Transcript of Public Comments from July 8, 2020 Healthy CA for All Commission Meeting

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

Count	Name	Verbal Public Comments
1	Francis Lee	Thank you. Hi, my name is Francis Lee. I'm an at large delegate to the California Democratic National Convention for California. I just wanted to point out that the environmental analysis report published at the previous meeting seemed to rely on a lot of data coming studies analyzing costs in 2014. And there have been a number of more recent studies, for example, published in January of this year in the Annals of Internal Medicine, analyzing costs in 2017 showing $800 billion a year in administrative overhead for health care of which over $200 billion dollars a year attributed directly to private insurance billing overhead. So, it seems hard to believe that a mixed model of private and public options can be a solution to control our out of control spending costs. I think this is a strong argument in favor of single payer coverage. Thank you.
2	Hal Goldfarb	No affiliation. I'm just a public citizen. But I've been interested in single payer for a number of years. And what I want to know is what is different about this moment in history that is different all the previous moments in history when we've been fighting for single payer in this country since at least the 70s. At least PNHP goes back that far. How are we going to get single payer when we have a political party supposed to be representing the people, supposedly the People's Party, that stands in the way of us getting single payer? Many of the democrats are on payroll with these companies, I mean, not payroll, but you know what I mean? So, I don't see how this is going to happen. Strategy has to include the politics of this. It can't just be a bunch of you sitting on a board and telling us all about the wonders of single payer and how much money it will save. We know that. I'm asking the question. It's not rhetorical. Thank you.
3	Perrie Briskin	Hi, everyone, my name is Perrie Briskin, I'm an MBA MPH student at UC Berkeley and also a head steward with our Student Workers Union UAW 2865, representing 19,000 academic student employees across the state. And we are here, UAW 2865, to also put our support for single payer and also just to address a student population perspective. We had a lot of graduate students graduate without jobs that they were expecting and that's left a lot of people uninsured, unemployed and without out a lot of options. And thankfully, we have Covered California. But I think this calls for a decoupling of insurance employment. And then where do we go there to go single payer? So, the students are with you, we support it. And thank you for all being here today.
4	Jeanna Harris	Hi, I'm Jeanna Harris, I'm a nurse, state delegate to the party, and an LA CDP member, so very involved in party politics. But I also represent a payer so I work with shared risk. I work with full

Count	Name	Verbal Public Comments
		risk I'm most mostly representative of a full risk group. And let me tell you it is not working. The administrative costs are very costly. While it still pays me, I still advocate for a single payer system, because I know what I'm doing right now is not going to actually lead to a better health care system. So I'm just basically putting this out there that you're going to come to a gap where the data is not going to completely answer all your questions. And then you know, maybe if you want to talk to someone like me, who's advocating for completely opposite of what I represent, like, want to take a six figure salary out of my own pocket, if this passes, I would like to do that. Because I know that this is the road we need to go. So it's going to eventually be a leap of faith. And I'm telling you that we need to do it before the next pandemic happens. So that's all I wanted to say. Please reach out, I would love to give my comments.
5	Dr. Lynn Silver	Thank you. I'm Dr. Lynn Silver, I'm a pediatrician at the Public Health Institute and I co-chaired the California Alliance for Prevention funding. So first, I salute the commission for its work. I hope that you come up with a brilliant proposal for a universal, progressively financed coverage of our entire population, and one that's less complex, harmful, dangerous and unfair. That said, I'm here to speak to a specific point which Dr. Angell started to address. Every article in the paper for the last four months has decried how for decades we have disinvested in our public health system and failed to prevent the risk factors and diseases that are now contributing to making COVID so devastating. We cannot pump that down the line for another 20 or 30 years as you seek to develop financing and coverage design for the 21st century, we need to include a component of community based prevention and addressing health equity, together with the funding streams to support individual coverage. Only in that way, can we truly promote health equity. Thank you.
6	Reggie Wong	Reggie Wong, I am a district delegate for CD33 for the DNC, as well as a member of DSA LA. I've had friends who were fully employed, and yet their employment did not provide health insurance, one of them passed away cancer. So it kind of shows that you can't rely on employers to provide you health insurance. And in case you didn't notice we are in a pandemic, you want to stop the spread of this disease, you get make sure everybody is able to get treatment if they get sick or get that vaccine when it comes out, because the Coronavirus is not going to check your credit score before infects you. Thank you.
7	Peter Shapiro	Hospitals have become an increasingly popular outlet for private investment and industry seek out markets that promise the greatest return. This is one reason why rural hospitals are closing and why health care inequities are as rampant as they are. Something like 70% of California's public funds appropriated for health care are channeled through private

Count	Name	Verbal Public Comments
		entities. A direct public financing would free up dollars that would address the full range of social determinants of health care. I think that's the best way to approach a particular problem. Thanks
8	Robert Vinetz	Hi, thank you very much for the opportunity to speak. I'm Robert Vinetz, a retired primary care pediatrician including three years with the Los Angeles County Department of Public Health. I'm now associated with California Physicians Alliance and its roadmap to universal care. I would like to call your attention to my written submission of a graphic checklist tool for evaluating various healthcare system proposals. The aim of the tool is to visualize at a glance, graphically, how well any proposal meets the goals of the commission and/or of an optimal health care system. I hope and believe that the graphic checklist can be a tool of value as the commission pursues its work. I urge and hope you will be able to examine the tool and please feel free to edit, adapt and use it in any way that you might find helpful.
9	Caroline Sanders	I'm Carrie Sanders of the California Pan-Ethnic Health Network. I really appreciate the conversation today. I'm very excited to see equity being prioritized in the discussion and the talk about engaging diverse communities to get a better sense of their experiences in designing the system. One of the things, I listened in on one of the groups, really interesting conversations, I think, for us, we really feel strongly that equity must be a central component of all design and payment structures. We're happy to see it being discussed here today. And hope to see it in integrated into all the discussions that you have as you're walking through design of this single payer or a universal system. We also want to ensure that it's Patient Centered and funds prevention, public health and the social determinants of health as well as workforce diversity. Thank you.
10	Jeffery Tardaguila	Jeffery Tardaguila, CARA, California Alliance of Retired Americans. Yes. pushing for single payer. Yes, I hope that you will explain the reason why the California is going the waiver of 1915-C to 1915-I, it has an impact next year, and I think this commission needs to understand what the state of California is wanting to do. At the same time, I will suggest that the federal model for community service, back to your community services, may be a means of dealing with a more equitable situation for the future. And that is my comment.
11	Shelby Warren	My name is Shelby Warren. I'm a second-year medical student at UC San Diego part of the prime health equity program. I'm specifically commenting on something you could do to incorporate into a design element for racial equity. I additionally support single pair just wanted to make that known. This commission needs to deliberately and actively address systemic racism and white supremacy in all of its forms. Just as a reference in the 2016 to 2017 year 90% of the Congress was

Count	Name	Verbal Public Comments
		white, 96% of governors were white, 100% of the top military advisors were white, etc. This commission must actively address white supremacy as I said in all of its forms, including over representation. Please commission get active about educating yourself about systemic racism if you have not done so already or do not come an experience of racism. And please design this into your model striving to gain expertise scholars and leaders and your colleagues of color and listen intently so that you continued to see the major inequities that we're seeing. Thank you.
12	Kate Baker	I'm a citizen. I'm not involved with any particular organization. I just wanted to echo what Ms. Briskin said earlier. I'm currently a student and I would appreciate and love the security of having healthcare detached from my job so I'd have more freedom. And during this pandemic, we've seen the unemployment rate skyrocket, and many have lost access to health care and other necessities. And I read this very interesting study about how single payer system could prevent job loss, promoting small businesses. I think that would be crucial during these times, and I also really appreciate the discussions that are going on in this meeting. Thank you.
13	Brian Stompe	Oh, thank you so much. I'm not familiar with this stuff. First of all, thanks Jeanne, the RN, for her courage and speaking for single payer. I belong to Single Payer Now San Francisco and Healthcare for All Marin. Insurance companies can't prescribe an aspirin. No one takes a broken arm to an insurance company. They just don't do health care. And paying insurance companies for health care is just draining money our health care system. We need to uncomplicate physicians work by getting rid of the insurance companies, get them out of the picture and realize the 37 and a half billion dollar savings for California that was detailed in the PERI report and all of the commissioners should be sure they must read the PERI report or they're not doing their homework. It tells how we can finance and get single payer started in California and save 37 and a half billion dollars. Thank you.
14	Kathleen Healey	Thank you. I'm Kathleen Healey Physicians for a National Health Program (PNPH) in California. And I take exception to your sample question on page 33. Should everyone be required to use this program, or should it be optional? I feel that's a loaded question. People in this country won't even submit to being required to wear a mask during a pandemic. So I think that question is really an unfair question. And I hope that the commission really looks at those questions and specifically that before they have their community meetings. Thank you
15	Margaret Copi	I'm a physician, psychiatrist, and member of Physicians for National Health Program (PNHP) as well as Single Payer Now, and the Healthcare Action Committee and a number of others. And I wanted to particularly comment on the idea that we should

Count	Name	Verbal Public Comments
		consider multiple models that have been tried worldwide. There was a colloquium in January of 2020, called the seventh Annual Global Health Economics colloquium. And there were a number of researchers who provided excellent data during that colloquium that showed that the European experience of including highly regulated for-profit insurance companies, and/or nonprofit insurance companies did not benefit their inclusion. In fact, those programs being included, drained their public plans, and had a deleterious effect on the populations. Thank you.
16	Susan Meyer	My name is Susan Meyer, I'm with the California Alliance for Retired Americans. One, I want comprehensive health care including vision, dental, and hearing for all, including my children and my children's children. Two, some providers won't take new Medicare patients. Three, sometimes Medicare patients are treated differently than someone with a PPO plan. Single payer now. Now is the time. It works well in other countries. I've got to tell you the cost of supplemental insurance and the cost of medication is killing the seniors. Now is the time for single payer health care. Thank you so much.
17	Deborah LeVeen	I'm Deborah LeVeen. I work with CaPA, and I'm a retired professor San Francisco State. I've worked on health policy for about 40 years and advocacy, shifting being a very strong single payer supporter, to wanting to work with the implementation of the Affordable Care Act. I was thrilled to work with CaPA, and to see that CaPA was willing to see the lifesaving gains that were possible the ACA and to work to help California develop what I think is the most progressive implementation of the ACA in the country. CaPA has a roadmap designed to do the same thing that this commission is mandated to do which is to lay out step by step, how we can build, put in place the pieces for a unified system and make gains now, like covering people immediately, and so on. I hope that the people who are such strong single payer supporters will be willing to listen to the questions being raised. And I'd love to see the chat. The chats have been disrupting my screen maybe I don't know how to work it. But the chats are just like this chorus of single payer now. The question is, what do we do tomorrow to move towards our final goal? Thank you.
18	Dr. Bill Honigman	Yes, thank you. My name is Dr. Bill Honigman and I'm a retired emergency room physician Orange County. I'm very disappointed that the Commission is still not addressing actual first steps to be taken for significant reform that can be acted upon right now by our legislature. More preventable deaths, especially now during COVID-19 are taking place as we speak, as the commission speaks, as well as opportunities to save substantial amounts of public dollars that can be applied to other public needs. It's frankly shameful that the commission will only commit to monthly meetings in light of all this. We need

Count	Name	Verbal Public Comments
		more meetings and more action now, not one or two months now, right now. Thank you.
19	Craig Simmons	Hi, I'm Craig Simmons and I'm an advocate for a payroll healthcare tax and was referred to the commission by Senator Toni Atkins office. The Supreme Court approved the Affordable Care Act as a tax and there 60% of the population is employed. If a payroll health healthcare tax of just 25 cents an hour were implemented and voter approved, that would mean $6 million an hour would go into the state treasury only for healthcare. That would enable that amount of money to be lent out to other agencies that needed it or other parts of the state. But the main thing that it would do would give access to single payer health care for everyone.
20	Tracey Rattray	I'm Tracey Rattray the California Alliance for Prevention Funding. Thank you for this opportunity to comment. I suggest that the community meetings include a question about what participants think they need to stay healthy. Topics such as access to healthy, affordable food, adequate housing, and jobs that pay a living wage will likely arise and could inform your plans for healthcare reform. Whole person care, which has been well funded by the state, is based on the premise that California residents have a myriad of unmet social needs that impact their health and drive high health care costs. Thank you.
21	Tony Sowry	My name is Tony Sowry Thank you for the opportunity to comment. I recently retired after a long career that took me overseas very frequently. During these trips, I had the chance to see firsthand how other countries structured and paid for their health care and naturally compare this to the USA and to California. Alas, the comparison is not a flattering one. The USA is ranked number one in expenditure per capita on health care and yet only number 46 in terms of measurable outcome. Over half a million families turn to bankruptcy every year due to medical bills. Amongst other organizations, I volunteer at HCA in Marin County, and I am lead volunteer in California for the National Patient Advocacy Foundation. The Healthy California for All Commission has a real opportunity to radically reshape and improve the state's healthcare system. The Commission is packed with impressive experience. And this is great. But there is almost no representation on the commission or its focus groups for the consumer. There are many organizations that can speak for the patient and we at NPAF would be delighted to have the chance to do so. Thank you.
22	Nina Eliasoph	Hi, I'm in Healthcare for All in Los Angeles and I'm also a sociology professor, and one of the things I specialize in is research methods. So I have some things to say about the focus groups. If you ask people about their problems with access, you'll get people talking about getting better health care in a for profit system, because people haven't heard of the single payer world. They won't consider it plausible and realistic.

Count	Name	Verbal Public Comments
		They'll be second guessing what somebody else who would imagine to be realistic, and they also have their own experience, which is that they've never experienced single payer. So they'd just be talking about lowering costs and having cheaper whatever. So this is something that I've read. A lot of people have written about it. We already know what works. And so I'm not really sure what the purpose of these focus groups is other than getting people to imagine themselves living in a for profit healthcare system.
23	Sean Broadbent	So, why employer sponsored care must not be included in our future system? Today, the Supreme Court ruled that certain employers don't have to provide essential reproductive care as a part of health plans exhibiting yet again, the indecent limits of the employer provided insurance model. These types of employers are not small, and in fact, in at least four states, they're the largest employer. So under single payer, our employers won't be entitled to make decisions about our care. Under single payer health care, our care will be Our care and not subject to the prejudice of our employers. So let's end the power inequity of our healthcare system by rooting out the structural reliance on wealth and privilege and lacking those to have to rely on patronage. So thank you very much. Single payer now.
24	Jenni Chang	Hi, I'm a state and county delegate of the Democratic Party. Please answer the question that's been posed by commissioners and attendees regarding process. We are demanding transparency, and please post recordings and public comments as soon as possible following these meetings. It's not hard. I urge this commission to please examine the shutdown of insurance companies in California as an obvious action towards single payer, removing these middlemen should be a top priority item. Secondly, I'd like to remind this commission that if it doesn't come up with an acceptable plan, the people of the state will find a way to achieve it either way. The call for single payer is that strong in the state and whatever this commission decides to come up with will reflect on Gavin Newsom. We do see you, Governor. Thank you.
25	Maribel Nunez	Hello everyone. My name is Maribel Nunez with Inland Equity Partnership, formerly at California Partnership, also part of our HHS network, part of Healthy California Now, and also part of the Immigrant Health Coalition with Health for All, and we appreciate having public comments and civic engagement meetings are great. Just making sure that these sessions are after work hours, multiple language, multiple platforms to promote these convenings and we are glad to help. And yeah, we support a single payer system in San Bernardino County where we do work. There's no county safety net for immigrants. So we need a state strategy that is not employer based. And so please support single payer and anything that I could do to help

Count	Name	Verbal Public Comments
		let us know. We didn't get help for all elders, we don't have health care for immigrant communities. They took care of us, we need to take care of them. And, and yeah, they contribute to the economy. Nobody's asking for papers for sales tax or anything, they contribute within our economy, we need to take care of them. We need a cheap, affordable way for all our communities. Thank you so much.
26	Paula Catbagan	Hi, my name is Paula Catbagan, and I'm a teacher actually in Ontario Unified School District. I'm really glad to hear that so many of us are for single payer health care. To comment on the last discussion about how we get information the public, and get those people who never been heard, or don't get hurt at all, is that you should be outreaching to organizations. I particularly suggested in the comments that you guys reach out to teachers. We already have this natural connection with our communities. There are a lot of teachers out there that understand the importance of health care system, especially a single payer health care system, especially in areas where we have high minorities, low SES students, and by connecting with those families, you will get an authentic representation of who is it that we are serving here in California. Thank you.
27	Henry Abrons	Henry Abrons. I'm a retired physician, active with Physicians for National Health Program and the Healthy California Now coalition. I want to make the point that in the advisory process, I think it's extremely important that all of the participants on the community engagement panels, the key stakeholder panels, and the experts make full disclosure of their financial interests in connection with health care and anything related to health care, so that we know what potential influences and conflicts of interest might be present. And I think that that should be demanded by the Commission and published.
28	Joel Sarch	I'm not going to ask this commission for single payer. I think it's more a case of tergiversation, where the commission is not really serious about revising. I will ask for one thing. Make it illegal to make profit on health care. That is all I'm going to ask for.
29	Ellen Schwartz	Hi, my name is Ellen Schwartz, I'm here representing the Northern California region to the committees of correspondence for Democracy and Socialism. I'm also active in about half a dozen other organizations that are committed to single payer. And I wanted to respond to I think it was Deborah LeVeen who admonished us to consider the progressive implementation of the Affordable Care Act in California. And she's right. I think it was probably done better here than anywhere that I know of, but that still left a significant population that remains uninsured, and many, many people who purchased insurance as they were required to, swap the cheapest premiums, which left them with unaffordable co-pays and deductibles. I do know that my granddaughter's boyfriend was reluctant to go to the emergency

Count	Name	Verbal Public Comments
		room because he couldn't afford the emergency room copay. We really need single payer.
30	Jessica Peregrina	I'm a Latina immigrant living in Richmond, California. We, in our family, my husband is a laborer and we pay 15 to 20,000 every year in insurance. And this year we have a bill of 20,000 for a surgery that he's been putting off for 10 years because of the fear of getting a huge bill. And we just got it. So this year we're going to be spending 40,000. Last year it was about 25,000, the previous year was like 30,000 because we had a baby. We are not able to afford this but we have to. It's already ripping us they're already taking our money but they're it's not being used effectively. And it's not covering our needs. We don't even go see the doctor because we always get co pays. It's already killing us. It's killing our families, you know, poor people. So we need to do this as soon as possible. It's about survival for the immigrant community, for people like us.
31	Jeffery Tardaguila	Yes, this is Jeff Tardaguila. Please find the people and come to decisions. Guys, you need to do that. That is my comment.
32	Francis Li	Francis Li, at large California delegate to the Democratic National Convention. The moral and ethical imperative for single payer is absolutely equity and access to health care for underserved Californians. But I would also just like to add, please do not ignore the potential massive economic stimulus and boon for business and industry that it might provide for California. Removing premiums and deductibles would put thousands of dollars of spending power back into the pockets of everyday individuals. And as a tech startup founder, it would help equalize recruiting whereby I cannot compete with the salaries and the benefits offered by employer based health care. So I think single payer could absolutely unleash a whole new level of entrepreneurship and innovation in the state and further cement California's leading role in that area. Thank you.
33	Caroline Sanders	I know it's late and just wanted to say I appreciate the consumer engagement proposal. At CPEHN we just completed seven focus groups across the state, racially and ethnically diverse groups where we ask people about their experiences accessing care, which we think could be useful to share with the commission, similar to the CHCF surveys that someone else mentioned as well. We learned a lot these focus groups, including many people still feel very stigmatized and discriminated against when they go to access care, which is still a very real experience and why these voices must be heard. We have specific thoughts and comments on the questions which we'll share in writing. But I just wanted to put that out there. And thank you very much.

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

Count	Name	Comment Via Email
1	Jerry Rogan, MD	Will you folks discuss alternative approaches to achieve universal assess without single payer/funder? For example, DHCS could sponsor a premium based insurance plan administered like Medi-Cal open to all folks who reside in California. Also, please discuss the barriers that must be overcome to put Medicare money into the single payer pot. In my view, it will not happen because Medicare beneficiaries like me will strongly oppose it. Jerry Rogan, MD Former Medicare and Medi-Cal claims payment contractor medical director.
2	Patty Harvey	What significance and therefore support is the Commission giving to To Khanna's HR 5010? Is this not going to be an essential mechanism to liberate funds for healthcare financing in CA? Should it not be top priority? Patty Harvey HCA/PNHP—Humboldt Chapters
3	Kate Baker	To whom it may concern, My name is Kate Baker and I'm a San Franciscan who is very interested in implementing universal healthcare in California. I'm currently writing a school paper on the benefits of a single-payer system and would love to advocate for this program by getting involved in the community. I am attending the upcoming HCA commission meeting on July 8th and I can't wait to listen and possibly engage with some of the speakers. Please let me know if there are other ways I can help out your organization before, after, or during that meeting. Thanks and stay healthy, Kate
4	Craig Simmons	A ruinous plunge in state and local government jobs PRESIDENT Trump didn't mention that state and local governments had shed 1.535 million jobs. (Evan Vucci Associated Press) MICHAEL HILTZIK There were several reasons why President Trump should have held off from the self-congratulation this month after government figures showed an unexpected increase of 2.5 million jobs in May. One was that the increase was barely a blip in the big picture. More than 22 million jobs had been lost in March and April, largely because of the coronavirus lockdown; that's more than 14% of all nonfarm jobs that were in existence as of the end of February. But the most important reason not to celebrate was hidden in the government report in plain sight. Employment by state and local governments has fallen off a cliff.

Count	Name	Comment Via Email
		The employment report issued June 5 by the Bureau of Labor Statistics showed that state and local government employment fell by 571,000 jobs in May. The month before, the loss was 964,000, for a two-month total of 1.535 million public sector jobs lost. And the disaster may just be starting. Estimates of the size of the deficits faced by state and local governments through 2022 from the combination of heightened public health spending to combat the coronavirus and sinking revenues due to the economic shutdown and its continuing reverberations range from a catastrophic $500 billion through fiscal 2022 to a cataclysmic $959 billion through the end of next year. (The first estimate is offered by Mark Zandi, chief economist of Moody's Analytics ; the second by Timothy J. Bartik of the W.E. Upjohn Institute for Employment Research .) "No state will escape the financial black hole created by this crisis," Zandi told CNN last month . Some states, such as Texas and Oklahoma, suffered especially acutely because of the fall in oil prices, which help shore up their economies. But every state will have to confront a shortfall in personal income taxes stemming from layoffs and furloughs, and in sales taxes because people couldn't leave their homes to shop in stores, go to restaurants and stay in hotels. The situation demands congressional action. "They're facing massive shortfalls, and there are not too many ways they can make that up," economist Dean Baker of the Center for Economic and Policy Research told me. "Their money mostly goes to hiring people. If Congress doesn't come through with a big pile of money, they're going to be hit really hard." He's right. Unlike the federal government, states and localities can't print money to paper over deficits. They're generally required to maintain balanced budgets, so when deficits strike, their only option is to cut payrolls. The relationship between state and local government fiscal health and the national economy is symbiotic. As a rule of thumb, every percentage-point increase in the national unemployment rate costs state budgets about $45 billion, according to the Brookings Institution . (The drop in the unemployment rate to 13.3% from 14.7% that the BLS reported on June 5 was based on a "misclassification" of temporarily furloughed workers as unemployed. Factoring out that glitch, the employment rate was 16.3%.) Looking at things from the opposite direction, history tells us that state and local government hiring is a key to keeping the current recession from turning into a depression. The best evidence for how strapped state and local governments can become drags on growth comes from the 2008-09 recession, when they became relentlessly austere "anti-stimulus machines," observes Josh Bivens of the Economic Policy Institute.

Count	Name	Comment Via Email
		If state and local spending had matched the trajectory it followed during the recovery from the recession of the early 1980s, “pre-recession unemployment rates could have been achieved by early 2013 rather than 2017,” Bivens calculates. “In short, this austerity delayed recovery by over four years.” Closing the revenue gap with federal aid will save as many as 6 million jobs by the end of 2021, Bivens adds, placing the U.S. back on the path to full employment it enjoyed before the coronavirus pandemic. Despite all that, Republicans in Congress originally expressed opposition to giving states and localities a big dollop of aid. As we reported earlier, Senate Majority Leader Mitch McConnell (R-Ky.) denigrated the idea of more money for state and local governments as “blue state bailouts,” citing the public pension policies of big states. This analysis pleased the peanut gallery of right-wing ideologues ever eager to take potshots at public employees . But it’s wrong. The truth is that some of the biggest snouts in the federal trough have long been red states — including McConnell’s own home state of Kentucky, which gets $2.35 back from the federal government for every dollar it sends to Washington, the best return in the country. McConnell has since made more moderate noises about federal aid, as well he should. “This isn’t partisan,” Jared Bernstein of the Center on Budget and Policy Priorities and former chief economist to then-Vice President Joe Biden told me by email. Republican governors “are legitimately asking McConnell for help — but just what form and how much is to be seen.” That will be the next battle. If the assistance is allocated by population, Baker notes, that will hurt blue states with large populations but more COVID-19 cases even as a share of their population. “I’m sure the Republican intention is to fill much of the gap,” Baker said, but if Congress comes up with, say, only two-thirds of what’s needed, that will leave deficits in the hundreds of millions of dollars. What’s really needed may be a multiyear program that assures state and local governments that help will still be available more than a year from now, when the impact of the pandemic is still likely to be felt. But McConnell and Trump aren’t known as long-term thinkers or planners. “From a political view, probably the best thing is to get every cent you can now and hope that you get a Democrat in the White House and come back in January with some long-range plans,” Baker said. Keep up to date with Michael Hiltzik. Follow @hiltzikm on Twitter, see his Facebook page or email michael.hiltzik @latimes.com.
5	Barbara Commins	Dear Commissioners: We can have this.... the only thing stopping us may be Money.

Count	Name	Comment Via Email
		S&P 500 Health Care Sector Bar Chart Follow the Money The People of CA all voted for Bernie Sanders and that means we want this!!!! It's well past the time to do it. Si se puede!!! Barbara Commins RN CALPERS retiree HICAP counselor
6	Ivar Diehl	As a business owner, Getting a single payer healthcare program in place would be wonderful. I would love to no longer have to be burdened with providing healthcare to employees. Neither the employees nor myself benefit from me having to deal with insurance companies, including the Hartford, which ripped us off for five thousand dollars last year. The money is not recoverable because technically their scam was legal. Please end this madness and tell the insurance companies to take a hike. Sincerely, Ivar Diehl Proprietor, The Key Printing & Binding
7	Daniel Hodges	Dr. Chen, I know that the Commission is concerned with the achievement of high quality in health care in California. The following link will allow you to access what I believe in the only study of quality that has ever been done for California. It was performed by AZA Consulting for the Health Care Options Project in 2002. It complemented the fiscal analysis of the nine HCOP proposals, which was performed by The Lewin Group. You may find it relevant to the Commission's current work and, if so, you may wish to share it with Commission members. Dan Hodges Cross-Cutting Analysis of Coverage Reforms PDF
8	Ivar Diehl	Can anybody on this panel come up with a program that would benefit business owners (such as myself) MORE than single payer healthcare? We could really use the relief of the onerous healthcare burden. Single payer seems like the most effective policy boost to business available and doesn't Have the inequity and implementation problems of tax incentives, Etc. And wouldn't single payer benefit everybody in the state not just business people? Thank you, Ivar Diehl
9	Sheila Smith	There is no way to deny the value of a single-payer healthcare system that works the same for every person in need of healthcare—which is every single one of us. Everything must be done that can be done to ensure every resident of California/America can seek and receive the healthcare they need without fear of starvation, homelessness or bankruptcy. There should be no charge at the point of service, no excuses for

Count	Name	Comment Via Email
		why someone can’t seek help. There has to be a concurrent increase in medical training facilities and an increased emphasis on a healthy community where prevention is the prevalent ideology. A healthy community also has means everyone has access to a home of their own, adequate food and a secure income above the poverty level. If the feds won’t do this for us, we have to do it for ourselves and prove the efficacy to the rest of the country. I ask for public participation in all decision-making. So far, we have not been able to trust the political process to get our overwhelmingly preferred plan implemented. Public input is essential at all levels of decision-making regarding healthcare. It’s time. It’s actually past time, to stop the exploitation of the public to provide profits for greedy corporations who extort money in exchange for our lives. Sheila Smith
10	Keith Ensminger	To whom it may concern, Why not support a multiplayer system of health insurance that’s a single collection system financed through payroll taxes, equally split between employers/employees, that indemnifies all residents, and where California contracts with nonprofit insurance funds to process claims?. Germany has a multiplayer system where the government indemnifies their residents who can see any doctor taking new patients and be admitted to any medical facility their doctors recommend with no copays, deductibles, or our tragically American GoFundMe campaigns. Residents can chose any insurance fund. The insurance funds shall place all members in a single risk pool with equal benefits and shall operate on a nonprofit basis owned by the members like credit unions. The medical community shall accept all insurance funds as a condition to practice medicine. The German system does not need to provide welfare like our Medicaid that requires recipients remain paupers for medical care, a tragic social policy that ensures generation poverty in over 80% of children under five and about 55% of the adults in Merced County where I live, according to data from CA Dept of Health Services. Please explain why you would support or not support a system described above that protects all citizens, legal residents, or those who have lived here a number of years, have a family, or own a home—any or all of them—from economic calamity a medical crisis may strike their families. Kind regards, Keith Ensminger
11	Suzanne Cook	Citizens in countries with single-payer live longer, they're healthier and their infant mortality rates are lower than ours. Their per-person health care costs are about half of ours. Single-payer would reduce our costs by: eliminating billions of dollars that are built into private insurance administrative overhead, corporate profits, marketing, and

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		lobbying, allowing bulk purchase of pharmaceuticals and supplies, reducing health care costs for employers, giving companies more money to invest in their businesses and becoming more competitive in a global marketplace, and streamlining billing for doctors offices. Doctors could devote more time to patients and do what's best for them without having to fight insurance companies over decisions based on profit-making rather than care. We cannot afford the overhead that the current for-profit healthcare system takes off the top. We need and deserve a single-payer healthcare system, and I urge you to do everything you can to fast-track such a system. Sincerely, Suzanne Cook
12	Thomas Knecht, MD	I am a physician-scientist (MD, PhD) and know that the ONLY way to fix our healthcare crisis is a single payer (aka nationalized healthcare) system! And it would save us BILLIONS!!! The health insurance industry is a worthless middleman that costs our healthcare system BILLIONS! They provide no service and only impede my ability as a specialist to treat my patients!!! Cheers, Thomas P Knecht, MD, PhD Endocrinologist
13	David Klein	Dear Sirs and Madams; I urge you to support single payer healthcare and eliminate the participation of insurance companies in providing healthcare to California. The U.S. is among the worst in the industrialized world when it comes to healthcare because our capitalist system puts profit above the well-being of its citizens. Please do the right thing and don't put profits above people. Sincerely, David Klein
14	Steven Kassel	I have been in the field for 35 years and have watched reimbursement rates stay at the same level, price fixed by anti trust exempt insurance companies. WHile we have seen about 4 times the amount of patients to earn what we did in 1980, we can no longer afford secretaries as they will no longer be paid the 1980 rate of $6 per hour. So we therapists add more time to our plate AND insurance companies and the insurance industry, in order to make their corrupt and complex contrived systems, lay more stuff onto us....audits, surveys, newsletters with multiple links. It is awful and the adrenaline and cortisol of running a practice these days, cuts into our ability to be empathic and do the education and research necessary to help people. Steven C Kassel, MFT Board Certified in Biofeedback Board Certified in Neurofeedback President, Santa Clarita chapter of The California Assn of Marriage and Family Therapists.

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		Past, Board Member and President, Western Association of Biofeedback and Neuroscience
15	Chris Peasley	What color do people need to be for health care? How sick should a child be to qualify for the coverage YOU have?
16	Daniel Walker	Dear Commission, I support Health Care for All. A single-payer system is one whose time has definitely come. Health Care is a right for all Californians, it is right for the United States, and the World at large. A functioning, healthy human & natural society needs healthy organisms economically, politically, and culturally. Daniel J. Walker
17	Carol Kuczora	Face it: When it comes to health care, the U.S. is a backward nation. Who is not entitled to care when sick? No one, of course. Should that entitlement depend on ability to pay? Of course not. Single Payer, or Medicare for All, is the best way, nay, the only way, to assure that everyone can depend on care when needed. No other developed, civilized nation would deny care. Join the world. Please let me know what you decide. Thank you.
18	Sue Gadbois	Dear Commissioners, As you study and investigate a health care delivery system for California, I strongly urge you to very seriously consider and advocate for a Single Payer System of health coverage for the people of California. As a nurse who also represents Registered Nurses at Santa Rosa Memorial Hospital, I and the nurses represented by the Staff Nurses Association are keenly aware of the impact of the lack of or insufficient health insurance coverage for the people who seek care in the ED. Often, people have waited too long and are very acutely ill. Or their prescriptions go unfilled for want of funds so acute and chronic conditions worsen to the point where a hospital admission is required. Given the COVID 19 pandemic, our society, our State, cannot afford to have people who are ill avoid seeking care. A Single Payer System would provide coverage for all Californians at a substantially lower cost and better health outcomes than our current erratic and insufficient employer based health insurance and state subsidized maze of coverage. Thank you for your attention. Regards, Sue Gadbois RN President, Staff Nurses' Association
19	Janet Heinritz-Canterbury	Hello, In Home Supportive Services is the most important foundation of long term care in CA and I am concerned that it has to be included in any health care plan that we advocate for. I will participate on Wednesday in order to have input on this issue.Thanks, Janet

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20	Marinell Daniel	Commissioners, Since I am not able to attend the zoom meeting on July 8th I want to submit my comments. I am pleased California has established this Commission. Health care is a vital issue and the tragic lack of care for so many of our citizens has been exposed as never before. Health care should not be linked to your job. We need a single payer system...MEDICARE FOR ALL. I ask the Commission to give their full support to seeing it is fully implemented in California. Now is the time to do! Also, I am asking the Commission to follow the recommendations for advisors that the Healthy California Now coalition has put forth. These folks will bring the voice of the working class to the Commission. Their voices, ideas, and concerns need to added. All members of our California population should be represented. I am a strong believer that the citizens who are most affected by the problem have the best answer to solve it. Respectfully, Marinell Daniel, age 81 Proud member of California Alliance for Retired America
21	Deborah LeVeen	Greetings-- I've included these comments as an attachment, and pasted them below as well. June 30, 2020 To: Health California for All Commission From: Deborah LeVeen, PhD. Professor Emerita, San Francisco State University Re:Belated comments in response to Commission meeting on June 12, 2020 I watched the Commission's June 12 zoom meeting and have read through the consultants' Environmental Analysis. Although my comments are late, I want to send them. The report provides an excellent starting point for the Commission's task. It presents a clear and precise picture of California's current health care system, building on a rich bibliography of supporting research. In particular, the report draws a clear connection between unified financing and the Commission's main goals—accessible, affordable, equitable, high quality, and universal health care: without the ability to control the financial levers, we are limited in what we can do to produce the outcomes we want. I was most interested in the final section, discussing steps that California can take to prepare to transition to unified financing. The distinction between design steps and "bold preparatory steps" is wonderful! We health reform advocates are so eager to develop design steps, and of course they are essential. However I think the Commission's mandate is to go beyond design steps and talk about "options for advancing progress…." The discussion in the Report, though brief, is great: it focuses on

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		what California can do on its own, now, and it identifies actions that would allow us to make progress toward the health outcomes we want while "positioning" the state to move toward unified financing. It also recognizes the need to build political support—and the value of experience, of actual gains, in building that support. I would rename the "bold preparatory steps." It's an awkward phrase. I would simply call them strategic steps. Strategic steps are chosen based on their importance/urgency, their feasibility, and their value in building toward further steps. And I think the Road Map to Golden State Care developed by CaPA—the California Physicians' Alliance—provides an excellent example of how to lay out a series of strategic steps that ultimately could lead to the health care goals we want within a unified financing system. I would love to hear more discussion of possible strategic steps—options for advancing progress. I was very disappointed that so many of the comments made at the June meeting simply focused on the evils of private insurance. That doesn't tell us anything about moving forward. Alignment of California's public programs in terms of purchasing, provider payments, quality reporting: those would bring real progress—and all of them are essential to any single payer program. Strengthening public programs—building on Covered California's infrastructure, expanding access and affordability, ensuring equity, improving quality—indeed offering a public option (or an equivalent) which would allow anyone to participate—these would also bring real strategic progress. Thank you for the work you are doing! I look forward to the next steps.
22	Allan Goetz	Single payer/Medicare for all, healthcare provides better comprehensive universal care for less cost and divorces healthcare from employment. Failure to legislate it (or even hold a hearing) is an attack on the disadvantaged classes.
23	Peter Shapiro	To the Commission members: I am a delegate to the Alameda Labor Council from the California Alliance for Retired Americans, and a member of the Healthcare Action Committee in Oakland, a member organization of Healthy California Now. Marian Mulkey's Environmental Analysis was released too late to allow for much in the way of a direct public response at your June 12 meeting. Now that I've had to chance to study it, I want to weigh in about one aspect of the analysis that disturbed me. Its main premise seems to be that, particularly in light of anticipated budget shortfalls due to COVID-19, any attempt to overhaul how we finance health care in California requires that we first get costs under control. The way to do that is to eliminate fee for service and replace it with something resembling an accountable care model.

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		The implication is that overutilization of health care services is driving costs. This assertion does not hold up, for several reasons. 1. The Center for Medicare and Medicaid Services has attempted to shift from fee for service to capitation models in compensating primary care. The state of Hawaii has done likewise. The main consequence has been to exacerbate the already critical shortage of primary care doctors, who have been saddled with higher overhead costs and punishing new paperwork burdens and are abandoning their practices as a result. 2. For black and brown communities and lower-income people generally, the problem is underutilization, not overutilization. It seems almost perverse to worry about overutilization when black and brown people have been dying of COVID-19 at twice the rate as everybody else--often because untreated medical conditions have gravely weakened their immune systems and made them more susceptible to deadly infection. 3. Substituting capitation for fee for service creates a perverse incentive for providers to avoid patients who are sicker, costlier to treat, or on the receiving end of what are euphemistically termed the "social determinants of health." The Affordable Care Act made it illegal for insurers to deny coverage to people with pre-existing conditions. Shifting the burden of risk from insurers to providers only encourages providers to engage in the same practice. 4. The most obvious point: other countries with single payer systems generally see a markedly higher rate of utilization but still enjoy far lower costs and better health outcomes. A key sentence in the analysis states, "Unified financing depends on political constituencies that may take time to build." Perhaps different constituencies need to be mobilized. I am not naive about the political strength of forces which have a stake in our existing system. I realize that Mulkey Consultants sees the plight of providers who have suffered crippling losses as the result of the pandemic may be open to doing away with fee for service if it promises more stable funding. But this is smart politics only if it actually gives us the results we want. To make the best use of scarce tax dollars, and put our resources where they are most needed, we cannot afford to continue the current practice of having state programs operate mainly through contracts with private insurers. Consolidated financing for MediCal, CalPERS, and Covered California will save far more money if providers are paid directly. More important, it will make it easier for the state to take the necessary steps to eliminate discriminatory practices that have compromised health care access and quality in California. Peter Shapiro 7/5/20

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24	Brandon Cortez, MD	Dear Healthy California For All Commission, I am a Primary Care Provider at a Federal Qualified Health Center in Santa Rosa, California writing to demand that the State of California develop a single-payer health care system. I also demand more working-class representation on this commission in hope of adding much-needed perspective from community stakeholders. I believe that healthcare is a human right and that it is time to right the wrongs that we have done to so many people by perpetuating our broken patchwork healthcare model. Last week I had a virtual visit with a patient with a worsening inguinal hernia that I fear will soon require emergency surgery. He does not have insurance because he is self-employed and currently not working due to pandemic shelter-in-place orders. He therefore cannot afford to pay out-of-pocket for ultrasound imaging and elective surgery consultation, which is the standard of care. Unfortunately, I have at least three other patients in the same situation, who currently are sitting on a 6-month waiting list for hernia surgery through a free access program. Several of them are out of work because of the real concern that lifting and manual labor required by their jobs will worsen their medical condition. They wait in fear for their condition to deteriorate to the point that they can finally get the care they need through the Emergency Department. I fear that they will have a complication from their hernias (incarceration, strangulation, bowel necrosis, sepsis, or death) prior to ever getting a proper evaluation. I am furious to know that neither I nor anyone on this commission would ever settle for this kind of care, but that we allow it for our most vulnerable patients. Furthermore, the COVID-19 pandemic has once again laid bare the systemic racism on which our country is founded and which pervades every societal institution, including healthcare. We have seen disproportionally higher numbers of COVID-19 cases and deaths in communities of color compared to white communities due to centuries of racist policies (slavery, indentured servitude, housing restrictions, educational restrictions, voter suppression, mass incarceration, and our lack of fundamental healthcare for all people) which have put many people in crowded living conditions and higher risk “essential” jobs without adequate health insurance coverage. We as a society have put people in these situations, now it is our duty to choose an antiracist, humanistic path by dismantling the current patchwork employer-based insurance model and developing a more inclusive single-payer system. Thank you for your hard work in making California a better state for all people. Best, Brandon Cortez, MD Santa Rosa Community Health
25	Robin McGuire	I believe healthcare is a human right. All Americans deserve access to healthcare, regardless of their income. California

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		Medicare for All would be the most cost effective plan. It's just good policy! Thank you, Robin A. McGuire California Voter
26	Lucas Hill	Dear Healthy California for All Commission, My name is Lucas Hill. I was born and raised in California and I am a third year medical student at Touro University California in Vallejo. It is urgent and necessary for California to transition to a Single Payer health insurance model, so that all people in California receive the health care they deserve without financial hardship. Continuing to allow private health insurance to profiteer of our morbidity and mortality is criminal, and our patchwork of public insurance is nowhere near sufficient. Medicaid, CHIP and Medicare do not cover enough people and do not cover enough services, and undocumented residents are largely excluded. A single payer system will empower people to live more freely without having to rely on the whims of their employers, parents, or partners for health insurance that is often still expensive and lacking in coverage. Many folks like my parents struggle to pay for insurance themselves because they are self-employed. The current COVID-19 pandemic has laid bare the dire reality that employer-based health insurance fails our public and financial health by taking away our health insurance when we need it most. There is no tweaking possible to fix our broken health insurance system because universal health care via single payer is the best way to deliver health insurance. It is time to banish private insurance, consolidate our struggling public health insurance programs together, and create one risk pool that insures all people in California for all of our medical, pharmaceutical, dental, and optical needs. No more excuses and no more government leaders standing in the way while Californians' physical, mental, and financial health are treated as an afterthought. California has the ability and the necessity to enact a single payer health insurance system, so let's stop talking about it theoretically while people are forced to avoid health care or go broke receiving it. Let's get to work making single payer happen now. Sincerely, Lucas Hill
27	Eddie Daniels	Hello Healthy California for All Commission, Looking forward to the meeting tomorrow. Sending my thoughts ahead of time. This Coronavirus Pandemic has proven to us without a doubt that we need a Medicare For All System in California and across the nation. Healthcare should not be a for-profit system and health insurance should not be tied to our jobs. California can lead the way on health care by doing the right thing for all of its

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		citizens. We start by lowering the age of Medicare for all coverage by 10 year blocks every 3- 6 months. Or maybe because of the global crisis we are in, we go bold and just pass Medicare For All effective immediately. The financial relief to families, individuals and businesses would be boon the economy freeing up income to cover the costs of staying at home. So many people have already lost their healthcare and during a pandemic, we need everyone to have access to care and testing. It is interesting that most countries that provide healthcare as a human right have been able to rather quickly reign in the virus and the spread. Many say that more pandemics are likely coming our way, we must act boldly now and have a Medicare For All System in place so we can quickly and efficiently nip it in the bud. Thank you so much for organizing! I am very excited about the possibilities. Love, Light & Equity, Eddie Daniels
28	Tracey Rattray and Lynn Silver	Dear Healthy California for All Commission Members, As you seek to incorporate equity principles into your work, and envision how to transform California's health system, it is critical to consider the stark inequities we are facing today - disproportionately high rates of preventable illnesses such as heart disease and diabetes, and occupational exposure, have placed Black and Brown Californians and those of lowest income at higher risk of sickness and death from COVID-19. The pandemic in turn is again placing our communities of color and of lowest resources at longer-term higher health risks from a host of negative social impacts, from food access to housing. Article after article in the press have called out decades of declining investments in prevention and in public health capacity as a contributing factor to the gravity of the pandemic. Much of this suffering is unjust and unnecessary – community and public health leaders have long known how to prevent disease by creating conditions that keep people from needing health care in the first place. Yet year in and year out we fail to invest in action that will save lives and health care dollars. We urge the Commission to: Consider the human and financial costs of not investing in prevention: *A child born in Lake County can expect to live eight years less than one born in Marin County in 2014 and is more likely to suffer numerous forms of illness and injury. *Fifty five percent of low-income Californians had to delay care for medical or dental conditions in 2018, many of which could have been prevented. *Just six chronic diseases generated estimated treatment costs of $367 billion in California in 2016, which continue to rise. Much of this cost could have been avoided.

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		*Multiple Let's Get Healthy California goals were not met, when our lofty goals went unaccompanied by the needed magnitude of financial commitments: obesity has increased in every age group – early childhood, adolescents, and adults; childhood fitness levels declined between 2009 and 2017-2018 and adult physical activity have not improved; access to fresh fruits and vegetables in California communities declined between 2011 and 2016; and rates of ACES continue to rise. Commit to sustained investing in community-based prevention to keep health equity front and center in plans to reform health care in California Local health departments and community organizations have proven strategies to prevent chronic disease and injuries and to build collaboration within their communities to address social determinants of health. They urgently need sustained investment and capacity to take these to scale. The Federal Prevention and Public Health Fund, while an important start, did not surpass three dollars per capita and has been continuously raided and threatened. Investing a mere $10 per person in a California Wellness Trust such as that proposed by the California Alliance for Prevention Funding (https://www.ca-allianceforpreventionfunding.org/) and its supporters annually would total $400 million, less than 1/1,000th of what we are spending in California on health care and can support local health departments, community organizations and seed local initiatives such as California Accountable Communities for Health across the state. By investing in creating healthier communities and stronger public health systems we can keep people from needing care in the first place, improve lives & make health care dollars go further We ask the Commission to take a stand calling for the identification and creation of revenue sources and mechanisms to make investments in community-based prevention and health equity a permanent part of our post-COVID health system for the 21st century. Whether through improved use of existing resources such as community benefits or insurance premiums, or new revenue such as sin taxes, we cannot afford not to think big on how to advance health equity and prevention. While we recognize the financial challenges of the moment, we can no longer postpone addressing this issue and incorporating sustained support to prevention and health equity into our health system design for the coming years. We hope that you will take these issues into consideration in your deliberations in the coming months and would be happy to discuss these proposals With best regards Lynn Silver, Senior Advisor, Public Health Institute, Co-Chair CA Alliance for Prevention Funding

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		Tracey Rattray, Executive Director, CA Alliance for Prevention Funding
29	Ann McKenzie	To: Governor Newsom's Healthy CA Commission Dear Commissioners, If ever there was a time and abundant reason to take a sober and serious look at creating a fairer and less irrational system of Healthcare in the U.S., and California, it is now; amid a disastrous (and disastrously mis-handled) pandemic. I see it as a glimmer of hope that the July 8 meeting is on healthcare "equity and quality," and I urge the commissioners to promote the interests of Californians, and advance a single-payer system. Thank you sincerely for your work on behalf of Californians, Ann Mackenzie
30	Susan Robinson, MD	To Whom it May Concern: I unequivocally support the single payer model for the provision of health care. I believe that universal cradle-to-grave health care should be available to everyone in the United States. First, the private insurance companies, which now are positioned between the providers and consumers of health care, skim off a large portion of every health care dollar spent in this country. Because of the presence of private insurance companies in the economic sphere of health care, money that could be spent on actual care instead is spent paying for such things as • the salaries of private insurance companies' employees • the physical infrastructure of private insurance companies • exorbitant salaries for executives of private insurance companies • departments of billing specialists employed by individual doctors, group practices and hospitals • shareholder dividends • stock buybacks Private insurance companies skim off money that could and should be spent on health care, but they add absolutely no value to the health care sphere. Second, in addition to adding no value to health care transactions, their bizarre, arcane, and obscure pricing practices make reasonable consumer behavior impossible. Consumers cannot compare prices for medication, surgery, lab tests, ER visits, or any other health care service so the principles of marketplace and competition cannot function. If we eliminated the private health insurance companies we would not have the most expensive health care in the world which delivers, at best, third rate health care to us. Third, I believe that health care should be regarded as a human right in any country calling itself civilized or "developed". We have plenty of money to do it; that money just has to be spent more sensibly. Like education, police protection, library services,

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		postal services, or fire protection, illness should not be an obligatory profit center. Sincerely, Susan C. Robinson, MD, FACOG
31	Jon Li	Dear Dr Ghaly You re-scheduled the Commission's 2nd meeting with little advanced notice. Now the 3rd one you gave 2 weeks notice. Thank you. What about the reports for tomorrow's meeting? Isn't the public allowed to review the Commission's working material. Please include this comment: 1. The virus is the new normal. The current health insurance system is backfiring, forcing people to make unhealthy decisions as patients, nurses and physicians are most at risk of getting the virus in the hospital. 2. Health insurance is about the insurance company making money by denying care. Obamacare is not affordable or controllable. The US health GDP was 18%; it is probably over 30% for the first six months of 2020. 3. Insurance doesn't work for physicians or hospitals, and it certainly doesn't work for patients. It should be independent of employment compensation. 4. Only a shift to universal coverage will lead to improved management of the money and resources for health care delivery. Canada and European countries all had better health outcomes when they made the shift, and learned to control costs. 5. My dad was in the military. I had complete health coverage until I graduated from college. To me, not having universal coverage is sick. 6. The US should give everyone the same coverage as the military and the congress. 7. Shift from sickness reaction to wellness promotion as what the money rewards. 8. From hospitals to many many clinics. From surgery to health promotion and disease prevention. 9. 50 years ago, California shifted mental health care from state hospitals to community clinics. 10. For part of that, I was the Management Intern to the Chief Administrator. (Chief Deputy Director, Office of Administrative Management, State Department of Mental Hygiene) 11. For 5 years, I administered county mental health clinics in Placerville, Jackson, San Andreas and Lake Tahoe, and then a big bi-county clinic in Yuba City. 12. The US can only successfully respond to the pandemic and other health problems with local care. 13. 40,000 clinics, 75 in each congressional district. Federally Qualified Health Clinics. As good in rural Mississippi as

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		the urban East St. Louis, the Bronx, or Davis. The same coverage as the military is supposed to get. 14. Replace insurance as the information system that is supposed to manage the information, the health resources, the personnel, the equipment, the pharmacy, the money, the testing, the data collection, the scientific inquiry, the training and personal development, and the response to new health problems. 15. Set up an Office of Epidemiological Accountability at the Community of 10,000 people level to manage all the information for the local area. 16. Based on daily ongoing accountability at the community level, at the city level, coordinate resources and information. Then you only need limited government/bureaucracy at the state and federal levels. 17. The US federal Health & Human Services budget is for 80,000 federal employees. This proposal would cut that to under 1,000 federal health & human services employees, with much better management of the information and resources. 18. All decision taking that matters is at the community level: new Federalism.
32	Kate Baker	Dear HCA committee, My name is Kate Baker and I am so excited to listen to and hopefully engage in tomorrow's commission meeting. During these crazy times, the need for universal healthcare only increases, not only for basic health reasons but also for job security. I'm writing a school report on Medicare for All and I'm thinking about having a section dedicated to the benefits on the US' labor market. During the pandemic, we've seen unemployment rates skyrocket and therefore, many have lost access to healthcare and other necessities. I read a fascinating study by John Bivens recently about how a single-payer system could prevent job lock while promoting small businesses - something that would be crucial during these times. I hope that you all have had a great summer so far, and I can't wait for the presentation tomorrow. Stay healthy, Kate
33	Suzan Newman	Greetings, I am a registered nurse. I know how important health care is for individuals and families and during this pandemic it has become even more important. I know the California legislature has proposed a medicare for all bill but it has not gotten very far. It has been a couple of years since I looked into why the legislature has not developed a workable plan to implement universal health care in our state. Of course I hoped it would become part of our new 'President's Priorty' but with Joe Biden in the wings it is very uncertain what the future of a national Medicare For All bill might be.

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		As a Californian I can see a great push forward if and when we come up with a workable bill for our state. We undoubtedly need health care for everyone on a state and federal level. Yes California has a pretty good system for those of us who can't afford health care premiums because of lack of work or work that does not include health care. So many of our citizens are in the gig economy, so many without the opportunity to get health care from their employer. I would also like a detailed expenditures list to be posted on the commission website under resources. We should have an ongoing accounting of the $5 million budget expenditures of the public tax dollars, including the amount and the recipients and the work being financed. Thank you for your attentions to our concerns. Sincerely, Suzan Newman
34	Maureen Cruise, Erika Feresten, Betty Doumas - Toto	Greetings Commission Members and Staff, Thank you for your efforts on behalf of this Commission's work. We especially appreciate the very important CHHS website postings of both transcribed audio and written chat public comment, as well as the email submissions for each hearing. A few requests and some comments are below. REQUESTS: 1**. Our membership is requesting a public accounting of the $5 million dollar budget allocated for this Commission.** We would like updated accountings of the expenditures and of the specifically identified recipients of these funds to be made available to the public on the Commission's website. We realize the Commission members are unpaid and that the funds are used for necessary administrative functions. Public funds, spent on behalf of the public, should be readily available and transparent to the public. 2**. Regarding the content of July 8ths agenda of "equality "and "equity." Very simple answer. Separate is not equal. Separate is never equal. Tiered care is apartheid.** Disadvantaging the less financially solvent with a "public option" or "Medicaid expansion" is differential access and treatment. **Any tiered system is a bigoted supremacist ideology of privilege reinforcing the false, discriminatory, and destructive narrative that some lives are worth more than others.** Guaranteed quality of care will be protected when all people are in the same system. When the CEO and the Janitor have exactly the same access, choices, and treatment...high quality for all will be guaranteed. **Nothing is more suited to begin to solve racial disparities and discrimination in health care than single payer universal care for all.** Every life is of equal value. All means All. Everybody in. Nobody out. "One system for all" will never face the devastating budget cuts to health care we currently experience

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		with constant threats to Medicaid, to Medicare, to Employee Plans, to Veterans Care. 3. **As relates to the racial and economic disparities discussion:** Please address the role of private profits and the continued disparity of access and quality of care that will continue to be made with reforms of a Public Option, Medicaid expansion and "Medicare Advantage for All" expansion or any other "separatist" reforms which disproportionately disadvantage people of color and lower income and leave those programs forever on the budget chopping block. Please discuss the role of profit in extracting resources away from delivery of care. Include an accounting of exactly what benefits private insurance offers to health care, which is already 71% funded by the public. How does denial, delay and limited choice of care imposed by private insurance affect our health and well being? Why is costly insurance kept in this system? 4. We encourage the Commissioners to read and heed the more than 25-year history of the grassroots movement for single payer reform as recorded in the Dan Hodges "A Background History of Single Payer Legislation:1997-2019" We would like this document to be included in the CHHC Commission website resources. OUR COMMENTS As Single Payer Universal Health Care advocates, we believe the existence of the Commission is unnecessary to determine the best health care system for California. That has been determined repeatedly through careful analysis in 22 top quality studies done over a 30 year period for both state-based and federal systems. California went through an exhaustive and fruitful process of comparative analysis, diligently examining potential reforms in the Health Care System Options Project of 2000. This was under the agency of the CA legislature's Universal Health Care Technical Advisory Committee, tasked to examine the 9 selected alternatives. Three single payer and six incremental proposals were analyzed. In 2002, the analysts concluded that the single-payer plans were the most cost-efficient while providing universal coverage with the best benefits and the highest health quality outcomes. Here are links to the report on the nine HCOP proposals, the Lewin Group analysis, and the AZA Consulting analysis. "On April 12, 2002, in his presentation at the last symposium at the capitol, John Shiels of The Lewin Group says, "One of the major claims of the single payer advocates for a long time has been that we could cover more people, for more services, for less money. Our study is showing that, for these very carefully designed plans, that's true. To the best of our ability to estimate it, that's true." The report on the nine HCOP proposals, the Lewin Group analysis, and the AZA Consulting analysis are, respectively, at THE CALIFORNIA HEALTH CARE OPTIONS PROJECT PDF

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		Cost and Coverage Analysis of Nine PDF Cross-Cutting Analysis of Coverage Reforms The above is from Dan Hodges' (Health care for All - California) beautifully written and illustrated work. "A Background History of Single Payer Legislation:1997-2019". Recommended as essential reading for understanding the incredible grassroots work in the movement for health care justice, it is an excellent and very interesting historical reporting. **We are asking that this document be included in the resources section of the CHHC Commission's website and that all commissioners review the 2 decades history of health care system reform efforts in California.** Health Care for All -California Single Payer Tab HERE. **Since 1998, six California Single Payer bills have been introduced in the legislature (SB2123, SB480, SB921, SB 840, SB810, SB562), some winning both assembly and senate support only to be vetoed by a governor.** The most recent SB562 was torpedoed by a single person before going to committee for review, Anthony Rendon Speaker of the Assembly. This was a shocking obstruction of the democratic process that elected representatives examine, discuss, and make determinations on laws affecting the needs and the well being of 39 million California residents. Most disturbing was the complete lack of genuine objection on the part of our elected "representatives." Delay in reform ignores the daily state of emergency for thousands of California residents. **Well documented, the current for-profit driven system of extortion and extraction of both public and private resources produces stressed communities, medical debt, insolvency, disability, and death; all unnecessary.** Every day people go bankrupt, families lose their savings and their homes, Hospitals shutter, neighborhoods are devastated. The daily routine of health care denials and delays bring disability and death to thousands every year. Every Day. Unnecessary Devastation. Unnecessary Death. This is immoral, unjust, and many believe criminal state-sponsored murder by denial, delay, and neglect. For those who only see the dollar sign, siphoning money away from families, out of our neighborhoods and away from a robust, healthy system of "care for all" is detrimental to our economy. A statewide string of health care deserts in neighborhoods of poor, sick, and disabled people does not produce a stable state economy. **Healthy people create a healthy society and a healthy economy. Single Payer Saves Lives and Saves Money.** **We have been in a state of emergency for decades. Our need is urgent. Incremental steps are not acceptable. How many more people have to die? How many more will have their lives destroyed before the games of willful political ignorance stop?** The evidence for single payer universal

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		healthcare is all around us. It is a clear, proven, universally accepted scientific and mathematical fact. Do not ignore that reality. Neither the financing nor the policy nor the administrative benefits of single payer are a mystery. This is demonstrated globally, the US being an outlier in high cost, administrative inefficiency, disability, and death. How much more debt and escalating costs accrued by Californians and destroying our state will be tolerated? **Responsible reform is Urgent.** What will it take for our elected and appointed "representatives" to act honorably and responsibly as decent human beings? This Commission is representative of the governor, the legislatures, and clearly, the majority appointed and the "ex officios" are ideologically supportive of the for-profit beneficiaries of the status quo. Representatives should heed the reality that a majority of Californians want a single payer type of reform. Since the Commission is operant, we appreciate the work of all involved and look forward to a swift resolution on behalf of the people of this state: Not recommendations on behalf of the medical, industrial complex, and it's beneficiaries. We are not giving up. Lives depend on it. Be Well, Maureen Cruise RN, Director Erika Feresten, MA, PCC, Director & Co Chair Betty Doumas -Toto, Co-Chair Health Care for All - Los Angeles Chapter
35	Terry Winter	July 6, 2020 To the Healthy CA for All Commission, As you are aware, our country has the most expensive, least effective healthcare system in the modern world, and the most vulnerable Americans have been paying for that failure with their lives since long before the coronavirus came to town. The pandemic has further accentuated the lack of coordination and inequities. In addition, recent months have shown our public health system as grossly inadequate to meet the complex needs of our communities. The private insurance industry, employer-based coverage, and unchecked consolidation by large corporate hospital systems all prevent the development of universal, equitable, well-coordinated and cost-effective care. The Healthcare for All Working Group, a Sonoma County partnership of Health Professionals for Community Empowerment and North Bay Jobs with Justice strongly urge the Commission to develop a single payer system for our state – with strong coordination, a robust public health infrastructure and global budgeting for hospitals as the only solution that will reasonably address these glaring, unethical gaps in care. California has the expertise and the resources to lead the way in the effort to provide healthy communities and a robust economic future for our state.

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		Terry Winter, RN, MPH, For the Healthcare for All Working Group
36	Dorri Raskin	I urge you to vote to support single payer health or healthcare for all.. It is important to cover everyone. As you see, people now who became unemployed lost their health care. People need to have health care, and our present health system doesn't work. We see this during the pandemic. People have tokin health care,but are stuck with huge bills and have gone into bankruptcy. people can't afford medicine because the insurance corporations and drug industry are charging a huge amount that we can't afford. Single payer/ medicare for all will save us money. Everyone gets health care from birth to seniors. Everything is covered-vision. hearing, dental, mental, physical. this is important. Health care is a human right. Look at Europe, UK, France, Sweden, Canada, Germany,etc . Everyone has health care. Surgeries in Europe and Canada are cheaper than here in the U.S. It is important to get good healthcare for everyone. Healthcare for all or single payer would be an excellent thing to put in place. It is time to cut out the drug and insurance industries' outrageous profits over our health. Healthcare is a human right. We need to have healthcare for all/medicare for all or single payer. I urge you to support healthcare for all/single payer. This is an urgent matter. thank you, sincerely, Dorri Raskin
37	Brian Stompe	In May 2017 the U of MA @ Amherst published the PERI report by Drs. Robert Pollin, James Heintz, Peter Arno, and Jeannette Wicks-Lim, in which it was shown how the State of CA could introduce and finance single-payer health care to provide better health for all inhabitants of CA and save $37.5 billion in doing so. Other western democracies, including our neighbor Canada demonstrate this can be done with costs less than half of U.S. health care costs and better longevity than the U.S. for their populations. Why is CA stuck still, “studying” single-payer, when we could save massive amounts of money and benefit our population’s health by simply following the lead of other countries and the recommendations of the PERI Report.? Brian Stompe
38	Monica Gutierrez	Dear Healthy California for All Commission, My name is Monica Gutierrez and I am a member of California Health Professional Student Alliance (CaHPSA), a statewide network of students who believe healthcare is a human right. I am also a post baccalaureate student at UCSF and UCLA alumni. As the daughter of one, among millions of Californians who recently have lost their job and health insurance, I have been

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		especially worried about the health and safety of my family. The COVID-19 pandemic has been a reminder of the vulnerability in our healthcare system in which health coverage is in large part determined by employment status, and which has disproportionately affected workers in low wage jobs like my mother and younger brother. I cannot continue to bear witness to the many disparities and injustice played out by health insurance companies and a lack of financial support for public health programs. Therefore I urge the Commission to adopt a plan that will strategically implement a universal, single-payer system that will ultimately remove many barriers to accessing care. I believe doing so, we will be one step closer to achieving a more equitable system that will translate to better health outcomes for all of California, regardless of employment status, income, ethnicity or even documentation status. More importantly, it will also ensure that my family will have ongoing access to quality care, even during a time of crisis. Thank you for your time and consideration in this matter. Sincerely, Monica Gutierrez
39	James Cowan	The highest priority for any health plan is one that guarantees health care security for all Californians. In other words: No Californian should have to go without healthcare for any reason; this is the only truly humane principle that should underly any healthcare plan adopted in California. A single-payer, Medicare-for-All plan is the only one that meets this criterion. Thank you. James L. Cowan
40	Julie Kiser, MD	We have tried everything else. Please lead the US as California has led in the past, environmental protection, gay rights, technical innovation. Let's show the USA how to dismantle the for-profit medical industrial complex. And put existing medical infrastructure to work making HEALTH IN CALIFORNIA.
41	Sherri Danoff	Healthy California for All Commission Dear Commissioners, Please, support a single-payer system with comprehensive health benefits. Single-payer involves lowest administrative costs and greatest efficiency. Let's implement a focus on medical service delivery instead of wasteful benefits to insurers. Thank you, Sherri Danoff
42	Gabriel Rosenstein	To the Healthy California for All Commission, I am writing to you as a born-and-raised California resident to implore you to adopt a single-payer healthcare system for our state. Single-payer is used across the globe by developed countries and proves time and time again to be the most life-saving and cost-effective option. As Californians increasingly lose their coverage and avoid the doctor's office until the last

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		possible moment for fear of ruinous debt, we need to provide a better option in our state. The plan you all endorse should be comprehensive, universal, high-quality health care, free at the point of service (no fees, co-pays, deductibles, or other out-of-pocket expenses), to all Californians! The residents of our state deserve nothing less and you have the power to make it happen. Save lives today, support single payer. Thank you. Gabriel Rosenstein
43	Maribel Nunez	Hello Healthy CA for All Commission: My name is Maribel Nunez, Executive Director of Inland Equity Partnership. We represent over 35 organizations that include immigrant rights, criminal justice, and other anti poverty social justice organizations and service providers. I would like for the Healthy CA for All Commission to prioritize setting a plan for a CA Single Payer system. What COVID 19 has shown us, the inequities due to lack of a strong safety net, particularly low income people of color communities face not having good living wage jobs with health benefits, which demonstrates an employer based health care system does not work. Also, even with the people that have health insurance coverage, the high deductibles leave people not getting the proper primary care in services. This commission needs to prioritize one system, affordable health care system for all and not for some, the only path is a single payer system. Best, Maribel Nunez Inland Equity Partnership
44	David Mandel	Hello and thanks for taking my registration. I've been advised that a large amount of money was spent on the commission's work and that there has not been a public accounting. That must happen. David Mandel
45	Deborah LeVeen	After listening to the comments during the June meeting of the Commission, I think the host tomorrow should remind people more emphatically of the Commission's mandate—to develop a plan which includes OPTIONS FOR ADVANCING PROGRESS toward a system of universal coverage and unified financing— I read that as focusing not just on that ideal system but on what we can do now, what is within the state of California's control to do now, while we work to make the changes that will require more time (e.g. gaining control of federal funding to CA). I would love to have everyone urged to think in those terms—what are the most immediate things we need to do and can do AND while will advance progress toward the comprehensive system we need. Thank you! Debbie LeVeen Professor Emerita SFSU

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46	Suzanne Cowan	Thank you for welcoming members of the public to submit questions and comments before tomorrow's scheduled meeting. My question: In May 2017, a team of scholars at University of Massachusetts, Amherst published a report analyzing how Medicare for All would affect California's economy. Headed by Dr. Robert Pollin, the Political Economy Research Institute (PERI) report showed how California could implement and finance a single-payer system to provide better health care for all residents, while saving $37.5 billion. All other western democracies, as well as leading Asian democracies, demonstrate that this system costs less than half of what the United States spends on health care, with much better outcomes. Why is California still "studying" single-payer, when when our state could save massive amounts of money and benefit our population's health by simply following the lead of other countries and the recommendations of the PERI Report? Suzanne Cowan San Francisco
47	David Melford	Dear Commissioners Please consider advising our governor with a single payer expanded Medicare that includes coverage for all ages Now or over 2-4 years graduating plan-over generations to covering all. 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 Bernie Sanders Medicare for All Website 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. Thank you
48	Arla Ertz	Dear Honorable Commissioners, I served as a medical social worker in the City & County of San Francisco until my retirement in October 2018, and before that as a Golden Gate Regional Center social worker in the Early Start program in San Mateo County, an early intervention mental health consultant for Homeless Children's Network, and program director of DrawBridge: An Arts Program for Homeless Children, with programs in 7 Bay Area counties. Based on my personal and professional experience, seeing the need close-up in so many families in their homes, in shelters, in hospitals, and in

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		other settings, I can confidently state that California needs a single-payer, Medicare-for-All type of health care system. I urge you in the strongest possible way to pursue such a single-payer, Medicare-for-All system, with working class participation on the Commission advisory groups. I heartily recommend that you follow the Healthy California Now coalition's recommendations for advisers, in order to ensure reliable guidance toward just and equitable healthcare for all, that will eliminate barriers to care. We need to liberate California from the stranglehold of the health insurance companies and the pharmaceutical industry, to end the opaque and exorbitant pricing practices of California's giant hospital chains, and to deliver guaranteed healthcare to all of our state's residents. California deserves a single-payer, Medicare-for-All type healthcare system! You can make that happen! Please do! Thank you. Sincerely, ~ Arla Arla S. Ertz San Francisco, CA
49	Firooz Kabir	Public Comment on July 8 Healthy California for All Commission Meeting Submitted by California Health Professional Student Alliance (CaHPSA) 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

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		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)
50	Norma Wilcox and Forest Harlan	July 8, 2020 Dear Commissioner for Healthy California for All Commission, COVID-19 is exposing how racial and economic disparities in our healthcare system are increasing transmission rates and deaths disproportionately affecting disadvantaged people of color and lower income levels. Black and brown people are three times more likely to get COVID-19 and twice more likely to die. The California Department of Public Health reported on July 6 that the Latinx and Hispanic population makes up 54% of cases in California with 42.3% of deaths and representing only 38.9% of the population. In Butte County Hispanics represent 41% of the COVID-19 cases while being only 17.2% of the population. Unfortunately, the race and ethnicity data are often missing on provider and lab reports. In Butte County, data is differentiated by race and ethnicity, whereas the state combines the two making the data confusing. The County is working on aligning their data with the states. Many Hispanic workers are “essential workers”, many with inadequate PPE protections, of lower socio-economic status, and have less access to healthcare. With a population of 220,000, Butte County has added 100 cases in the last seven-day period A single payer universal healthcare system will help to solve racial disparities and discrimination in healthcare, just as Medicare integrated hospitals, clinics, and Drs. offices in the 60's. Guaranteed quality care will protect all people in the same system. Separate and tiered systems such as a “public option”, “Medicaid expansion”, “Medicare Advantage” are white supremist constructs reinforcing privilege, discrimination, and destruction of people’s lives and financial stability. Please support: 1. A Single Payer Health Care System. 2. Public accounting of the $5 million- dollar budget allocated for this commission identifying recipients of these funds on the commission’s website. 3. Read the 25 -year history written by Dan Hodges, "A Background History of Single Payer Legislation:1997-2019” in the Resources Section of the CHHS website. https://www.chhs.ca.gov/healthycaforall Forest Harlan President Butte County Health Care Coalition Norma Wilcox RN Treasurer

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		Butte County Health Care Coalition
51	Francis Li	The Environmental Analysis report cites analyses of health care costs from 2014, via articles such as Jiwani, Aliya, et al., Billing and Insurance-Related Administrative Costs in United States' Health Care: Synthesis of Micro-Costing Evidence. BMC Health Serv Rev. 2014; 14:556. However, please note there are more recent articles, such as: Himmelstein, David, et al., Health Care Administrative Costs in the United States and Canada, 2017. Annals of Internal Medicine 21 January 2020, Volume 172, Issue 2. Page: 134-142 This article attributes over 25% ($229.5 billion) of the annual administrative overhead ($812 billion) to private insurance, accounting for most of the total increase in administrative overhead spending since 1999. There will not be a more cost-effective approach to healthcare coverage than single-payer that eliminates private insurance coverage overlap. Sincerely, Francis Li At Large Delegate to the Democratic National Convention, CA CD-12
52	Arthur Persko	Healthy California for All Commissioners: Thank you so much for this opportunity for members of the public to share our thoughts and concerns with you. California badly needs a single payer system. "Everyone in, nobody out!" One system for all (with the biggest possible pool to spread out the risk and the costs most broadly, because we know any or all of us might need health care—we just don't know when); and without the insurance industry and other for-profit health care entities standing in the way between us and our health care providers, we can all get the healthcare we need at lower cost than we pay now (about half per capita of what other industrialized countries' residents pay). In terms of process, for this Commission to work properly and get good results, we need 1) working-class representation on the Commission advisory groups. And 2) please follow the Healthy California Now recommendations for advisors. This Commission (if it adopts the two process recommendations I just made) 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 recently, and change is required; The commissions should listen to the public and especially those who are uninsured and those who advocate for them. And the Commission should listen to those of us who've been fighting for single payer for years and who do not have a financial interest (as the for-profit lobbyists do). To drive out the

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		bias toward for-profit outcomes that are not aligned with the common good and the public interest the commissioners should reveal their ties to for-profit health care, if any. Everyone in our state should get access to health care. The health insurance industry stands in the way of that. It time for a bill in California for single payer. WE need the governor to lead and for legislators with courage to stand up to the for profit health care corporations and author a single payer bill in California... And I have a specific question for the Mulkey consultants that I posed on June 12 but to which they have not yet responded: 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 on health care delivery legislation (or maybe more properly, the lack of it) arising from those with an economic interest in the for-profit health care business community (who have the money to spend on self-serving messaging and on the related pressure they bring to bear on elected officials) i.e. the health insurance companies, pharmaceutical companies, hospitals, and associations representing the interests of all for-profit entities making money in California healthcare)? Lets have a clean, fair process in which the best public policy in healthcare can rise to the top; and a corresponding beneficial outcome for California healthcare and all who live in our great state: Medicare for All! -Art Persyko, co-coordinator of the California Progressive Alliance Single Payer Action Team and SF Gray Panthers convener.
53	Henry Abrons, MD	Comment and question: *The glaring inequities dramatized by COVID-19 are not new. They are long-standing and pertain to economic status, ethnicity, geography (zip code, county, rural vs urban), and many other factors.* *California has never provided all residents with an equal opportunity to have access to high quality, timely, and affordable health care.* *Does this Commission affirm a commitment to overcoming the structural inequities that have been an enduring blemish on our public health and healthcare delivery systems?*
54	Dorrie Raskin	My concern is regarding the $5 million that is going to the commission. I want public accountability. Why did you spend money on a consultant firm? This is wrong. Everything needs to be out in the open. I support single payer or medicare for all (healthcare for all) This is important. everyone would be covered and the price that we pay is much lower than what we're paying from a corporate insurance and drug corporation. I urge you to support single payer/healthcare for fall. sincerely,

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		Dorri Raskin
55	Faith Borges	Faith Borges on behalf of the California Association of Health Underwriters. Thank you for the opportunity to provide comments today. Conversations like these are important and we are proud to contribute the agent and consumer advocate perspectives. CAHU recognizes that health care is a right, and supports universal access to health care. We believe that a strong, competitive public/private marketplace is the way to ensure the delivery of high quality, affordable health care to all Californians. As policy experts and consumer advocates, we look forward to remaining engaged in ongoing discussions on consumer access, quality and affordability. Thank you.
56	Judith Blum	To those on the commission, Milly and Dan Braunstein have spent years studying a single payer option very thoroughly with all of the information you already need and yet it doesn't seem like anybody is interested in talking about it at this meeting. As a therapist who finds as a medical mental health therapist I'm constantly having to deal as a provider with so many different medical plans and they change often year to year and both confuses my clients and I have to constantly look up every plan to make sure all protocol is being followed. I find it very cumbersome and ineffective and so many people do not have coverage.
57	Robert Vinetz, MD	Dear HCFA Commission, Attached is my draft (v2) checklist tool for evaluating various health care system proposals: ***Checklist and Ratings of Goals/Qualities/Features of an Optimal Health Care System*** The aim of the tool is to help *see at a glance* how well any proposal meets the goals of the Commission and/or of an "Optimal" health care system. I hope the tool may of use as the Commission pursues your vital work. Several weeks ago I submitted a similar but earlier version (v1) in both editable and PDF formats. Please feel free to edit, adapt and use them as may be helpful. Note: The rating icons are taken from *Consumer Reports* (consumerreports.org) and may or may not be copyrighted. Reproduction may need authorization. I am making this submission as a member of the California Physicians Alliance (CaPA): caphysiciansalliance.org With very best wishes, **Robert Vinetz, MD, FAAP**
58	Laura Ice	Thank you for inviting me to this webinar. I watched and listened for about 50 minutes, and it was just over my head. I am not part of the health care system but I do care. Single payer of some sort seems important to me, especially now…with Covid, and with people losing their jobs and their job related health care…. Again, thank you for working on this issue!

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		Laura Ice
59	Dessa Kaye	As a member of Health Care for All-California, San Fernando Valley chapter, I appreciate the opportunity to listen to and participate in the Healthy California for All Commission meetings. I am a native Angeleno, doctor's daughter, homeowner, retired from freelancing in the film/television industry, and cancer survivor. I am a long-time advocate for a single-payer healthcare system and think that California is the place to start making the U.S.'s inevitable transition to an affordable, equitable, non-profit system used successfully throughout the developed world. California is the 5th or 6th largest economy in the world, ahead of the UK, France and Canada, all of which have guaranteed healthcare through publicly-funded programs, free at the point of care with no premium, co-pays or deductibles. The only way to achieve this is through a Medicare For All single-payer program. California already spends almost $400 billion/year in healthcare. A single payer system would cut at least $40 billion/year because of lower administrative costs alone. We are already spending the money (inefficiently); we need the political will to rebuild our broken system from scratch. With all due respect, we don't need more studies, commissions, consultants, "stakeholder" focus groups, et al. We've studied this to death. There are over 22 studies plus real life examples from other countries that show that single-payer is cheaper and saves lives. We already know this; it's documented; it's data we all have. We already know that it works; we don't need to reinvent the wheel. One study sponsored by the right-wing Koch brothers found it could (nationally) save American families 2 trillion dollars over the course of ten years. COVID-19 has finally put the lie to tying healthcare coverage to employment, and a system premised on insurance companies, drug companies and hospitals making profits isn't actual healthcare. When you lose your job, you should not also lose your healthcare. Employment-based healthcare doesn't work for the unemployed, for those in the gig economy, for those whose employers don't provide healthcare coverage, and for those who are self-employed. No one in the richest country in history should go bankrupt over medical problems. The public option is unacceptable. Tinkering around the edges of the ACA is unacceptable. Public opinion demands really universal healthcare, everyone in and no one out, a one-tier system with equal access for every Californian, and that is single-payer. Healthcare is a human right. Healthcare is not a "choice." We do not get to decide when we will get sick or not. Everyone will eventually come in contact with the healthcare system. The entire premise of single payer is that markets don't work in health

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		care. We are in a public health crisis as COVID-19 has shown; when someone else is sick, it puts all of us at risk. Single Payer Healthcare systems save money and save lives. People are dying now. We need it now. That being said, I also want to add my endorsement to the July 7th, 2020 letter submitted to your commission from Maureen Cruise, Erika Feresten and Betty Dumas of HCA-CA, Los Angeles chapter. Sincerely, Dessa Kaye Van Nuys, CA
60	Barb Ryan	Dear Healthy California for All Commission Members, Can you tell me what specific plans you have for doing an **economic/financial** analysis of what a Single Payer System would look like - pros/cons. Since there have been many other studies of this nature (the one I am familiar with; the PERI report of 5/2017 by Drs. Robert Pollin, James Heintz, Peter Arno and Jeannette Wicks-Lim), I have never been satisfied over the Commission's need to redo what has already been done by respected economists! Let's face it, what we are really talking about here is not that we **can't** change to an Improved Medicare for All in a Single Payer System that would save our state billions$, but that we **won't.** And why? because our legislators are beholden to the corporations financing their campaigns. The Insurance and Pharmaceutical industries make too much money and control our government by their campaign contributions which plain and simple boils down to GREED! Please, Please help **our state** successfully lead the way for our country in providing improved **comprehensive** healthcare to **all it's inhabitants!** Barb Ryan RN
61	Michael Lyon	We need single-payer in California Millions have lost jobs, and therefore their healthcare. Essential health workers, mostly black and Latin, who are most exposed to COVID, are least paid and receive the poorest healthcare coverage. Purchasing of vital diagnostic, therapeutic, and protective equipment and supplies is a chaotic shambles causing dangerous shortages and outrageous profiteering Hospitals and clinics and doctors serving the poorest, sickest, and most minority populations, both urban and rural, have closed or are in danger of closing or refusing new patients because of low Medicaid reimbursement. Health insurance companies continue to drain off 20-30% of medical care funds, bankrupting patients and denying them needed care, tremendously complicating patient and physician care. The Healthy California Commission must propose a single-payer/Medicare-4-All model, with equal quality health care for

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		everyone regardless or employment, income, gender, race, ir immigration status; with equal reimbursement for all patients and clinical settings; with central, negotiated and coordinated purchasing and distribution of drugs, supplies, and equipment; and financed largely by taxes on wealthy individuals and corporations who have benefited from the last forty years of upward shift and concentration of wealth. We have been patient for too many years. Cities in flames and rebellions which government can barely contain are signs that our patience is wearing thin. Take heed.
62	Lynn Huidekoper	I was very disappointed that the Zoom link, that came in the Commission email this AM, didn't work properly. The initial Commission logo screen said to go to Zoom with a different Meeting ID number. Up on the left of this original screen it listed a different meeting ID with Rick Douglas' name under it. Many of us were commenting in the Chat function why isn't the screen opening up as it usually does. As a result, I missed some of the beginning. You need to know that the bulk of the folks today were Single Payer advocates. Many of us are members of Health Care for All-CA, PNHP, PDA, CAPA who sponsored the SP bills, SB921, 940, 810. It was clearly confirmed for us that our suspicion all along has been that this Commission is stalling as best they can to support Medicare for All. There is no need for focus groups, any more statistics. The American public supports SP/MFA. You should be looking at how to finance the system. The Pollin study already shows how to raise the funding. Only 3 members of the Commission know that Single Payer is the ONLY solution to this dire health care crisis we face. I plan to boycott the next meeting because watching this sham wastes my time. I am instead phone banking for National candidates who are running on a Medicare for All platform and endorsed by Bernie Sanders and AOC. Lynn Huidekoper, RN Legislative Committee, Health Care for All-CA
63	Lynn Huidekoper	One more comment. The Latina woman who gave testimony about how her husband waited to seek treatment because ACA plans require out of pocket payment until they reach $5-7,000. Then he finally gets care when it's an emergency. This story repeats itself over and over. The ACA is too expensive for most people- They have to pay $1000-2000/month on top of $5-7,000 deductible. That's $24,000 plus $5-7,000= $29,000-31,000/year. So to say that the ACA folks have insurance is ridiculous. Those are the **Under**insured. **80 million un- and under-insured**. That's a travesty in the richest country on earth. Your timeline shows that you don't see this as a critical situation esp. in light of the pandemic. I would like to support your efforts but, at this time, I cannot. I have been working on Single Payer

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		for over 20 years. It's unconscionable that we are still being stymied by greed and profit. THIS IS A MORAL ISSUE!! Lynn Huidekoper I want to clarify that I am a member of HCA-CA. I am not speaking on behalf of HCA-CA. I merely wanted to show my affiliation.
64	Ellen Crowe, MD	I'm a physician who works in the emergency department at Mercy Hospitals in Bakersfield. I also have a private practice in Thousand Oaks making house calls (no office location for patients--everyone is seen at their home). I know we are all aware of the need for a unified electronic health record, but I would like to make sure the issue is receiving the attention it deserves. No single payer health system (which I'm entirely in favor of) will work without it. Until we have one, we will spend more money for worse outcomes compared to the rest of the industrialized nations. Because I work in the emergency department, and I see patients in their homes (often because the conventional medical model has failed them) I'm well-situated to see where the interface between home, the hospital and the doctor's office is failing patients. I'm going to illustrate my point with a couple of stories from the trenches: 1) A patient comes into the ED at 2 am with a complaint he was worked up for at a different hospital three weeks earlier. However, family didn't have a good experience so they "try a different hospital". We request old records, but it takes hours to get them. So, we start the work-up again, including CT scans (because we have to keep patients moving). Work-up reveals need for admission. Records finally arrive from the first hospital and go into the "paper chart", which no physician ever looks at (we work off of the computer--the old records MIGHT get scanned into the chart as "outside records" after discharge, or they might not). So the work-up continues because the admitting doctor doesn't have time to obtain or find old records. The patient is eventually discharged, with the work-up no farther along than before, but insurance has now paid for the same work-up at least twice. The patient is told to follow-up with a physician who, as I learned later, couldn't see him for four weeks. So, three weeks later, they go to another hospital, our sister hospital where I happen to be on duty, because "we didn't do anything at the other hospital" and "he isn't feeling better". Fortunately, we have records from our sister hospital and I remember the patient so the problem is dealt with as an outpatient. 2) Patient is admitted to the hospital and the hospitalist orders a hematology consult based on the patient's history of non-Hodgkins lymphoma. The patient is never consulted about this and the hematologist literally doesn't

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		speak to the patient. After multiple blood tests and a bone marrow biopsy, the patient finally asks the nurse why the doctors are looking for non-Hodgkins lymphoma. He states "they decided I didn't have that". However, that occurred at a different hospital with a different EHR and different specialists. It remained in our system as an actual diagnosis. THIS IS INSANITY and we will continue to throw good money after bad until we figure this out. These aren't isolated events. I see this play out every single day I work. Doctors routinely order tests that could be avoided if they actually did a physical exam, but they often don't touch the patients (although they document a complete exam for billing purposes). In the thirty years I've practiced medicine I've seen a decline in the quality of care that's frightening and demoralizing. There are multiple factors that explain the decline, but the advent of the EHR and challenges with obtaining medical information within ever-changing delivery systems is a huge part of it. Until this is recognized on a regulatory and government level, insurance companies and governments are doomed to continue to spend money on unnecessary work-ups and misunderstandings. I have barely touched on the disconnect between the primary physician and the hospitalist. I always send records (problem lists, medication lists, recent notes) when I send a patient to the hospital, but I've never seen those notes reach the hospitalist (sometimes the ED doctor sees it when I ask a nurse to literally put it in front of their faces)--not once in 10 years. I have to track the hospitalist down and beg them to keep me informed about my private patients when they're admitted. Their response, when I express frustration, is "most of the PCPs don't want to be involved". How sad is that? It isn't because they are bad doctors. It's because they are so busy and burdened that it's easier to think of that patient as someone else's problem for a few days. Because we are a small, private pay practice we are able to follow our patients closely. The conventional practices simply don't have the time to invest in communication. Specialist consults, labs, imaging and hospital records have to come into the EHR in real time, as part of the chronological record of the patient's care. If they have to be searched in a different section, they are likely to be missed. Even with the luxury of following patients closely it isn't unusual to discover they saw a specialist on their own or were referred by another specialist. The patient usually presumes (not unreasonably) that I received a report, but the specialists rarely send notes to the PCP unless I call to request them. They all insist that they do, but they don't. I could have a full time medical assistant whose job it is to hunt down those notes, put them in front of me to read, and then scan into the chart (which makes it unsearchable, of course). I'm really getting to the point of despair when it comes to the amount of money we spend as a country for very poor results.

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		We have to figure this out if we are going to prosper. Accurate and timely Information is a critical component of any effective and economical health system, and we are failing miserably.
65	Michael Lighty	Dear Healthy California Commission, As a co-author of SB 562, I write to correct the statement in Slide 16, that "With a few exceptions, payments are to be on a fee-for-service basis." This convenient mis-reading has consistently been used by opponents to distort the intent of the reimbursement provisions of the bill. As noted in your slides, integrated healthcare delivery systems can be paid on a per capita basis - such organizations provide coverage to millions of Californians, certainly more than a "few." SB 562 anticipates a range of reimbursement types, and in fact allows global budgets in addition to per capita payments. The principle governing reimbursement is that payment cannot incentivize restrictions on access through limiting provider clinical judgment, which is typical of per capita models, particularly detrimental to the poor and people of color, who research shows suffer reduced levels of care under such models. This is addressed in Section 1, 6(e): *It is the intent of the Legislature that neither health information technology nor clinical practice guidelines limit the effective exercise of the professional judgment of physicians and registered nurses.* For a summary of the research on how "value-based purchasing," and AccountableCare Organizations based on per capita payments exacerbate healthcare disparities see Rita Rubin, JAMA, February 21, 2018. Specifically, Rubin writes that *In a recent study in Annals of Internal Medicine, McWilliams and his coauthors found that the PVBM (Physician Value-Based Payment Modifier Program) had no effect on the quality or efficiency of care provided and likely exacerbated health care disparities by disproportionately penalizing practices that care for lower-income or sicker patients.* Single-payer financing requires that the risk be on the single payer, in the case of SB 562, that is the Healthy California Trust Fund. Such risk can be achieved through global budgets for clinics and hospitals, as well as fee for service, and if strongly regulated, payments to integrated healthcare delivery systems, though that is subject to on-going debate. All those forms of payment are enabled by SB 562: *Article 3. Payment For Health Care Services and Care Coordination* *100639. (a) The board shall adopt regulations regarding contracting for, and establishing payment methodologies for, covered health care services and care coordination provided to members under the program by participating providers, care coordinators, and health care organizations.* ***There may be a variety of different payment methodologies****[bold added], including those established on a demonstration basis. All*

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		payment rates under the program shall be reasonable and reasonably related to the cost of efficiently providing the health care service and ensuring an adequate and accessible supply of health care services. Fee for service is the default, not mandated option under 562. Between the problems associated with the ACO model, and the need to set reasonable reimbursement levels that ensure Californians get the care we need, Commission consultants should welcome the thoughtful, flexible approach embodied in SB 562, rather than distort it. Kind regards, Michael Lighty
66	Shelby Warren	Dear Healthy California for All Committee, My name is Shelby Warren and I am a second year medical student in the UC San Diego School of Medicine PRIME-Health Equity Program. How will this commission act to ensure that all of its members understand the intimate historical relationship of capitalism, colonialism, and racism working in conjunction to lead to the formation of our currently highly segregated and highly resource-disparate American health care system? In other words, how will the commission actively address systemic racism's role in leading to the unequal and dysfunctional health care system we have, and how will the committee incorporate critical awareness of racism into its plans for a healthier California? Thank you for your time and consideration of my comment. Sincerely, Shelby Warren (she/her) M.D. Candidate, UC San Diego School of Medicine Program in Medical Education, Health Equity (PRIME-HEq)
67	Jeanne Crawford	Dear Commissioners, Since this July meeting is to focus on *Increasing Equity and Improving Quality*, I offer the following comments. We are in a very fortuitous and precarious moment now, when the eyes of most Americans have been opened to see clearly the terrible disparities in our system: healthcare disparities, racial disparities, socioeconomic disparities, and environmental justice disparities. The veil has been lifted so all can see the inhumanity of our present system. This is the moment for California to take the lead and model a single payer healthcare system. But this framework you present to the governor must have interwoven throughout addressing these inequities/disparities in **6 areas**: racial, gender, ethnicity, geography, disability, and socioeconomic status. I have carefully read the federal Medicare For All Act that is presently in the House of Representatives in Congress, and that Act offers very good guidance on how to do this. I will list the ways that this federal Medicare for All Act addresses inequities/disparities to

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		give you some guide posts for developing the California framework. **First**, it must be made clear in the overall goals of the plan: • *To increase access to high quality primary health care in underserved areas and underserved populations.* • *To develop, co-ordinate and promote policies that expand the number of primary care practitioners, registered nurses, mid-level practitioners and dentists.* (Including dentistry in this framework is so important since the cost is out of reach for many and it has dire impacts on one's health) Also, this framework must not have any tiers, no one gets a lower level of care. This means we no longer have Medi-Cal. This is stigmatized often as care for poor folks, and it is inadequate care. Medi-Cal recipients have a hard time finding doctors who will take them, and, especially in rural areas, finding specialists who they can see. No more tiered healthcare! And everyone residing in California must be covered! **Second**, no one can make informed decisions regarding equity without knowing first how things are and are not working, i.e. data (we saw this so clearly when it was revealed no one was tracking Covid 19 by racial group – and once it was required to track, the disparities became so blatantly clear). To allocate resources to address healthcare disparities, one must collect data and this must be required - in these 6 areas: Race, Gender, Ethnicity, Geography, Disability, and Socio-economic status. In each area the availability of services and the performance of services must be looked at. The state may be divided into regions with set reporting dates. At the time of reporting this data (bi-annually or annually), plans for improvement of services must also be included. **Third**: this framework must require the broadest and most informed input in administering this program - in every single part (guidelines, regulations, data gathering, budget, transition, etc.). **The people affected must be involved in the process.** This could look like involving labor unions representing healthcare workers, family attendants, caregivers, disability rights organizations, patient advocates, clinicians, public health workers, social workers, climate justice activists, etc., etc. These groups must be part of the needs assessment process. Across regions of California, equity must be addressed so that regions receive equal quality and equal access, whether rural or urban, etc. For assessing disability services, consultation must be required with people representing all the diversity in our population. **Fourth**, for the budget: the data collection will show where the needs are. Then there must be sufficient funds to meet the health care needs within each region for construction, renovation, staffing, equipment purchases for health care facilities taking into consideration:

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		1. Rural areas 2. Medically underserved areas 3. Health professional shortages The budget must also include professional education expenditures to meet the needs of health care services in all 6 areas. Priority for funding will be given to projects that improve health care for medically underserved areas or populations, and that address health disparities among the 6 areas. I am excited that you are giving increasing equity and improving quality such a strong focus. I feel it is the core strength of a well constructed single-payer system. Thank you, Jeanne Crawford – member of Healthy California NOW and the SF Berniecrats
68	Peter Conn	Dear sirs and madams, I have been a volunteer advocate for single payer since 2000. Now is not the time for half-measures. Any thought that tweaking the system will fix it is delusional. Incremental change has left us with higher costs and more uninsured than ever. Our leaders must put the public good first. Corporations, the one percent, and the medical elite must take a turn at sacrificing for the good of the nation. They will not need food stamps to survive the change to single payer. Single payer will see that the 99% don't go bankrupt and/or die unnecessarily from our corrupt and greedy medical non-system. There is a ton of evidence to support the benefits of a single payer system. We no longer need to "study" this issue to death. Thank you for your efforts. And ask Wendell Potter why you should resist the propaganda barrage from the opposition. Peter Conn Retired Social Worker
69	Carol Fodera	Thank you for taking comments. I am an occupational therapist with 40 years of experience, having worked primarily with children who have oral feeding difficulties due to medical problems. I work closely with parents and the stress that they experience in caring for their children with medical needs is extremely high. They should not have to deal with insurance companies denying claims, demanding high deductibles and co-pays and dictating to them the doctors, clinics and hospitals that they must use to stay in-network. They should not have to decide if they are going to pay for medical treatment and therapy or food, shelter and utilities. I am fortunate to continue to have a middle class way of life in southern California. But the rates with my employer funded medical insurance have gone up so this year I have an HMO instead of a PPO. I have no continuity of care (continuity of care is linked to quality of care) since my doctor does not take the HMO. I hope I can stay healthy. My husband has a different insurance plan and had to drive 33 miles for an in-network COVID-19 test that his doctor recommended. These are but a

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		few of the ridiculous and inefficient situations that the for-profit insurance system demands. Please put yourself in the shoes of people with medical needs and people who are trying to watch their budgets. Please acknowledge the cruelty and greed of the for-profit medical insurance and pharmaceutical companies. Please show that you are on this commission because you do indeed want a healthy California for all. Carol Fodera, MA, OTR/L
70	Maria Behan	It's a promising sign that the focus of the July 8 meeting is on healthcare "equity and quality." As study after study has shown, no healthcare model advances those two goals as effectively and economically as a single-payer system. To truly serve Californians, the commission should focus its efforts on making single-payer a reality in our state—and not waste time on half-measures that pay lip service to reform while continuing to enable the profiteering of insurance companies and the pharmaceutical industry. I urge the commissioners to promote the interests of Californians, not industry executives, and advance a single-payer system: the best way to deliver high-quality, equitable healthcare in our state. --Maria Behan Chair, Sonoma County for Single-Payer
71	Gerald Rogan, MD	Dear Committee. Thanks again for allow me to chat on line, in **opposition to single payer** but **in favor of the goals of the committee**. There is a better way that will not destroy what is working for most people, including me, a Medicare beneficiary. I suggest the following as a better way to reach your goals than to adopt a single payer plan. 1. All vaccinations, immunizations, and treatment of communicable infections shall become a **benefit for all** under our **public health departments**. These departments can become the single source of payment for these conditions just as worker's comp is for industrial injuries. **One person, three sources of funding.** Our pandemic makes my suggestion almost self-evident. 2. **Abortion and birth control** should be included in a **public health benefit** and removed from any government mandate for other insurance products to mitigate the never ending debate about the basic benefit package. 3. Pro-choice and pro-choice groups can fund **lying in clinics** to help women who prefer choice be able to choose life without ruining their lives. This effort may help us all support provision of abortion and birth control for all who want it. 4. Single payer is a misnomer. Medicare contracts with many payers, including Noridian, Novitas, First Coast, Cigna, Palmetto, NGS, WPS. Medi-Cal contracted with

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		Xerox LLC and EDS and HP. Medi-Cal is a single funding plan, not a single payer plan. 5. Commercial “insurers” process hundreds of millions of claims annually. They cannot go out of business. Getting rid of them, which is probably unconstitutional, is impractical. They are not the problem. If their costs are excessive the corporations that hire them can move to another claims processor. By contrast, Medicare costs us 10% when the cost of fraud is counted, not 3%. If you add the cost of the OIG and FBI which commercial plans do not have, the price tag is higher. Medi-Cal has solved this problem with managed care. Fee for service fraud remains an unsustainable cost especially for Medicare when first dollar coverage applies to 80% of beneficiaries: dual eligible and those with medi-Gap. 6. First dollar coverage will drive up unnecessary utilization. This has been well studied. First dollar coverage is a BAD IDEA even for Medi-Cal recipients. Everyone should have a co-pay for a visit to a provider even if it is only a dollar. It works in the Congo where folks pay $4.00 a year for medical insurance. They have a copayment. Free care is disrespected. Even mosquito nets are not free. 7. Quality can be improved by enhanced effective peer review; outcomes training; improved post-market surveillance, data analysis and reporting for new products and services, using real world data, not just the few studies of a relatively few patients needed to gain FDA PMA approval. 8. Defensive medicine cost (provision of unnecessary tests and services) can be mitigated by moving medical negligence liability litigation into administrative law judges like is done for worker’s compensation, or apply the system used in the UK. 9. Hospitals should not be allowed to include advertising in their cost reports. 10. Drug prices should be negotiated for all people of California, but companies must be treated fairly. 11. Direct to consumer advertising for prescription drugs is not appropriate. 12. A government sponsored managed care only plan should be created for folks who are without coverage. No fee for service should be allowed because too much fraud will happen. 13. FFS patients should be promptly notified of each claim submitted on their account via cell phone as is done for credit cards, empowering patients to take action if fraud is suspected. 14. All FFS providers must post a performance bond in case they are found to commit fraud. The bond can be provided by their medical liability carriers.

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		15. Medi-Cal must be able to identify each individual provider on the claim form to guard against fraud and abuse. 16. Root cause analysis must be performed on high dollar fraud cases in order to fix holes in the claims processing system. Consider each case like an airplane crash. Learn from it. DHCS did not learn from the Redding Medical Center disaster. See the report on my web site. 17. Leave Medicare and the VA out of your consideration. They work. WFA in Medicare is not your problem. CMS can handle it. 18. Create portability of medical care insurance plans without destroying commercial insurers. There must be a way. Find it. Medical care insurance must not be tied to employment but must remain payable with pre-tax dollars. This need is obvious with the Pandemic. 19. All providers must post their common charges as robustly as restaurants, including facility fees. Take out prices are on line. Why not medical care? 20. Doctors should learn about the fees paid for the tests they order for patients. Patients should be told as robustly as they learn the cost of fix a car at a car repair shop. 21. Surgery centers and hospital outpatient clinics must post their prices at the place of service and on line. None of these changes requires single payer, or single funder, but will go a long way to fix the problem the committee is charged to solve. I suggest your committee talk about some of these ideas instead of exclusively focusing on changing the money flow. One or more of these changes will threaten a group of stakeholders, mostly in the pocketbook, but some professionally. Hence, as a package, it might work. **You can start with vaccines for all**. Change is incremental not revolutionary. At its invitation, in 2008, I testified before the health committee about broken peer review, as documented by the Redding Medical Center disaster, the failure of Licensing and Certification, and of CMS. Nothing changed. Change is difficult. Good luck. Gerald Rogan, MD Rogan Consulting
72	George Meyer	And all children should get medical and dental care! Gm
73	Helen Sizemore	My first time listening and I heard most of the commissioners in agreement about the problem of low use of the public health system by people of color. Where are the finance folks who can contribute the needed money aspects to make the services available to the essential workers who are at high risk and who are not getting insurance from their employers? We need solutions to make the systems change in a gradual and effective manner.

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		Who must be at the table for that conversation? Helen Sizemore
74	Peggy Li	Thank you for the information. I would like to go on record as an SF citizen that I support a single payer option. With the supreme court ruling today, it becomes even more clear (if the pandemic didn't already make it so) that health care CAN NOT be tied to employment. Health care should be available to all. Thank you, Peggy Li
75	Rheva Nickols	We need a single payer health care system for California. The current system is unsustainable. Everyone contributes to single payer and everyone is covered 100%. Our dollars would go to providers and not CEO salaries, lobbyists to Congress to maintain the status quo, advertizing, and big pharma. We would all have peace of mind knowing we wouldn't lose our homes, college savings, or have to set up a go-fund-me page. In the so-called "richest country in the world" this is despicable! We would have full choice of provider. It's a no brainer. Also, we need public accounting of the 5 million dollar budget for this committee. Thank you, Rheva Nickols
76	Steve Kachur	Commissioners: I'm writing to say that we should adopt a single payer health system covering all Californians. This plan protects Californians from the vagaries and injustices of the workplace and the marketplace. Look around at the current pandemic, is there any indication that the current system of market based solutions for anything is successful? It's time to act boldly and drive the profiteers out of health care. Only single payer provides the means to ensuring health care for all Californians, making sure our health care system is capable of preparing for and responding to future pandemics, and ensuring equality of care for all. To this end add public representatives to the Commission who advocate for the people and are not beholden to the special interests the profit from misery. I'm watching, so are more and more Californians who've lost their health insurance. Steve Kachur
77	Joseline Ochoa	Dear Healthy California for All Commission, Hello, my name is Joseline Ochoa and I am a student mentor with the California Health Professional Student Alliance (CaHPSA). I am currently a Physician Assistant student at the University of Southern California. 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. Throughout my education and experience working for both

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		Federally Qualified Health Centers and private medical practices, I have seen how our current fragmented healthcare system not only creates barriers for access to care for many Californians but is also inefficient, outdated and costly. A single payer system would increase access, while allowing for a streamlined system that can move into modernity. This would also remove the ties of healthcare access to employment. During this pandemic we have seen how workers are faced to continue working and potentially be exposed to COVID in order to keep their health insurance or lose their job and health insurance. In our current system, if this person became ill and lost their insurance they are in the hands of emergency policy that may or may not forgive their resulting medical debt. Lastly, I want to mention how a single payer system would bring stakeholders together to ensure that our priorities are on prevention (that leads to decreased emergency care costs) and a more equitable health system. Under a universal healthcare system it would be easier to dismantle deeply rooted disparities and racial injustice in healthcare delivery and communities. 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, Joseline Ochoa with the California Health Professional Student Alliance (CaHPSA)
78	Tony Sowry	The Healthy California For All Commission. Hi, my name is Tony Sowry. Thank you, Mr. Newsom, for establishing this commission which has the potential to be life changing for so many. I recently retired from a long career in International Maritime Shipping, a career that took me overseas frequently. During these trips I had the chance to see first-hand how other countries structured and paid for their health care, and naturally to compare this to the USA and California. Alas the comparison is not a flattering one. The USA is ranked # 1 in expenditure per capita on health care and yet only #46 in terms of measurable outcome. Over half a million families turn to bankruptcy every year due to medical bills. When I retired, like many, I looked for something to do to help make a difference. Prompted by a long interest in the economics of health care I chose Health Care Advocacy. Amongst other organizations, I volunteer at HCA in Marin County and I am lead volunteer in California for NPAF, the National Patient Advocacy Foundation, a nationwide patient advocacy non-profit. I was also recently appointed by ICER to serve on their west coast program advisory board, on behalf of NPAF. I am sure most of the commissioners are familiar with ICER and its efforts to bring fairness and economic rationale to drug and treatment pricing.

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		The Healthy California for All Commission has a real opportunity to radically re shape and improve the state's health care system. The commission is packed with impressive experience from Pharma, Clinicians, Providers, Insurance and Administrators. This is great. But as several others have already noted both today and at the June 12 meeting there is almost no representation on the commission or its focus groups for the consumer. This seems very strange. How can the patient voice be so absent from this effort? There are many organizations that can speak for the patient. We at NPAF are one of these and we would really appreciate the chance to contribute to the commission and focus groups and ensure the patient is represented My question is simple. What steps will the Governor take to make sure that the patients voice is included in the commission? Many Thanks, Tony Sowry July 8, 2020
79	Eric Vance	Dear Healthy California for All Commission, I hope this email finds you all well. I'm writing this as someone who lives in California and believes in single-payer health care, **<u>not</u>** in my professional capacity as an organizer for a certain coalition. Please take the opinions below only as my own. I was encouraged by the material in the July 8th meeting reflecting some of the public's demands from the previous meeting, as well as the change in urgency. A sincere thank you for listening and adjusting. This has bolstered my faith in the public's ability to organize, as well as the Commission's ability to recognize and implement. However, I do have concerns. The primary issue is two-fold: 1. You are collectively still working from a schedule, charge, and internal/external bureaucracy which were all established pre-pandemic -- I believe the Commission's timeline and procedural track is rendered arbitrary if not moot given the crises (plural) we've been in, since months before your second-only meeting; 2. The multi-layered need and demand for single-payer has clearly been demonstrated within your meetings (let alone by everything in the outside world) -- by your own guest speakers, thankfully some of the Commissioners themselves, and hundreds of the members of the public who have turned out, in-person in January and virtually since -- yet six months after you began, and four months after a pandemic hit our state first and ushered in a socioeconomic collapse, you are only now in the preliminary stages of presenting *basic* evidence which alludes to solutions, when there are countless studies, articles, elected officials, health care professionals, policy experts, etc., and of course the majority of the working-class who are casting the biggest spotlight on *<u>the</u>* answer

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		before you: **single-payer**, which the Governor campaigned on! You should not need further exploratory groups, presentations, etc. to make a decision on a clear way forward. The public wasn't just upset that the initial advisory committees were only lobbied interests, they were also upset at the further delays. Attempting to coordinate even more meetings, now with elementary interactions with the public (and surely not clearly defined benefits of single-payer in the contracted consultants' surveys), is not going to get us out of these compounded crises we're facing. Don't get me wrong, those are organizing opportunities to elevate class consciousness and get even more people demanding single-payer, but I think we've heard from plenty of people in the know so far to see that there's one right answer. So my request and proposal is: if you do not have the authority yourselves to amend your charge and deadlines -- *to fast-track a single-payer recommendation, not to further delay* -- then please, **please** communicate with Governor Newsom and the State Legislature that COVID-19 has brought about the utmost urgency and clarity, relay that the need for single-payer has been overwhelmingly and articulately demanded by the public (or "voters," if that helps), and that you endeavor to submit your recommendation earlier. Then ask them to champion your efforts. I do think there is a strong correlation with the Commission's responsibility and the public outcry at your meetings, and the renewed Black Lives Matter movement and the general civil unrest of the working class -- and there's an analogy to be made. If we imagine the Commission instead as a city council facing hundreds of impassioned demands to not promote and reward police brutality, it's as if the governing body is still in the "Might some cops be racist?!" PowerPoint stage, when there are hundreds of experts and people who are suffering under the current system, all clamoring to show you that yes, the very nature and history of policing is racist and only serves capital, and the public is presenting explicitly delineated, common sense approaches to defunding and further reforms, and offering themselves as advisors instead of the powers that be who have a vested interest in the status quo. *Well...* private health insurance and employment-based healthcare is racist and serves capital, and there is a common sense approach that will actually protect and serve the public: single-payer. You quite literally have a chance to: • bring about a fundamental change to this nation for the better; • save the lives of millions of people; • address racial, gender, socioeconomic and other disparities in health; • and provide substantial measures of security and comfort to everyone in California

Count	Name	Comment Via Email
		... by leading the way on state-based single-payer. Anything less is further dooming the population and rendering your Commission's name a complete misnomer. Please listen to the people already demanding this, and not your contracted consultants further delaying and potentially muddling the issue with yet more bureaucratic steps. A working class movement is calling on you to reframe and refocus the rest of your timeline to pragmatic single-payer implementation, not hand-wringing -- in other words, it's long past time for praxis, not theory. Many, many people want to help with a breadth and depth of knowledge and expertise. Thank you sincerely for your consideration and leadership. I truly do think this Commission can do the right thing, but the approach to date has tended to be restricted and procedural, instead of righteous. Best wishes for your efforts. Kind regards, Eric Vance

3. **The following table shows public comments provided via Zoom Chat that received a written response during the meeting:**

Count	Name and Comment	Response
1	Bob Jung: Are these slides available?	Joslyn Maula: Slides can be found here: https://www.chhs.ca.gov/wp-content/uploads/2020/07/HCFA-July-8-2.pdf
2	Tenzin Youedon: Hi! Where will the recording be posted?	Joslyn Maula: The recording will be found on the website when it is available. https://www.chhs.ca.gov/healthycaforall/
3	Maureen Cruise: LOOK AT the PERI financial analysis for CA single payer…it is very detailed. 17 states have done financial analysis of single payer and every single one saves substantially	Joslyn Maula: The consulting team is aware of the PERI UMass study
4	Marian Shostrom: The California Endowment is tied to Blue Cross, so it is very disconcerting that they will be involved. Why not get funding a foundation that is not tied to Blue Cross/Well Point	Bob Ross: Fact check. The California Endowment is an independent 501c3 health foundation, with no affiliation to any insurance or provider system.

4. **The following table shows public comments provided via Zoom Chat that received no written response during the meeting:**

Count	Name and Comment
5	Tish Ochoa: Hi I see you and your intro page
6	Dr Bill Honigman: Hi all, great to be with you. :-)
7	Betty Doumas-Toto: Hello Folks
8	Hali Hammer: Hi Berkeley
9	Paul Newman: Hi Betty
10	Ron Birnbaum: Hello California!
11	Danett Abbott: Hi all! Danett Orange
12	Paul Newman: Hi Betty
13	Cindy Young: Greetings All!
14	Arla Ertz: Hi San Francisco!
15	Tracey Rattray: Hi CA Alliance for Prevention Funding!
16	Peter Shapiro: Peter Shapiro, Healthy California Now, Oakland
17	Susan Meyer: Hi Orange County
18	Betty Doumas-Toto: Oh Good I’m Betty today!
19	Robin Potash: Hi Los Angeles
20	Douglas Gary: Hi, Doug Lafayette, CA
21	Georgia Brewer: Hi Los Angeles!
22	Eric Vance: Hello all! Eric Vance, Healthy California Now, in Hayward.
23	Sandra Johnson: Hi Alameda CARA in San Leandro CA
24	Abby Arnold: Hi everyone, Abby Arnold California Physicians Alliance.
25	Paul Newman: HI I’m Santa Monica
26	William Bronston, MD: bill bronston md Sacramento. PNHP!
27	Gary Graham: Greetings Millbrae.
28	Christine Shimizu: Hi Everyone. Christine Shimizu, CA Sanders Delegate in CD 30
29	Patty Harvey: Checking in Humboldt County
30	Susan Robinson: hello Paso Robles
31	Allan Goetz: Hello San Diego
32	Jeanna, RN: Greetings LA …
33	Stephen Tarzynski: Steve Tarzynski, California Physicians Alliance (CaPA)Hello!
34	Margaret Copi: Margaret Copi here Oakland. Healthcare Action Committee, Healthy California Now Coalition, PNHP, Single Payer NOW — you name it!
35	DON SCHROEDER: Hello California OneCare
36	Terry Winter: hello Sonoma County
37	Linda Okamura: hi Los Angeles
38	Roose: Ross checking in Humboldt County
39	Patricia Clark: Hello to all Long Beach.
40	Maureen Cruise: Maureen Cruise RN Health care for All - Los Angeles Chapter

Count	Name and Comment
41	Barbara Commins: Hello San Francisco and the SF Berniecrats and Healthy Calfifornia Now!
42	Kathleen Healey: Hi Kathleen Healey, PNHP!
43	Ernest Isaacs: Hi Ernie Isaacs, Health Action Committee and Therapists for Single Payer in Berkeley
44	Dr Bill Honigman: Very much hoping to see substantive progress made today. Thanks.
45	Paul Newman: There should not be any monetary barriers in the fight against this Covid-19 pandemic
46	Matt Slaught: Hi Matthew Slaught, SNaHP!
47	Robert Vinetz: Hello to All Robert Vinetz, MD in Los Angeles.
48	Firooz Kabir: Hello Firooz Kabir with California Physicians Alliance!
49	Patty Harvey: Humboldt Co., HCA/PNHP chapters
50	Shauna Olsen: Hi Shauna Olsen with the California Alliance for Prevention Funding
51	Danett Abbott: Pence just announced that healthcare workers need to reuse PPE!
52	Ron Birnbaum: Ron Birnbaum, MD Physicians for a National Health Program, Southern California - also at-large delegate to DNC CD-28 (pledged to Senator Sanders)
53	Kari Khoury: Kari Khoury member Northern San Joaquin Valley PNHP, DNC District Delegate for Senator Bernie Sanders. Stockton
54	Erika Feresten: Erika Feresten President of the Pacific Palisades Democratic Club, CA Dem Party Assembly 50 delegate and Co-director of Health Care for All - Los Angeles
55	Beatriz Sosa-Prado: Hi everyone. This is Beatriz Sosa-Prado, Executive Director of California Physicians Alliance (CaPA).
56	Jennifer Frye: There are many people stuck in the wrong Zoom meeting. They followed the link in the meeting invitation and ended up seeing a black screen. Eventually, I saw a screenshare that gave me this meeting ID number, but everyone else is still in the wrong meeting.
57	Maureen Cruise: Maureen Cruise RN Healthcare for All - LA, Democratic Socialists-LA Health Care Team, PNHP-LA
58	Terry Winter: Terry Winter, RN, MPH, Chair of the Healthcare for All Working Group, a partnership of North bay Jobs with Justice and Health Professionals for Equality and Community Empowerment, Sonoma County
59	Georgia Brewer: Georgia Brewer, Associate Director, California OneCare & HEAL California
60	William Bronston, MD: die hard is what is happening for those suffering with incrementalism
61	GORDON MILLER: For Tracey Rattray - Any relation to Rule Rattray?
62	Deborah LeVeen: Debbie LeVeen Berkeley with CaPA
63	Chuck Walker Sr: Hi Susan!
64	Barbara Commins: correct site to connect might be
65	Maureen Cruise: Using the most recent email link, I was stuck in that dead end zoom room too and went back to a prior email mom link to get here.

Count	Name and Comment
66	Nina Eliasoph: There are dozens of people waiting on the zoom link that was emailed to us when we registered. They can't get into this meeting. Could a tech support help?
67	Sally Gwin-Satterlee: Hello Sally - Medicare for all - Santa cruz
68	Maureen Cruise: Resend to all the proper link
69	Allan Goetz: try 89867989550 meeting ID
70	Joel Sarch: Hi, Everyone. This is Joel Sarch, Chair, Health Care for All Bay Area Peninsula, Member, PNHP-CA, CARA.
71	Francis Li: Francis Li, CADEM At Large Delegate, CD-12 San Francisco
72	Tom Considine: Greetings all Tom Considine with California State Retirees.
73	Perrie Briskin: Perrie Briskin, UC Berkeley MBA/MPH Student and Head Steward, UAW 2865
74	J Sever: go Single Payer first! No hugely wasteful increments. we can't afford increments.
75	Jennifer Frye: Retweet: There are dozens of people waiting on the zoom link that was emailed to us when we registered. They can't get into this meeting. Could a tech support help?
76	Jeffery Tardaguila: you have many people not on meeting hopked to Eric Douglas screen recording
77	Barbara Commins: www.zoom.us then 89867989550
78	Nina Eliasoph: This is Nina Eliasoph, Healthcare for All—LA, also sociology professor with expertise in research methods such as focus groups. In the previous meeting, we did not support focus groups amongst random Californians.
79	Dana Baker: Hi all. Dana Baker, National Delegate, California CD-04 (central Sierras)
80	Phillip Kim: I'm concerned about the lack of transparency on how the consulting team has been researching and drafting the Commission's report. At a minimum, the commissioners' written comments and correspondence with the consultants should be publicized.
81	Bernie Eisenberg: greetings to all a member of hca-la.
82	Bruce McLean: Greetings Northstate Medicare 4 All Coalition (Butte County Healthcare Coalition).
83	vic bernsdorff: Yes, Single Payer or Medicare For All first !.....its too late for incremental anything !
84	Patty Harvey: I hope the Commissioners will explain how they think health equity can be achieved when health care is delivered in "tiers" which is the inevitable result of having different plans for different people.
85	William Bronston, MD: disproportionate deaths in segregated institutions due to Medicaid distortion towards out of home placement!! Single payer will break that river of domestic refugee money
86	Maureen Cruise: The disparities in access and treatment, the health care deserts and lower, life expectancy has always been visible too many of us. Not a new situation at all.
87	Ann Harvey: Greetings Oakland, Ann Harvey, with several environmental justice groups, PNHP, and CaPA

Count	Name and Comment
88	Nina Eliasoph: Since a lot of people came late due to the mistaken link that was sent to everyone who registered, could each speaker please introduce themselves (what your job is, what your connection to health care is)? Thank you.
89	Dr Bill Honigman: Unified financing or Single Payer needs to be set in place immediately to allow funding and allocation of resources to areas of need in general but especially now with COVID19.
90	Margaret Copi: @Patty Harvey agree
91	vic bernsdorff: Once California creates its Single Payer system, all other Democraticlly run states will follow.
92	Erika Feresten: Yes, Dr. Bill!
93	Maureen Cruise: Shocking that only with COVID have some people noticed the apartheid system where some lives are worth more than others. Your money or your life!
94	William Bronston, MD: no time or morality for “incremental” awareness and immmorsal delays!!
95	Kate Baker: During the pandemic, we’ve seen unemployment rates skyrocket and therefore, many have lost access to healthcare and other necessities. A single-payer system could prevent job lock while promoting small businesses - something that would be crucial during these times!
96	Henry Abrons: From the glaring inequities dramatized by COVID-19 are not new. They are long-standing and pertain to economic status, ethnicity, geography (zip code, county, rural vs urban), and many other factors. California has never provided all residents with an equal opportunity to have access to high quality, timely, and affordable health care. Does this Commission affirm a commitment to overcoming the structural inequities that have been an enduring blemish on our public health and healthcare delivery systems?
97	Stephen Vernon, MFT: Pandemic shows how we should have already had this system much better structured-- through Single Payer! Multipayers is more Byzantine and inequitable...
98	Allan Goetz: Single payer/Medicare for all, healthcare provides better comprehensive universal care for less cost and divorces healthcare employment.
99	Ryan Skolnick: I'm concerned about the false impression of unanimity that the commission report seems to be trying to create. Clearly, the last meeting Commissioners disagreed with the draft report’s fixation on reforms that fall short of single payer. These disagreements must be included in the report
100	Douglas Cooper: Another great session in progress - thank you all, Doug Cooper (he, him, his) Marin County, CA.
101	Jeanette Ellis-Royston: Hello everyone, I'm Jeanette Royston, with NAACP Pomona Branch, thank you for the invitation. Listening and looking forward to collaborate to make an impact or establish a Cal to Action addressing our Public Health status and future.
102	Erika Feresten: Incrementalism will assure continued suffering, death, bankruptcy. Single payer saves lives and money.
103	Lynn Huidekoper: I have no sound
104	Marie Luebbers: in these difficult time
105	Maureen Cruise: there was no mask for people paying attention. Ask the public health nurses
106	Marie Luebbers: s we need single payer

Count	Name and Comment
107	Betty Doumas-Toto: Incrementalist Die Hards - the key word there is DIE!
108	Ann Harvey: transition to a green economy is essential for addressing the climate crisis, which constitutes the biggest public health threat ever. single payer is an essential part of decommissioning the fossil fuel industries as we transition to a green economy.
109	Hal Goldfarb: @vic bernsdorff: If all we need is a Democratically-controlled state, then... uhm. California sort of has that, right? Why would other states follow when CA has a Dem majority, yet we don't have S.P.
110	Susan Meyer: We absolutely need Single Payer Now. Thank you Mark Ghaly for your insight on this need now!
111	Betty Doumas-Toto: Meaning people DIE incremental change we need bold reform, we need Single Payer Healthcare.
112	Allan Goetz: Incrementalism is an attack on the disadvantaged classes. A key component of the Radical Reaganite idealogues
113	Walter Heath: It is estimated that, as a result of SCOTUS's decision today, 120,000 women will lose insurance coverage of contraceptives through Affordable Care Act plans purchased by their employers. Insurance is not the same as care.
114	Hal Goldfarb: +1 to Allan Goetz
115	Danett Abbott: Incrementalism can't be the way we handle anything anymore! It's literally life or death, especially with H/C and climate change.
116	Betty Doumas-Toto: Incremental delays! Delay in care and equity.
117	Marie Luebbers: we need Single Payer quick. More pandemics are coming with the climate crisis and our meat based economy
118	Hal Goldfarb: Why incrementalism for health care? Canada went (pretty much) all out and got Single Payer. What's the difference for the US, aside 80 years? Just curious.
119	Michelle Grisat: Single payer is critical to eliminating financial barriers to care and creating greater equity—one payer, one network for all.
120	Nina Eliasoph: I’m just wondering who the intended audience is for this info. Don’t we all already know this, or is there some uninformed audience here, too? Isn’t the relevant info about whether single-payer is financially possible? If so: YES.
121	Alberto Saavedra: Covid highlights how bad our system is. We need single payer ASAP.
122	Stephen Tarzynski: Strategic planning and playing the long game is not the same as incrementalism.
123	Nina Eliasoph: Yes, Alberto
124	Allan Goetz: We need advanced institutes of Virology as well as epidemiology.
125	Arla Ertz: Everything you’re saying, Dr. Angell, underscores the need for single-payer healthcare NOW!
126	Erika Feresten: Step up and let CA lead the Nation with single payer health care.
127	Daniel Hodges: Dan Hodges: Health Care for All - California
128	Lana Sawyer: NAMI Ventura County here
129	William Bronston, MD: multiple testing sites closed in Sacto Today!!!!! how is testing followed up???
130	Hal Goldfarb: @Nina Eliasoph: It is affordable, cheaper than ACA or the system we had before that bad choice. Canada is 1/10 our size in population, and their economy is much smaller. Sooooooo....

Count	Name and Comment
131	Sudi F DNC Delegate CD-45: We don't have time to wait, there are 2 pendemics, the COVID-19 and Climate Crisis and we need Single Payer Healthcare now. Testing is very hard to get and it takes too long to get tested when you suspect having been infected and have to wait longer to get the result
132	Allan Goetz: How was this data taken? There does not seem to be a unified testing structure, something that Singgle payer would have.
133	Alberto Saavedra: Incrementalism is what we the Dem establishment espouses for healthcare and climate change and prison reform among other things.
134	Hal Goldfarb: Alberto!!!!
135	Bernie Eisenberg: charts are wonderful. but what is needed is single payer to care for all rows in this chart.
136	Allan Goetz: +1 Alberto
137	Marie Luebbers: yes bernie
138	Rima Nashashibi: Rima Nashashibi, Global Hope 365, founder and president. https://www.globalhope365.org/ and the CA Coalition to End Child Marriage, https://cacoalitiontoendchildmarriage.org/join-us/. Delegate to the State Democratic Party, CDP. Immediate past president of the Newport Beach Women's Democratic Club , Past president of NWPC OC, Vice Chair of the Democratic Party of OC for 10 years,
139	Erika Feresten: Is this a stall tactic? Do they not know that our for-profit health care system discriminates based on race and economics?
140	Hal Goldfarb: @Alberto Saavedra: What I have been saying for over a decade! More Dems in Congress won't get us S.P.!!!
141	Patty Harvey: Not seeing that slide . . .
142	Alberto Saavedra: We need to change the Dem party.
143	Dr Bill Honigman: No of cases not as significant as deaths because not everyone is tested, but all deaths due to COVID19 were tested.
144	Nina Eliasoph: Yes, that's what I was saying, Hal. We all already know the horrific racial/class disparities, I think (unless there's some uninformed audience here). So then let's just go straight to the q of single-payer, so we can answer their only question, which is about cost. Our answer: it's cheaper than any other system AND saves lives.
145	Ellen Schwartz: The longer this panel avoids actually talking about how to implement Single Payer, the more people will die.. It's not enough to just wring our hands over the racial and ethnic inequities in infection and death. People are dying
146	Christine Shimizu: Incrementalism makes it so the private health insurance companies and the pharmaceutical companies can collude to make it so people who have to have a certain drugs are forced to keep their private health insurance companies.
147	Nina Eliasoph: Ellen: yes
148	Erika Feresten: Yes, Ellen.
149	Allan Goetz: The Kabuki dance goes on. Lets talk about comprehensive universal healthcare.
150	Walter Heath: Canada's population is approx. 37-38 million. Comparable to California's population.

Count	Name and Comment
151	Jorge De Cecco: Interesting lecture. Can we address the next step to implement Medicare for All? I am concerned that the time for lectures is long past.
152	Joel Sarch: In the time of epidemics and pandemics, it is essential that there be no impediment to receiving care. Therefore, we absolutely MUST eliminate co-pays and deductibles. Costs need to be based on the ability to pay, and must be billed separately, and in advance -- e.g., through the system of taxation. When a person takes ill, s/he should be able to get medical attention immediately, without having to choose among food, rent, and medical co-pays.
153	Allan Goetz: +2 Joel
154	Michael Lighty: Over 65 has medicare, perhaps?
155	Kalkidan Alemayehu: ^^^^
156	Hal Goldfarb: Alberto: How can we CHANGE the Dem Party? Bernie's tried twice now. Our Revolution isn't having much better luck. I think the DSA, the Socialist Party, and several others have tried.
157	Dr Bill Honigman: Unified financing/Single Payer allows universal testing that will show true prevalence of COVID19.
158	Marie Luebbers: how are we caring for all these cases znd the ones to come that is the question
159	Nina Eliasoph: Raise your hand if you already know that there are horrific racial disparities and want to go straight to the “single payer” topic? Or: type &
160	Sean Broadbent: ^^^^^^^^
161	Linda Bassett: &
162	Allan Goetz: What epidemiological model are we using. Have we entered the endemic stage?
163	Margaret Copi: Good point Michael lightly
164	Francis Li: I’m concerned that the draft Environmental Analysis report is relying largely on older data 2014... more recent studies 2017 and 2018 are out that better highlight the growing overhead and cost of private insurance. In particular, “Health Care Administrative Costs in the United States and Canada, 2017”, Himmelstein, et al, Annals of Internal Medicine, 21 January 2020, Volume 172, Issue 2. “National Health Care Spending In 2018: Growth Driven By Accelerations In Medicare And Private Insurance Spending” by Hartman, et al, Health Affairs Vol 39, No 1, December 05, 2019.
165	Margaret Copi: Lighty
166	Hal Goldfarb: Time for ***NEW*** political parties for the American Left, the 99% here! This undying support for the DP is what Einstein called you-know-what...
167	Eric Vance: To the Commission, please be aware that many were unable to join the meeting on time due to some Zoom difficulties in the emails that were sent out
168	Maureen Cruise: How many people in CA have died since 2017 SB562 was torpedoed by one person Anthony Rendon on behalf of the 120 in Sac who sat on their hands. Wwe need NUMBERS of people incurring disability and dying every day in CA irrespective of COVID. How many died who would not have died? How many went bankrupt? how many community hospitals were shuttered? W should be talking about what happens every day before COVID. Thousands are left to die in CA every year without COVID. Can we care about that?

Count	Name and Comment
169	Alberto Saavedra: Hal, we live in a structural 2 party system. When we get rid of the Electoral College things will change. But now the Dem party change should be our goal.
170	Cheng-Sim Lim: Dr. Ghaly – How can you square the healthcare crisis and inequities that COVID has only exacerbated with “stringing together incrementalism”? Ever heard of justice delayed is justice denied?
171	Phillip Kim: The most important design element that would reduce disparities and increase equity in health care is the end of private insurance, including the elimination of private plans public programs. We can guarantee the same high-quality health care for all by enrolling all California residents into the same publicly administered single payer program.
172	Michelle Vernie: we need single payer now! Healthcare is a human right! We all deserve the right to life!
173	Walter Heath: At a debate in February, Joe Biden said Italy's COVID death toll was due to their single-payer system. I wonder what Joe would say today?
174	Nina Eliasoph: TYPE “&” if you already know that there are horrific racial disparities and want to go straight to the “single payer” topic!
175	Jorge De Cecco: &
176	Patty Harvey: &&&&&&&&&&&
177	Betty Doumas-Toto: We all know that there are huge disparates by race in our current healthcare system, so this would naturally translate to more rates of illness and deaths of POC duding the Pandemic…Not rocket science. I wish I could get a cookie crumb that 5 million of my tax dollar that has been given to this commission!
178	Bob Jung, Santa Clara Co. Single Payer Coalition: Do disparities in testing skew this data?
179	Jackie: my understanding, Italy is shifting to more privatized system.
180	Erika Feresten: How much did this commission pay for a power point to go over in every kind of graph that shows Black, Latinx and Indigenous people are dying at higher rates than whites COVID-19?
181	Jackie: so ..maybe he needs an update
182	Bernie Eisenberg: &&&&&&&&&
183	Dana Baker: &.
184	Marie Luebbers: +&
185	Hal Goldfarb: No it is NOT strutural at all. Canada and UK also had 2-party system but they don't now. Furtehrmore, in the 19th century, we had as many as 6 or 7 in Congress, and we even had Socailist Party incumbents as recently as 1930 or so
186	Kate Baker: Why is Italy doing that?
187	Nina Eliasoph: TYPE “&” if you already know that there are horrific racial disparities and want to go straight to the “single payer” topic!
188	Dr Bill Honigman: Only Single Payer allows public to decide on allocation of resources to areas of need, for testing, contact tracing, and treatment (ie. vaccine when available).
189	Hal Goldfarb: &
190	Marie Luebbers: &
191	Christine Shimizu: &

Count	Name and Comment
192	Dana Baker: &
193	Jackie: does Joe also know we lack massive amount of testing and for profit companies have not cared to do much?
194	Joan: &
195	Danett Abbott: &
196	Erika Feresten: &&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&
197	Susan Hedgpeth: &
198	Peter Shapiro: Documenting this stuff is important.
199	Hal Goldfarb: &&&&&&& already!
200	Susan Meyer: &
201	Hal Goldfarb: Let's move on to Single Payer!!!
202	Nina Eliasoph: Repeating cz the earlier msg went off screen: TYPE “&” if you already know that there are horrific racial disparities and want to go straight to the “single payer” topic!
203	Marie Luebbers: &&&&&&&&&&&&&&&&&
204	Allan Goetz: +3 Hal
205	Hal Goldfarb: We have studied the entrails of this deadly system enough.
206	Barbara Commins: These stats do not mean more Medi-Cal is the answer. we need One plan for One People!
207	Kari Khoury: Yes Dr. Bill!!! "Only Single Payer allows public to decide on allocation of resources to areas of need, for testing, contact tracing, and treatment (ie. vaccine when available)."
208	Diane Moore: Diane Moore, member of HCA-CA and of Californians for disability rights. &
209	David Willhoite: &
210	Patty Harvey: United Health has been working for years (decades?) to undermine the NHS of the UK . . . and have been successful in starving it for funds so that people begin to accept the idea of privatization . . . insidious and hateful.
211	Bernie Eisenberg: health care should not be a profit goal in an enlightened and caring society.
212	Barbara Dunn: &
213	Betty Doumas-Toto: So tell me did you Google all this? Cause you can, I can…we all can...can I have my tax dollar back?
214	Nina Eliasoph: Betty: yes haha. Repeating cz the earlier msg went off screen: TYPE “&” if you already know that there are horrific racial disparities and want to go straight to the “single payer” topic!
215	Danett Abbott: &&&&&
216	Hal Goldfarb: Alberto: It's willpower, courage we need. Not a different system. Canada and UK ****STILL*** have FPTP voting just like us. But Canada has 6 or 7 parties in parliament now.
217	Bernie Eisenberg: yes, let's talk sp NOW!
218	Lynn Huidekoper: Single Payer is the ONLY solution. This Commission is a SHAM!
219	vic bernsdorff: What I meant was that Tommy Douglas started rolling out universal healthcare in the Saskatchewan province first. Then other Canadian provinces

Count	Name and Comment
	followed suit. California "can be" the universal healthcare model catalyst for the rest of our nation.
220	Dr Bill Honigman: We need public financing (Single Payer) to have a public response to a public health emergency.
221	Betty Doumas-Toto: &&&&&&&
222	Ernest Isaacs: We know all this. Let's get on to Medicare for All, which is the focus of this Commission.
223	Allan Goetz: The hundreds , if not thousands, of articles and books documenting that Single payer provides better care need not be rehashed. Where are our legislative champions.
224	Walter Heath: Canada (to date): 106,367 confirmed cases; 8,733 deaths.
225	William Bronston, MD: &&&&&
226	Marie Luebbers: not enough masks for doctors and nurses. CA state has to do smthg about it.
227	Betty Doumas-Toto: 10 minutes of plagiarized information the internet…
228	Maureen Cruise: Is this a commission on COVID? I though this commission was to explore solutions to the daily carnage and destruction of families and communities due to state sponsored neglecting a corrupt political system. Ivory tower telling us what we already know with number we have all seen before COVID.
229	Hal Goldfarb: @vic bernsdorff: The only downside is that we will end up with 56 separate systems, unless states start merging their ops together, but that might require Congress to approve.
230	Gerald Rogan: I propose the public health departments provide immunizations and vaccinations for all, instead of using Medicare, Medi-Cal, and commercial insurance. It's good place to start for all Californians. Everyone benefits when our population is vaccinated, including those without medical care insurance. Do you agree or disagree?
231	Kate Baker: It would also save so many costs eliminating the middlemen - more money to help fight pandemics like these!
232	Jeanna, RN: The essential workforce is also very under insured or not insured at all. They live in multigenerational households which is also driving impact on communities of color.
233	Allan Goetz: Nature reports that the mortality rate is between .5 and 1% for people under 65. Higher for over 65.
234	Walter Heath: California (to date): 289, 468 confirmed cases; 6,562 deaths. Being a California resident is a co-morbidity for COVID-19.
235	DON SCHROEDER: &
236	Lynn Huidekoper: We shouldn't have to debate an issue that has been fully vetted both in CA and Federal!! Did you see the Yale study? The Commission has the wrong members-total novices! This is ridiculous. Newsom had no plans to get MFA/
237	WINCHELL DILLENBECK: Social & economic factors are understood. Time to move towards a solution of Single Payer Health Care.
238	Bernie Eisenberg: DR. Angell, please
239	Allan Goetz: TIME!

Count	Name and Comment
240	Janet Heinritz-Canterbury: I hope the Commission affirms a commitment and a creates a specific program for ocmmunity based long term care as we now have in CA with In-Home Supportive Services. The opportunity that IHSS allows is for people to remain in their homes for their long term care needs. Now more than ever, given what we learned with COVID, there needs to be an alternative for people to going into an institution. Regardless of income, people need to have that option. Please consider this a most basic and essential element of any health care for all being developed. Thank you for your attention to this issue.
241	Ellen Schwartz: Walter, what? Biden really blamed single payer for the cluster eff in Italy? Oh, brother. &&&&&&.
242	Allan Goetz: TIME!
243	Dr Bill Honigman: Thank you, Dr. Angell, how about solutions??
244	malinda markowitz: Medicare for all will eliminate all health disparities.it is our for profit health care system where profits is the guiding principle and not healthcare.
245	Marian Shostrom: &
246	Nina Eliasoph: Repeating the earlier msg that went off screen: TYPE “&” if you already know that there are horrific racial disparities and want to go straight to the “single payer” topic!
247	Danett Abbott: &&&
248	Allan Goetz: What do you propose?
249	Arla Ertz: Necessary structural change: implement single-payer health system!!!
250	Marie Luebbers: &&&&&&
251	William Bronston, MD: “LIFE TIME CARE” NOT long term care
252	Lana Sawyer: NY Times Article on income disparities https://www.nytimes.com/2020/06/24/opinion/sunday/income-wealth-inequality-america.html?action=click&module=Opinion&pgtype=Homepage%C2%A0
253	Deborah Spanier: Employer based healthcare is not working during a pandemic when unemployment is so high. We need affordable, comprehensive healthcare for everyone in all communities which can only be achieved by single payer. Incrementalism provides too many barriers for ethnic minorities and does little to control costs.
254	Maureen Cruise: YES….when a system produces such detrimental horrors…we must change the system ala MLK
255	Ellen Schwartz: I worry that we’re seeing what incrementalism means.
256	Hal Goldfarb: @Dr Bill Honigman: We know the solution. The question should Be: How about strategy?
257	Danett Abbott: @Ellen, exactly!!
258	Marie Luebbers: we know all that stuff. get to topic Universal healthcare
259	Allan Goetz: The Wood select committee covered all of this, why are we going over it.
260	Jan Volz-Kelly: Single Payer/Medicare for All
261	Walter Heath: Joe Biden totally blamed Italy's COVID deaths on single-payer in February, so I'm guessing he should be giving single-payer credit for the current state of affairs.
262	Joel Sarch: I was not expecting a lecture on Covid-19. This task force is charged with recommending a universal, affordable, equitable health care system. How is

Count	Name and Comment
	this meeting moving us to that end? I think that the Commission takes us all for idiots!
263	Hal Goldfarb: Get to the strategy for making the cretans who run our society give us Single Payer!
264	Gerald Rogan: Under single payer, would my Medicare benefit be administered by DHCS instead of CMS?
265	William Bronston, MD: engineer out private insurance!!
266	Marie Luebbers: SINGLE PAYER FOR ALL
267	Barbara Commins: Public health should be there for everyone, not just the poor!
268	Michelle Vernie: We will never be free within a for profit healthcare system.
269	Erika Feresten: The medical industrial complex is the major determinant to health among the poor and communities of color. The solution is a publicly funded single payer universal health care system.
270	Alberto Saavedra: Joe Biden is a born incrementalist.
271	Allan Goetz: What do you propose?
272	Dr Bill Honigman: @Hal G: I agree. Time to talk what and how quickly to get our new CA Single Payer Universal HC system in place.
273	Hal Goldfarb: New political parties for the American Left because the DP won't do it!
274	Gerald Rogan: Blue Shield of California is not a for-profit insurer.
275	Allan Goetz: Biden will veto Single payer/Medicare for all.
276	William Bronston, MD: cost blocks access and care
277	Michael Lighty: Its hard to integrate approaches of public health and clinical care in an industry model applied to healthcare - where value and resources are determined primarily by commercial payers
278	Hal Goldfarb: thank you Dr. Honigman!
279	Bernie Eisenberg: could we please talk single payer? NOW?
280	Sarah Jones: I just want to echo the remarks here, stated by many, that we need to move to single payer healthcare. For-profit, employer-based healthcare is a disaster. I am part of the Healthy California Now Coalition.
281	Maureen Cruise: &&&&&&&& onward to solutions….never ending . CA destroyed its public health community clinic system in the mid 1990s. Three clinics where I worked were all closed.
282	Gerald Rogan: Medicare for all is a bad idea. There are better solutions.
283	Betty Doumas-Toto: @Hal Goldfarb the strategy is this A CA Single Payer Healthcare Bill introduced, passed and implemented…
284	mary: what is this about thank you
285	Hal Goldfarb: Maybe we need to start our own Single Payer group, one that works on political strategy for getting it.
286	Sudi F DNC Delegate CD-45: We need to pressure congress to #PasstheDamnBill
287	vic bernsdorff: @Hal Goldfarb: Yes, you're correct. I have union insurance and they are very leery of going Single Payer since the attitude is: "lets not lose what we have".
288	Allan Goetz: SINGLE PAYER! Lets discuss it.

Count	Name and Comment
289	Lynn Huidekoper: Why are you using graphs to prove that you have no intention of how we can go to Single Payer? Again this is a sham!!!
290	Jenni Chang: Dr. Ghaly, we know you are working on COVID-19 in California, and you are doing a very decent job. But this isn't a pandemic panel. We know that Single Payer is not going to solve the disparities and racism, but it will help level the ground. We need single payer now, and to continue addressing the systemic racism found in every public good.
291	Nina Eliasoph: This is a good lecture but the commission was supposed to explore ways to institute single payer.
292	Ryan Skolnick: A unified financing system could decrease inequity by guaranteeing that all people have the same benefits. The type of health surveillance practices you are mentioning as a way to identify and combat these inequities cannot happen unless we unify health care financing via a single public payer
293	Cheng-Sim Lim: Dr. Angell – The experience for “users” is not only fragmented, it's unaffordable and doesn't exist for millions!
294	Hal Goldfarb: @Betty Doumas: And how has THAT strategy worke dso far?
295	Barbara Commins: Money obstructs this process
296	Phillip Kim: We need to eliminate copays and deductibles. Healthcare should be free at the point of service, without out-of-pocket payments. No barriers to care, especially in such uncertain economic times and high unemployment. What good is private insurance if you can't afford to use it?
297	Paul Newman: Private insurance companies should never run Medical/Medicaid. That is why they are trying to cut it.
298	Hal Goldfarb: Finally! We are talking about Single Payer.
299	Alberto Saavedra: Unified healthcare finance under greedy for profit insurance mafia is not good to say the least.
300	Kalkidan Alemayehu: We know this information, that's why we want medicare for all!!!
301	Erika Feresten: Yes, Cheng-Sim.
302	Gerald Rogan: More shoppers at Home Depot wear masks. Thank you Governor Newsome!
303	Sudi F DNC Delegate CD-45: #PasstheDamnBill and Cut Military Spending
304	Erika Feresten: Exactly Kalkidan!
305	Walter Heath: Canada's population: 37.7 million; 106, 637 confirmed COVID cases; 8,733 deaths. California's population: 40 million; 289,468 confirmed cases; 6,562 deaths. California residency is a co-morbidity for COVID-19.
306	Paul Newman: Single-payer is far less than it is no because the profit is taken out
307	Nina Eliasoph: Chang-Sim: YES! It's fragmented BECAUSE it's for-profit.
308	Dr Bill Honigman: Proprietary systems are keeping the system fragmented. Providers can't communicate. Canadian provincial systems can all talk to each other.
309	Maureen Cruise: We need a public accounting of how the $5 million dollars are being spent by this commission. Who is getting paid, how much for what work.
310	William Bronston, MD: NO ROADMAP OVER THE CHASM!!!

Count	Name and Comment
311	Kendra Benttinen: The best way to do unified financing is to use a CA Public Bank - legislation just introduced (AB310) would allow for CA to create a state bank to do this kind of thing
312	Allan Goetz: How will the universal chargemaster (pricing) be determined.
313	Lana Sawyer: Employer based healthcare is too expensive for employees already receiving lower wages based on corporate profits at rates higher than ever
314	Walter Heath: This meeting is similar to Thanksgiving dinners during which everybody is completely avoiding the elephant in the room.
315	Michael Lighty: It's problematic to means test co-pays and deductibles since that undermines universality, and is difficult to isolate any income group in California that can pay such out of pocket expenses without limiting the care patients get.
316	Michelle Grisat: Same benefits, one payer. We get it.
317	Hal Goldfarb: WHAT ELEPHANT ARE YOU REFERRING TO, HUH???
318	Allan Goetz: How is this done, in perhaps, the Neatherlands?
319	Paul Newman: Employer based insurance is only good if you are employed. Many people have lost their jobs.
320	Ryan Skolnick: A unified financing system could use special project funds, like the federal Medicare for All bill, HR 1384 does, to expand provider capacity through increased staffing, construction, or renovation of facilities in rural or underserved areas. In addition, through global budgeting reviews and adjustments, the governing body can target funding increases for hospitals with increases in patient care populations or that need resources to respond to new or emerging public health conditions. These adjustments can also be used to help remedy the disparities that were just being discussed.
321	Arla Ertz: Must include undocumented immigrants.
322	Joel Sarch: Yes, like Thanksgiving dinne! This is put together by a bunch of turkeys?
323	Dr Bill Honigman: In Single Payer countries, prices can be set uniformly because they are public knowledge. Here it's not.
324	Alberto Saavedra: All the different ways are better than what we got.
325	Hal Goldfarb: The Democratic Party is the Elephant in the room, or maybe we should say the Donkey.
326	Hal Goldfarb: Stubborn!
327	Gerald Rogan: I don't want the State of California to take charge of my Medicare benefit. DHCS will screw it up.
328	William Bronston, MD: SINGLE PAYER WITH NEGOTIATED RATES TO REFRAME THE CURRENT CENTRALIZED AND HOSPITAL BASED SERVICES VS HOME AND COMMUNITIY. BASED AND COVERAGE OF UNDERSERVE AREAS OF STATE
329	Nina Eliasoph: Rick Kronick, thank you for starting to address the question we're supposed to address.
330	Erika Feresten: Here are some ideas of what this system of coverage should look like. HR 1384 and/or SB 562
331	Michael Lighty: Key point about private insurance in other countries is that those companies are non-profit. It is the elimination of the commercial character of payment that is the common characteristic

Count	Name and Comment
332	Lynn Huidekoper: Isn't it obvious, folks, that this Commission has NO INTENTION, WHATSOEVER, of addressing Single Payer as the only solution. THIS IS A MORAL ISSUE!! PEOPLE ARE DYING!! DO ANY OF THE COMMISSIONERS CARE?!!
333	Cindy Young: Commissioners - The LAO released a report in January 2020 stating that in 2017/18 California's school districts paid over $1 billion on retiree health and welfare benefits, and much of this is unfunded. If you add the $186 billion OPEB liability for the remainder of state government, you would ask your self how we can continue down this road. If California implemented a single payer plan, all of the OPEB liabilities would be folded into providing the cost of care to all Californians through a unified financing structure. Single payer would get these liabilities off the backs of employers and allow for funding of public services we separately need now.
334	Walter Heath: Thank you, Lynn!
335	Allan Goetz: See E. Emanuel's, "Which Country Has the World's best Healthcare", Public Affairs, 2020
336	Alberto Saavedra: "Unified" is a semantical tactic by those who dare not implement single payer.
337	Maureen Cruise: We want to do better than other international systems…we have the benefit of reviewing the challenges and the successes of each system. We know that insurance in CA has been killing people by delay, denial to extract profit . NO PROFITEERING We are not profit centers despite being called income generation units.
338	Paul Newman: She's right
339	Maureen Cruise: Does this commission really not now about the PERI Financial st=udy done for SB562?
340	Erika Feresten: Preach Maureen!
341	Arla Ertz: What's meant by "intermediary organizations"? (The October topic—I think it was October, the screen's gone now)
342	Paul Newman: Tell it Erika
343	Ann Harvey: thank you, Rick Kronick, for including government provided care as a model. government provided care could be even more efficient and equitable than single payer and could integrate and better balance public health measures with clinical care.
344	Ellen Schwartz: Who would want to be "all in the same boat"? that's how you describe everyone being in a pickle, instead of the truth: everyone would have access to quality care.
345	Nina Eliasoph: Part of an abstract one of his scholars articles: These hearings highlighted the many benefits of unified public financing, whether a single- or multipayer system (which would retain health plans as intermediaries). The hearings also identified significant challenges to pooling financial resources, including the need for federal cooperation and for new state taxes to replace employer and employee payments.
346	Erika Feresten: SB 562 Health Care for me and you!
347	Michael Lighty: The description of payment methodologies under SB 562 is wrong - it does not require fee for service
348	Bernie Eisenberg: no, not even non--profit insurance. get insurance out of the business of providing health care. PLEASE!

Count	Name and Comment
349	Danett Abbott: @Maureen, exactly!!
350	Nina Eliasoph: Here is more his article, “For now, California's single-payer legislation is stalled, but the state will establish a task force to pursue unified public financing to achieve universal health insurance. California's 2018 gubernatorial and legislative elections will provide a forum for further health policy debate and, depending on election outcomes, may establish momentum for more sweeping change.
351	Walter Heath: Can for-profit health insurance be used as a heuristic, too?
352	Paul Newman: SB562 is the answer!
353	Eric Vance: Please listen to Michael Lighty, one of the authors of SB 562
354	Sudi F DNC Delegate CD-45: We need to take profit out of healthcare. The only way employers, employees, unemplyed and underemployed can have equality and equity is with Single Payer System
355	William Bronston, MD: continued participation demands an end to this patronization. We will have a bill for CA by August 15 the Grass Roots!! Count on it!!
356	Patty Harvey: WE ALREADY HAVE THE FINANCING!!!!!
357	Dana Baker: Insurance companies benefit only themselves, are not necessary in administering healthcare, require additional costs, and are not used by the vast majority of healthcare systems
358	Erika Feresten: Thank you, Michael Lighty!
359	Walter Heath: Exactly, Patty! And then some!
360	Paul Newman: Private Health Insurance is Trumpconomics
361	Hal Goldfarb: @Nina Eliasoph: Stalled with a what-kind-of-majority in the CA leg? Uhm...
362	Cheng-Sim Lim: Who are the intermediary organizations? Do you mean insurance companies? We don’t need them. They are our the current privatized, profit-driven status quo and a major reason why we have all the health inequities your panelists have referred to. Intermediaries need to go. Single payer now.
363	William Bronston, MD: 562 amendments blocked by Rendon with his $500,000 blood lobby money in pocket!
364	Ernest Isaacs: He is still using the $400 billion figure. He needs to read the Pollin Report!
365	Randy Hicks: We need to go back and do tax payroll study we done in 1040 Kuehl
366	Patty Harvey: And for waivers, get Ro Khanna’s bill passed (HR 5010, I think it is)
367	Bob Jung, Santa Clara Co. Single Payer Coalition: FYI: SB-562 Economic Analysis: https://www.peri.umass.edu/publication/item/996-economic-analysis-of-the-healthy-california-single-payer-health-care-proposal-sb-562
368	Nina Eliasoph: SB562 says little about financing because Anthony Rendon blocked its progress to the next step: figuring out financing!!
369	Allan Goetz: We now spend $4T/yr, while single payer would cost about $3 T/yr. Financing is not the issue.
370	Maureen Cruise: There is no silence at all READ PERI INSTITUTE STUDY detailing SB562. It could not be added due to the 2/3 rule for passing legislation with budget items . PERI is very detailed Shocking this is being ignored
371	Nina Eliasoph: Allan, yes!!

Count	Name and Comment
372	Hal Goldfarb: Yes, @Dr. Bronston
373	Dr Bill Honigman: PERI group fully analyzed the costs as well as proposed financing. Speaker Rendon chose to halt the process.
374	Gerald Rogan: Humana pays a dividend of 0.64%. A California tax free bond due in 2050 yields 2.56% Why would anyone want to own Humana? Show me the money!
375	Michelle Grisat: We don't need Khanna's bill to move forward. It might streamline things, but we don't need to wait for it.
376	Hal Goldfarb: yes, @Dr. Honigman
377	Cheng-Sim Lim: Wrong! SB562 was not silent on financing.
378	Michael Lighty: Slide 16 is simply wrong, it is not silent, it lays out a process; default is correct, but that's not what slide says
379	Erika Feresten: Why do you think Mr. Kronick has so much information with respect to 562?
380	Marie Luebbers: we do not want healthcare to be dependznt of private insurers / interests any more
381	Debbie Notkin: Please pay attention to AB 310: The California Public Banking Act, which will be some part of the solution to non-Federal financing (though the $400 billion number is far beyond the current scope of a state bank)
382	Hal Goldfarb: In addition to capitated payments, maybe decapitation for some of our politicians?
383	Phillip Kim: The Commission's report should include dissenting views of commissioners. Clearly, the last meeting commissioners disagreed with the draft report's fixation on reforms that fall short of single payer.
384	Allan Goetz: Agreed, slide 16 is wrong and incomplete, disappointing.
385	Eric Vance: This presentation starts with Slide 10 here https://www.chhs.ca.gov/wp-content/uploads/2020/07/HCFA-July-8-2.pdf
386	Betty Doumas-Toto: Wow this dude is so nervous….
387	Michael Lighty: Negotiations is how other national health systems do it - research!
388	Paul Newman: There should never be out of pocket payments period. In a pandemic especially when many aren't working and could spread the disease out of fear of bankruptcy
389	William Bronston, MD: how many deaths and how much suffering does this "roadmap" accept!!! We must have a moral revival all the Poor Peoples Campaign and Rev Barbour
390	Michelle Grisat: ACO payment models have not saved money—they have led to greater consolidation and higher prices.
391	vic bernsdorff: What I never understood is why American For-Profit corporations voluntarily agreed to be in the social-services business along with their main business - and why would they want their profits to pay for those social services ?
392	James S: How to negotiate with providers? Look at Jayapal bill HR 1384. negotiate with medical groups not insurers. A higher price negotiated by insurance does not translate to money for hospitals or doctors.
393	Allan Goetz: See Uwe Rheinhardt's, "Priced Out"
394	Gerald Rogan: Medicare rates are about 80% of commercial rates. Medi-Cal rates are about 50%. Office overhead is about 50% of income.

Count	Name and Comment
395	Maureen Cruise: SB 562 sets a board of providers to decide levels …would not be less than medicare…would even out payments primary care and specialty care. We need primary care adequately reimbursed. Our ratio of PC to specialty MD is out of whack.
396	Cheng-Sim Lim: Wrong! SB562 was not silent on financing. Speaker Rendon silenced SB562.
397	Hal Goldfarb: @Betty Doumas-Toto: Maybe he sees the crowd gathering outside with torches and pitchforks?
398	Linda Bassett: I believe all these talking points were sent to us via email.
399	Maureen Cruise: NO IMTERMEDIARES siphoning money away care
400	Betty Doumas-Toto: Hal Goldfarb lololol…got mine ready
401	Erika Feresten: Oops typo. Why does Mr. Kronick have so much mis-information regarding SB 562?
402	Christine Shimizu: Intermediary organizations that have a profit motive to deny claims are criminals.
403	Alberto Saavedra: Sharpening my pitchfork.
404	Allan Goetz: Choice/access is not healthcare.
405	Eric Vance: If the breakout discussion groups are “observation only” for the public, we must be allowed to report back during the Q+A, as some of our pertinent comments and critical corrections are currently being glossed over
406	James S: Can do fee for service and/or block grants to clinics/ hospitals.
407	Nina Eliasoph: What is the role for intermediary orgs? To make lots of money for CEOs, and also….uuhhhhh….??
408	Marie Luebbers: we should negociate the prices of medications, VACCINES, like European countries do
409	Randy Hicks: Direct line financing
410	Dr Bill Honigman: Kaiser as a provider group would be fine under Single Payer system.
411	Walter Heath: Negotiated fee-for-service makes the most sense. We want our health care providers on board with the plan! Sure beats financing as pandemics dictate.
412	Michael Lighty: Intermedieries function to restrict and deny care
413	James S: We need oversight not intermediaries.
414	Lynn Silver: One principle should be reducing complexity - both for providers and consumers, which greatly contributes to waste, cost, errors and injustice in our system. You shouldn’t need a PhD to get your health care farly
415	Margaret Copi: Kuehl bill was great.
416	Gerald Rogan: Yes, too many specialists are driven by relative income which is driven by the relative update committee, sponsored by the AMA.
417	Allan Goetz: What do you propose??
418	Linda Bassett: How do these panelist receive their healthcare?
419	Maureen Cruise: Once again i think the participants may have more info than the presenters…or may want to see the information.
420	Jeanna, RN: Health insurers will likely weasel their way in just like they did medicare/Medicaid. They will be fine.. Lets worry about the community

Count	Name and Comment
421	Peter Shapiro: I don't have a problem with integrated health care systems, but capitation model gives providers a perverse incentive to skimp on care. Kaiser's mental health care is Exhibit A--it is disgraceful.
422	James S: accountability - quality of care vs cost.
423	Betty Doumas-Toto: LOL Answer No ROLE FOR INTERMEDIARY ORGANIZATIONS!!! Leeches do you mean intermediary leeches?
424	Cheng-Sim Lim: NO function for intermediaries. Their current function is to suck money taxpayers.
425	Arla Ertz: I still don't understand what "intermediary organizations" are in their minds.
426	Barbara Commins: Medicare Advantage plans are funded by capitation and Medicare has to send Kaiser $1030 every month for me, whether I use it or not! Not fiscally responsible!
427	Hal Goldfarb: @Lynn Silver: Can we drop "consumer" and go back to "patient?"
428	Michelle Grisat: Integrated care doesn't require integrated payments
429	Gerald Rogan: No cost sharing will drive up utilization to include more unnecessary services than current demand fosters.- BAD IDEA.
430	Betty Doumas-Toto: @Hal Goldfarb here here Patient...
431	Michael Lighty: Residential status is defined in SB 562
432	William Bronston, MD: Can't stand this droning on and on
433	Peter Shapiro: Global budgeting on a hospital-by-hospital basis.
434	Alberto Saavedra: Kaiser is a con. They are the main reason my brother died.
435	Patty Harvey: NO COST SHARING—that's the road to inequity.
436	Cheng-Sim Lim: Enough with code words. Name the intermediaries.
437	Ron Birnbaum: I only recognize one eligibility criterion as moral...do you have or have you recently had a beating heart?
438	Nina Eliasoph: Role for intermediary orgs: delay, deny and leave to die + make $$$ for CEOs. Are there other roles?
439	Randy Hicks: All benefits along with mental health parity
440	John Miller: How about negotiating global budgeting for hospitals?
441	Michael Lighty: Perhaps the lack of benefits in employer sponsored insurance is part of the problem?
442	Paul Newman: No means testing . That is a scam
443	Gerald Rogan: Cost sharing is very important to maintain.
444	Linda Bassett: Thank you@Hal Golfarb- patients is the correct noun.
445	Ernest Isaacs: Cost sharing is totally opposed to universal coverage.
446	Michelle Grisat: Value-based = risk-based. I don't want my doctor to be a health insurer.
447	Hal Goldfarb: What's the matter @Dr Bronston? YOu sound anxious to help PATIENTS and their wellness.
448	William Bronston, MD: Happy Holiday and new President etc etc!!!!
449	Daniel Johnson: you do not need cost-sharing or means-testing, you need to TAX the upper-income residents
450	Michael Lighty: What about the administrative complexity of administering cost-sharing (besides which it is barrier to care)

Count	Name and Comment
451	Paul Newman: Everybody In Nobody out! NO MEANS TESTING
452	Peter Shapiro: Long term care is expensive but critical. People are dying in droves in nursing homes now.
453	Christine Shimizu: How about treating all the people of our beautiful state like they are your own family and give them all the care you would give your own family?
454	Allan Goetz: Non residents would need to buy CA insurance at a very good rate Since Single payer/Medicare for all would lower costs and increase efficiency.
455	Bob Jung, Santa Clara Co. Single Payer Coalition: We'll need to watch this. Title is provocative: Richard Kronick;Is 'Medicare for All' the Democrats' Repeal and Replace' https://vimeo.com/315539881
456	Kalkidan Alemayehu: NO! We SHOULD be considering long term care to be covered by SB 562. Thats why we HAVE SB 562!!!!! Leave NO ONE behind
457	Dr Bill Honigman: @ Ron B: 100% agree, anyone with skin would have skin in the game.
458	Nina Eliasoph: If there's no cost-sharing, people might go to the dentist every day, right?
459	Michelle Grisat: We need one risk pool. Allowing risk-bearing organizations means fragmentation.
460	Walter Heath: Sir, simply begin a process of determining if a beneficiary is no longer a resident when a claim form an out-of-state provider is submitted.
461	Gerald Rogan: DHCS gave up on program integrity. Even Medicare does a bad job stopping fraudsters.
462	Allan Goetz: Long Term care!!
463	Francis Li: Although insurance industry lobbyists successfully torpedoed a public option in the ACA, with the removal of the individual mandate they'd probably like nothing better than to now foist the poorest, least healthy, and more costly patients onto the taxpayers in order to maintain their profit margins. Maintaining "intermediary" options in a mixed marketplace seems a recipe for disaster.
464	Hal Goldfarb: Covid testing, not means testing!
465	Maureen Cruise: 71% of Health care costs are borne by the public in CA.
466	Nina Eliasoph: Kalkidan: yes!
467	Michael Lighty: The healthcare industry has captured the political system…single-payer is the response to that
468	Michelle Grisat: It wouldn't be a $400 billion industry with single payer. It would be closer to $300 billion with everyone covered!
469	Peter Shapiro: Beware of "value based medicine" that's supposed to hold providers accountable--iyt creates enormous paperwork burdens and does not reduce costs.
470	Walter Heath: Right on, Maureen!
471	Margaret Copi: Cost sharing is a major obstacle to care.
472	Michelle Grisat: Right, Peter Shapiro!
473	Gerald Rogan: Michelle, do you have evidence of your assertion?
474	Maureen Cruise: SB562 should be the starting and the ending point.
475	Linda Bassett: Thank you @maureen Cruise. Beginning with government workers, including our elected.
476	Michael Lighty: The Board under SB 562 has expansive powers to govern spending and all aspects of the system, so that's another distortion

Count	Name and Comment
477	Michelle Grisat: Let clinicians provide care without the distraction of endless data entry.
478	William Bronston, MD: Peter, Ong term care is a function of Medicaid and not commensurate with health care as a right!! We can do better with individual planning and home based peronal services. Medicaid must be ended and the trillions it has flooded the US with deathly institutions!!
479	Walter Heath: This timetable is awesome! Plenty of time to build a coalition of Black Lives Matter, Sunrise Movement, etc. Let's go!
480	Ann Harvey: thank you Rick Kronick for warning against regulatory capture. I have been to way to many meetings of the CPUC where the commission hears unanimous testimony by the public and local officials, then votes unanimously to benefit the monopoly utilities and against community control and green energy.
481	Marie Luebbers: CA shoud reduce costs by deciding a price ceiling gor all medical processes
482	Maureen Cruise: Thanks for recognizing the existence of SB562
483	Bob Jung, Santa Clara Co. Single Payer Coalition: On the good side, they are starting SB-562. Last commission started zero...
484	Dr Bill Honigman: Sorry but SB562 is a starting point for action, not just more discussion.
485	Jodi Reid: LTSS benefits, vision, dental, hearing, durable medical equipment, Rx, physical therapy, mental health, palliative care and hospice…. the standard benefit plan should include all of these things so that we don't have to create additional systems…. all health care needs should be part of the package - so that we develop a system that truly covers all health care needs to all people.. Many of these benefits are not currently covered by any plans.
486	Christine Shimizu: We have been providing our questions and concerns in this chat. Will anyone make a copy of this and address these questions?
487	Allan Goetz: This is the result of six months of systems analysis? We need RAND to take a look at this.
488	Gerald Rogan: Congress rejected a separate panel to oversee the rate setting governed by the RUC.
489	William Bronston, MD: Walter, we will!! b
490	James S: financing is not organized like infrastructure. Other countries organize budgets through congress/ parliament and advised by healthcare committees.
491	Walter Heath: I need a "break up" room to break up with for-profit insurers!
492	Nina Eliasoph: Everyone should turn on their phone to record the audio and check it against the consultant team members' notes.
493	Bob Jung, Santa Clara Co. Single Payer Coalition: @DrBill. I'm trying to be a bit positive...
494	Nina Eliasoph: In case they don't post the recordings like they didn't last time
495	Michael Lighty: Perhaps the biggest impact on spending of SB 562 is the reduction in overall cost by an estimated $67 billion as of 2017
496	Allan Goetz: +99 Walter
497	Margaret Copi: Even nonprofit private insurance is a big problem - have been found to drain resources public plan in Europe's experience
498	Maureen Cruise: Chrys…the chat will be included in the public comment link for the meeting just as it was for June 12

Count	Name and Comment
499	Lana Sawyer: Presently, Medicare patients age 70 and over paying out of pocket (not in Medi-Cal(cannot afford prescription drugs, in home nursing, rehabilitation, physical therapy, and the list goes on
500	Michelle Grisat: Agree non-profit insurance is a problem!
501	James S: even the non-profit systems in europe are stressed because investors want more return not better healthcare outcomes.
502	vic bernsdorff: Republicans would hate it if SB 562 was implemented in California, It would kill-off one of their biggest propaganda talking points.
503	Beatriz Sosa-Prado: Hello everyone. This is Beatriz Sosa-Prado, Executive Director of California Physicians Alliance (CaPA).
504	Gerald Rogan: Phillip- BAD IDEA.
505	Gail Fairburn: Why?
506	Jeanna, RN: RAF scores are being manipulated now...
507	Ryan Skolnick: It’s quite simple. We must prevent tiered access to care by ending the private insurance system, that is the root of much of the inequity in our system. We must also prohibit providers that participate in the unified financing system from offering two tiers of service through private contracts where individuals can pay to jump the queue ahead of single payer enrollees.
508	Sean Broadbent: ^^^^^^^^
509	Shauna Olsen: Commit to investing in prevention to keep health equity front and center in plan to reform health care in California
510	Gerald Rogan: DHCS' administration of Medi-Cal is worse than CMS's administration of Medicare.
511	Danett Abbott: Why is it a bad idea Gerald?
512	Michelle Grisat: If I don’t buy Kaiser insurance I can’t go to Kaiser doctors.
513	Gerald Rogan: We have no price transparency in medical care.
514	Gerald Rogan: Michelle, correct.
515	Allan Goetz: Let's talk Single payer/Medicare for all cost models like the Neatherlands and Germany.
516	Gail Fairburn: Single-payer does not preclude provider choice for you, but will provide it for those not as lucky as you, Gerald.
517	Gerald Rogan: Michelle, so what is your point?
518	Betty Doumas-Toto: Singling out Carmen’s contributions as if I was OTHER???
519	Ryan Skolnick: Thank you Carmen! We need to center this conversation on the reality of what this commission is trying to do: health care as a human right first, not an industry first
520	Gerald Rogan: My luck is living in the U.S. and the Medicare Program.
521	WINCHELL DILLENBECK: Access to all people. Quality care for all. Eliminate cost to determine access.
522	Gerald Rogan: Secondary preventive care is not proven to be cost effective.
523	Maribel Nunez: hello, did the meeting end?
524	Aaron Matlen: No, everyone is in breakout rooms discussing
525	Aaron Matlen: Sorry, you should have been redirected into one of them
526	Maribel Nunez: thank you

Count	Name and Comment
527	Paul O'Rourke-Babb: Where is the meeting? I now see 8 participants but have no meeting.
528	Aaron Matlen: They are in breakout rooms discussing
529	Paul O'Rourke-Babb: This is not a public meeting. Where is the host conducting traffic?
530	Maureen Cruise: might be nice if the commission members actually read SB562 and the PERI study. Would be a good start to actually read what it says before talking about it.
531	Linda Bassett: Thumbs up, Maureen.
532	Sean Broadbent: @Maureen should we do a streamed reading of SB562 and invite the Commissioners??
533	Linda Bassett: LOL
534	Danett Abbott: Sean, do it!!
535	Nina Eliasoph::)
536	Cheng-Sim Lim: Maureen is right. Commissioners should do their homework.
537	Betty Doumas-Toto: Yes Maureen…we need a reading...
538	Dr Bill Honigman: @Maureen: Yes, not sure any of them have read the PERI study. Did Speaker Rendon hide it them??? ;-)
539	Eric Vance: Dr. Barbara Berney is attending! Her documentary film POWER TO HEAL: MEDICARE AND THE CIVIL RIGHTS REVOLUTION should be mandatory viewing for the Commission and all in the health care fight.
540	Cheng-Sim Lim: Yeah, Sean!
541	Maureen Cruise: So sad that commissioners seem to be at a loss in answering questions that are answered in SB562 and PERI which purportedly are the basis for this discussion.
542	Ron Birnbaum: Eric - PNHP SoCal will be doing an event with Dr, Berney's film soon!
543	Ron Birnbaum: With her!
544	Georgia Brewer: Thank you Dr. Berney! Power To Heal is such an outstanding documentary.
545	Francis Li: Something that I haven't heard discussed is the role of employers in the delivery of health care as a significant factor of the inequity we are experiencing. Health care is NOT and should NOT be an "employer benefit". Now, more than ever as the Supreme Court rules today that employers can deny contraceptive coverage to women.
546	Nina Eliasoph: Yes, Sean! We could just read them the UMass study AND SB562. Set to music, perhaps!
547	Reggie Wong: I think we'd be doing better in this pandemic if we had SB562 IJS>
548	Patty Harvey: Yes, Wagner!
549	Paul Newman: Under Single-Payer everyone gets the same quality correct me if I am wrong but you are talking about Healthcare for profit.
550	Michelle Grisat: Holding providers accountable means making them assume insurance risk.
551	Michelle Grisat: Not the right approach.

Count	Name and Comment
552	GORDON MILLER: Tying healthcare to employment increases the power of employers over the employees. It also promotes building healthcare costs into product costs when foreign competitors aren't bothered by that.
553	Dr Bill Honigman: @Reggie W: Absolutely, that's why Single Payer countries are doing so much better with COVID19 than we are.
554	Susan Mastrodemos: Health Care is a Public Good. Should not be for profit.
555	Allan Goetz: In the Netherlands the GP's provide a very rigid gatekeeper function.
556	Gerald Rogan: Michelle, only a large group with thousands of providers can take capitation.
557	Jorge De Cecco: Is the Commission trying to reinvent the wheel? All this has been discussed for decades.
558	Jenni Chang: Is "unified financing system" the new single payer? Why can't we just say "single payer" and stop being so shifty?
559	Cheng-Sim Lim: Right, Jenni!
560	Sean Broadbent: ^^^^^^
561	Randy Hicks: Same for All best of the politicians can have it so can we
562	Margaret Copi: Risk sharing creates obstacles to care. Are you referring to value based care?
563	Kate Baker: agreed^^^
564	Gerald Rogan: Allan, gatekeepers have the power to close the gate- which is OK with me.
565	Walter Heath: Boomers, Please reach out to Zoomers! Find the folks in your local areas who are leading Black Lives Matter protests, the folks in Sunrise Movement, etc. The way we got our Member of Congress in a purplish district to co-sponsor HR 1384 was by building a coalition.
566	Kathy Dunn: Medicare now does not provide services that are really needed especially by low income people; dental, vision, and long term care being just 3 examples, and there are many "elective" procedures, DME, etc. that get denied by some clerk as "not medically necessary" in Medicare (which farms out it's administration to private for profit insurance companies). It should be if a provider orders something for a patient, they get it without a 3rd party being involved.
567	Allan Goetz: SINGLE PAYER/MEDICARE FOR ALL
568	Michelle Grisat: Value-based care is the euphemism for risk-based care
569	Susan Mastrodemos: need to have an appeal system. if gatekeeper shuts the person out of the system
570	Betty Doumas-Toto: No worries Carmen the only thing that matters is what you said anyway.
571	Maureen Cruise: The largest risk pool is every one. SEPARATE IS NOT EQUAL. When we all get the same care it will be well funded fairly administered and it will be high quality. No Apartheid, no people of privilege supremacy.
572	Michelle Grisat: Agree
573	Gerald Rogan: Long term care for low income folks is available under Medi-Cal.
574	Dr Bill Honigman: @Jenni C: I agree, but I don't care if they call it chopped liver as long as it's a Single Payer system and put it into place now, right now!!
575	Paul Newman: LBJ handled discrimination with Medicare payments. Hospitals in the South that were segregated didn't get paid until they would integrate the

Count	Name and Comment
	hospitals. There is no relevance to Equitable delivery unless you are talking about insurance for profit.
576	Kathy Dunn: Get rid of the gatekeepers. Problem solved!
577	Danett Abbott: @Walter, yes! Cross over is the wave of the near future! We all need to work together, more now than ever
578	Gerald Rogan: Bill, single payer will bring equity at a low level for all.
579	GORDON MILLER: Single payer should mean a single pool. How else can the the rising costs of technical's-med be covered?
580	Dana Baker: Gerald, the US currently has lower health outcomes than countries that use single payer
581	GORDON MILLER: Techno-med.
582	Allan Goetz: Medivans(air taxis even) linked to hospital centers can provide quality care to rural areas.
583	Jenni Chang: Chopped Liver NOW! @DrBill
584	Ron Birnbaum: Gerald, the worldwide evidence does not support your claim.
585	Cindy Young: Value-based care means "let consumers be better shoppers of care". Lead to HSA, high-deductible plans and everything else that keeps patients getting the care they need.
586	Nina Eliasoph: single payer would not disincentivized people who had expensive needs. We know this already. Employee-pooled health care does.
587	Susan Mastrodemos: I like the notes Group 1!!
588	Allan Goetz: We are rehashing!!
589	Eric Vance: The answer is single-payer. Deliberation and analysis can only go so far. You have advocates on the Commission, there are numerous experts who are offering their knowledge as advisors, and there are multiple pieces of comprehensive legislation to work from. It's time for praxis, not theory.
590	Diane Moore: Gerald, how come that doesn't happen in other countries that have universal health care?
591	Bernie Eisenberg: I love chopped liver!
592	Susan Mastrodemos: Value Based Care means "austerity"
593	Maribel Nunez: Hello Healthy CA for All Commission:
594	Randy Hicks: How we get to single payer what's the transition
595	Gerald Rogan: Rising costs can be addressed by moving to managed care, as Medi-Cal has done, and for fee for service, to improve program integrity to stop fraud, abuse, and to fix waste, make physician peer review effective.
596	Betty Doumas-Toto: @Jenni C I love when your NY comes out…lol chopped liver!
597	Maureen Cruise: When everyone gets care and alll medical needs are met…there will be a need for more providers of a variety of healthcare, more jobs…eyeglasses, hearing aids, more clinics for diabetics so they don't lose limg=bs. If every commissioner and legislator had the same care as the 39 million of us…the care will be good, accessible and funded.
598	Paul Newman: Yea Janice Rocco
599	Erika Feresten: We don't need another study. We don't need this Commission. All we need is single payer, Medicare for All
600	Dr Bill Honigman: We have lower quality of care now because for-profit entities are taking away resources needed to provide the needed care.

Count	Name and Comment
601	Jenni Chang: Do we need to take a vote on this panel? All for single payer? All oppose?
602	Nina Eliasoph: This summary has focused on Scheffler's anti-single payer ideas and has been ignoring the others. I was there.
603	Gerald Rogan: Medicare does not cover hearing aids. I am OK with that. Cheap aids are available at Costco.
604	Danett Abbott: @Ron, thank you!
605	Erika Feresten: @Jenni I vote Yay for Single Payer!
606	Paul O'Rourke-Babb: How many times do the studies need to tell you that a single public funded and administered system creates the single risk pool we need for financing and addresses most of the inequities because everyone has insurance -no conditions except residency?
607	Michael Lighty: Thank you Maribel!
608	Ann Harvey: single payer is necessary but not sufficient to assure appropriate, competent, culturally competent, accessible, and effective care, let alone an effective public health strategy. the commissioners in Group 2 addressed some of this very well. Fee for service single payer clinical care would not be a panacea. for example, orthopedist still do a lot of procedures that make them a ton of money but that have been shown to be ineffective; the extremely expensive bandaid of clinical care to counteract the impacts of polluted air and water on poor communities is neither cost-effective NOR at all effective in preventing for example excess childhood asthma with its limitations on activity, suffering, need for regular inhaler use, etc.
609	Gerald Rogan: I vote against single payer.
610	vic bernsdorff: Be careful with Medi-Vans helicopter membership. There are horror stories about having to pay thousands if a in-network helicopter is out of service and the dispatcher has to provide and out of network provider.
611	Maribel Nunez: Inland Equity Partnership coalition support a pathway for single payer
612	Reggie Wong: SINGLE PAYER NOW!!!!
613	Michelle Grisat: There's always one in every crowd, Gerald!
614	Nina Eliasoph: I vote for single-payer.
615	Gerald Rogan: We can fix our problems without single payer.
616	DON SCHROEDER: Much of this discussion is beside the point. Too many on the Commission don't seem to understand what single-payer actually means. They need a detailed briefing.
617	Reggie Wong: WE'RE IN A PANDEMIC WE NEED SINGLE PAYER NOW!
618	Paul Newman: I vote Single-Payer
619	Sudi F DNC Delegate CD-45: Single Pay Now - Pass the Damn Bill is the push in the congress, call Nancy Pelosi
620	Susan Meyer: Single Payer
621	Michelle Grisat: I vote single-payer
622	Margaret Copi: Medi-cal managed care has been a disaster for patient care
623	Kate Baker: What would you suggest Gerald?
624	Gerald Rogan: We need universal access to vaccines and testing for infectious diseases.

Count	Name and Comment
625	Reggie Wong: How you gonna tell someone with coronavirus they gotta pay millions for treatment?
626	Susan Mastrodemos: Some large, wealthy employers may offer insurance that goes above & beyond what is offered by single payer.
627	Wendi Craig: Single Payer begins the process of guaranteeing equitable quality health care to all.
628	Sandra Johnson: Sandra J Johnson - I vote for Single Payer
629	Barbara Commins: No more class-based health care!
630	Eric Vance: For public record, listen to our demands: single-payer
631	Nina Eliasoph: Getting rid of middlemen corporate bureaucrats
632	Linda Bassett: We don't need more study. We know that it will work. The evidence is theropod care around the world and the devastating health and economic results here. Not hard to see.
633	Dana Baker: The people want single payer. Represent us.
634	Maria Behan: Please hear us when we say: Single-payer!
635	malinda markowitz: single payer is the only way. While we wait more people will be harmed or die.
636	Paul Newman: Get out of the primordial pond . Insurance for profit will never defeat a pandemic.
637	Jenni Chang: Let's add removing insurance companies as an agenda item
638	Randy Hicks: Scared of the profit margins
639	Reggie Wong: How you gonna charge everyone $3,000 for a coronavirus vaccine if you wanna stop the spread of the disease? You make that vaccine available to EVERYONE! The virus doesn't check your credit before infecting you.
640	Susan Mastrodemos: Health insurance companies extract value without offering advantage.
641	Gerald Rogan: Add a government sponsored plan to what we have now. Oversee the RUC. Improve peer review. Stop fraud as well as credit card companies do.
642	Dr Bill Honigman: Time to take action.
643	GORDON MILLER: Our healthcare is not only for profit. It is profit-centric. Care be damned!
644	Francis Li: The article "Health Care Administrative Costs in the United States and Canada, 2017" estimates that over 25% of administrative overhead costs (over $200 billion of over $800 billion a year) in 2017 can be attributed to private insurance. It seems hard to believe that a solution to controlling costs can include the for-profit private insurance industry. Himmelstein, et al, Annals of Internal Medicine, 21 January 2020, Volume 172, Issue 2.
645	vic bernsdorff: If there was no Republican Party the US would have Single Payer by now
646	Ron Birnbaum: Gerald - that's a political problem of underfunding, Not an argument against the achievements of Medicare for universalizing care of seniors. The broad system savings SP including the universalizing of the risk pool will help us get our seniors what they need and still give us net savings.
647	Gerald Rogan: Enact least costly alternative to drugs.
648	Michelle Grisat: No intermediaries—fragmentation, costly administrative complexity

Count	Name and Comment
649	Reggie Wong: PASS THE DAMN BILL!!!!
650	Eric Vance: Intermediaries will ensure status-quo inequities and disparities in a for-profit system
651	Maureen Cruise: I cannot agree with the cheerleading…there seemed to be a lack of understanding that single payer would solve so much of these issues. Mastrodemos…read the SB562 bill….employer insurance is abolished.
652	Susan Mastrodemos: intermediaris are like punching holes in a bucket
653	Joy Silver: Re-reading 562 right now. This still has us reliant on the federal Government, via Medicaid block grants- that means less Medicaid $$$ for CA. One state on its own isn't viable. We must work for single payor federally !We need a national healthcare plan- which has been attempted multiple times in history, beginning in the 1870's!
654	Susan Meyer: End for profit insurers now
655	Kari Khoury: no one wants to speak about the elephant in the room. Insurance and Pharma money influencing politicains and policy
656	Michael Lighty: Single-payer can achieve a single standard of quality, safe therapeutic care for all.
657	WINCHELL DILLENBECK: Abolish employer insurance. Implement single payer. Stop debating the solution and move towards making it a reality
658	Gerald Rogan: Allow Medicare to be a national buyer for drugs.
659	Sudi F DNC Delegate CD-45: Remove the intermediaries, Doctors need to make the decision for health of their patients and not intermediaries
660	Reggie Wong: stack
661	Walter Heath: How about: Are you a taxpayer? Have you ever paid any form of tax in California? Do you live in California or are you the minor child of a California taxpayer? Congratulations, you're covered!
662	Danett Abbott: Single Payer now! The studies are proof that it works.
663	Jenni Chang: @Betty CA-NY connect, heyhey
664	Gerald Rogan: Intermediaries are required to process I billion claims a year.
665	Arla Ertz: No to intermediaries, please.
666	Randy Hicks: For some it's a bridge to socialism
667	Maureen Cruise: Yes susan…buckets with holes!!!! is what we have…and some folks have a bigger bucket others have a teaspoon to hold the water!
668	Gary Graham: There are a number of single-payer systems in place now around the world. We do not have to re-invent the wheel. We need to find the best qualities of those in use and improve upon those.
669	Randy Hicks: Like Taiwan system
670	Allen Carlson: I agree with Gary
671	Walter Heath: So are fire departments and libraries, Randy Hicks.
672	Maureen Cruise: YAY!!! Francis Li
673	Erika Feresten: No to intermediaries who profit delaying and denying health care which leads to unnecessary suffering and death
674	Danett Abbott: Socialism is a good thing! Do you like your fire department? Do you like your roads? Do you like Social Security? Those are all socialist programs
675	Michelle Grisat: Agree, Francis!

Count	Name and Comment
676	Susan Mastrodemos: Gerald Rogan, you can subcontract administrative tasks! You don't need "insurance companies"
677	Arla Ertz: Single payer has been passed by the legislature twice already. Why so much mystery about it now?
678	Gerald Rogan: Billing is a hassle, There is no billing of fee for service under managed care. Billing cost my practice about 7% of income in fee for service.
679	vic bernsdorff: Whats wrong with Socialism ?...we already have it with SS and Medicare
680	Randy Hicks: I know and post office
681	Bernie Eisenberg: yea socialism
682	Desa Kaye: My comments in favor of single-payer NOW are too lengthy for this chat. I will submit them by email. Thank you, Dessa Kaye, Van Nuys, CA
683	Barbara Commins: $$$$$ https://www.followthemoney.org/show-me?dt=1&law-s=CA&law-y=2020&d-et=3&d-ccg=8&d-ccb=128,127,126#[{1|gro=law-eid
684	Sudi F DNC Delegate CD-45: It is not socialism to provide healthcare as human rights
685	Susan Mastrodemos: Are doctors willing to work for flat salary?
686	Joy Silver: G Rogan-MALPRACTICE -
687	Erika Feresten: Whoooohooo thank you, Perrie Briskin!
688	Gerald Rogan: Kaiser docs are paid a salary.
689	Maureen Cruise: we have had 6 CA single payer bills over 20 years.
690	DON SCHROEDER: There have been some eighteen independent studies over the past twenty years analyzing the best method to cover everyone equitably for the least possible cost. ALL of them have found single payer to be the only solution that would do so.
691	Gerald Rogan: Mayo docs are paid a salary.
692	Cindy Young: Go Perrie!
693	Betty Doumas-Toto: @Joy Silver those moneys belong to us and they were not meant to be block grants. Those monies were to be passed though to us. Waivers are built in to the ACA to allow NATION STATES LIKE CA to develop their own Single Payer Healthcare System. We can not wait for the Federal Government we need Single Payer NoW! If Canada could do it we can do it.
694	Eric Vance: UAW 2865 is an affiliate organization of Healthy California Now! Yay Perrie! https://healthyca.org/get-involved/become-an-affiliate/
695	Barbara Commins: YES!!!!
696	Linda Bassett: Democracy is another word for socialism. You vote for what you want.
697	Ellen Schwartz: ooh post office, communism, boo. much rather pay $5 to mail a letter using FedEx. or would it be $10?
698	Danett Abbott: Medicare works well in Canada. Surveys consistently show that the majority of Canadians like their health system.
699	Gerald Rogan: Single payer will not pass because Medicare folks will all vote against it.
700	Michelle Grisat: Salaries may be a good option.
701	Betty Doumas-Toto: YAY Jeanna!
702	Jenni Chang: Go Jeanna!

Count	Name and Comment
703	Erika Feresten: Go Jeanna!
704	Jenni Chang: BELIEVE BLACK WOMEN
705	Cindy Young: Not true Gerald. The only way we save Medicare is by getting everyone in.
706	Ron Birnbaum: Hal, I have been thinking a lot of about political strategy for M4All in California.
707	Rupa Marya: Thank you Jeanna, RN.
708	Betty Doumas-Toto: Yes!!!!
709	WINCHELL DILLENBECK: 75% of public wants single payer. Political will is blocking its implementation. Equality for all.
710	Danett Abbott: Gerald, instead of boo-hooing everything, how about offering some constructive suggestions?
711	Michael Lighty: Jeanna, RN knows the score!
712	Gerald Rogan: Single payer will have its administrative costs if it pays fee for service claims. Do we want managed care for all? Works for me.
713	Sean Broadbent: LET'S GO!
714	Paul Newman: Alright Jeanna
715	Margaret Copi: YES Gina!
716	Allan Goetz: Single Peyer/Medicare for All, provides better comprehensive universal care for less cost and divorces healthcare employment.
717	Erika Feresten: Jeanna, you are our champion!
718	Nina Eliasoph: JEanna: YESSSSSSS
719	Eric Vance: Awesome, thank you!
720	Betty Doumas-Toto: Thank you Jeanna
721	Bruce McLean: You are the exception, thank you.
722	Ann Harvey: thank you, Jeanna. very brave and generous.
723	Gerald Rogan: Obama care has separated insurance employment.
724	Ron Birnbaum: Bravo, Jeanna
725	Gerald Rogan: Medicare B is progressively financed.
726	Barbara Berney: Do the universal health systems in other countriesall have claims? Do we have to have and process claims?
727	Erika Feresten: Thank you, Dr. Silver!
728	Danett Abbott: Single Payer = no job lock, no copays, no deductible, no surprise bills, no "out of network" constraints, better h/c for all!
729	Sudi F DNC Delegate CD-45: Thank You Jeanna. We do need to talk about the impact on the work force, education and training
730	Susan Mastrodemos: Claims are wasteful.
731	Gerald Rogan: Public health should underwrite all vaccines and tests for communicable infections.
732	Randy Hicks: Keep it financed
733	Gerald Rogan: Claims are more complicated than credit care charges.
734	Betty Doumas-Toto: Yay Go Reggie!
735	Erika Feresten: Thank you, Reggie!
736	Paul Newman: Tell it Reggie!

Count	Name and Comment
737	Sean Broadbent: What up Reggie! C'mon in w/ the facts!
738	Jackie: Thank youuuu Reggie
739	Gerald Rogan: Vaccines under public heath- I agree.
740	Maureen Cruise: A major 2002 study Health Care Options studied 9 different options and came out with single payer as the only one that would work. Lewin Group 2005 also determined ONLY SINGLE PAYER will save money and give us all the benefits that we need. 2017 CA PERI study also determined the best way to give health care is single payer. We do o need more studies nor any more commissions.
741	Danett Abbott: Reggie for Governor!!!
742	Paul Newman: thank. You Petere
743	Peter Shapiro: Hospitals have become ann increasingly popular outlet for private investment, and investors seek out the markets that promise the greatest return. This is one reason why rural hospitals are closing and health care are as rampant as they are. Something like 70% of California's public funds appropriated for health care are channeled through private entities. Direct public financing would free up dollars that would address the full range of social determinants of health care.
744	Gerald Rogan: Single payer run like Medi-Cal fee for service will be a disaster.
745	Danett Abbott: @Peter, great point
746	vic bernsdorff: Doctors in France make something like $220k/yr. Watch Michael Moores "Where To Invade Next" movie. Doctors are in the business not because of money but they love their job of providing care to patients. At least most of them.
747	Danett Abbott: @Vic, so do doctors in Canada
748	Susan Mastrodemos: Recycle health dollars! Salaries paid within California are dollars spent within California. No for profit hospitals sucking value out of the state!
749	Gerald Rogan: Vic, I agree. Docs join the work force at age 30 on average.
750	Alberto Saavedra: My "raise hand" button doesn't show. Why? I do have a comment to make.
751	Eric Vance: DSA LA is also an affiliate of Healthy California Now! Our partners have a tremendous outreach and breadth and depth of expertise — the Commission should work with them.
752	Randy Hicks: We have to fix the student loan system
753	Margaret Copi: Alberto, click on "participants" then look over to the chat, there is a row of icons, raise Hand is there
754	Linda Bassett: My point, too, Vic Bernsdorf. Happiness is not money in the pocket, but feelings of value to the community. The higjacking o our constitution on the ideas of reedom
755	Gerald Rogan: Medi-Ca; negotiates for drug rates but Medicare does not.
756	Gerald Rogan: Medi-Cal has a formulary for drugs, Medicare does not. Commercial plans have forumlaries.
757	Lana Sawyer: I am wrestling with how the homeless would be counted among Californians, and how their healthcare system would benefit them without having a roof over their heads, and where their children are educated without technology

Count	Name and Comment
758	vic bernsdorff: @Danett: Your right. I should have mentioned Canada first.
759	Erika Feresten: Single payer is the only way to achieve equitable, comprehensive and quality health care.
760	Gerald Rogan: Commercial plans are terrible investments, Utilities are much better, except for PG&E.
761	Maureen Cruise: CaPA Road map requires about 41 legislative actions….while keeping the insurance profiting us. it ends with 3 options …2 are public options. CaPA met in Jan 2017 with assm Wood, Health Access ITUP to create a road map to PUBLIC OPTION. They did this after signing on to the Healthy Ca Campaign movement for single paye. They met in order to oppose single Payer . I have the agenda of that meeting
762	Francis Li: The moral and ethical imperative for single payer is absolutely equity and access for underserved Californians. But let's also not ignore the massive economic stimulus and boon for business and industry that it would provide. Speaking as a tech startup founder, the first question candidates ask is "do you offer health care?" And, when they find out the cost of buying individual coverage in the marketplaces, most flee back to their safe corporate jobs. I would argue that a big factor in why startups are mostly young singles is the cost of healthcare. Anyone who has started a family, or has a chronic condition, lives under fear of being bankrupted by an unexpected medical event, and we lose the wisdom of experienced individuals in our startup industries. Single-payer would unleash a whole new level of entrepreneurship and innovation and further cement CA's leading role.
763	Danett Abbott: @Linda, absolutely! What a much better place this world would be if we just focused on caring for each other instead of chasing the next new car!
764	Barbara Berney: single payer health care will not solve every problem, eg homelessness. If we get it to provide health care to everyone equitably that will be amazing.
765	Susan Mastrodemos: Yes, Francis Li. Single payer insurance is PEACEOFMIND
766	Lana Sawyer: Many rural areas don't have "local" healthcare with doctors being hundreds of miles away. How will their needs be met
767	Erika Feresten: Oh yeah Shelby!
768	Susan Mastrodemos: Need public clinics every 30 miles, on the bus route.
769	Maureen Cruise: 75% of the assembly is democrat. 75% of senate is democrat. Governor is democrat and campaigned on single payer, only to drop it once the votes were counted
770	Erika Feresten: Love that Susan!
771	Gerald Rogan: Our total budget for medical care is highest per person in the world, about $10,000 per person per year.
772	Kalkidan Alemayehu: YES @Maureen
773	Betty Doumas-Toto: Yep like I said in my break out..our current system is based on RASCISM. In our to work towards equity we need a Single Payer Healthcare system Now!
774	Dr Bill Honigman: My comment: I’m very disappointed that the Commission is still not addressing actual steps to be taken for significant reform, that could be acted upon right now by our legislature. More preventable deaths especially now during COVID19 are taking place as we speak, or as the Commission speaks, as well as opportunities to save substantial amounts of public dollars that could be applied to

Count	Name and Comment
	other public needs. It's frankly shameful, that the Commission will only commit to monthly meetings in light of all this. We need more meetings, and more action, now, not one or two months now. Right now. Thanks.
775	Gerald Rogan: Financing is only one issue, Delivery is another.
776	Eric Vance: Can we please get a total participants count? I know many weren't able to join because of Zoom errors in the emails sent out today.
777	Sudi F DNC Delegate CD-45: While we de-couple jobs health insurance, and consider racial equity (systematic racism) we do need to honor healthcare as human rights and surely consider the educational training that will be required to employees of private insurance companies who will have to be re-allocated
778	Kathy Dunn: Yes, Gerald, but out outcomes are among the worst in the world.
779	Hal Goldfarb: Hey Randi! That's the question I am asking also!
780	Gerald Rogan: Kathy, about 37th, just behind Slovakia.
781	Danett Abbott: @Dr Bill, thank you!!
782	Alberto Saavedra: Well said Bill.
783	Susan Mastrodemos: it says there are 278 participants
784	Ann Harvey: There are 278participants right now, including the commissioners,
785	Hal Goldfarb: @Sean Broadbent: I like your proposal. Yeah, we invite the commissioners and force them to listen to, like, 45 minutes of items that have nothing to do with the work they do.
786	Gerald Rogan: The answer to improve outcomes is not single payer. There are more effective options starting with effective peer review, and better post marketing surveillance.
787	Kathleen Healey: The pandemic has exposed the inequities and deficiencies of our system. Changing to a single payer is urgent. No place for an incremental approach during a pandemic or with a system that is this broken.
788	Susan Mastrodemos: Dr Bill, this meeting is spinning the wheels.
789	Maureen Cruise: Yay Dr. Bill!
790	Gerald Rogan: To start, I recommend vaccines and tests for all.
791	Susan Mastrodemos: "Stakeholders" = insurance companies
792	Paul Newman: banks=insurance companies
793	Gerald Rogan: Let's test the competency of our State Government by starting with vaccines for all without impairing my Medicare benefit, administered by CMS.
794	Stephen Vernon, MFT: Eric vance -- Total Participants ? Have taken screen shots of 12 x25 gallery views= 300
795	Phillip Kim: Can you please explain how the consulting team selects participants in the community engagement and key stakeholder engagement processes? How can we make sure that participants picked are not biased towards employers and health corporations? We need to ensure that participants do not have any existing partnerships or relationships with the health industry.
796	Peter Shapiro: What on earth is "post marketing surveillance"? Can we stop referring to health care as a product and patients as consumers?
797	Susan Mastrodemos: Paul Newman LOL
798	Patty Harvey: Excuse me, but I understand a majority of CAians want SP.
799	Cindy Young: Thank you, Peter!

Count	Name and Comment
800	Hal Goldfarb: We need to talk about ***STRATEGY*** -- how do we get the incalcitrant Dem Party to A-C-T!!!
801	Margaret Copi: I was going to say 1. Reference the data presented at the 7th annual Global Health Economics Colloquium in January 2020. They showed how all the multi payer systems - whether highly regulate private for profit OR non profit entities - drained resources the public plan and increased INEQUITY in their countries.
802	Stephen Tarzynski: Re Dr. Bill 's " actual steps to be taken for significant reform, that could be acted upon right now by our legislature." CaPA's Road Map Phase 1 has those steps.
803	Cheng-Sim Lim: Who gets to decide who to invite to these community sessions?
804	Susan Mastrodemos: I invite the commissioners to read the chat summary and contact some of the groups suggested by participants
805	Paul O'Rourke-Babb: Paul O'Rourke-Babb, nurse practitioner and BOD member of Butte County Health Care Coalition as well as state PNHP steering committee. Quit fishing around. Nearly every one of dozens of studies including current ones over the last 25 years show that a public funded and administered universal system is the solution. It creates a single risk pool with qualification for coverage base only on residency. This removes most of the existing inequities in one step.. M4A now!!!
806	Gerald Rogan: Post marketing surveillance means the FDA requires manufacturers to track outcomes for such items as implants and drugs. More data can show hidden problems. Example, is metal on metal hip implants. FDA has dropped the ball too often.
807	Nina Eliasoph: My public comment: This meeting had a long lecture giving info we already have. Later, there was a lot of talk about the “need” for intermediaries, and cost-sharing, and the question of what metrics could be discovered. We need neither intermediaries nor cost-sharing. Answers: Every other wealthy country has been working on metrics for decades. Look at them. Look at UMass study. Unblock BB562 and let it proceed thru legislative process so we can the specifics for CA (after Rendon blocked it). We already know the answers to these puzzlements. Next meeting, could you assume we already have info and just need to ask “how to implement single payer?”
808	Danett Abbott: What is post marketing surveilllance????
809	Michael Lighty: Peter - so true, we need to get rid of “industry-speak” and use a caregiving vocabulary instead!
810	Robert Vinetz: Questions and Points: Is there a DEFINITION of a Unified Financing System and a Unified Coverage System for Health Care? Are there definitions and measures for the other goals of the HCFA Commission?: Accessible Affordable Equitable High-quality Universal
811	Maureen Cruise: We need a public accounting of the commission budget of $5 million dollars of public money. Who is getting funds, how much, for what work? Should be continuously updated on the website

Count	Name and Comment
812	Gerald Rogan: Danette, I just answered.
813	Dr Bill Honigman: @Paul N: 100% agree, big insurance = big banking = Wall St and US Chamber of Commerce controlling whether we get to live or die. Outrageous!!!
814	Erika Feresten: We need this commission to post a public accounting for the $5 million commission budget expenditures.
815	Susan Mastrodemos: Nina, I agree. Seems biased in favor of status quo with "public option"
816	Danett Abbott: I see that Gerald,
817	Betty Doumas-Toto: Black Lives Matter - LA
818	Jenni Chang: REALLY? California Endowment was created by Blue Shield.
819	Hal Goldfarb: @Nina Eliasoph: Strategy, what strategy will we use to make S.P. REALITY, not the endless talk of confereences, commissions, blue ribbon committees, and on and on.
820	Susan Mastrodemos: Hat tip to Dr Bill!
821	Gerald Rogan: Collecting outcomes on new drugs and devices, and reporting real world outcomes will improve quality.
822	Phillip Kim: Who are the Co-Hosting Community Organizations/Coalitions and how are they being chosen? Who decided that the California Endowment was going to provide these co-hosts grants? It’s clear, given that the sessions are meant to start next week, that community organizations have been identified to co-host and that the participants may have been selected.
823	Danett Abbott: YAY Dr. Bill!!
824	Margaret Copi: As a physician I can report that Medi-cal managed care has severely impacted access to care.
825	Michael Lighty: CAPA’s road map represents an effort to avoid single-payer, sadly.
826	Ron Birnbaum: There is a very important connection between lack of universality and inequity. Once you have separate systems for some populations, economically or otherwise defined, the most empowered use political power to steer resources towards the part of the system that cares for them, and they become blind to what it's like to be on the other side of the system. This is why the strategy of building up programs like Medi-Cal - the segregated program for the poor) has never worked well enough. And the cost of that strategy? That is prohibitive. Universality creates savings and equity.
827	Joy Silver: right now the GOP decides whether we live or die since no national plan for covid
828	Erika Feresten: @Susan ding! Ding! Ding! You win. The commission is on the public option train so that insurance industry stays intact.
829	Paula Catbagan: May I make a suggestion on this: partner with CA teachers and schools. It's very likely you will find a teacher who will be willing to speak on behalf of a single payer system. Schools/teachers already have ties within their communities. Outreach and feedback will be easy.
830	Arla Ertz: Commmisioners: How do we find out who the cohost is in the Bay Area so we can be “recruited” to have a participant?
831	Stephen Tarzynski: Read CaPA's Road Map and decide for yourself.
832	Betty Doumas-Toto: CAPA’S ROAD MAP doxed the human road kill it’s graphic.

Count	Name and Comment
833	Susan Mastrodemos: This "Engagement" is something the Chamber of Commerce would put together
834	Stephen Tarzynski: Read CaPA's Road Map and decide for yourself.
835	Carol Mone: CAPA: Support improvements to our health care system that are achievable in the short-term.
836	Nina Eliasoph: What will Cal Endowment's criteria for selecting orgs be?
837	Eric Vance: The Healthy California Now coalition is a statewide, non-partisan coalition of community, consumer, labor, health, disability, LGBTQ, business, and political organizations committed to building and broadening the movement to guarantee health care for all Californians. We have many members on this call, and have shown in strength in the previous meetings. Please reach out to info@healthyca.org
838	Gerald Rogan: We wasted 2 billion on high dose chemotherapy and stem cell transplant for metastatic breast cancer before we discovered it does not work. Read False Hope. Real world outcomes matter.
839	Kathy Dunn: HMOs and PPOs are major players in inequity in health care. Don't include them in plans for getting universal health care that is equitable.
840	Kathleen Healey: Many physicians won't take MediCal, ACA, Medicare. How does expanding these programs bring care access?
841	Jenni Chang: If the Endowment is funding, then work with a hardcore single payer group to co-host
842	Phillip Kim: What have you done to ensure that these groups do not have relationships with insurers or providers?
843	Betty Doumas-Toto: CaPa's road map comes a privileged perspective,
844	Jenni Chang: And money cannot determine program
845	Beth Capell: Actually the CA Legislature forced Anthem Blue Cross to disgorge $3 billion to create the California Endowment--which has always had a board of directors independent of any insurer.
846	Arla Ertz: How does an organization get to be a cohost?
847	Henry Abrons: Beware that process of choosing community organizations isn't rigged.
848	Susan Mastrodemos: Medicine Cal = austerity. It is an example of how badly the public option would serve California.
849	Gerald Rogan: Kathleen, it doesn't. Which is why no one advocates for Medi-Cal for all.
850	Carol Mone: CAPA: Create a roadmap to a publicly financed, privately delivered single payer health care system in California and the nation.
851	Maureen Cruise: YES Phil Kim! We have been down this road too many times with the very privileged siphoning money the status quo letting people die while they pontificate
852	Phillip Kim: How are the 12-25 participants for each community engagements session being chosen?
853	Stephen Tarzynski: CaPA Support improvements to our health care system that are achievable in the short-term. That's Phase 1. Then look at Phases 2 and 3. Again, read CaPA's Road Map and decide for yourself.
854	Dr Bill Honigman: @Bobbie W: All well and good, but what are we going to do now, right now???

Count	Name and Comment
855	Lana Sawyer: Telehealth should be covered and part of the services provided
856	Ron Birnbaum: Goodbye all
857	Gerald Rogan: Single payers are misguided to believe government can do this. Better to fix the problems we have than to disenfranchise those whose insurance works.
858	Beatriz Sosa-Prado: California Physicians Alliance (CaPA) is a 501(c)(3) statewide non-profit organization that advocates and supports a unified system of public financing/single-payer.
859	Michelle Grisat: Very leading questions in series 2
860	Danett Abbott: Gerald, don't you work for an insurance company?
861	Barbara Commins: Yes, this all feels like stalling.
862	Beatriz Sosa-Prado: You can read our Road Map here: http://caphysiciansalliance.org/capas-road-map-to-golden-state-care/.
863	Gail Fairburn: Will these community engagement sessions be active or passive -- that is, will they seek out leaders and groups to speak to issues of equity and impact, or will they be hearing mostly those able to navigate the request system to speak? They are talking about diversity, but not how they find/select those to speak with.
864	Jenni Chang: No orgs that advocate public financing
865	Jenni Chang: I mean no to PUBLIC OPTION
866	J Sever: what is this 25 person per conversation doing: attempting to find supporting evidence to keep way too expensive insurance onboard? i don’t see this moving us to single payer.
867	Maureen Cruise: Yes CaPA ..genuine single Payer. not your road block of health care… as someone wrote last tine…with human road kill all along the way
868	Hal Goldfarb: Gerald: That's how we get White Privilege and angry mobs of people burning police cars.
869	Gerald Rogan: No. I do not work for an insurance company. I did work for NHIC and Xerox which paid claims for Medicare and Medi-CaL
870	Randy Hicks: What about fed bill
871	Paul Newman: At this rate they’ll be picking cobwebs off my bones. WE NEED SINGLE-PAYER NOW. People won’t see a doctor if they don’t have the money.
872	Allan Goetz: Nothing ever comes these meetings they are simply a delaying tactic , Kabuki dance.
873	Gerald Rogan: Hal, you tell me.
874	Betty Doumas-Toto: CaPa’s road map leaves out the inevitable human road kill…while the privileged contributors of said map deliberate over the Phases…the Phases of grief is what the family members of those who die for the lack of healthcare will be the real phases.
875	DON SCHROEDER: @Gerald Rogan — The problem is that private insurance DOESN’T work. It siphons off money that could be used for care.
876	Arla Ertz: How do the cohost organizations in the first category differ the the organizations in the stakeholders category?
877	Nina Eliasoph: It’s really not enough to say “they have community ties.” Also, asking people’s own experience with health care makes sense. Asking what their theories for what health are system would work (Danish? Canadian? Multi-party? Pillars?) makes no sense.

Count	Name and Comment
878	Dr Bill Honigman: @Allan G: 100% agree, this is theater.
879	Barbara Commins: More time to profit off health care? https://www.barchart.com/stocks/quotes/$SRHC/technical-chart?plot=BAR&volume=0&data=MO&density=X&pricesOn=1&asPctChange=1&logscale=0&sym=$SRHC&grid=1&height=500&studyheight=100
880	Eric Vance: Can we please keep the chat to the Commission hearing at hand and not engaging in troll wars?
881	Tracey Rattray: You may want to include a question about what participants feel they need to stay healthy.
882	Linda Bassett: Dem Party Act!! LOL Vote for anyone who will not take corporate$$ no matter what their party affiliation. That is better than asking for the Dems to change.
883	Danett Abbott: Gerald, it just seems to me that you just want to argue.
884	Hal Goldfarb: Gerald: Tell you what? You still do not understand single payer and why health insurance companies don't add value to our lives?
885	Nina Eliasoph: Also, the RECORDINGS should be posted, not just summaries. Note-takers often have a strong bias.
886	Allan Goetz: Remember the Toni Atkins, Ed Hernandez meetings! Why not just republish them?
887	Hal Goldfarb: what Nina said...
888	Jenni Chang: Just FYI Recordings are posted
889	Martin Diamond: The Legislature did not force Anthem Blue Cross to do anything. It was the State Insurance Commissioner who determined this when the A-BC wanted to go public (for-profit). I think the other non-profit organization that was formed was the California Health Care Foundation.
890	Jenni Chang: They are posted very late though
891	Nina Eliasoph: I mean recording of the interviews with “community” members.
892	Margaret Copi: ALlan Goetz good point. If we’re going to re run that is much simpler:)
893	Erika Feresten: Public option continues the apartheid health care system in place now.
894	Hal Goldfarb: Nina: The whole 2 hours worth
895	Dr Bill Honigman: @Bobbie W: I'm sorry but all of this delay is signing a death warrant on far too many Californians in need. You're rearranging deck chairs on the Titanic. Time to act, now!!!
896	Susan Mastrodemos: Erika- apartheid is correct
897	Randy Hicks: Legislature takes money them
898	Gerald Rogan: We pay about 10% to administer Medicare, 3% to the claim payers and 7% to fraudsters. About 30% more is paid for unnecessary services. Source, MedPAC,
899	Stephen Tarzynski: You can read our Road Map here and decide for yourself. http://caphysiciansalliance.org/capas-road-map-to-golden-state-care/
900	Ellen Schwartz: Gerald Rogen, a lot of people who thought their insurance worked, have found themselves without jobs and thus, without insurance. Of course, most of the people who have endured that hammer blow didn’t have insurance in the first place; they know we need single payer.

Count	Name and Comment
901	Paul Newman: IF COVID-19 were human and this was an invasion we'd be occupied already. Lets charge wounded civilians for their wounds a bombing run. REALLY?.
902	Hal Goldfarb: Paul Newman: Yeah, really.
903	Gerald Rogan: http://www.medpac.gov/
904	Allan Goetz: But it needs to be more complex with specific proposals 1) Single Payer 2) Healthcare Cartel private insurance
905	Betty Doumas-Toto: The Road Map ripe with human road kill….we need Single Payer Now!
906	Paul Newman: Hal what do you stand to gain?
907	Gerald Rogan: Betty, we can do better than single payer.
908	Hal Goldfarb: Gerald Rogan references a Medical Industrial COmplex political pack!
909	Hal Goldfarb: Paul That was sarcasm...
910	Eric Vance: How much is the proposed Community Engagement thanks to the overwhelming public outcry for representation during the last meeting, when only "Employers" and (Corporate) "Providers" were proposed?
911	Allan Goetz: Why not hire some professionals to present proposals? And discuss them.
912	Arla Ertz: What comes participants is way more important than what Commissioners present to the participants!
913	Gerald Rogan: MedPAC is a government agency.
914	Paul Newman: Oh I hear you Hal
915	Diane Moore: Dr. Honigman you are so right!
916	Margaret Copi: Allan Goetz expertise is indeed helpful for advisement
917	Hal Goldfarb: Paul Newman: Tell Gerald that
918	Margaret Copi: Commissioners - the Healthy California Now Coalition stands ready to supply or reference experts
919	Gerald Rogan: Why not ask Medicare beneficiaries if they would like the State of California to run their Program?
920	WINCHELL DILLENBECK: The public overwhelmingly supports Single Payer.
921	Randy Hicks: Yes we do Health care for all
922	Gerald Rogan: Winchell, What is your evidence?
923	Hal Goldfarb: Gerald, well if it means not having to fight with Quest Labs for 9 months to make them properly code my PSA test, then... yeah.
924	Allan Goetz: What more needs to be said: Single payer/Medicare for all, healthcare provides better comprehensive universal care for less cost and divorces healthcare employment. BUT private Healthcare Cartel does NOT.
925	Maureen Cruise: This commission is not convened to examine single payer but t to block it. if they wanted to discuss single payer,…they would have read SB562 and the PERI analysis of SB562 berg "discussing" SB562 and ignoreing the existence fo the many many studies detailing single payer savings. Go to Healthcareforall.org and read the great history of single payer legislation in CA the 1990s . it is a real eye opener to the political games and the ad infinitum circular academic discussions among the privileged ignoring the solution while people go

Count	Name and Comment
	bankrupt, suffer and die. Communities becoming devastated with sick and disabled and early death
926	Linda Bassett: Do they want to spend an hour crying listening to the horror stories of people dying or going broke lack of health care? How ridiculous. Do they live in caves or castles?
927	Allan Goetz: CARMEN!! CARMEN!!
928	Patty Harvey: I would LOVE the state of CA to run health care—I just had an estimate for dental care for close to $25,000.
929	Margaret Copi: Medicare beneficiaries currently suffer cost sharing, and lack of dental and long term care - single payer advocates are not suggesting expanding existing medicare to all
930	Randy Hicks: Thank you Maureen
931	Michael Lighty: As context for the CAPA road map, it was developed and used as part of CAPA's representatives testifying against SB 562.
932	Jenni Chang: Speak Carmen!
933	Margaret Copi: Carmen yes speaking truth again.
934	Susan Mastrodemos: Thank you Maureen Cruise. The Commisiioners need to read the background material. Commission needs to MOVE FORWARD
935	Betty Doumas-Toto: Go Carmen!
936	Kari Khoury: good point Carmen
937	Maureen Cruise: Yes Carmen it is all just corruption…the usual friends helping one another
938	Georgia Brewer: Thank you, Carmen Costi. Lack of transparency in this proposed community engagement process is very concerning.
939	Arla Ertz: Carmen is so right!
940	Hal Goldfarb: But @Maureen Cruise, which of our duopoly parties was advocating for it and which were taking money health insurance companies and pharma?
941	Jenni Chang: California Endowment. Blue Shield's $1M IE to Newsom is paying off quite bit.
942	Gerald Rogan: A coding error! 1 billion claims a year with so many fields of data. What a challenge. Single payer won't fix this. Managed care will help.
943	Betty Doumas-Toto: @Mchael Lighty the Road Map purposefully leaves off the human roadkill along the way to …
944	Michael Lighty: Good advice Maureen!
945	Bruce McLean: If this suggested process goes forward the Butte County Health Care Coalition dba Norhstate Medicare 4 All should be one of the Northern Californian organizations invited to this process.
946	Allan Goetz: THE NNU's need to be involved!
947	Ellen Schwartz: Commission: here's my comment. The pandemic has killed many people directly, but it has been shown in location after location that it kills many others indirectly. People with co morbidities and need medical care, would have to go to emergency rooms where they are putting themselves in mortal danger. People without insurance and without jobs cannot afford care for treatable illnesses. Single payer has been shown over and over to be cost effective and there is no question that ... what can I say? Making health care available to all, well it, makes health care available to all. We need to train more doctors and

Count	Name and Comment
	nurses. But maybe all those insurance company employees would like to do something useful for a living.
948	Erika Feresten: Governor Newsom could rise to this historic moment by implementing single payer health care and save lives, instead of wasting time and money with a commission.
949	Michael Lighty: I see your point Betty!
950	Vicky Geaga: Excellent point Carmen. It is a very limited pool as well.
951	Jeanette Ellis-Royston: Thank you very powerful information regrading COVID-19 and structural systemic racism in our Public Health Care System. Please keep me posted, for the next zoom in August,
952	Cheng-Sim Lim: Yes to Carmen!
953	Gerald Rogan: Our California legislature empowered Blue Cross to change to for-profit.
954	Eric Vance: The lack of transparency and preparation is disconcerting, and comes across as an excuse to not support the will of the people, who are repeatedly and loudly calling for single-payer and working-class representation.
955	Margaret Copi: Exactly - selection constitutes bias - this process is a continuation of the consultants previous bias
956	Susan Meyer: Thank you Carmen for your insight
957	Erika Feresten: Thank you, Carmen!
958	Harry Baker: Wasn't the California Commission created when Blue Cross transitioned non-profit to for-profit? It's mission has been to make certain that single-payer has not caught on in California. If CA Foundation is responsible for recruiting people the field, to whom they pay stipends, don't be surprised to see people coming back to the Commission speaking down to a single-payer solution.
959	Allan Goetz: Why not involve the NNU's? The PNHP's?
960	Maureen Cruise: Yes Linda…they live i the clouds of privilege and self importance…they needed COVID to realize there is discrimination …duh duh duh
961	Margaret Copi: Exactly Carmen - leading questions create the answers'
962	Tish Ochoa: Thanks good thoughts Carmen.
963	Betty Doumas-Toto: Thank you Carmen?
964	Hal Goldfarb: Gerald: It would fix it for me. All I wanted them to do is make Noridian pay the lab. Instead, they balance bill ME, figuring they will actually get $600 for 6 tests my wallet rather than having to tolerate medicarre's lower payments
965	Betty Doumas-Toto: I mean Carmen!
966	Betty Doumas-Toto: Thank you Carmen!
967	Maria Behan: Yes, thanks, Carmen!
968	Gerald Rogan: Under fee for service, when a doctor submits a bill, the patient should be notified on his/her cell phone, just like credit card charges. this will help stop fraud.
969	Arla Ertz: How about: What do you need?
970	Ellen Schwartz: Commentariat: don't I remember that both houses of the legislature easily passed Single Payer bills while Schwarzenegger was governor, because he could be counted on to veto it? And as soon as there was a Democratic governor, the legislature couldn't manage to get it together.

Count	Name and Comment
971	Erika Feresten: I am reposting Harry Baker's comment: Wasn't the California Commission created when Blue Cross transitioned non-profit to for-profit? It's mission has been to make certain that single-payer has not caught on in California. If CA Foundation is responsible for recruiting people the field, to whom they pay stipends, don't be surprised to see people coming back to the Commission speaking down to a single-payer solution.
972	Kathleen Healey: "Should it be required or optional?" seems like a loaded question.
973	Dr Bill Honigman: @Commissioners: We need recommended first steps to be given now to the legislature. That's why we voted the way we did in 2018. That's what will drive us to vote out those office holders who are not also demanding this of you.
974	Jeffery Tardaguila: transparency does not seem likely
975	Francis Li: Let's be clear- what all of us are struggling with every day- rising premiums, rising deductibles, confusing reduced coverage with "surprise" bills- are not symptoms of a "broken system"- they are _features_ of a system designed to maximize profit treating illness, and it is working very well for that purpose. The primary function of private insurance companies is not to provide the best care, but to provide a return on investment to their shareholders like Blackrock (8+% stake in Anthem, 8+% stake in Aetna, etc). Non-profits like Blue Shield of CA are not immune- for example, they are pushed by market forces to provide executive compensation commensurate with private for-profits, to the tune of $5.5mil cash compensation to their CEO for 2019 alone (not including the additional $2mil 3-year retention "bonus"). Total C-suite compensation.
976	Gerald Rogan: We can start by making hospital based peer review more effective.
977	Danett Abbott: @Dr Bill, YES!!
978	Hal Goldfarb: the billers purposely kind of, sort of, MISCODE procedures so they can bill the patient figuring the patient will give up on trying to fight this byzantine system.
979	Linda Bassett: DRAFT!! PLAN?? OHHH NOOO!! Another year to nitpick it …. Anything to not get health care for all!!
980	Paul Newman: Yes Dr.Bill!
981	Margaret Copi: Speak Francis Li
982	Phillip Kim: So are you going to address Carmen's question on the process of how participants were selected? How California Endowment was selected to play such a large role?
983	Margaret Copi: Speak Peter Lee!
984	Susan Mastrodemos: these public engagement meetings are re-inventing the wheel.
985	Allan Goetz: Review the Wood select committee on healthcare, the Toni Atkins, Ed Hernandez reports. NO more lets's study it.
986	Gerald Rogan: We can perform root cause analysis of medical fraudsters to discover how they cheated public programs out of millions before being caught.
987	Eric Vance: THE QUESTION to public forums should be: do you want a single plan that guarantees comprehensive (medical, dental, vision, mental health, reproductive health, etc.), universal (everybody, birth to death), high-quality and standardized care with no out-of-pocket expenses, i.e. no fees, co-pays,

Count	Name and Comment
	deductibles, etc. — and you can keep your doctors and nurses if you want? That will show the support for single-payer instead of burying it in jargon.
988	Paul Newman: How long must this take??
989	Maureen Cruise: Yes Carmon Costi!!! Peter Lee your about $400,ooo salary insurance companies is quite the carve out. No wonder you campaigned against capping premiums for public systems
990	Susan Mastrodemos: Eric Vance-- yes!
991	Ellen Schwartz: And again Gerald, yeah, government agencies are often clumsy, but corporations are corrupt and greedy; their only motive is to make a profit, and often enough they don't even do that. If they are so efficient, how come they need to be bailed out (on our dime!) all the time?
992	Jenni Chang: What is the point of asking the commission questions if we don't get answers? How are these funders, focus groups, co-hosts determined??
993	Hal Goldfarb: I have an idea for a new invention: It is round, and I call it a "wheel." Now, every one of you who uses it to your advantage, PAY UP NOW!
994	Susan Mastrodemos: Hal Goldfarb LOL
995	Betty Doumas-Toto: The Least of Us…If you focus care for the Least of us believe me you will get a plan that is adequate for us all.
996	Gerald Rogan: When folks are caught stealing millions of health care dollars with fraudulent claims, we discover we cannot properly administer our public program. We can do better.
997	Randy Hicks: Good question Jenni
998	Allan Goetz: Do you want a $5000/yr/patient healthcare refund and receive better care?
999	Susan Mastrodemos: Ellen Schwartz-- exactly. The for-profit corporation is sociopathic. Its goals are antithetical to health
1000	Nina Eliasoph: Asking people about their problems w/access will get people talking about getting better health care in a for-profit system, not the single-payer world which many haven't heard of. When you interview people, they limit their speech to things that seem "plausible" and "realistic," second guessing what you and others might imagine, given their experience. Among other studies, my 1st book Avoiding Politics: How Americans Produce Apathy in Everyday Life, compares "interview talk" to the conversations people have when not being interviewed. In interviews, they try not to talk about things they think they can't fix.
1001	Paula Catbagan: Lean on those who already have ties to the community for community engagement. If you want to hear the cross-section of CA again ask community leaders like teachers/nurses who already have ties to the community. This avoid biases and will give you the information the committee so desires.
1002	Maureen Cruise: Yay Hal! Everybody research the Legacy Foundations , how they were started and how they are funded. Then look at the salaries. Always look for the money
1003	Gerald Rogan: Does anyone one the panel represent Medicare?
1004	Hal Goldfarb: OK, Gerald. I admit it. I stole thousands (maybe millions, who knows) of valuable health benefits. Arrest me now.
1005	Paul Newman: Like Canada if California goes Single-Payer everyone else will follow.
1006	Danett Abbott: Hal, LOL

Count	Name and Comment
1007	Maureen Cruise: Those making bank off of killing people shouldn't be in this conversation.
1008	Allan Goetz: We need some SINGLE PAYER "facilitators".
1009	Randy Hicks: State by state
1010	Dana Baker: Insurance companies' purpose for involvement is profit extraction at our expense. They should not have a say in a system designed to help people.
1011	Michael Lighty: Interesting question of who is an "advocate?" Perhaps employers who are invested in the current system would be considered advocates, perhaps the foundations who have not done any policy work on single-payer financing could be considered "advocates?" Perhaps the patient experience is not a neutral experience.
1012	Margaret Copi: Polls would be random and ask many many many more individuals. Get much better data than focus group.
1013	Dr Bill Honigman: @Richard Pan: I'm sorry but do you really so poorly understand the advantages, including the ability to serve the underserved, and therefore the urgency of actually starting up our Single Payer system??
1014	Eric Vance: You have a chance to "engage" with the "community" now, and all of us but Gerald Rogan are demanding single-payer now
1015	Gerald Rogan: Hal, how did you do it? Maybe you can work for audits and investigations to show them where to find fraud.
1016	Maureen Cruise: Research these folks…….
1017	Betty Doumas-Toto: Go to the Poor People, dibbled people, disenfranchised people, and ill people….and ask them….I least need the most so start there!
1018	Randy Hicks: Campaign finance reform with CMA money
1019	Betty Doumas-Toto: ^disabled people
1020	Ellen Schwartz: No, Hal, you're thinking of Jared Kushner.
1021	Hal Goldfarb: (In Gerald's insular world, there is no such thing as sarcasm.)
1022	Peter Shapiro: At the Commission's last meeting, someone commented that focus groups are not about policy determination, they're about figuring our how to market your policies.
1023	Hal Goldfarb: Gerald, continue enjoying your privilege. gOod by!
1024	Erika Feresten: Love you, for making me laugh Hal!
1025	J Sever: please be sure to include people age 55-64 who are unemployed. private insurance super costly for many who are not well employed. doesn't work. best to immediately extend improved Medicare type coverage to age cohort. NOT medi-cal which doesn't allow co to use relationships with own doctors. Cruel.
1026	Gerald Rogan: My view is underrepresented. Single payer is a BAD IDEA, It will not work and will destroy my insurance plan which works for me. Even single funding will not work. Medi-Cal does not mainstream its recipients.
1027	Jenni Chang: Dr Chen, just FYI we are way beyond a Healthy San Francisco type plan. Even Dr Mitch Katz went to bat for single payer in NY. Please help us defeat the toxic greed in the system.
1028	Barbara Commins: Does CA endowment hold any investments in the Health sector?
1029	Susan Meyer: Must hear the public
1030	Randy Hicks: Underinsured with junk policies

Count	Name and Comment
1031	Maureen Cruise: Yes Nina Sociology prof knows all about these focus groups
1032	Betty Doumas-Toto: Ugh spell check….Go to the Poor People, the disabled people, disenfranchised people, and ill people and ask them. The least of us need the most so start there!
1033	Dr Bill Honigman: @Antonia: I'm sorry but what part of corporate insurance being the cause of the problem do you not understand???
1034	Nina Eliasoph: Asking people about their problems w/access will get people talking about getting better health care in a for-profit system, not the single-payer world which many haven't heard of.
1035	Barb Ryan: I don't understand the need for "Community Engagement" when it is obvious what Californians want and need improved/comprehensive MFA. Once you have a few economic financial models to present, then reach out to communities to educate them and ask their opinion …
1036	Hal Goldfarb: WAIT EVERYONE. We cannot proceed with Single Payer. Gerald Rogan has pointed out a huge fail with the idea, namely that he will lose HIS benefits. He worked for his health care, he is deserving of healht care.
1037	Allan Goetz: We have already heard the insurers. The Wood select committee on healthcare.
1038	Hal Goldfarb: What did any of you do? Did you pull yourself up by your bootstraps?
1039	Eric Vance: Yes, precisely, Sara Flocks! Thank you! 300 people on the last call overwhelmingly called for representation.
1040	Gerald Rogan: Social factors affecting health affects health outcomes more than medical care. Witness the murder rate in Chicago over the 4th.
1041	Hal Goldfarb: Gerald, are there any other people than you?
1042	Randy Hicks: Exactly Eric
1043	Jenni Chang: Thank you Dr Rupa. Consider the framing of all the literature this commission and Mulkey consulting
1044	Gerald Rogan: Yes, Hal, you!:-)
1045	Ellen Karel: This Commission should already be talking about the nuts and bolts of getting to single payer, i.e., the most cost-effective way to cover the most people with the best care possible—something COVID-19 has elevated to an even more urgent imperative than it has been for decades. The demand for public input was in part a reaction to the consultants' "bold" effort to steer the Commission away focusing on single payer. If done well, this outreach involving the public will be interesting and valuable—and, indeed, hopefully, may be the catalyst for propelling the Commission to deal with single payer. However, as we will end up in the same place, needing to move forward with single payer, let's move on that now, as a parallel process.
1046	James S: We need a community information process to let them know how it will be rolled out. Not another engagement process. We've had multiple polls on how the community feels.
1047	Erika Feresten: Wow this commission is like the health insurance industry with its delay tactics. Except the 3 peoples's commissioners Consti, Hsiao and Marya
1048	Hal Goldfarb: No, Gerald, I do not exist in your mind. No one else does. It's all about you, you, and YOU. (Not necessarily in that order, of course.)
1049	Susan Mastrodemos: "I like MY health insurance" means let the poor eat crackers
1050	Randy Hicks: Yes @Ellen

Count	Name and Comment
1051	Maureen Cruise: YAY NINA !! Gerald you will get so much more and not pay any more than you are ow…most likely less!
1052	Sierra McVicar: Big surprise, looks like Gerald Rogan is a consultant whose “clients include publicly traded medical device and pharmaceutical companies, solo and physician group practices, start-up companies, diagnostic service providers, medical investment firms, law firms, other advisory firms, formal advisory panels, and law enforcement.”
1053	Gerald Rogan: Thank you Hal. I have an opinion but I don't tweet.
1054	Allan Goetz: There are thousands of books and papers that document the "communities experience with Private Healthcare Cartel care". Why do we need to waste our time going to these meetings (the other Cartel/insurance people attending are well paid).
1055	James S: Not all questionnaire questions are created equally. Many questions are phrased to get a specific answer.
1056	GORDON MILLER: Or allow California to buy drugs on its own pending a national system.
1057	Hal Goldfarb: Thank goodness for that much, Gerald.
1058	Maureen Cruise: We all pay into the system…it is not about “mine” but “ours”
1059	Maribel Nunez: The CA Endowment has a great social media presence and following and granteee network (immigrant justice, racial justice groups, health orgs and etc) but would also we expand to other networks that are not TCE grantees. Also can we put together a flyer or communications in multiple language and different networks? We offer to help in the multiple regions and especially in the Inland Empire. My e-mail is maribel@inlandequitypartnership.org
1060	Paul Newman: If everyone knew they wouldn’t have to pay a penny for their healthcare that would be just fine with it.
1061	Danett Abbott: @Sierra, I thought I sensed a disturbance in the force
1062	Randy Hicks: Support Ro Kohanna bill
1063	Betty Doumas-Toto: Yes the LEAST OF US SANDRA! THANK YOU!
1064	Susan Mastrodemos: Alan Goetz-- 1000%
1065	Hal Goldfarb: Says @Randy Hicks, a member of the GP.
1066	Margaret Copi: Agree, Sandra Hernandez
1067	Michael Lighty: Advocates for single-payer are not part of the industry. Those who make money off our health are part of the industry.
1068	Eric Vance: Great point, Sierra - thank you! Gerald Rogan has a vested interest in trolling us here, disrupting the 99.99% comments in favor go single-payer.
1069	Betty Doumas-Toto: We need to go to the LEAST...
1070	Arla Ertz: Meals on Wheels
1071	Betty Doumas-Toto: YES SANDRA THE LEAST, THE LEAST!
1072	Cheng-Sim Lim: Yes to Sandra Hernandez
1073	Nina Eliasoph: I keep putting my hand up and it keeps not appearing as “up.”
1074	Jenni Chang: Thank you Dr Rupa
1075	Kalkidan Alemayehu: oop
1076	GORDON MILLER: “Public” comment that includes only healthcare businesses and employers is a joke! That’s insider comment, not public comment.

Count	Name and Comment
1077	Sierra McVicar: Nailed it, Eric Vance. Wonder how much Gerald is getting paid to be on this call…
1078	Patty Harvey: CEO on the Commission?????
1079	Kalkidan Alemayehu: Expose them Rupa!!!!
1080	GORDON MILLER: WHO???!!
1081	Sean Broadbent: Nina I see your hand as being up
1082	Cheng-Sim Lim: Yes, Dr. Marya!
1083	Hal Goldfarb: Gerald has been outed...
1084	Michelle Grisat: Ross is CEO of CA Endowment
1085	Gerald Rogan: Hi Sierra, Yes, I am a consultant. Some of my clients will not like my opinion. I have no undisclosed conflict of interest. No one pays me to be on this call. I want to improve health equity and outcomes but single payer is not the best way to get there. It does not address the root cause of the problem.
1086	Erika Feresten: Truth, Dr. Marya!
1087	Allan Goetz: See Jo Freeman's, "The Tyranny of Structurlessness" for the evils of the commissions organization.
1088	Ellen Schwartz: I think Gerald's comments are good, to point out what a minority position his is. Commission please note: Gerald's rights will not be violated by the adoption of a single payer plan. He will get the same care as everyone, and for free.
1089	Susan Meyer: I agree with Rupa Marya
1090	Margaret Copi: Yes Rupa
1091	Allan Goetz: RUPA! RUPA!
1092	Dr Bill Honigman: @Rupa M: Thanks so much, can we please have you lead this commission altogether??
1093	Susan Mastrodemos: Thank you Commissioner Rupa! Speaking truth to power!
1094	Arla Ertz: So glad Rupa & Sandra are on this!
1095	Barbara Commins: Also need to know if CA endow holds investment in Health funds. Many non-profits do! This would be a conflict of issue.
1096	Gerald Rogan: Yes, I will get the same care as everyone else, low quality.
1097	Sierra McVicar: Gerald Rogan, ladies and gentlemen: https://roganconsulting.com/
1098	Sierra McVicar: I don't think he's worried about his rights being violated, I think he's here for a paycheck
1099	Joel Sarch: This still seems to me to be a group whose real charter is to buy Newsom time and even a way out of his commitment to health care for ALL. It always comes back to "community engagement" and focus groups to bring in all the anti-single-payer "community". Kudos to Rupa Marya, , but unfortunately, she does not represent the prevailing Commission spirit. *sigh*
1100	Maureen Cruise: Rupa rocks…literally. These endowments want to keep the status quo…with mini fixes for specific groups targeting specific problems …and keeping the horrible system in place. Instead of a solution for a a cure…Foundations provide band aids for cancer …refusing to sol=ve the problem because their income depends on not fixing the system
1101	Ellen Schwartz: I thought you were supposed to click on "yes" not "hand up" in the participant panel, to ask to speak.

Count	Name and Comment
1102	Dana Baker: Are you aware that people are dying lack of access while you continue to debate how to solicit community involvement? The majority of the world successfully and cost effectively use a single payer system, and the majority of Americans want a single payer system. This has been extremely disappointing.
1103	Betty Doumas-Toto: Rupa! Rupa! Rupa!
1104	Gerald Rogan: Don't shoot the messenger. Have we learned nothing?
1105	Susan Mastrodemos: Gerald, thank you for participating and being a good sport.
1106	Tracey Rattray: I suggest that Topics for community meetings include questions about what participants feel they need to stay healthy. Topics such as access to healthy, affordable food, adequate housing and jobs that pay a living wage will likely arise and could inform your plans for health care reform. Whole Person Care, which has been well funded by the state, is based on the premise that CA residents have a myriad of unmet social needs that impact their health and drive high health care costs.
1107	Danett Abbott: @Rupa so powerful and thank you for cutting through the BS!!
1108	Hal Goldfarb: God forbid Gerald gets WORSE quality health care than someone else... It's OK the way it is now, where he gets BETTER health care even though others don't get GOOD health care, or in some cases, not any.
1109	Susan Mastrodemos: Hal don't pick on the person. Deal with the ideas.
1110	Hal Goldfarb: Gerald -- listen to these people -- you will get your health care. Mine will improve dramatically.
1111	Kathy Dunn: Healthcare is not going to be “free” with single payor. We will all pay for it somehow…either by taxes, withholding pay, etc. etc. That does not negate the need for universal health care but determining who holds the purse strings (as Big Insurance does now) is the crux of the matter.
1112	Hal Goldfarb: I am dealing with the ideas -- his ideas are based on misgotten notions of single payer.
1113	Randy Hicks: They have this commission but they are doing other stuff to under mine too
1114	Betty Doumas-Toto: You must talk to the Least of Us, put them first.
1115	Susan Mastrodemos: You are addressinig him personally and that in unkindis
1116	Nina Eliasoph: Bigger question: if you ask people about a problem, they answer it within the world with which they are familiar: for-profit health care. There are lots of studies of interview methods that show this: people try to say things that they think will look “realistic.”
1117	Ellen Schwartz: free at the point of service. Taxes equitably levied.
1118	Patty Harvey: “Do this for the LEAST of mine . . .”
1119	Lynn Huidekoper: Why do we need to waste time having focus groups and their feedback. We know that we are having health care crisis. This is an urgent situation. We need Single Payer NOW!! Thanks to Rupa for exposing the membership of the Commission! This whole process is ridiculous! A SHAM!
1120	Erika Feresten: Will the commissioners be on til 6pm or are they leaving?
1121	Hal Goldfarb: @Ellen Schwartz: Which begs the question of a fair tax system. The curren tone favors the wealthy.
1122	Nina Eliasoph: How did people get on the list? I click “raise hand” but I’m not on the list.

Count	Name and Comment
1123	GORDON MILLER: Alice Chen - People with money are heard! It’s the rest of us who aren’t.
1124	Gerald Rogan: We spend 18% of GDP on medical care, Enough already. We can do better but it will be painful to some. Single payer is not the way. There are better solutions including better peer review, post market surveillance, fraud mitigation, reviewing reimbursement rates, drug price negotiation, patient responsibility, social factors that affect health outcomes, etc.
1125	Eric Vance: I’m a lead organizer for Healthy California Now coalition — we met with Dr. Chen before the Commission was formed, some of our recommendations for appointees were matched by the Governor and Legislature, and is a statewide, non-partisan coalition of community, consumer, labor, health, disability, LGBTQ, business, and political organizations — please collaborate with us for these community engagement events. https://healthyca.org/get-involved/
1126	Joel Sarch: I think we need to leave here with reduced hopes the Commission, and renew our external efforts to press for Single Pqyer. Perhaps this should begin by having people change their Democratic Party registration to No Party Preference.
1127	Paul Newman: Insurance companies are there for profit
1128	Allan Goetz: Single Payer, what do you propose?
1129	Gerald Rogan: Yes, insurance companies don't do health care. They pay claims. Somebody must distribute the money to providers. Who else?
1130	Kalkidan Alemayehu: YESSS Mr. Stompe
1131	Susan Mastrodemos: Read the PERI report!!!! Commissioners need to do their homework
1132	Hal Goldfarb: Or, @Joel Sarch, maybe a new political party? NPP will not get any legislation though Congress or the state house.
1133	Craig Simmons: This is Craig Simmons feeling left out.
1134	Erika Feresten: Exactly Brian! @commission educate yourselves and read the Peri report!
1135	Erika Feresten: Yahooooooo PNHP!!!!!!
1136	Gerald Rogan: Most large insurers are third party administrators, not indemnifiers.
1137	Kathy Dunn: The average sole practitioner physician pays $80,000 per year for employees who do nothing but bill insurance companies, file appeals, etc.
1138	Allan Goetz: $37.5 Billion PER YEAR. After ten years it adds up to real money.
1139	Michelle Grisat: Yes, a loaded question!
1140	Michelle Sood: Thank you to everyone making public comments.
1141	Ellen Karel: Agree with Kathleen Healey!! Get rid of loaded questions.
1142	Eric Vance: For those in the chat unfamiliar with Healthy California Now, we’ve posted the Commission’s schedule on our Get Involved page — please join us to strategize responses https://healthyca.org/get-involved/healthy-california-for-all-commission-2020-schedule/
1143	Susan Mastrodemos: All the questions on page 33 are loaded questions.
1144	Allan Goetz: PNHP, PNHP!
1145	Randy Hicks: Thank you Eric
1146	Paul Newman: Healthcareforall-la.org
1147	Hal Goldfarb: Thanks Eric. Will do.

Count	Name and Comment
1148	Danett Abbott: @Kathy, exactly! Administrative costs are out of control!
1149	Hal Goldfarb: @Allan Goetz, I've done the PNHP thing. They are not much better in reality, sadly.
1150	Paul Newman: Its like medicare for all.
1151	Erika Feresten: Thank you, for calling out how the questionnaire is designed to oppose single payer health care, Ms. Healy
1152	Sierra McVicar: Thank you Eric. Good to know!
1153	Patty Harvey: Yeah, just like “non-profit” hospitals!
1154	Maureen Cruise: The $7 ,000 public contribution part of the total per capita cost for US health care is already far more than the entire $4,000 per capita cost in other countries . What the public treasury already provides is being stripped of funds by for profit administration On top f the public funds is another $4,000 in out of pocket costs on top of the $7,000. And we don’t’ cover everyone, we deny care and we are #1 in preventable deaths and #1 in preventable disability. This is criminal.
1155	Peter Shapiro: The question is indeed loaded. You don't have a universal system that people opt out of. Either you want a universal system or you don't. I thought the charge of this commission was to find a way to accomplish it.
1156	Michael Lighty: Good point Kathleen. Particularly in the context of the Supreme Court decision that employers decide on coverage of contraception, the concept of “optional” can be undermined without any individual knowledge or choice.
1157	Gerald Rogan: Medi-Cal spends a lot of money employing reportedly 900 people to provide prior authorization for the contract drug list. Can it become more efficient?
1158	Cindy Young: Love you Susan Meyer!
1159	Paul Newman: YeY!
1160	Erika Feresten: Yes, Susan Meyer!
1161	Randy Hicks: 30 percent go to administration
1162	Allan Goetz: https://open-evidence.com/area/public-policies-and-egovernment/ is now studying how to improve UECD healthcare. Maybe we should take a look.
1163	Randy Hicks: See all those fancy offices
1164	Susan Mastrodemos: YAY for Susan Meyer
1165	Sierra McVicar: Gerald how much are you getting paid for this?
1166	Allan Goetz: SINGLE PAYER!
1167	Dana Baker: Thank you susan
1168	Michael Lighty: Private insurance companies add no value.
1169	WINCHELL DILLENBECK: Time for a unified payment schedule for equal support for consumers and providers.
1170	Sierra McVicar: Thank you Susan!
1171	Craig Simmons: Single payer now, not in 6 months.
1172	Dr Bill Honigman: @Susan: 100% agree!!!!!!!!!!!!!
1173	Maureen Cruise: Yes! Reverse mortgage is used to get health care for seniors so they can live a bit longer.
1174	Erika Feresten: Go Lighty!
1175	Paul Newman: Thank you Maureen!

Count	Name and Comment
1176	Allan Goetz: There seems to be a discontinuity between the public and the commission. Why is that.
1177	Chuck Walker Sr: Good job, Susan!
1178	Allan Goetz: DEBORAH!
1179	Danett Abbott: Why are we still discussing this when all the research and other country's positive experience with M4A is all you need to know! Single Payer now!!
1180	Betty Doumas-Toto: LOL the Road Map left out the Human Road Kill…
1181	Hal Goldfarb: @Allan Goetz, how did THEY get selected -- maybe ties or connections to the Calif DP?
1182	WINCHELL DILLENBECK: ACA is not an equal access program.,
1183	Michelle Grisat: Write the bill!
1184	Eric Vance: Oh, and Michael Lighty, co-author of SB 562, serves on Healthy California Now's Board of Directors. So there's that! ;)
1185	Randy Hicks: Commission has good coverage why some others dont
1186	Allan Goetz: SINGLE PAYER!
1187	Barbara Commins: CA Endowment holds investments and how much of it is in Health stocks. Is this a conflict of interest. https://www.calendow.org/wp-content/uploads/TCE-2018-Final-Financials-Signed.pdf
1188	Michelle Grisat: That's what you do tomorrow.
1189	WINCHELL DILLENBECK: Stop talking about what we need and let us move towards it.
1190	James S: The questions I've seen are 1) Do you want FREE healthcare? - Crowd: YES. 2) Are you willing to submit to MASSIVE tax increases to pay for it? CROWD: NO This is how biased questionnaires work.
1191	Michelle Grisat: The day after that pass the bill.
1192	Michelle Grisat: And so on.
1193	Margaret Copi: Yes, Deb LeVeen - we should implement the CAPA road map TODAY while we are designing the single payer system
1194	Betty Doumas-Toto: Yes Dr. Bill Honigman!!
1195	Lynn Huidekoper: Yay, Bill!!
1196	Susan Mastrodemos: Yes Dr Bill
1197	Randy Hicks: It's t set up
1198	Danett Abbott: GO Dr. Bill!!!
1199	Margaret Copi: GO Bill
1200	Susan Mastrodemos: Weekly meetings!
1201	Nina Eliasoph: yes, dr. Bill!!
1202	Paul Newman: Yea DR.BILL!
1203	Barbara Commins: Good going, Dr. Bill!
1204	Allan Goetz: There is no FREE healthcare, but there is better lower cost healthcare.
1205	Randy Hicks: It's a set up
1206	Kathy Dunn: Hooray Dr. Honigman!
1207	Betty Doumas-Toto: CaPa Road Map = Human Road Kill!

Count	Name and Comment
1208	Betty Doumas-Toto: CaPa Road Map = Human Road Kill!
1209	Betty Doumas-Toto: CaPa Road Map = Human Road Kill!
1210	Gerald Rogan: Yes, Medicare patients under fee for service have few restrictions compared to those who are insured under PPOs. PPOs are more empowered to control waste. Medicare spends a lot of money on unnecessary tests ordered by docs, such as MRIs and CT scans, some of which are self-referred.. The total is about 30% of the bill (reference MedPAC) which, in part, drives the Part B premium. The devil is in the details.
1211	Erika Feresten: The reason why CaPa's road map is on par with this commission is b/c it was devised by Tarzynski, Wright and Wood to oppose single payer and support a public option which supports health insurance industry profits .
1212	Kathleen Healey: Thank you, Bill!
1213	Allan Goetz: The state bank would collect the payroll tax and dispurse it.
1214	Sierra McVicar: Gerald, once again, how much are you getting paid for this?
1215	Erika Feresten: Thank you, Dr. Bill!
1216	Paul Newman: A Universal Basic Income
1217	Margaret Copi: Craig Simmons - Don't just tax the workers, tax the superwealthy - owners and investors - Tax financial transactions and then add a progress income tax surcharge.
1218	Michael Lighty: The COVID_19 pandemic has shown that an incremental approach as CAPA advocates that attempts to build on the tiered system of public managed care plans, and private plans that restrict providers, institute high co-pays and deductibles and base coverage on employment is a dead end.
1219	Paul Newman: Its part of the equation.
1220	Randy Hicks: Yes Paul Newman
1221	Gerald Rogan: Nothing, No one pays me to attempt to make our medical care system better. How about you?
1222	Maureen Cruise: I read that report. CaPA road map keeps the profits siphoned away delivery of care. it requires about 41 legislative fixes and has no time line. it promotes keeping insurance in the system extracting profits and keeping insurance controlling access to care. it suggests "regulating" the for profit insurance. read it and care it to an actual single payer system As i said before CaPA signed onto the healthy CAcampaign and one month later was meeting with Assm Wood and health Access to create a roadmap to PUBIC OPTION.pretending to be single payer and promoting public option…keeping the insurance industry profiting.
1223	Stephen Tarzynski: Waiting to see your road map,. Michael Lighty.
1224	Dana Baker: Thank you, Anthony
1225	Erika Feresten: Thank you, Mr. Sowry!
1226	Michelle Sood: People travel out of the country for medical and dental care.
1227	Maureen Cruise: SB562 is the Way It is the road map
1228	Ellen Karel: Deborah LeVeen, we can certainly help people today—and in fact, as you have said, we have been doing it all along with incremental steps. Unfortunately, the millions of people who are today stressed, sick, dying, and going bankrupt need help faster than incremental steps can provide. It's time—we

Count	Name and Comment
	are long overdue— for the transition to single payer; that's why so many people are clamoring for it.
1229	Kathy Dunn: Gerald, I can bet you are not personally on Medicare. PPOs and HMOs make a profit out of Medicare Advantage plans, and they severely limit your own choice for selecting providers, hospitals, clinics, and other services that the consumer has.
1230	Hal Goldfarb: Gerald doesn't benefit by being a slave to some PAC or another. No, he benefits by having health care that is better than the rest of us because he can afford it, or got it through his good-paying job.
1231	Paul Newman: Thank you Mr.Sowry
1232	Betty Doumas-Toto: Patient not consumer though but I get you..
1233	Michael Lighty: You've seen it Steve T.
1234	Sierra McVicar: Oh so Gerald, you're not a paid consultant as your website indicates, whose "clients include publicly traded medical device and pharmaceutical companies, solo and physician group practices, start-up companies, diagnostic service providers, medical investment firms, law firms, other advisory firms, formal advisory panels, and law enforcement"?
1235	Betty Doumas-Toto: Nina!
1236	Allan Goetz: Anthony speaks the well known. The attacks on the Single Payer/Medicare for all is an attack on the disadvantaged classes.
1237	Lynn Huidekoper: Thanks, Dr. Sowry!
1238	Stephen Tarzynski: SB 562 was a good start but it has deficiencies that need to be addressed.
1239	Dr Bill Honigman: @Commission: Sorry, but unless the incremental step is setting in place the Single Payer system, we the people of California are not interested.
1240	Betty Doumas-Toto: Nina Eliasoph!
1241	Betty Doumas-Toto: Or experienced it....
1242	Margaret Copi: Or use sanders-jayapal bill. Or Kuell bill 1040. So many existing efforts to draw upon. No need to reinvent the wheel over and over .
1243	Kari Khoury: exactly!
1244	Betty Doumas-Toto: Yes second guess it yes
1245	Erika Feresten: Exactly, Nina!
1246	Gerald Rogan: We need a better way to adjudicate Medical Malpractice claims. UK has a better process. The UK method will reduce a physicians perception there is a need to test to offset the risk of a claim for negligence.
1247	Betty Doumas-Toto: Yes Nina
1248	Susan Mastrodemos: The questions on page 33 are not good
1249	Ann Harvey: I have been a member of CaPA since the 1980's. I believe its members are sincere supporters of single payer. However, I believe thenCaPA Roadmap has a fatal flaw. The first steps INCREASE the reach and resources of the private health insurance industry, while somehow in the last step the state is supposed to miraculously be able to pull the rug out under these even richer and more powerful corporations. We should not be causing everybody to have insurance, much of it private, thus increasing the resources and power of that industry, and imagine we are on the road to removing the sector.

Count	Name and Comment
1250	Cheng-Sim Lim: Nina is right!
1251	Paul Newman: Yea! Tell it Nina
1252	Melanie Liu: Yes thank you Nina!
1253	Erika Feresten: Go Sean!
1254	Linda Bassett: Nina is right!
1255	Kalkidan Alemayehu: Sean!!!!
1256	Linda Okamura: Nina !!
1257	Vicky Geaga: Ok, I'm slow on the uptake here- what information will these forums provide that we don't already know? Will reiterating what is known change policy? Are we trying to convince the Commission of something that has already been documented. Where can I see the Commission questions?
1258	James S: Hasn't already been litigated to be the most cost-effective payment option compared to other models? Why are we discussing which model to use rather than the steps to implementation?
1259	Linda Okamura: Sean!!
1260	Margaret Copi: Thank you Ann Harvey
1261	Allan Goetz: SEAN! SEAN!
1262	Linda Bassett: Yes, Sean!!!
1263	Paul Newman: Well said Sean
1264	Georgia Brewer: Thank you, Sean.
1265	Kari Khoury: yes!
1266	Kathy Dunn: Right on, Sean!
1267	Sierra McVicar: Thank you Sean!!!
1268	Betty Doumas-Toto: YES SEAN!!!!!
1269	Erika Feresten: Yesssssss, Sean!
1270	Betty Doumas-Toto: Yes Sean!!!!
1271	Kalkidan Alemayehu: *Snaps*
1272	Margaret Copi: Thank You Sean Broadbent
1273	Dr Bill Honigman: @Sean: Yesssssssssssssss
1274	Erika Feresten: We can hear you, Jenni!
1275	James S: Employer based care = indebted servitude for many.
1276	Nina Eliasoph: Yes sean!!
1277	Betty Doumas-Toto: Thank you Sean!
1278	Susan Mastrodemos: "Religious" employers should not be able to cherry pick what they want to pay for!!
1279	Linda Okamura: Jenni !!
1280	Hal Goldfarb: So this commission will go back to the Leg and tell them blah blah blah. But what will the Leg do? AGAIN! I am PUTTING the question: HOW will Single Payer become law?
1281	WINCHELL DILLENBECK: Employers decide your health plan now. Time to eliminate private insurers working with employers and let the consumer decide upon their own health care.
1282	Betty Doumas-Toto: Yes Jenni!!!!

Count	Name and Comment
1283	Nina Eliasoph: YES!!!!!!
1284	Lynn Huidekoper: Gerald, what group are you affiliated with?
1285	Betty Doumas-Toto: You go Jenni!
1286	James S: @Sean for President. You busy in November?
1287	Gerald Rogan: Employer sponsored care is an issue that requires discussion. Can we design a method to allow for portability with the same use of pre tax earnings?
1288	Linda Okamura: Jenni, yes!
1289	Betty Doumas-Toto: Yes Jenni tell it..
1290	Maureen Cruise: Read th CaPA Road Block …and Read SB562 and PERI study…do your homework. Compare them. England got their NHS in 6 months in a devastated indebted, war ravaged county with soup lines and all medical facilities having bomb damage. Their doctors opposed it, their prime minister opposed it, their conservative party opposed it. They got it and had it up and running within 6 months.
1291	Dr Bill Honigman: @Jenni C: Yes, we do see you Gov. Newsom and Speaker Rendon.
1292	Linda Bassett: Thank you Jenni!
1293	Gerald Rogan: Portability of coverage does not require single payer.
1294	Christine Shimizu: That is the problem with the ACA. Deborah Leveen did you hear what Sean B. said? Employers shouldn't decide what healthcare we get and so many people don't even have employers any more. ACA is totally depending on employer sponsored healthcare!
1295	Barbara Commins: Great statement, Jenni!!
1296	Cheng-Sim Lim: Yeah, Sean! Yeah, Jenni!
1297	Susan Mastrodemos: We see you Commissioners!
1298	James S: Employer based healthcare can be a job killer.
1299	Danett Abbott: Jenni!! AWESOME!!!
1300	GORDON MILLER: Lawsuits are a red herring used to distract people the real reason for ultra-costly and ineffective care - the profit-centric healthcare arrangements here in the USA. I have a hunch that people will be good and ready to deal with lawsuits once profits as a cost drive have been removed.
1301	Sierra McVicar: Jenni ROCKED it!
1302	Tish Ochoa: Thanks Maribel
1303	Hal Goldfarb: Single Payer does not require portability of coverage -- it's built in!
1304	Margaret Copi: Thank you Maribel Nunez
1305	Betty Doumas-Toto: Thank you Maribel!
1306	Michael Lighty: Nicely said Jenni!
1307	Chuck Walker Sr: You tell em Jenni
1308	Michael Lighty: Thank you Maribel!
1309	Paul Newman: The consensus is overwhelmingly for Single-Payer Healthcare. What more do you want.
1310	Eric Vance: All these passionate people demanding single-payer… it does my heart good

Count	Name and Comment
1311	Georgia Brewer: Thank you, Paula Catbagan!
1312	Betty Doumas-Toto: Thank you Paula!
1313	Maureen Cruise: The road BEGINS with legislation establishing a single payer system …then we work to make it happen Public Citizen has a great point by point "How states Can Escape the Clutches of the Private health Insurance System July 2013 and an updated oe in 2019
1314	Dr Bill Honigman: @Everyone: So proud to be with fellow advocates for #HealthcareJustice. Once again we are speaking truth to power. Onward with #SinglePayer expanded and improved #MedicareForAll, for CA and the nation.
1315	Allan Goetz: The NNU's need to be brought in! Nureses on hospital boards.
1316	WINCHELL DILLENBECK: The Public has spoken. Single Payer now!!!
1317	Sierra McVicar: Lynn Huidekoper, Gerald Rogan isn't with any group here, he's a paid consultant whose "clients include publicly traded medical device and pharmaceutical companies, solo and physician group practices, start-up companies, diagnostic service providers, medical investment firms, law firms, other advisory firms, formal advisory panels, and law enforcement." https://roganconsulting.com/about/
1318	Hal Goldfarb: @Maureen Cruise: That's all done. There are numerous bills in Congress and the CA Leg.
1319	Kari Khoury: absolutely!
1320	Kalkidan Alemayehu: YES HENRY!!!!
1321	Betty Doumas-Toto: Yes Hank! We need that transparency!
1322	Michael Lighty: Good point
1323	Paul Newman: Henry! Tell it
1324	Susan Mastrodemos: I was looking at https://healthyca.org/get-involved/healthy-california-for-all-commission-2020-schedule/ and it appears that the commission missed all their goals for 2019. They were supposed to discuss August — FinancingSeptember — Provider PaymentOctober — Role, if any, for Intermediary OrganizationsNovember — Eligibility, Covered Benefits, and Patient Cost SharingDecember — Governance and Cost Containment
1325	Kari Khoury: Transparency!
1326	Georgia Brewer: Yes, Hank!
1327	Eric Vance: Yes, Dr. Abrons! We need full transparency the Commission.
1328	Kathleen Healey: Thank you, Hank!
1329	Sierra McVicar: Excellent Hank!
1330	Patty Harvey: Rogan the Grogan.
1331	James S: Can you name one country in the developed world that's gone bankrupt due to their SP healthcare systems?
1332	Maureen Cruise: Yay Jenni…to the point. Yay Dr. Bill, Yay Hank…so important FOLLOW THE MONEY…it must be published
1333	Erika Feresten: Jenni Chang, said it! This reflects on Newsom. Newsom, be a leader and stop this commission nonsense. There have been enough studies. 85 percent of CA Dems want single-payer and over 70% of Californians want it. You have a Dem super majority, nothing is standing in your way. Lead this state and this country by saving lives and money!
1334	Erika Feresten: Go Joel!

Count	Name and Comment
1335	Nina Eliasoph: Yes, Single Payer advocates! It sort of re-establishes my faith in humanity.
1336	Danett Abbott: GO Erika and Jenni!!! You ladies are on fire
1337	Linda Okamura: yes!! it used to be illegal, thank you Nixon
1338	Gerald Rogan: Employers who self-ensure decide the benefit package so long as it meets ACA. How this works under ERISA is unclear to me. This issue should be explored. Portability for all is more doable than single payer, and will not disenfranchise Medicare beneficiaries. None of my clients know I am on this call. I have no conflict or interest. To make it illegal to make a profit healthcare will mean no physician can owns his/her own practice. BAD IDEA.
1339	Paul Newman: Right solid on Erika!
1340	Margaret Copi: Commissioners there are so many actual experts, please consult the Healthy California Now Coalition, we're here to help!
1341	Randy Hicks: Make health care public right
1342	Jeffery Tardaguila: thanks leaving for another Zoom
1343	Nina Eliasoph: Yes, Ellen! ACA was expensive
1344	Hal Goldfarb: bye Jeffery
1345	Dr Bill Honigman: @Erika: 100% agree, thanks!!!!
1346	Susan Mastrodemos: Copays and deductibles are EVIL
1347	Sean Broadbent: Thank you Ellen!!
1348	Linda Okamura: ACA prices keeps going up and up !!
1349	Phillip Kim: Working class people are struggling. Millions have lost their jobs and their insurance. Millions of other can't afford to use their insurance because of copayments and deductibles. Meanwhile, the employer class is laughing all the way to the bank. Insurance companies and the profit motive are the problem. They are drain on society and they serve no useful purpose with regard to public health or patient care. Do the right thing! Single payer now.
1350	Allan Goetz: The ACA just maintains the Private Healthcare Cartel care and uses its chargemaster.
1351	Maureen Cruise: Yes Joel that is it in a nutshell. NEWSOM needs to be targeted as he campaigned and PROMISED EXPLICITELY to" lean in" He said he would be the governor to get us single payer. Got amnesia after the elction. We need to get him "woke"
1352	Susan Mastrodemos: No annual cap, no lifetime cap
1353	Sean Broadbent: 79 percent of physicians believe that high health insurance deductibles are a key driver of patients' cost concerns. 80 percent of physicians believe their patients often or sometimes refuse or delay care due to cost concerns.
1354	Sierra McVicar: "None of my clients know I am on this call" — sure, Gerald. Sure.
1355	Erika Feresten: Thank you, Ellen!
1356	Michael Lighty: More good points Sean.
1357	Sierra McVicar: Thank you Ellen!!!
1358	Margaret Copi: Copays and deductibles end up costing the system more due to delays in seeking needed care.
1359	Barbara Commins: Good comment, Joel!!

Count	Name and Comment
1360	Betty Doumas-Toto: CRAZY!!
1361	Susan Mastrodemos: Crying right now.
1362	Michael Lighty: Reality check Jessica, thank you!
1363	Kathleen Healey: Just so very wrong...
1364	Sean Broadbent: Incredible injustice the Wealthcare System
1365	Betty Doumas-Toto: OmG this is the kind of voice we need!!!
1366	Nina Eliasoph: Yes, Jessica!!
1367	Margaret Copi: Jessica Peregrina, thank you for sharing your personal healthcare tragedy. I'm so sorry for your terrible costs.
1368	Dr Bill Honigman: @Jessica P: Absolutely, 100% agree. Thanks so much!!!
1369	Gerald Rogan: If the emergency room is free for all, will it be overwhelmed with minor problems so that really sick people are forced to wait? When I worked in the ED as an Emergency Doc, 80% of my patients could have gone to an urgent care. So I opened one, left the ED and provided care at 1/5th the cost as the ED for the same problems.
1370	Barbara Commins: Thank you Jessica!!
1371	Maribel Nunez: We are with you Jessica!
1372	Danett Abbott: Thank you Jessica!!!
1373	Allan Goetz: NEWSOM, TONI ATKINS, and Ed Hernandez are all silent on Single Payer. Anthony Rendon is openly hostile. Where is our champion.
1374	James S: CAn't wait to see health insurance premiums in 2021. Commercial insurance is designed for you NOT to use the system.
1375	Sean Broadbent: Powerful testimony Jessica
1376	Craig Simmons: It's about survival.
1377	Sierra McVicar: Wow Jessica. Thank you for coming forward with that.
1378	Eric Vance: If Michael Lighty is in the queue, please let him on!
1379	Betty Doumas-Toto: Yes Jessica we need you to testify.
1380	Cheng-Sim Lim: Jessica!
1381	Erika Feresten: Jessica, thank you for taking the time to be here today and speak. Your voice is so important. Sending you and your family much love.
1382	Maureen Cruise: Jessica…love to you. Besides your $25,000 you are paying in taxes. Healthcare charges are unregulated they charge whatever they want…it does not reflect the cost of services …only the ability to charge the sky with no reurcussions. This destroys the entire CA economy
1383	Allan Goetz: Mulitpoly by 1 million and you have a good understanding of Healthcare Cartel care.
1384	Gerald Rogan: Copayments reduce unnecessary demand for service. Eliminating them is a BAD IDEA.
1385	Georgia Brewer: Thank you, Jessica! My premiums are over $10,000 a year with a $7,000 deductible. It's too much, who can afford this?
1386	Paul Newman: Gerald the ER is already overcrowded
1387	Randy Hicks: Pre exist conditions make come back
1388	Barbara Commins: $$$ taken by CA officeholders https://www.followthemoney.org/show-me?dt=1&law-s=CA&law-y=2020&d-et=3&d-ccg=8&d-ccb=128,127,126#[{1|gro=law-eid

Count	Name and Comment
1389	Gerald Rogan: Georgia Exactly. Too much. Single payer will not solve the problem.
1390	Margaret Copi: Gerald you need to look at actual data. You are incorrect about cost shares
1391	Michelle Grisat: Copayments reduce necessary demand for care, too.
1392	daniella salzman: How about asking this question during the focus groups: How would you feel if everyone in your family, everyone in your community, everyone in your state, could get the healthcare they need when they need it? No co-pays, no deductibles, no questions. That is Single Payer.
1393	Danett Abbott: Just ignore Gerald.
1394	Maureen Cruise: 20% of all middle class that end up below the poverty line end up there due to medical debt. In single payer there is no such thing as medical debt.
1395	Erika Feresten: Preach Francis Li!
1396	Dr Bill Honigman: Like climate, war, and poverty. Healthcare is an existential threat for everyone of us. COVID19 is proof. It's not about right vs left, it's about right vs wrong. It's about life liberty and the pursuit of happiness, now, right now!!!
1397	Susan Mastrodemos: Gerald there should not be disincentives to seek service. People should have their primary care, have thier symptoms addressed.
1398	Eric Vance: Thank you, Daniella! Great comment!
1399	Nina Eliasoph: Yes, Francis! Lots of studies show this!
1400	Margaret Copi: Agree Francis Li
1401	Erika Feresten: Agree about ignoring Gerald.
1402	Vicky Geaga: Thank you Jessica for sharing your story. I'm a school nurse and it's a story so many across the board.
1403	WINCHELL DILLENBECK: Even monthly meetings are taking far too long to make a decision and implement as we have discovered that the system is flawed. We need full time work to implement a new system, Single Payer.
1404	Paul Newman: Well said Francis
1405	Betty Doumas-Toto: GTG….
1406	Barbara Commins: Thank you, Francis!!!!!
1407	James S: Copayment disincentivize medical care. SP is not an open bar where patients can demands any treatment they want. If there is no medical need it will be denied.
1408	Susan Mastrodemos: What has the Commission been doing for the past year?
1409	Dana Baker: Good question susan
1410	Gerald Rogan: A small copayment, less than the cost of an haircut is not a problem for most. The rest are on Medi-Cal.
1411	Maureen Cruise: Families, Entire commuities, businesses , neighborhoods , entrepreneurs would all thrive when the hike of outrageous medical costs is removed
1412	Margaret Copi: Medi -cal has copays now.
1413	Vicky Geaga: And MediCal is substandard.
1414	Margaret Copi: yes
1415	Kalkidan Alemayehu: Unfortunately we needed a pandemic for this commission to do it job

Count	Name and Comment
1416	Dana Baker: Any commissioners want to address single payer?
1417	Gerald Rogan: My comments are based on my best understanding of the data I have reviewed.
1418	Patty Harvey: Bu will they????
1419	Dr Bill Honigman: @Caroline S: Focus on this. People are dying, right now, who don't need to be. We need action now, right now!!
1420	Maureen Cruise: The YOKE of medical costs medical debt creates a sharecropper life for everyone
1421	Nina Eliasoph: Caroline: interesting reflections but we already knew that a lot of people stigmatize public aid. It's not something we need a new research project of focus groups to discover.
1422	Kathy Dunn: If people had access to primary care when needed, with no co-pay/deductible, they would not overwhelm EDs with non-emergency care needs. This has been proven in any country that has implemented universal, single payor health care.
1423	Kalkidan Alemayehu: Right @Patty, I guess we'll see
1424	Erika Feresten: Gratitude to Dr. Mayra, Consti and Hsaio
1425	James S: Some Nordic countries have a small copayment for DRUGS - $20-$30 to keep the system liquid/ Removing these do not lead to greater drug use.
1426	Patty Harvey: April Fishes forever!
1427	Eric Vance: Please bookmark https://healthyca.org/get-involved/ for easy schedule of Commission hearing and topics, and please join us — direct link https://healthyca.org/get-involved/healthy-california-for-all-commission-2020-schedule/ for
1428	Gerald Rogan: I like the chat box but is goes so fast I cannot address all the comments. Anyone call contact me for additional discussion.
1429	Kari Khoury: CA residents WANT single payer, we gave Bernie Sanders our vote and he won the state

Count of verbal comments: 33
Count of email comments: 79
Count of Zoom Chat comments: 1,429
Total count of public comments: 1,541