

Dear Commissioners:

I deeply appreciate Commissioner Carmen Comsti's extensive review of the Environmental Analysis at: <https://www.nationalnursesunited.org/hcfacomment>. I agree with the commissioner's meticulous response and will let her speak for me and other single-payer advocates regarding the details she discusses. I hope every Commissioner has an opportunity to read and reflect on the matters she has addressed.

I feel the report does a relatively good job of naming the main structural problems inherent in the status quo, those which have prompted the call for unified financing. However, I am shocked at the lack of urgency in the report considering the millions who continue to suffer grave physical, mental, and financial distress every single day. I also object to what I see as an emphasis on coverage versus care and the underplaying of problems associated with underinsurance in general and employer-based plans specifically.

1) Perceived bias in the report. It strikes me that a number of issues that Ms. Comsti cites are red flags pointing to assumptions, fears, and biases that add up to an argument against planning at this time for a possible transition to a single payer system. The perceived obstacles to single payer are stressed while a potpourri of suggested approaches to mitigating problems in cost and coverage are generally presented as valid investments of time, energy, and money.

2) Perceived bias among consultants. It is important to note that the lead consultants to the Commission previously served the Select Committee on Health Care Delivery Systems and Universal Care in the 2017--2018 legislative session. The committee was formed after the shelving of single payer bill SB 562. A fact-filled and well-received presentation on single payer by Michael Lighty and Robert Pollin took place during the committee's last hearing. All questions—probing and pointed—were satisfactorily answered. Despite this, the consultants in their report dismissed single payer as being too “disruptive”, an assertion that is now reappearing. The committee report is at: https://healthcare.assembly.ca.gov/sites/healthcare.assembly.ca.gov/files/Report%20Final%203_13_18.pdf

At one of the first sessions of this Commission, it was stated that interviews with commissioners revealed that a small number favored what was characterized as a “big leap” to single payer, while the majority were inclined toward “bold steps” to improve health care in the state. The words, bold steps, to characterize efforts to improve care (but not necessarily deliver care incorporating all the criteria accepted by this Commission) are used by the Insure the Uninsured Project, in which a lead consultant for this Commission plays an important role.

3) Let's hear from Dr. Hsiao. Planning for a single payer system is an explicit part of the Commission's charge. A world-renowned single payer expert sits on this panel. I sincerely hope we will all have the opportunity to learn from him.

The report indicates a subsequent report will address design features and other aspects of unified financing. I wanted to bring up concerns about an anti-single payer bias to make sure that this approach is fairly presented in the future.

In conclusion, I absolutely recognize and respect the expertise, experience, and integrity of all members of the Commission, including ex-officio members, and the entire consulting team. What I observe is that there is an abundance of experience among these experts in the development, implementation, and defense of the Affordable Care Act. We know how much this reform has meant to millions of Americans. It is completely understandable that those who have worked so hard to make the ACA work so well in California would be partial to building on what they have created and developed.

At the same time, we knew in advance that this compromise would further entrench profit-driven stakeholders while falling short of achieving our ultimate goal of guaranteed comprehensive health care for all. We are now facing the difficult, many would say daunting, task of transitioning to a system that resembles what the rest of the developed countries in the world have. California can and must be a leader in this endeavor. The longer we wait, the harder it will be. Please open hearts and minds and focus on a patient-centered model that we can be proud of and content with.

Thank you.

Ellen Karel
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