place. If we want to consider insurance companies, let us look at the German system, which allows them to participate, but tightly regulates them and requires them to operate on a non-profit basis. Therefore why doesn't the commission get right to the relevant problem: devise effective means of establishing a single-payer financing system for California?
602	Gerald Rogan	Employer based insurance is a problem. How can it be mitigated without comingling Medicare, Medicaid, and Commercial plans?
603	Reed	Erika is right! This Commission is basically like the LA Police Commission that's just there to deactivate public outrage at the injustice of the current system!
604	Michael Bullion	THANKS ERIKA!!!
605	Alfonso Villasana	<p>Not a question. Just some perspective.</p> <p>If my kids one day were not dependent on Employer Based health insurance coverage and they got married or had a baby, my daughters would be covered by a Single Payer System and have plenty of 1st year bonding time, missing in America today with the need to work.</p> <p>If they lose their jobs, even just temporarily. they would not have to worry. If they had to go back to school or had to leave a bad employer with benefits.</p> <p>If they God forbid come down with a life changing medical condition, "Dad, I have diabetes", "Dad, I have cancer", they won't have to be asked for mote money for premiums, money for deductibles, more bills in the mail for copays as they digest having an illness, adding to stress or depression. They won't have to even think about losing the house, possibly the family home for generations to bill collectors as they will have what England, France and Canada already have but our politicians tell</p>

Count	Name	Comment
		us cannot work. Single payer. Please.
606	James Sarantinos	Rising healthcare premiums disincentivize potential big employers in CA and the USA as a whole. They prohibit cost of living pay rises and promotions.
607	Alfonso Villasana	How many nurses are on the commission?
608	Nina Eliasoph	Yes, Alberto! Yes, Erika!
609	Michelle Famula	Thank you Taylor Jackson. Well said
610	Iris Perez	How do we have so much money to spare on militarizing the police and giving tax breaks large corporations who don't even compensate their workers fairly or provide them with adequate healthcare options but no money for a single payer healthcare system? We're being reckless with our finances and more importantly with the LIVES of our community members who desperately need healthcare. Supporting private insurance companies, CEOs, and corporate-minded leaders/businesses who only have a vested interest in how much money they make is detrimental to the health and well-being of our communities. People are DYING at the hands of these corporate healthcare and insurance companies and our leadership is really out here sympathizing with them and trying to amplify their voices instead of the general public?!?!? Give me a break! Where do our ethical values lie!?
611	Reed	Wow, thank you Mr Saavedra
612	Denis Recendez	Well said Al!
613	Reed	Thank you Ms Jackson, they're running out of incremental reforms.
614	Eric Vance	Thank you Iris!! Gov. Newsom's recent deployment of the National Guard cost \$25 million — that could have gone to health care.
615	Gerald Rogan	Non physician providers are not qualified to replace PCPs particularly for diagnosing a new illness. They are best suited to help manage chronic disease and preventive care, working as a team with PCPs. Really good PCPs can avoid ordering unnecessary tests.
616	Eric Pierce	Thank You Paul!
617	Denis Recendez	Yes Paul!
618	Kathleen Healey	Thank you Bill, Bill, and Paul from PNHP-CA!
619	Michelle Famula	Well said Jen Flory. Thank you. Covid a great example of what is needed.
620	Gerald Rogan	Evidence shows there are fewer provider offices in poor areas because fewer people who live there can pay enough or have

Count	Name	Comment
		insurance that pays enough to allow the practices to survive. What is the solution to provide enough income to physicians in poor areas to stay open.
621	Iris Perez	Thank you Bill and Paul!
622	Nina Eliasoph	Thank you Bill, Bill, Paul, and KATHY! Well said!
623	Stephen Vernon	'@Gerald Rogan-- SP/IM4A will allow/fund more equitable services where they are needed-- Rural, minority, poor, etc...
624	Casey KirkHart	Any health reform in CA needs to consider the revolution of REMOTE CARE necessary in the COVID pandemic. if I can conduct visits by phone or video, then I can be almost anywhere. If I can be anywhere, then I can be a clinician at any health center. If that's true for all community health centers, then why not a regional or state-based network of primary care clinicians, serving our many diverse health centers, supported by a single agency ensuring compliance and quality, centered around our shared mission, paid for by our "single payer" Medi-Cal?
625	Denis Recendez	Kathy, you became extremely muffled at the end;
626	Gerald Rogan	We cannot rework how the dollars flow to fix our problem. We must address the health care delivery system, not only how medical care is financed. Some doctor specialties may make more money than they deserve. Excessive income is driven my the RUC process wherein relative values are set, by physicians. For example, the MRI rates are excessive based on understating the hours of operation. Doctors who take and interpret pictures make a lot more than doctors who determine the need for a picture.
627	Dr Bill Honigman	My name is Bill Honigman and I'm a retired ER physician from Orange County, affiliated with Physicians for a National Health Plan and Progressive Democrats of America. I'd like to thank especially Commissioners Comsti, Hsaio, and Marya for their bold comments today. We know that countless economic and other social science studies have proven a Single Payer system will save money and save lives for California, which couldn't be more obvious now since we have all experienced COVID19. Why are we not already moving forward with such a system? I believe the commission cannot wait a day more, an hour more, or a minute more without taking action to move this forward, now.
628	Deborah LeVeen	Debbie LeVeen again: I appreciate the passion of the public comment. But it's almost entirely one voice. And it's all focused on ultimate goals—which encompass single payer goals. We all need to be open to means—to steps to get there. It's frustrating that single-minded single payer advocates focus only on the ultimate goals rather than the critical questions of the best ways to get there!

Count	Name	Comment
629	JoAn Brady	In addition to a single payer system as a retired Dental Hygienist, I would recommended health education as a tool to help raise personal healthiness and reduce health care costs.
630	Denis Recendez	Yes Corinne! Thank you!
631	Nina Eliasoph	Denis, Corrine, excellent! Thanks!
632	Richard Dawson	Given that the U.S. spends twice as much for health care and ranks low in health outcomes, and given that numerous studies have found that single payer provides improved outcomes at reduced cost, what is the purpose of this commission? To preserve the profits of insurance companies?
633	William Bronston	road map to hell!! sp now!!
634	Gerald Rogan	Interesting the national discussion has been on "Medicare for all" not "Medicaid for all".
635	Irene Nelson	Grateful for everyone speaking up to support single payer! I have so many personal experiences that make me certain that we need to have a system we KNOW works all over the world. We deal with the family penalty - we can't get the Covered California subsidy when my husband gets "affordable" health insurance offered by his employer but then end up paying over \$1000 more per month when we use their coverage. It's not affordable. We are "lucky" to be able to be back on Covered California after we lost our jobs and health insurance and my husband was only rehired part time recently. We will not be able to afford to have him go back to full time when they are ready for him to do so. Our current system hurts families and hurts businesses.
636	Gerald Rogan	A Universal standard of care is about medical staff and physician office peer review, not about finance.
637	Casey KirkHart	The focus groups can be used for something: prepare their companies and industries for *when* single payer is implemented in CA. Single payer will impact their businesses and employees, and they will need to be ready to manage that huge change.
638	Linda Perez	NOBODY has mentioned PHARMA and the cost of medications. Prices are prohibited for diabetes, epilepsy, cancer and more. People has to choose between medicines and rent/food. Ridiculous!
639	Erika Feresten	CAPA road map keeps the current for-profit health care system in play. We don't need roadmaps or commissions, we need single-payer health care.
640	Richard Dawson	How can one obtain a copy of the Q&A comments and questions?
641	Eric Vance	The statement from Healthy California Now in solidarity with Black Lives Matter protests against police brutality highlights some issues (and provides resources) that Commissioners and the public have called out today: <a href="https://healthyca.org/about/statement-on-racial-justice-and-">https://healthyca.org/about/statement-on-racial-justice-and-</a>

Count	Name	Comment
		police-brutality/ This call we're all on is the healthcare version of #DefundThePolice movement, and we're just getting started.
642	Linda Perez	I hope these issues on pharma abuse and medicines prices is addressed at our next meeting. I have insurance but my kids don't.
643	Nicki Davis	I suggest you include Business for Medicare for All in your focus group for the business community.
644	Paul O'Rourke-Babb	How long do we have to submit written comments? Thank you for a technically very well run meeting.
645	Casey KirkHart	To Alice Chen, respectfully, please recognize that most, if not ALL, verbal comments were in support of single payer for CA.
646	Gerald Rogan	I agree with Alice Chen that we need an advisory group of physicians to help DHCS. If DHCS is interested, I am qualified to help because I was co-chair of the Medicare CAC for 6 years. I would consider helping DHCS pro-bono.
647	Nicki Davis	When considering input from healthcare providers, I suggest getting input not only from physicians and nurses, but ALL health care providers -- all the way down to the janitors!
648	William Bronston	there are not a diversity of opinions there is only the overwhelming assertion for Sp vs conflict ridden blah blah. Not to embrace a 1384/6096 model for M4A is an assault on the people of CA!!
649	shirley toy	please do not kick the can down the road. We need action now.
650	Faith Borges	First, thank you to the commission and staff for your time and efforts. There has been a lot of good discussion today on increasing access to insurance coverage – private or public. The California Association of Health Underwriters encourages the Commission to remember that insurance doesn't necessarily equate to care. Millions of Californians rely on the professional advocacy services of licensed insurance agents to effectively access and utilize their insurance so it translates to quality health care. We look forward to remaining engaged in these important discussions on quality, access and affordability.
651	James Sarantinos	'@Gerard Rogan SP healthcare is more determined by physicians in patient care than working with what health insurance will pay for. Insurers are notorious for claim denials and over-riding physicians' recommendations and reclassifying procedures as elective or non-essential.
652	Nina Eliasoph	What specifically do you expect the random members of the public to contribute: something like "my daughter died for lack of \$ to pay for health care?" or "I love private for-profit health corporations?" or something more informational about how to design health care systems?
653	Dr Bill Honigman	Drs. Chen and Ghaly, would you please commit to increasing the pace of the work of the commission? We need action now. Thanks.

Count	Name	Comment
654	Jenni Chang	<p>Thank you to the commissioners who stand with the public and against this “upside-down” process.</p> <p>This message is for some of the commissioners who ask, “What would that look like?” If you can’t figure it out, or you don’t have the capacity to work on figuring it out, then you should resign and stop being dead weight.</p> <p>An objective of this commission should be to take out the insurance companies, but I don’t hear enough commissioners saying so. You all should be excited about consolidating our buying power as a single-payer state to negotiate products and services.</p> <p>How are we going to pay for it? Well as many want to defund the police right now, a big topic of discussion are budgets all over the state. That’s a start. There’s a lot of money we will have to fight for, but that is a fight advocates all over the state are here to help with.</p> <p>Don’t ask what it would look like—please get to work and make these meetings more productive.</p> <p>-Jenni Chang</p>
655	Michael Monasky	We need to cauterize the bleeding wound that is the health market system.
656	Casey KirkHart	Thank you for providing space for public comments. A well-run meeting.
657	Maureen Cruise RN	<p>We need to disband this commission, rethink human need and for the governor to fully support the legislation’s re- introduction of a single payer bill , apply for the waiver</p> <p>We also need to bounce Rendon, Wood and some others out of office.</p>
658	Casey KirkHart	How can we find out about future commission meetings?

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

Count	Name	Comment Via Email
1	Joseph Summers	<p>The Contra Costa Labor Council, AFL-CIO, representing 85 local unions with over 85,000 working families in Contra Costa County, recognizes the need for a universal, publicly financed healthcare delivery system. California is currently experiencing the loss of millions of jobs due to the Coronavirus pandemic. Many of these unemployed workers are being forced to confront this crisis without the aid of employer healthcare. This is just one clear example of the shortcomings of tying healthcare to employment. Even before the pandemic, the U.S. had over 30 million uninsured; yet we pay twice the amount that other modern industrialized nations pay to cover everyone within their borders. Americans live the shortest lives, and die of easily-treated conditions, magnitudes worse for people of color.</p>

Count	Name	Comment Via Email
		<p>U.S. companies in healthcare are literally killing people for profit, and they'll continue to spend millions buying politicians and opposing single-payer and Medicare for All to continue to do so. We urge the Healthy California for All Commission to build a universal, publicly financed healthcare delivery system in California that will disconnect healthcare from jobs, cover everyone, save money and lives, end profit-taking in basic healthcare, and once and for all end racism in California's healthcare delivery system.</p>
2	Nan Brasmer	<p>Please include these comments for consideration by the Healthy CA Commission at the Friday, June 10th Commission Meeting. Thank you. They are imbedded in this email as well as an attachment.</p> <p><b>CALIFORNIA NEEDS TO ENACT A UNIVERSAL, SINGLE PAYER SYSTEM</b></p> <p>Dear Healthy California Commissioners:</p> <p>The COVID 19 pandemic has taught us many lessons. One that was clear prior to the pandemic, but has been amplified over and over, is that our current health care system is broken – fragmented, costly, unjust and unable to keep Americans healthy and safe. This crisis forcefully illustrates the failures of our employment-based health insurance system. We have an opportunity in California, through the leadership of the Healthy CA Commission (and follow up legislation) to develop a health care system that guarantees a single standard of quality care to all Californians. It will cost less for patients, and the government, while providing a standard set of benefits that covers all essential medical services, prescription drugs, durable medical equipment, and more.</p> <p>California has been a clear leader for our country in acting swiftly and wisely to address COVID 19 – we must do the same to fix our broken health care system and lead the way for our country to provide health care to all through a single payer system, and eliminate the insurance companies whose bottom line is a higher priority than saving lives and caring for our people. We have seen how other countries with a universal system have been able to provide care more quickly and more successfully, giving their residents the peace of mind that during this pandemic they know that their health care needs, whether virus related or not, will be provided for without fear of cost or bankruptcy. It is time that the U.S. learns from these successful, life-saving and cost saving systems. California, the 5<sup>th</sup> largest economy in the world, should lead our country to create a true health care for all system.</p> <p>The Governor's Healthy CA Commission was created to develop a plan for advancing progress toward achieving a health care delivery system for California that provides coverage and access through a unified financing system, including, but not limited to a single payer financing system. The Commission was scheduled to prepare an initial report to the Governor and Legislature by</p>

Count	Name	Comment Via Email
		<p>July 2020. We understand that the July timeline may not be met, but we think a report is possible prior to the November election. This will allow legislation to be submitted during the 2021 legislative session. If there is anything we can do to assist the Commission in its work, please call on us.</p> <p>We believe that the best system for California to adopt is one that builds on our Medicare system, with improvements. We would propose expanding Medicare to cover everyone, from cradle to grave, and expand benefits to include those not currently covered by Medicare sufficiently or at all – vision, dental, hearing, long term supports and services, mental health, durable medical equipment. A Medicare for All – single payer plan would give California the ability to negotiate all drug and medical equipment prices which would save the system billions of dollars and allow us to provide health coverage to all Californians. Studies have shown that California already spends \$387 billion dollars a year on our broken system that denies care to people when they need it the most. Estimates to cover everyone in CA with expanded benefits are around \$4 billion dollars. With a thoughtful financing plan (there are many options we could consider) we can cover everyone, expand benefits, and save our government and patients money, while improving health outcomes. The COVID 19 pandemic has shown how ill prepared as a state and country we really are, how discriminatory our health care system is, and what we must do insure that every Californian has access to the health care they need, at costs they can afford, regardless of employment status, age, ability, race, immigration status.</p> <p>Sincerely, Nan Brasmer, CARA President</p>
3	Bernie Eisenberg	<p>Dear Commissioners,</p> <p>I can't attend Friday's Healthy California for All Commission virtual meeting meeting but I'd like to give you my comment. The covid-19 pandemic has ripped the covers off the inadequate healthcare system currently in place. The pandemic has illuminated the need for a Medicare for All Single Payer Healthcare system. California must lead the way to providing the best healthcare practices anywhere in the U.S. California must no longer take the bait of the insurance industry. Healthcare should never be a for-profit enterprise. This is one time to place the healthcare of Californians above the wealth of the insurance industry.</p> <p>Respectfully, Bernie Eisenberg</p>
4	Katherine Huynh	<p>Public comment for Healthy California For All Commission Meeting on June 12th, 2020 10am-12pm: To Whom It May Concern,</p> <p>As millions of Californians have become unemployed and have lost their employer-sponsored health insurance, this pandemic is</p>

Count	Name	Comment Via Email
		making it clearer than ever that the current healthcare system is failing far too many Americans. It is time for California to pave the way for a single-payer program that guarantees healthcare to all and saves the state billions of dollars in cost. As a lifelong California resident and a delegate to the upcoming 2020 Democratic National Convention, I am urging the Healthy CA For All Commission to please support and develop a plan to move our state to a universal, single-payer healthcare program. Regards, Katherine Huynh
5	Henry Abrons	Comments for Healthy California for All Commission Meeting Friday, June 12, 2020 10:00 am – 12:00 pm Please see attached letter to Dr. Ghaly and members of the Commission <u><a href="#">Letter to the Commission</a></u> — Henry L. Abrons, MD, MPH Physicians for a National Health Program, California Chapter
6	Mike Parker	To the commission: I hope the pandemic has taught us all three things: 1. Health is a community issue. We defend best against illness when others are well. 2. Healthcare tied to employment doesn't work. Just when we most needed healthcare for everyone, many people lost their healthcare insurance and access to healthcare because they lost their jobs. 3. The African –American and Latinx residents were doubly hit by the pandemic because of more crowded living conditions and lack of health coverage. It is one more aspect of institutionalized racism in our society. Please take action to build a publicly financed healthcare system that covers everyone and reflects our values as a community Thank you Mike Parker Steering Committee member, Richmond Progressive Alliance
7	Stuart Flashman	The current COVID-19 pandemic has demonstrated dramatically why providing healthcare to all Californians is literally a matter of life and death. This is not a time to “wait and see” or inch forward in tiny, incremental “baby steps.” Bold action is needed, in the form of a firm commitment to move quickly towards healthcare for all. Legislation to that effect needs to be prepared, introduced, and enacted as fast as possible.
8	Jon Li	Thank you for the opportunity for public comment. 1. Lack of lead time before the meeting (a week?) was inconsiderate. 2. Lack of main stream media coverage is sad. 3. The Environmental Report focuses almost exclusively on using public sector resources to protect the administratively burdensome complexity of for-profit insurance. 4. Most of the recommendations are trivia minutia adjustments

Count	Name	Comment Via Email
		<p>that increase complexity and administrative costs.</p> <p>5. Report shows MD Specialties 2 to 1 Primary Care Physicians, the opposite of health care, encouraged by fee-for-service insurance.</p> <p>6. Having a Provider Focus Group and an Employer Focus Group and no Consumer Focus Group shows the Commission's institutional bias to prevent a discussion about eliminating the for-profit insurance subsidies and administrative complexity by going to single payer universal coverage.</p> <p>7. Shifting from hospital-oriented specialty care to emphasize health promotion with primary care clinics would be an improvement in health outcomes.</p>
9	Art Persyko	<p>Dear Healty California for All Commissioners:</p> <p>Thank you so much for reading and considering my comments: We in California (and in this country as a whole) pay twice as much per capita for health care; and millions of Californians (and Americans) are still without access to healthcare. Every other advanced, industrialized country ensures access to healthcare to all who live in it.</p> <p>As long as we leave in place the health insurance industry and the other for-profit corporations that make lots of money from our wasteful and greedy profit-driven system that results in unnecessary pain, suffering and death of our families, friends, neighbors and at some point even ourselves, we are and will be wasting time and lives; and not providing a fair and equitable health care system for all, for the common good.</p> <p>Now with millions of workers losing their employment-based health insurance and with our current COVID-19 pandemic running amok in the US, it is more clear than ever that we have a pragmatic (if not a moral) obligation to enact Medicare for All. Canada did it province by province, to result in a health care delivery system in a country that honors as the Greatest Canadian ever, Tommy Douglas, the Premier of Saskatchewan, who stood up and had the guts to lead in making single payer become law and the standard for health care all across Canada. That is the kind of profile in courage we need here and now in California. Gavin Newsom can be our own "Tommy Douglas".</p> <p>You, the commissioners can give California's Governor Newsom the political cover to take that bold step by studying all of our options and then concluding with a recommendation that he spearhead the effort in California to finally bring all of us together politically with the legislature with an informed California public to guarantee health care for all Californians.</p> <p>All Californians would benefit if you do that, but many or our fellow Californians may also need your help to see through the corporate propaganda against single payer that has made its way into the minds and mouths of some California elected representatives as well as into news coverage, which serves to support the unfortunate status quo. The propaganda generated</p>

Count	Name	Comment Via Email
		<p>by the for-profit health industry prejudices too many Californians against having a clear and unbiased understanding of the way Medicare for All works and benefits everyone, with access to any health care provider and at an overall lower cost than is the case now, when all flows of money are considered.</p> <p>Please use your positions on this Commission to serve the best interests of the state and all Californians with integrity, thoroughness, and honesty; and if you do I believe you will conclude that Medicare for All is the best way forward for healthcare in California.</p> <p>I wish you luck and best wishes in carrying out your work on this Commission to make a wise recommendation that is in the best interests of everyone in our state.</p> <p>Thanks again for reading my comments and for considering them.</p> <p>--Art Persyko, San Francisco, co-coordinator of the Single Payer Action Team of the California Progressive Alliance</p>
10	Hugh Moore	<p>Dear Healthy California for All,</p> <p>As a registered nurse, every day I see the devastation that occurs when people do not have access to healthcare (and to be clear, insurance is not healthcare).</p> <p>The current pandemic response has demonstrated very effectively why insurance is not healthcare. Many people lost their healthcare insurance because they lost their jobs. So now they do not have healthcare when, for many, this is the first time they really need effective healthcare!</p> <p>Medicare for All is the only appropriate response to creating excellent healthcare in our country and to make healthcare a right (as it should be) rather than a privilege as it is in our current system.</p> <p>Please look at the multiple studies that compare the healthcare delivery system in the US to every other industrialized country that has a national healthcare system. You will see, demonstrated clearly, that the US does not have the best system (in fact we have an embarrassing system), and nearly every nationalized system is better than ours at less than half the cost. Actually, the facts of which healthcare system actually produces the best care for the most citizens is so clear that I have a hard time even understanding why we need a commission to study it. Of course, the reason is there is money involved and many people are making a great profit on our current "healthcare system." Please, stop allowing profit to be made off healthcare. The result of that kind of system will always be that people will die so a larger profit can be made by a few.</p> <p>Sincerely, Hugh Moore, RN, MSN-BC</p>
11	Firooz Kabir	<p><b>Public Comment on June 12 Healthy California for All Commission Meeting Submitted by California Health Professional Student Alliance (CaHPSA)</b></p>

Count	Name	Comment Via Email
		<p>Dear Healthy California for All Commission,  Thank you for your commitment to helping California achieve universal health coverage. During this COVID-19 crisis, 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 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 health care system that works for all people.  CaHPSA strongly supports a single-payer system that would prioritize people over profits. We respectfully urge the Commissioners to develop a reform 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. 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 health care system, CaHPSA envisions a future in which we, as medical and health professionals, will be able to provide quality health care to ALL people. 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.  Respectfully submitted,  California Health Professional Student Alliance (CaHPSA)</p>
12	Georgia Brewer	<p>To Healthy California for All Commission Members:  As California reels from the impact of the COVID-19 pandemic, it has become quite clear that our fragmented, inequitable, employment-based, healthcare “market” continues to fail us. Millions of Californians are uninsured or underinsured, an existing problem now exacerbated by the pandemic as employees across the state lost their jobs and their health insurance.  In addition, the pandemic has highlighted the systemic racism inherent in our healthcare system, as communities of color continue to suffer disproportionately from COVID-19.  All this suffering is unnecessary. Today we have an opportunity develop a system that would guarantee health care to all Californians at less cost to patients, employers and the government, while providing a guaranteed standard of care that covers all medical services, prescription drugs, durable medical equipment, and more.</p>

Count	Name	Comment Via Email
		<p>A Medicare-for-All, single-payer system would help eliminate inequities in access to health care, while freeing up dollars needed to build the public health infrastructure that our communities desperately need.</p> <p>We support expanding Medicare to cover every Californian for life, regardless of socioeconomic, immigration, health, age or any other status.</p> <p>Moreover, we demand that the commission include at the table the most important stakeholders: <i>working people, consumers and single-payer advocates</i> including the <u>Healthy California Now</u> coalition and affiliates.</p> <p>Thank you for your leadership.  Georgia Brewer, Associate Director  On behalf of <u>California OneCare</u> and <u>HEAL California</u></p>
13	Denis Recendez	<p>I apologize for the late send. My initial message went to the wrong address.</p> <p>Hello. My name is Denis P. Recendez from Azusa, CA.</p> <p>I demand this commission put priory on the discussion toward the implementation of a Medicare For All single payer healthcare program for all California residents.</p> <p>Before the COVID19 crisis, millions of Californians were uninsured or underinsured, especially in communities of color. That number has certainly grown with the Coronavirus pandemic as many have now lost their jobs, and long with them, their employer-based healthcare.</p> <p>Corporate health insurers prioritize profit over the health of the public. We the people must be in the driver's seat when it comes to making sure all Californians are provided with guaranteed comprehensive healthcare, principally in communities of color. Doing so would also ensure that all funding for healthcare stays in the program and is not syphoned out to healthcare CEOs and investors.</p> <p>California is the sixth largest economy in the world, even larger than Canada. Yet, Canada has guaranteed healthcare through a public funded program.</p> <p>California must be the leader in guaranteeing comprehensive healthcare to all its people, free at the point of care with no premium, co-pays or deductibles. The only way to achieve this is through a publicly funded and directed Medicare For All single payer program. Please make it happen!</p> <p>Thank you.  Denis P. Recendez  Azusa, CA  Los Angeles County Democratic Party Central Committee (Assembly District 48)  Controller for the Democrats of Pasadena Foothills  Member of the Democratic Socialists of America – Los Angeles</p>
14	Jeanie Schmidt	<p>Hi,  Thanks for the Zoom access- so important to keep meetings like this accessible online.</p>

Count	Name	Comment Via Email
		<p>We need Medicare4All NOW. Never has it been more clear or opportune. As a patient and a critical care RN of many years, I have seen this from many perspectives.</p> <p><b>**NO other health care options are destined to be as successful or sustainable!**</b> I beg of you to review the documentation at <a href="http://pnhp.org">pnhp.org</a></p> <p>"Including but not limited to Single Payer" is NOT sufficient and will NOT solve the problems.</p> <p>I became disabled and we lost our home and nearly everything else while "good health insurance" with my brain tumor in 2010. My experience is sadly one of millions.</p> <p><b>**It is ABSURD to tie healthcare to employers and have companies MAKING PROFIT OFF OUR ILLNESS!!!**</b></p> <p>It is absurd that Americans can be one illness away from complete devastation in our current system- WE MUST ACT NOW FOR MEDICARE 4 ALL!</p> <p>It is critical that you INCLUDE working people, consumers and single-payer advocates as stakeholders - we are the ones on the receiving end of all this- we are the ones to be served.</p> <p>Thank you,  Jeanie Schmidt, BSN, BS, RN</p>
15	Cheng-Sim Lim	<p>Dear Healthy California for All Commission,</p> <p>COVID-19 has shown that any healthcare system that continues to tie healthcare coverage to employment, and is premised on insurance companies, drug companies and hospitals making profits isn't actual healthcare. The public option is unacceptable. We demand real quality universal healthcare in California, and that is single-payer.</p> <p>It is also unacceptable that the Commission's "Current State of Health Care in California" presentation proposes only employer and healthcare provider advisory focus groups. Millions of ordinary Californians need to be represented on the advisory focus groups by advocacy groups for the public, such as Healthy California Now and Health Care for All – California.</p> <p>Thank you,  Cheng-Sim Lim</p>
16	Jeffery Tardaguila	<p>Current system failing community Health centers like senior centers each county, towns, cities. Not public insurance ,public health for everyone</p>
17	Timothy Beyer	<p>Dear Governor Newsom and Healthy California Commission,</p> <p>I am writing this public comment in support of a state-wide single-payer healthcare system, which was previously offered under SB-562 The Healthy California Act (2017-2018).</p> <p>In 2011, I almost died due to having inadequate health insurance at the time when my Crohn's disease went out of remission unexpectedly, and in one night, I racked up a hospital bill of several thousand dollars. I'm thankful for the heroic efforts of nurses and doctors, and have since addressed my own health insurance needs, but many people are still in the type of situation</p>

Count	Name	Comment Via Email
		<p>that was in previously. I wouldn't wish that experience on anyone, but I must remind elected officials that situations like that are bound to happen frequently as long as we do not guarantee some form of universal health coverage, which virtually all industrialized countries have already implemented. The current system is as inadequate as it is unsustainable and morally unjustifiable.</p> <p>My concern is that if there is another bill similar to SB-562, even Democrats in the state assembly (notably speaker Anthony Rendon) may once again obstruct or immediately shelve/kill the bill based on dubious pseudo-economic reasoning and a refusal to even consider how federal funds might be redirected. This sounds to me more like a matter of priorities rather than whether or not it is possible.</p> <p>Whenever we see an elected official react in the flippant manner noted in the LA Times article "California Assembly Speaker Anthony Rendon shelves single-payer healthcare bill, calling it 'woefully incomplete'", we need to immediately follow the money, because these type of statements are almost inextricably linked to corporate or industry donations.</p> <p>If there is a debate about cost metrics or "how do we pay for it?", then it ought to be dealt with by a budget committee, but refusing to even vote on a bill that we all need (so there should be no dispute over whether or not we can "pay for it", but rather how to pay for it), or even Jerry Brown's comments ridiculing universal healthcare are both absolutely unacceptable and out of step with the needs of the state.</p> <p>We cannot afford to continue the same dysfunctional expensive insurance and pharmaceutical driven for-profit system, which is not only costing lives, but also costs more money than a less-profit driven system.</p> <p>If such a bill is presented, then I would strongly urge you to aggressively support it at every step of the way, and if you sincerely support such a bill, you will save the lives of so many Californians. I think we can do so much better, perhaps you may be the person to pull it off and be immortalized as the greatest governor in California's history.</p> <p>Thank you for your time and attention.  <a href="https://www.latimes.com/politics/la-pol-sac-single-payer-shelved-20170623-story.html">https://www.latimes.com/politics/la-pol-sac-single-payer-shelved-20170623-story.html</a>  <a href="http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201720180SB562">http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201720180SB562</a></p> <p>Best Regards,  Tim</p>
18	Teresa Stark	<p>The draft environmental scan was just released publicly today, and comments and input are due on June 16<sup>th</sup>? This is an unreasonably short turn-around time for a 96 page document. Please consider extending the deadline for public comment and input. Thank you.</p>

**Count of vocalized comments: 22**  
**Count of Q&A comments: 658**  
**Count of email comments: 18**  
**Total count of public comments: 698**