

## **Introduction to History of California Single Payer Legislation & Movement: 1997-2022**

**Dan Hodges (dmhodes@pacbell.net)**

My history of single payer legislation in California begins in 1997, even though there were single payer bills introduced in the early 1990s, before the failed single payer ballot initiative (Prop. 186) in 1994. The reason for this start-date is that there was discontinuity between the efforts for single payer in the early '90s and the one that was launched in the late '90s. For example, there was no consistent (much less sizeable) grassroots single payer movement for the legislation in the early '90s. As this history describes, such a movement only developed after the late '90s. That is, the campaign that began in the late '90s has continued to the present day. There may not always have been a single payer bill active in the state legislature every year since 1998, but there has been a continuous pro-single payer movement since then. Similarly, there may have been changes in the names and structures of pro-single payer coalitions over the years, but there has been consistency of membership by many organizations in whatever was the current coalition, as well as new organizations continually joining. Accordingly, this history isn't only about single payer bills, it is also about California's single payer movement. I began it in 2006, and I have updated it ever since. As new key events occur, I will continue to revise it.

Dan Hodges was an activist in the Proposition 186 single payer ballot initiative campaign (1994); co-founder of Health Care for All – California (1995); organizer of HCA's June 1997 strategy meeting; editor of HCA's newsletter, *One for All* (1996-2001); chair of HCA's board of directors (1998-2010); initiator of HCA's website, [www.healthcareforall.org](http://www.healthcareforall.org) (1998); one of the "Pelosi 12" (2009); initiator of the flyer distributed at the Democratic State Convention against six sell-out Senators of SB 810 (2012); co-founder of the Single Payer PAC (2015); initiator of the state's first coalition of pro-single payer advocacy organizations and labor unions, the State Strategy Group (2005-2011); and representative of HCA in the following successor coalitions: Campaign for a Healthy California (2011-2013), AllCare Alliance (2013-2016), Healthy California Campaign (2016-2017), and Healthy California Now (2018-present).



# HISTORY OF CALIFORNIA SINGLE PAYER LEGISLATION & MOVEMENT: 1997-2022

By Dan Hodges / Health Care for All – California (HCA)

1997 In June, HCA members at a strategy meeting in Berkeley agree that: (1) HCA will draft a single payer bill to be introduced in 1998; and (2) HCA will support introduction of a bill requiring the Legislature to convene “a blue-ribbon panel” to conduct a study of methods to provide universal health care.

1998 In January, HCA recruits Sen. Barbara Lee as author of their bill. However, after Congressman Ron Dellums abruptly announces his retirement, he endorses Lee, his long-term aide, for the special election to replace him. HCA follows Lee’s advice and recruits Sen. Diane Watson to be the second author. The bill is introduced as SB 2123, the Cal-Care Health Insurance Act. The system would be administered by a 15-member Commission, eight elected (from regions) and seven appointed (two each by the Governor, Senate President and Assembly Speaker, one by the Controller). Each “service region” would be administered by a regional administrator, appointed by the commission. Although exact rates are not cited, key features about financing the system are described, such as income, payroll and tobacco taxes.

HCA initiates a statewide campaign to pass SB 2123. When it is heard in the Senate Health Committee, which Sen. Watson chairs, Sen. John Vasconcellos recommends amending (gutting) the bill so that, instead, it “would require the Legislative Analyst to undertake a study of methods to organize and finance a system of universal health care...[with]...the results of the study to be reported to the Legislature by April 1, 1999.” As amended, SB 2123 passes the Health Committee. However, it is not heard by any other committee, and it dies, without any coauthors.

HCA is principally responsible for drafting Senate Concurrent Resolution 100, which is introduced by Sen. Watson. It “would create the Joint Select Committee on Universal Health Access to conduct a study regarding health care financing options that will consider and compare alternative financing systems to achieve the goal of universal health care” according to ten criteria. It “would declare the intent of the Legislature to seek funding from charitable foundations, as necessary, to develop the information described in this measure in time to assist the 1999-2000 Regular Session of the Legislature deliberations regarding health care financing policy.” Senate President, John Burton, authorizes it, and Democratic leaders of both houses support it, but no action is taken. The coauthor is Sen. Hilda Solis. (Oakland Tribune, December 3, 1998: Op-ed by DH presents why single payer advanced in the Legislature in 1998, and how the results of a forthcoming state study of methods to provide universal health care will be used to draft new single payer legislation.)



To see the text of every amended version of every bill in this document, click <http://leginfo.ca.gov/bilinfo.html>, select the two-year legislative session, enter the bill number, and click Search. To see how legislators voted in every committee or floor vote, after 1997-1998, click <http://leginfo.legislature.ca.gov/faces/billSearchClient.xhtml> and follow the same steps.

In this document, the author and coauthor of every bill is a Democrat. In every committee vote in the Senate or Assembly, as well as every floor vote in the Senate or Assembly, there is only support from Democrats. Although in a committee vote or a floor vote, not every Democrat votes in favor of a bill, there is no Republican that ever supports any bill in any vote.

1999 Lenny Goldberg, of Lenny Goldberg and Associates, drafts SB 480 and solicits HCA to join him to bring it to Sen. Solis. It requires: 1) a process for stakeholders to address the issues facing the state in providing universal health care; 2) a report from the California Health and Human Services Agency (CHHS) to the Legislature on the results of the process to examine the options for providing universal health care; and 3) enactment of universal health care for all California residents by a "date certain" (i.e., July 1, 2003).

HCA initiates a statewide campaign to pass SB 480. After the bill is amended to remove “date certain,” it passes the Senate committees of Health and Appropriations, the Senate, the Assembly committees of Health and Appropriations, and the Assembly. There is 1 Senate coauthor and 5 Assembly coauthors.

HCA initiates a statewide campaign to get Gov. Gray Davis to sign SB 480. Also, HCA works to have editorials and op-eds call on him to sign it, which he does on October 10, the last day possible.

- 2000 HCA garners support from leaders of the Senate and Assembly to establish a panel of national health care experts, the Universal Health Care Technical Advisory Committee. The UHCTAC meets to address three goals, which were identified by HCA: 1) to review the status of the study called for by SB 480, which was principally drafted by HCA; 2) evaluate different proposals for conducting the study; and 3) issue a report of recommendations.

The UHCTAC report has five recommendations, which were proposed by HCA: 1) the government should be the client for the study; 2) advocates of a particular model of universal health care should devise that model; 3) methods and assumptions used for the study should be transparent; 4) there should be competitive bidding by modelers; and 5) the 10 quality criteria in SCR 100 should be applied to each model (i.e., the criteria that were defined by HCA).

HCA initiates a statewide campaign to augment the budget so that the CHHS can implement SB 480. The Legislature approves \$600,000, but Gov. Davis only authorizes \$200,000.

HCA initiates a statewide campaign to have Gov. Davis apply for a federal grant from the Health Resources and Services Administration (HRSA) so that California can finance a comparative analysis of different models of universal health care. The funds would enable implementation of SB 480. Although the HRSA approves proposals from 20 states, its budget can only fund 11 of them. California is one of nine states that is not awarded a grant. HCA leads a statewide campaign to augment the federal budget. With support for the campaign from Congresswoman Nancy Pelosi, Congress increases the HRSA's budget by \$15 million. California's "Health Care Options Project" (HCOP) receives \$1.2 million.

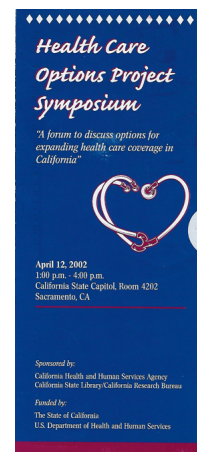
- 2001 HCA initiates a statewide campaign to guarantee full participation by representatives of the Legislature and health care stakeholders in the SB480/HCOP process as well as to have the CHHS utilize the recommendations of the UHCTAC report. The Senate and Assembly Budget subcommittees for Health, both of which support HCA's goals, hold hearings on the implementation of SB480/HCOP.

The CHHS creates the Advisory Group for the SB480/HCOP process. It consists of representatives from state and local governments, plus a broad range of health care stakeholders. The CHHS approves nine proposals for the study. There are three contributors of single payer universal health care proposals: Judy Spelman, RN, for HCA; Ellen Shaffer, PhD, MPH, for EQUAL Health Network; and James G. Kahn, MD, MPH. There are six additional proposals to increase health coverage as follows: public program expansions; employer and/or individual tax credits; subsidies and/or mandates; or a combination of these approaches. The CHHS contracts with The Lewin Group to analyze and compare the cost and coverage impacts of the nine proposals.

HCA initiates a statewide campaign to have the CHHS contract for an analysis to determine how well each of the nine proposals would satisfy health care quality measurements, how much each proposal would expand health care coverage, and how much each proposal's expansion of health care coverage would cost. Because of the campaign's success, the CHHS contracts with AZA Consulting to analyze the quality and access impacts of the proposals.

- 2002 The CHHS and the California State Library/California Research Bureau sponsor five public symposia, which are held in Fresno, Oakland, Manhattan Beach, and at the capitol (twice). At these symposia, the authors describe their respective proposals; and they make revisions based on public input. Also, representatives from The Lewin Group and AZA Consulting present the findings of their respective analyses.

On April 12, 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 [https://health-access.org/images/documents\\_other/health\\_care\\_options\\_project/hcop\\_hrsa\\_report.pdf](https://health-access.org/images/documents_other/health_care_options_project/hcop_hrsa_report.pdf)  
[https://health-access.org/images/documents\\_other/health\\_care\\_options\\_project/hcop\\_lewin\\_report.pdf](https://health-access.org/images/documents_other/health_care_options_project/hcop_lewin_report.pdf)  
[https://health-access.org/images/documents\\_other/health\\_care\\_options\\_project/hcop\\_aza\\_consulting\\_report.pdf](https://health-access.org/images/documents_other/health_care_options_project/hcop_aza_consulting_report.pdf)

On August 9, HCA hosts a meeting in Sacramento with over 50 representatives from a broad range of advocacy groups and unions. The attendees agree on three goals: 1) to have a single payer bill introduced in 2003; 2) to select a legislator as the author of the bill; and 3) to build a grassroots movement in support of the bill. HCA is given the responsibility to interview Senators and Assemblymembers to assess who should be the author of the bill. At the follow-up meeting in September, HCA recommends Sen. Sheila Kuehl, who had very persistently sought to be chosen. HCA's recommendation is unanimously accepted.

- 2003 HCA is principally responsible for drafting Sen. Kuehl's SB 921, The Health Care for All Californians Act. A Commissioner, elected by the people, would administer the system. Exact rates are not cited, but the system would be financed via: a) a payroll tax to be paid by employers and employees; b) a self-employed earnings tax; c) a tax on nonwage income. As first amended, region-based service delivery is removed.



Amended again, the bill becomes an “intent” to create a single payer system (enacting it would not create the system). Amended once more, the intent language is removed and original language to create a single payer system is restored (without region-based service delivery). With large lobbying campaigns, SB 921 passes the Senate committees of Insurance, and Health, and Appropriations, and then it passes the Senate.

On October 7, Gray Davis is recalled as Governor and replaced with Republican Arnold Schwarzenegger.

- 2004 Predictions that SB 921 will be voted down in the Assembly Health Committee by moderate Democrats and Republicans are wrong. After a massive lobbying campaign, every Democrat votes for the bill. However, it goes no farther in the Assembly. There is 1 Assembly principal coauthor; there are 6 Senate coauthors and 18 Assembly coauthors; and there are endorsements from more than 500 statewide and local organizations.

HCA raises \$90,000 to hire The Lewin Group to analyze the financial impact of providing universal health care to all Californians based on the version of SB 921 as of April 2004.

- 2005 In January, Sen. Kuehl releases The Lewin Group report, “The Health Care For All Californians Act: Cost and Economic Impacts Analysis,” which analyzes the economic impact of SB 921 on specific groups, such as employers that do or do not provide health insurance to their employees, individuals and families who are self-insured, or who are insured through their employers, or who are not insured at all. The study shows that the bill's health care financing model can provide every Californian with comprehensive health coverage, that it can reduce overall health care costs, and that it can control health care cost inflation. If the bill's plan were implemented in 2006, the study finds that the cumulative savings between what would be spent without the plan and what would be spent under it would be \$8 billion in the first year and \$343.6 billion from 2006-2015.

The Lewin Group report is at <https://www.healthcare-now.org/single-payer-studies/california-lewin-group-2005/>

In February, Sen. Kuehl introduces SB 840, the California Health Insurance Reliability Act. It restores language that service delivery would be region-based. However, it provides no language about how the system would be financed. Advocates garner hundreds of endorsements from organizations, thousands of letters of support from individuals, and place op-eds in many newspapers. SB 840 passes the Senate committees of Banking/Finance/Insurance, and Health, and Appropriations. It passes the Senate, and then it passes the Assembly Health Committee. There are 2 principal coauthors in both the Senate and the Assembly; and there are 13 Senate coauthors and 28 Assembly coauthors.

In November, Sen. Kuehl replaces Health Care for All – California as the principal sponsoring organization of SB 840 with the California Nurses Association.



2006 In February, Sen. Kuehl introduces SB 1784, the California Health Insurance Reliability Funding Act, which provides financing for her single-payer bill, SB 840. For taxable years beginning on or after January 1, 2007, it would impose, at unspecified rates, an additional tax on a taxpayer's taxable income between \$200,000 and \$1,000,000; an additional tax on a taxpayer's taxable income that exceeds \$1,000,000; a tax on self-employment income of an individual taxpayer; and a tax on nonwage income of a taxpayer. There is no hearing held by any committee on the bill, and there are no coauthors.

As SB 840 passes the Assembly committees of Rules and Appropriations, amendments make key changes to the bill. For example, the Commissioner would be appointed by the Governor and confirmed by the Senate. To address financing, a Premium Commission would determine the system's cost and "submit to the Governor and the Legislature a detailed recommendation for a premium structure."

A huge campaign by advocacy organizations and unions successfully lobbies the Assembly to pass SB 840. Due to amendments in the Assembly version, SB 840 is returned to the Senate for concurrence, and it passes. The California Legislature is the first in U.S. history to pass a bill for single payer universal health care. In an op-ed in the San Diego Union-Tribune, the Governor declares the bill is "socialized medicine" and he will veto it. This generates a lot of press coverage and a rebuttal by Sen. Kuehl. Schwarzenegger vetoes SB 840.

On August 12, the 365-City Campaign starts in Morro Bay. Every day for a year there is an event in the state's next largest city in support of SB 840. The campaign is a project of OneCareNow, which is initiated by HCA, in partnership with many other local and statewide organizations.

A coalition, the State Strategy Group (SSG), is formed after meetings between members of HCA and the California School Employees Association (CSEA). In the next four years many statewide advocacy organizations and labor unions join it.

On November 7, Proposition 89, the Clean Money and Fair Elections Act, is defeated 6,132,618 (75.27%) to 2,124,728 (25.73%). The CNA is the initiative's sponsor. A principal motive for the CNA to run Prop. 89 is because the union believes that, without its passage, single payer will be very difficult if not impossible to achieve in California.



More information about the provisions of Prop. 89, its supporters and opponents are at

<https://www.latimes.com/archives/la-xpm-2006-sep-26-me-money26-story.html>

[http://digital.library.ucla.edu/websites/2006\\_995\\_130/index.htm](http://digital.library.ucla.edu/websites/2006_995_130/index.htm)

2007 In February, Sen. Kuehl reintroduces SB 840, renamed the California Universal Healthcare Act. It closely follows SB 840 of 2006. SB 840 passes the Senate committees of Health and Appropriations. The auditoriums where the hearings are held (plus the corridors outside) are packed with the bill's supporters. Sen. Kuehl also introduces SB 1014, which resembles SB 1784, and it passes the Senate Health Committee.

In May and June, the CNA hosts two rallies with large turnouts from advocacy groups and unions, especially the CSEA. The second rally features Michael Moore, who also testifies at a special hearing chaired by Sen. Kuehl. Later, at a nearby movie theater, Moore twice screens his new film, SiCKO: first for union members and other single payer supporters, then for legislators and their staff.



In June and July, at movie theaters throughout the state, activists hand out flyers to people on line to see SiCKO. The flyer has a photo of Michael Moore, a list of the health benefits of SB 840, and a postcard with prepaid postage. People show their support for SB 840 by filling out a postcard, detaching it from the flyer and handing it to an activist. The campaign is initiated and implemented by organizations of the SSG. The CSEA covers the cost of printing 300,000 flyers and the postage for the postcards. Over 50,000 postcards are collected (an unusually high rate of 16+% of return).

On August 11, the 365-City Campaign ends with The Great Health Care Rally in front of L.A. City Hall. The event, which is paid for by Laborers' Local 300, draws 3,000. The speakers are: Sen. Kuehl, Lt. Gov. John Garamendi, Executive Treasurer of the L.A. County Federation of Labor Maria Elena Durazo, Secretary-Treasurer Emeritus of the United Farm Workers Dolores Huerta, Emmy/Grammy/Tony winner Lily Tomlin, Congressman Dennis Kucinich, and activists from member organizations of the SSG.

A video of the rally and speakers is at <https://www.youtube.com/watch?v=5VuKMk0ZxHI>

SB 840 passes the Senate committees of Health and Appropriations and then the Senate. Because the Governor vows to veto the bill again, after it passes the Assembly Health Committee, no further action is taken so that it will still be active for organizing in 2008.

2008 On February 23, the SSG sponsors a State Strategic Summit in Los Angeles, which launches the Healthy Majority Campaign. The goal is to elect two-thirds "super" majorities of pro-single payer Senators and Assemblymembers in order to override a Governor's veto of a single payer policy bill as well as to pass legislation that finances a policy bill.

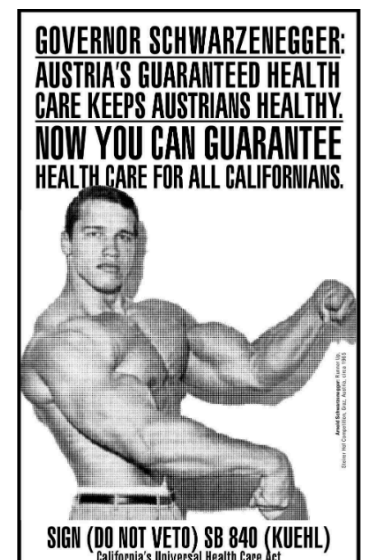
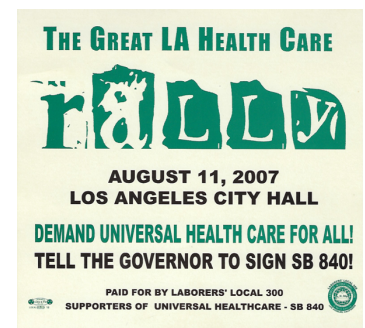
On June 19, thousands rally for SB 840 and the federal HR 676 outside San Francisco's Moscone Center West, the site of a national convention for America's Health Insurance Plans, a political advocacy and trade association of health insurance companies. Smaller rallies are held in 18 other cities.

SB 840 passes the Assembly Appropriations Committee and the Assembly. Due to Assembly amendments, it returns to the Senate for concurrence and passes. There are 4 principal coauthors in the Senate and 3 in the Assembly; there are 10 Senate coauthors and 31 Assembly coauthors; and there are endorsements from nearly 800 statewide and local organizations.

On September 8, HCA publishes a half-page ad in the Sacramento Bee and other newspapers. It calls on Gov. Schwarzenegger to sign SB 840.

On the same day, the SSG holds a large rally with Sen. Kuehl at the capitol. Afterwards, a delegation goes to the Governor's office and delivers 50,000 postcards from the SiCKO campaign. Unlike 2006, Schwarzenegger does not publicly red-bait SB 840 as "socialized medicine." Still, he vetoes it.

Since Sen. Kuehl is termed out, the SSG follows her recommendation to have Mark Leno, an incoming senator, replace her as the author of the single payer bill to be introduced in the coming year's next legislative session.





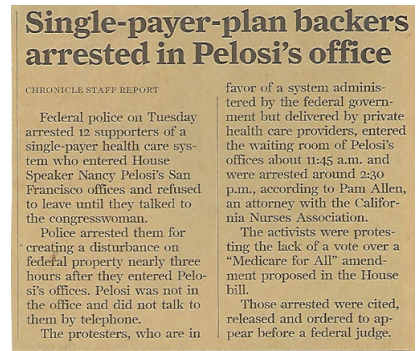
2009 Sen. Leno introduces SB 810, the California Universal Healthcare Act, nearly unchanged from the final version of SB 840 in 2008. It passes the Senate committees of Health and Appropriations.

In the autumn, Mobilization for Health Care for All leads a nationwide campaign of sit-ins at insurance companies. More than 100 protesters are arrested, such as at Anthem Blue Cross in Los Angeles and Cigna in Glendale.

LA video comes after Glendale video at <https://www.youtube.com/watch?v=qskpO2nC2Ys>

ActforSinglePayer, a direct-action group formed in the Bay Area, organizes sit-ins in San Francisco at United Health and Blue Shield. There are no arrests.

On November 3, there is a rally outside the San Francisco Federal Building. Inside ActforSinglePayer leads a sit-in at Nancy Pelosi's district office. Both groups protest the Speaker of the House of Representatives for breaking her promise to include Congressman Dennis Kucinich's proposed amendment to the federal healthcare bill to preserve the right of states to enact single payer. Pelosi's chief-of-staff has Homeland Security warn a dozen sit-inners that, unless they leave the office, they will be arrested. In the following days, radio stations in California, North Carolina, Washington, and Wisconsin interview one of the "Pelosi 12." They are represented by an attorney from the CNA, and the charges are later dropped. (San Francisco Chronicle, November 4, 2009)



More about the "Pelosi 12" is at [https://www.indybay.org/newsitems/2009/11/03/18627742.php?show\\_comments=1](https://www.indybay.org/newsitems/2009/11/03/18627742.php?show_comments=1)

2010 On March 23, President Barack Obama signs the Affordable Care Act (ACA or Obamacare) into law.

California OneCare (COC, which has become an organization separate from HCA) begins a 365 Ad Campaign. Every day for a year a 30-second spot is posted in support of single payer. The videos feature celebrities, politicians, health care survivors, and single payer activists.

A sampling of the videos is at <http://californiaonecare.org/media/celebrity-videos/>

SB 810 passes the Senate and the Assembly committees of Health and Appropriations. It passes the Assembly but "without further action." There is 1 principal coauthor in the Senate and 3 in the Assembly; and there are 14 Senate coauthors and 29 Assembly coauthors.

SB 810, unlike SB 840, does not return to the Senate for reconciliation. The view of SB 810 supporters is that Speaker John Pérez lets the bill die in order to retain in office moderate Democrats who are not in safe districts and who either voted against the bill or abstained. By killing the bill without drawing negative publicity, it is believed Pérez intends to shield these Democrats from a backlash against them by their pro-single payer constituents when they seek re-election later that year. Because activists in the Healthy Majority Campaign worked hard to elect three such Democrats in 2008, their No votes (Alyson Huber and Manuel Perez) or abstention (Joan Buchanan) are seen as betrayals of the understanding the activists had with these candidates, which was that, if elected, they would vote in favor of single payer.

In November, Jerry Brown is elected Governor. Also, a supermajority of Democrats is elected in each house, but neither is a Healthy Majority.

2011 Sen. Mark Leno reintroduces SB 810, nearly unchanged. Unexpectedly, there is concern that the bill may not pass the Senate Health Committee. After an emergency statewide lobbying campaign, it passes.

The SSG terminates itself and establishes the Campaign for a Healthy California (CHC), whose Steering Committee (SC) consists mainly of representatives from SSG member organizations.

Final list of SSG members: American Medical Student Association, Amnesty International USA, California Alliance for Retired Americans, California Church IMPACT, California Faculty Association, California Federation of Teachers, California Gray Panthers, California Health Professional Student Alliance, California National Organization of Women, California Nurses Association, California Retired Teachers Association, California School Employees Association, California Teachers Association, Consumer Federation of California, Courage Campaign, Dolores Huerta Foundation, Entertainment Strategy Group, Health Care for All – California, Labor Task Force for Universal Healthcare, League of Women Voters of California, Physicians for a National Health Program – California, Progressive Caucus of the California Democratic Party, Progressive Democrats of America, Single Payer Now, Visión y Compromiso

By the end of the year there is widespread opinion inside the capitol that SB 810 cannot pass the Senate Appropriations Committee in January 2012. The CHC mounts a massive grassroots campaign for the bill.

2012 In January, the Senate Appropriations Committee passes SB 810, which marks a strong victory for the single payer movement.

Despite an unprecedented grassroots call-in campaign that overwhelms the phone lines of Senators' offices at the capitol, SB 810 fails on the Senate floor by two votes. It needs 21, but it only gets 19. Two Democrats vote against it (Ron Calderon and Lou Correa), and four Democrats abstain (Alex Padilla, Michael Rubio, Juan Vargas, and Roderick Wright). There is 1 Senate principal coauthor; and there are 11 Senate coauthors and 23 Assembly coauthors.

In February, CHC activists at the California Democratic Party convention distribute 5,000 copies of a flyer that pillories the six Senators who "chose to kill" SB 810. It calls them out for betraying their constituents as well as their party's Health Care platform. Beneath a photo of each Senator, the amounts of money he has received both from the insurance and pharmaceutical industries are cited. The flyer is a big hit at the convention.

The Health Care platform begins, "California Democrats believe that health care is a human right not a privilege. The CDP recognizes that the health and well-being of Californians cannot continue to be based on arbitrary private and public financial decisions and therefore advocates legislation to create and implement a publicly-funded single-payer, privately delivered, fiscally tractable, affordable, comprehensive, secure, high quality, efficient, and sustainable health care system for all Californians."



From June 19 through July 12, the CNA sponsors the "Medicare for All Cali Tour," which is a bus tour with stops at 18 cities. It takes place at a time when the Supreme Court is expected to rule on the constitutionality of the Affordable Care Act. The tour promotes "Improved Medicare for All."

More information about the tour is at <http://www.nationalnursesunited.org/blog/entry/all-aboard-the-healthcare-express>

In September, the CNA tells the SC that it does not support introduction of a single payer bill in the coming year's next legislative session. The other SC members disagree. After discussion, a "dual track" approach is accepted by everyone at the meeting. One track, favored by the CNA, pertains to working with Gov. Brown to get single payer supporters at the table for the implementation of the ACA. The other track pertains to getting a single payer bill introduced in at least one house of the Legislature.

In October, representatives from the SC, including the CNA, meet with Sen. Leno to discuss his commitment to SB 810. He says that he does not want to re-introduce the bill because it cannot pass in the Senate. He advises going to the Assembly because many new members will be elected in November, and there has been no campaign to educate and lobby for a single payer bill in the Assembly since 2010.

Afterwards, as other organizations in the SC try to recruit an Assemblymember to introduce a single payer bill, the CNA again tells the SC that it does not support a new single payer legislative campaign.

2013 In February, the California Health Professional Student Alliance (CaHPSA) holds its eighth annual Lobby Day. As in prior years, hundreds of medical and health professional students form teams to meet with every Senator and Assemblymember to promote single payer. Because there is no currently active single payer bill, a few teams are especially assigned to meet with the last remaining Assemblymembers on a list of potential authors to try to get at least one of them to introduce a single payer bill. None is willing. The new legislative session begins without a single payer bill for the first time in a decade.

Due to the fundamental strategic difference within the CHC as to whether it is essential or not to have an active single payer bill and, therefore, a legislative campaign for organizing in support of the bill, the following groups resign from the SC of the CHC: COC, HCA, the League of Women Voters of California, Physicians for a National Health Program – California (PNHP – CA), and Single Payer Now. During the spring and summer, COC, HCA and PNHP create a new coalition, the AllCare Alliance.



Both the AllCare Alliance and the Campaign for a Healthy California recruit hundreds of statewide and local organizations into their respective coalitions. Some organizations even join both, since there is no prohibition against doing so. At the local level, activists in organizations belonging to the different coalitions sometimes work together (e.g., holding public screenings of films advocating for single payer).

The two coalitions have contrasting strategies to achieve the same goal: establishing a single-payer universal health care program in California. The CHC publicly discusses with single payer activists about running an initiative in a future presidential election year (e.g., 2020), which would be placed on the ballot via signatures of registered voters. The Alliance wants to use the legislative process to pass a single payer policy bill, which can be sent to the Governor for enactment by simple majorities in each house, as well as to pass a bill to finance a single payer program, which would require super (“Healthy”) majorities in each house. However, neither coalition engages in a single payer campaign in the legislative sessions of 2013–2014 or 2015–2016. The Alliance is unable to get a legislator from either house to author a new single payer bill, and the CHC does not undertake preparations to run a ballot initiative.

- 2015 On July 30, there celebrations in over 25 cities across the country to commemorate the 50<sup>th</sup>. anniversary of Medicare and Medicaid. Hundreds of single payer supporters from member organizations of both the CHC and AllCare Alliance attend rallies hosted by the CNA at the Los Angeles Trade Technical College and in front of Oakland’s City Hall. The CNA says the overall theme of these events is “‘Medicare is as American as Apple Pie,’ (i.e., to Protect, Improve and Expand Medicare (PIE) to cover everyone).”

The Single Payer PAC is founded “with the purpose of helping elect super majorities of pro-single payer” (i.e., Healthy Majority) candidates to the Assembly and Senate. It is “dedicated to contributing to candidates who will enact and responsibly implement a single payer program” and also to “mobilize financial resources to support the vibrant grass roots efforts of the Healthy Majority movement.”

- 2016 In Hillary Clinton’s quest for the Democratic presidential nomination, she refuses to support Medicare for All/single payer, which is central to the platform of her opponent, Bernie Sanders. She says, “People who have health emergencies can’t wait for us to have a theoretical debate about some better idea that will never, ever come to pass.” In both the CHC and the Alliance, it is assumed that: 1) if Clinton wins the White House, the Legislature would not introduce a single payer bill; and 2) the Legislature would only seek to improve the ACA. As soon as Clinton loses to Donald Trump, these assumptions are discarded because a new California single payer legislative campaign has become viable.

The day after the election, at a pre-scheduled meeting in Oakland, representatives from the CHC and the Alliance agree that: 1) a single payer bill will be introduced at the start of the coming year’s next legislative session; and 2) the AllCare Alliance and the Campaign for a Healthy California will terminate themselves and form one new coalition, the Healthy California Campaign (HCC).

There are two key reasons for waging this new legislative campaign: 1) enacting single payer would be the state government’s best response to the Republican-led Congress and President Trump’s intent to repeal the ACA; and 2) Bernie Sanders’s campaign garnered historically high public support for health care as a human right as well as for single payer/Medicare for All.

- 2017 Senators Ricardo Lara and Toni Atkins introduce SB 562, the Healthy California Act. The CNA is principally responsible for drafting the bill. The system would be governed by the Healthy California Board, which would be governed by an executive board, with four appointees by the Governor, two by the Senate President, and two by the Assembly Speaker. The Secretary of Health and Human Services or his or her designee would be a voting, ex officio member. An executive director would be hired to organize, administer, and manage the board’s operations. The bill states that it is “the intent of the Legislature to enact legislation that would develop a revenue plan...[in consultation] with appropriate officials and stakeholders.” It would create the Healthy California Trust Fund in the State Treasury. All moneys in the fund shall be continuously appropriated. A section under Delivery of Care, called Care Coordination, says that everyone is encouraged to enroll with a care coordinator.

On April 26, over a thousand single payer supporters from all over the state (especially from the CNA) fill a huge hall at the Sacramento Convention Center, march to the capitol, and pack an auditorium (with spillover at other locations) for the Senate Health Committee hearing on SB 562. Lara and Atkins, and the CNA staff, testify for the bill. Spokespersons for the opposition represent the California Association of Health Plans, the California Chamber of Commerce and, for the first time ever as the lead adversary, Kaiser Permanente.

(Photo/Rich Pedroncelli/Associated Press/Los Angeles Times)



SB 562 passes the Senate committees of Health and Appropriations.

On May 31, as commissioned by the CNA, a team at the Political Economy Research Institute, UMass Amherst, releases an “Economic Analysis of the Healthy California Single-Payer Health Care Proposal (SB-562).” It estimates the bill’s program would cost \$331 billion.

The PERI report is at

<https://www.peri.umass.edu/publication/item/996-economic-analysis-of-the-healthy-california-single-payer-health-care-proposal-sb-562>

A UCLA study, released in August 2016, finds that about 70% of the state’s health care spending is publicly funded (e.g., Medicare and Medi-Cal). It concludes that only \$106 billion in new revenue would be needed, not \$200 billion as claimed by opponents of SB 562.

The UCLA study is at [http://healthpolicy.ucla.edu/publications/Documents/PDF/2016/PublicSharePB\\_FINAL\\_8-31-16.pdf](http://healthpolicy.ucla.edu/publications/Documents/PDF/2016/PublicSharePB_FINAL_8-31-16.pdf)

On June 1, SB 562 passes the Senate and goes to the Assembly.

On June 23, Assembly Speaker Anthony Rendon announces he will not allow the Assembly Rules Committee to release the bill. He says, “SB 562 was sent to the Assembly woefully incomplete.” Although the Senate has already passed it, nonetheless Rendon wants the Senate “to fill the holes in SB 562 and pass and send to the Assembly workable legislation that addresses financing, delivery of care, and cost control.” Because the bill is not active, it cannot be amended. If it were active, it could be heard in the Assembly committees of Health and Appropriations. In these hearings, amendments could be made to address the very issues that Rendon names. Eight of nine Assembly coauthors issue a statement that they are ready to carry on the work of improving the bill “as responsible policymaking.” In August, the Democratic party’s 320-member Executive Board endorses SB 562.

More about the Assemblymembers’ statement is at

<https://zrants.wordpress.com/2017/07/01/co-authors-express-disappointment-on-status-of-sb-562/>

Single payer activists mobilize a lobbying campaign to have legislators convince Rendon to release SB 562. On a single weekend, all 80 Assembly districts are canvassed, and over 10,000 signatures are collected that call for the bill to go forward in the Assembly through the normal legislative process.

Speaker Rendon forms the Assembly Select Committee on Health Care Delivery Systems and Universal Coverage. It has six hearings in late 2017 and early 2018, with 30 hours of testimony. The 10,000 signatures are turned in to the Select Committee at a hearing in October.

On September 13, US Senator Bernie Sanders introduces the Medicare for All Act of 2017 (S. 1804), with 16 cosponsors.

The text of S. 1804 is at <https://www.congress.gov/bill/115th-congress/senate-bill/1804/text>

A press release about the study that shows “the viability” of Sanders’ program, with a link to the text of the study, is at

[https://www.commondreams.org/newswire/2018/11/30/depth-analysis-team-umass-amherst-economists-shows-viability-medicare-all?utm\\_campaign=shareaholic&utm\\_medium=facebook&utm\\_source=socialnetwork&fbclid=IwAR0-4Mj3rsP-ifQ3i9K7Cw2-s5wmweSmKDCoWEMCAku4w3RO6aJWbap4zFY](https://www.commondreams.org/newswire/2018/11/30/depth-analysis-team-umass-amherst-economists-shows-viability-medicare-all?utm_campaign=shareaholic&utm_medium=facebook&utm_source=socialnetwork&fbclid=IwAR0-4Mj3rsP-ifQ3i9K7Cw2-s5wmweSmKDCoWEMCAku4w3RO6aJWbap4zFY)

2018 In March, the Assembly Select Committee issues a report, “A Path to Universal Coverage and Unified Health Care Financing in California.”

The report is at [https://healthcare.assembly.ca.gov/sites/healthcare.assembly.ca.gov/files/Report%20Final%203\\_13\\_18.pdf](https://healthcare.assembly.ca.gov/sites/healthcare.assembly.ca.gov/files/Report%20Final%203_13_18.pdf)

In April, the CNA unilaterally stops hosting face-to-face HCC Steering Committee meetings as well as statewide conference calls for single payer activists. This terminates the HCC as an active coalition.

The campaign to have Speaker Rendon release SB 562 from the Rules Committee is unsuccessful. The bill dies at the end of the legislative session. There are 2 principal coauthors in both the Senate and the Assembly; and there are 3 Senate coauthors and 7 Assembly coauthors.

Despite the setback, the SB 562 campaign is the most energetic and powerful of all the prior efforts to legislate single payer in California. It is the most diverse: by age, language and race. Built on past contributors, its composition is still significantly unique. New groups bring outstanding creativity; and many of the new participants and leaders do not come from familiar movement organizations, statewide or local. For example, the Business Alliance is formed to garner endorsements of the bill from large and small employers. Throughout the campaign, there are town hall meetings across the state, including those in Spanish and Korean, at which the CNA and community activists advocate for the importance of SB 562. (Photo/CNA)



The campaign’s inclusion of diverse first-time activists, its expansion to new regions of the state, and its unprecedented range of activities for public education and lobbying favor a stronger showing next time.

The National Union of Healthcare Workers (NUHW), with allies, works with Phil Ting, chair of the Assembly Budget Committee, to draft the language of Part 4 in AB 1810, a budget trailer bill. Part 4 creates the Council on Health Care Delivery Systems, with a \$5 million budget and a mission to “develop a plan that includes options for advancing progress toward achieving a health care delivery system in California that provides coverage and access through a unified financing system for all Californians.” The Council would have five appointed members: by the next Governor (3), the Senate President (1) and the Assembly Speaker (1). On or before October 1, 2021, the Council would submit a report to the Governor and Legislature that would “include a timeline of benchmarks and steps necessary to implement health care delivery system changes, including steps to achieve a unified financing system.”

On June 27, Gov. Brown approves AB 1810.

In the autumn, new meetings of single payer activists are convened, which reactivate the former HCC. In April 2019, this new coalition adopts the name Healthy California Now (HCN). HCN elects a Board, which replaces the former HCC’s leadership body, the Steering Committee (SC). Bylaws identify HCN as a “nonprofit public benefit corporation.” It obtains 501(c)(3) status.

The HCN website is at <https://healthyca.org/>

The HCN video is at <https://www.youtube.com/watch?v=RpGCd25r6Bg>

In the November election, Gavin Newsom is elected Governor, with 61.9% of the vote. The CNA gave him an early and strong endorsement. He promised the union, “If we can’t get it done next year [passage of SB 562], you have my firm and absolute commitment as your next Governor that I will lead the effort to get it done [achievement of single payer]. We will have universal healthcare in the state of California.”

2019 On January 7, the day he is sworn in, Newsom sends a letter to President Donald Trump and the Republican and Democratic leaders in Congress. He calls on the federal government to remove barriers that currently prevent states from designing and implementing solutions for affordable health care and expanded coverage. Newsom discusses in his letter opportunities around cost and coverage waivers,

expanded tax subsidies, and cost containment efforts. The letter urges the federal government to lift current limitations that could allow California to develop a single-payer health system and establish universal coverage for all residents. His request is to “amend federal law to enable States to apply for and receive Transformational Cost and Universal Coverage Waivers, empowering California to truly innovate and begin transformative reforms that provide the path to a single-payer health care system.”

By the deadline of February 22, there is no author for the CNA’s new single payer bill.

On February 27, Congresswoman Pramila Jayapal introduces the Medicare for All Act of 2019 (H.R. 1384), with 106 original cosponsors. (By February 2020, there are 118 cosponsors, including 29 of California’s 45 Democratic Representatives.)

More about H.R. 1384 is at <https://jayapal.house.gov/medicare-for-all/medicare-for-all-act-of-2019/>  
<https://khn.org/news/theres-a-new-medicare-for-all-bill-in-the-house-why-does-it-matter/>

The text of H.R. 1384 is at <https://www.congress.gov/bill/116th-congress/house-bill/1384/text>

In March, Gov. Newsom proposes significant amendments to Part 4 of AB 1810. The five-member Council on Health Care Delivery Systems would be replaced with a 13-member Healthy California for All Commission, as of July 1, 2019. Whereas the mission of the Council was to develop a plan “through a unified financing system,” the Commission would do so “through a single-payer system.” On or before July 1, 2020, the Commission would submit a report to the Legislature and the Governor that would include “steps California can take to prepare for transition to a single-payer financing system, including, but not limited to, cost containment, quality improvement, administrative changes, and reorganization of state programs.” On or before February 1, 2021, the Commission would submit a second report “that includes options for the key design considerations for a single payer financing system....”

The Commission’s budget would be \$5 million, the same amount that was appropriated for the Council.

On April 10, US Senator Bernie Sanders reintroduces the Medicare for All Act of 2019 (S. 1129), with 14 cosponsors.

More about S. 1129 is at <https://www.commondreams.org/views/2019/05/04/new-cbo-report-medicare-all-serious-and-positive-contribution>

The text of S. 1129 is at <https://www.congress.gov/bill/116th-congress/senate-bill/1129/text>

On April 30, the first Congressional hearing on Medicare for All is held in the House Rules Committee.

More about the hearing is at <https://thehill.com/policy/healthcare/441493-medicare-for-all-gets-boost-from-first-congressional-hearing>

Gov. Newsom’s proposed Healthy California for All Commission does not initially have support from Speaker Rendon, who played a role in the establishment of the Council. On June 24, the Legislature approves the Commission after accepting changes to satisfy Rendon that broaden the focus of the Commission beyond advancing single payer. The Commission retains Newsom’s proposed \$5 million budget and 13-member size: eight gubernatorial appointee and four legislative appointees. There will also be five ex-officio, non-voting members.

On November 8, Congressman Ro Khanna introduces the State-Based Universal Health Care Act (H.R. 5010). It soon has 24 cosponsors. According to Khanna’s press release:

“The State-Based Universal Health Care Act creates a waiver that a state or group of states can apply for that would provide them with the federal funding and regulatory flexibility necessary to set up state or regional universal health care systems. In order to apply for the waiver, participating states or groups of states must propose plans to provide health care coverage for 95 percent of their residents within five years. After five years, participating states would be required to demonstrate they reached coverage targets and provide a plan to cover the remaining five percent of their population. States that do not reach the 95 percent target after five years would have to revise their plan to achieve the targets, or risk losing their waiver. Federal technical assistance would be made available for states seeking help in developing and implementing these plans. The State-Based



Universal Health Care Act also requires benefits provided under state plans to be equal to or greater than what federal beneficiaries in those states receive now.”

The text of Rep. Khanna’s press release is at

<https://khanna.house.gov/media/press-releases/release-rep-khanna-introduces-state-based-universal-health-care-act-landmark>

The text of H.R. 5010 is at <https://www.congress.gov/bill/116th-congress/house-bill/5010/text>

On December 18, Governor Newsom issues a press release, which says in part:

The [Healthy California for All] Commission will work to develop a plan for advancing progress toward achieving a health care delivery system for California that provides coverage and access through a unified financing system, including, but not limited to a single payer financing system. The Commission will prepare an initial report to the Governor and Legislature by July 2020 with a final report in February 2021.

The text of the governor’s press release, which includes biographies of the members of the Commission, is at

<https://www.gov.ca.gov/2019/12/18/governor-newsom-announces-healthy-california-for-all-commission/>

The Commission’s chair is the Secretary of Health and Human Services Agency, Mark Ghaly, MD, MPH.

The Governor’s eight appointees to the Commission are:

Carmen Comsti, JD. Regulatory policy specialist at National Nurses United

Jennie C. Hansen, RN. Independent consultant at Hirsch and Associates, LLC

Sandra R. Hernandez, MD. President and CEO at the California Health Care Foundation

William C. Hsiao, PhD. Research professor of economics at the Department of Health Policy and Management and Department of Global Health and Population at Harvard T.H. Chan School Public Health

Rupa Marya, MD. Associate professor of medicine in the Division of Medicine at the University of California, San Francisco School of Medicine

Robert K. Ross, MD. President and CEO of The California Endowment.

Richard M. Scheffler, PhD. Distinguished professor of health economics and public policy at the School of Public Health and the Goldman School of Public Policy at the University of California, Berkeley

Andy Schneider, JD. Research professor of the practice at the Center for Children and Families in the McCourt School of Public Policy at Georgetown University

The Senate’s two appointees are:

Caroline Dessert, Esq. CEO of The San Diego LGBT Community Center

Sara Flocks, MPA. Founder and partner at Union Made

The Assembly’s two appointees are:

Antonia Hernandez, JD. President and CEO of the California Community Foundation

Anthony Wright. Executive director of Health Access California

The Commission’s five ex officio members are:

Will Lightbourne. Director of the California Department of Health Care Services

Peter V. Lee, JD. Executive director of Covered California

Don B. Moulds, PhD. Chief health director of CalPERS

Richard Pan, MD, MPH. State Senator representing California’s 6<sup>th</sup>. Senate District, chair of the Senate Health Committee

Jim Wood, DDS. Assemblymember representing California’s 2<sup>nd</sup>. Assembly District, chair of the Assembly Health Committee

2020 On January 15, a report, “Projected costs of single-payer healthcare financing in the United States: A systematic review of economic analyses,” is published in PLOS Medicine, a peer-reviewed weekly medical journal of the Public Library of Science, a non-profit open access publisher. A team of nine researchers summarized their findings as follows:

- We found and compared cost analyses of 22 single-payer plans for the US or individual states.
- Nineteen (86%) of the analyses estimated that health expenditures would fall in the first year, and all suggested the potential for long-term cost savings.
- The largest savings were predicted to come from simplified billing and lower drug costs.
- Studies funded by organizations across the political spectrum estimated savings for single-payer.
- There is near-consensus in these analyses that single-payer would reduce health expenditures while providing high-quality insurance to all US residents.
- To achieve net savings, single-payer plans rely on simplified billing and negotiated drug price reductions, as well as global budgets to control spending growth over time.
- Replacing private insurers with a public system is expected to achieve lower net healthcare costs.

The text of the PLOS Medicine report is at

[https://drive.google.com/file/d/1tgkDBGIH52-gaywfk\\_nsj86DrMOF7z1J/view?usp=sharing](https://drive.google.com/file/d/1tgkDBGIH52-gaywfk_nsj86DrMOF7z1J/view?usp=sharing)

More about the report is at

<https://thehill.com/blogs/congress-blog/healthcare/484301-22-studies-agree-medicare-for-all-saves-money>

<https://www.ucsf.edu/news/2020/01/416416/single-payer-systems-likely-save-money-us-analysis-finds>

On January 27, The Healthy California for All Commission’s first meeting takes place at the capitol. Three additional meetings are held before the Commission suspends its work due to the coronavirus pandemic. Instead of issuing its final report in February 2021, it will be issued in February 2022.

The Commission’s agendas and videos can be found under Meeting Information at <https://www.chhs.ca.gov/healthycforall/>

2021 On February 19, the last day in the year that a bill may be introduced in the Legislature, Assemblymembers Ash Kalra, Alex Lee and Miguel Santiago introduce AB 1400, “the California Guaranteed Health Care for All Act, [which] would create the California Guaranteed Health Care for All program, or CalCare, to provide comprehensive universal single-payer health care coverage and a health care cost control system for the benefit of all residents of the state.”



In addition to the three authors, there are 2 principal coauthors in the Assembly and 3 in the Senate; and there are 7 Assembly coauthors and 4 Senate coauthors. Since SB 2123 in 1998, this is the first single payer bill to be introduced in the Assembly instead of the Senate. (CalCare happens to be the same name that HCA called its own single payer program for the Health Care Options Project in 2001-2002.)

The CNA is principally responsible for drafting AB 1400. It resembles but is not at all identical with the CNA’s SB 562 in 2017. The system would be governed by an independent public entity, the CalCare Board. Unlike SB 562, the Board would have no executive board. Of the Board’s nine members, five would be appointed by the Governor (subject to confirmation by the Senate), two by the Senate Committee on Rules, and two by the Assembly Speaker. The Secretary of Health and Human Services or his or her designee would be a nonvoting, ex officio member (as opposed to being a voting ex officio member, as stipulated in SB 562, in which the Governor had only four appointees). Like SB 562, the board shall hire an executive director to organize, administer, and manage the operations of the board.

The bill would require the board to convene a 17-member CalCare Public Advisory Committee to advise the board on all matters of policy for CalCare. Also, it would establish an 11-member Advisory

Commission on Long-Term Services and Supports to advise the board on matters of policy related to long-term services and supports.

The bill states that it is “the intent of the Legislature to enact legislation that would develop a revenue plan...[in consultation] with appropriate officials and stakeholders.” It would create the CalCare Trust Fund in the State Treasury, as a continuously appropriated fund, consisting of any federal and state moneys received for the purposes of the act.

In SB 562, under Delivery of Care, there is a section called Care Coordination. Care is to be provided by a “care coordinator,” and everyone is encouraged to enroll with a care coordinator. In AB 1400, under Delivery of Care, the section about Care Coordination is absent. Instead, delivery of care is to be done by a “health care provider or entity [that] is qualified to participate as a provider in CalCare...[and] is physically present within the State of California.”

The text of AB 1400 is at [https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=202120220AB1400](https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB1400)

The press release issued by the CNA following the introduction of AB 1400 is at

<https://www.nationalnursesunited.org/press/nurses-applaud-introduction-calcare-bill-for-single-payer-system>

On March 3, the Assembly Health Committee requests the California Health Benefits Review Program (CHBRP) conduct a limited analysis of AB 1400.

On March 17, Congresswoman Pramila Jayapal introduces the Medicare for All Act of 2021 (H.R. 1976), with 118 cosponsors, including 31 of California’s 42 Democratic Representatives.

More about H.R. 1976 is at <https://jayapal.house.gov/2021/03/17/medicare-for-all/>

The text of H.R. 1976 is at <https://www.congress.gov/bills/117th-congress/house-bill/1976/text>

On April 21, Assemblymember Kalra places AB 1400 on hold so that work can be done to develop how the single payer program will be financed. Based on concerns raised by his “colleagues” over the absence of details about funding, Kalra understood that the bill would die in committee. After financing is provided, Kalra intends to have the bill active again in 2022, the second year of this legislative session.

The press release from Assemblymember Kalra is at

<https://drive.google.com/file/d/1ahga4hdoYpfar4z4EjsDGbSvR4chEkYw/view>

On April 22, the California Health Benefits Review Program releases an “Abbreviated Analysis” of AB 1400. The report states:

“This limited analysis is intended to support the Legislature in assessing potential impacts of AB 1400. It draws primarily from existing research, policy analyses, and policy simulations developed in recent years to assess related proposals at both the state and national level. This limited analysis synthesizes several rigorous and high-quality studies and substantial body of research to support consideration of the fiscal and policy implications of AB 1400 for California.” (p. 2)

The report provides a comprehensive comparison of previous single payer bills: SB 840 (2007), SB 810 (2011), and SB 562 (2017), as well differences between AB 1400 and these previous bills.

The text of the CHBRP document is at <http://analyses.chbrp.com/document/view.php?id=1574>

The response to the CHBRP document from Healthy California Now is at

<https://healthyca.org/our-response-to-chbrp-analysis-of-ab-1400/>

On June 8, Congressman Ro Khanna introduces the State-Based Universal Health Care Act (H.R. 3775). It soon has 25 cosponsors. The press release repeats the description of his previous H.R. 5010 in 2019:

“The State-Based Universal Health Care Act creates a waiver that a state or group of states can apply for that would provide them with the federal funding and regulatory flexibility necessary to set up state or regional universal health care systems. In order to apply for the waiver, participating states or groups of states must propose plans to provide health care coverage for 95 percent of their residents within five years. After five years, participating states would be required to demonstrate they reached coverage targets and provide a plan to cover the remaining five percent of their population. States that do not reach the 95 percent target after five years would have to revise their

plan to achieve the targets, or risk losing their waiver. Federal technical assistance would be made available for states seeking help in developing and implementing these plans. The State-Based Universal Health Care Act also requires benefits provided under state plans to be equal to or greater than what federal beneficiaries in those states receive now.”

The text of Rep. Khanna’s press release is at

<https://khanna.house.gov/media/press-releases/release-khanna-reintroduces-universal-health-care-system-state-level>

The text of H.R. 3775 is at <https://www.congress.gov/bill/117th-congress/house-bill/3775/text>

On June 14, HCN hosts a virtual meeting on Zoom, featuring Dolores Huerta, to publicize the need for Governor Newsom to engage in negotiations with Biden Administration to secure federal funding and support necessary to implement single-payer, Medicare-for-All-type reform in California. These resources must be obtained through a “waiver” from the federal Department of Health and Human Services. Only the Governor can conduct those negotiations, with the support of the state Legislature.

The video of the event is at

[https://www.youtube.com/watch?v=6x6-l7Hb4\\_Q](https://www.youtube.com/watch?v=6x6-l7Hb4_Q)

On June 15, HCN hosts a rally with over 300 activists at the capitol, where a petition with 19,000 signatures is presented that urges Governor Newsom to lead the way for single payer in California. (The signatures were collected since early in the year.) At the same time there is a car caravan that circles the capitol “to wave for the waiver,” joining the call at the rally for the Governor to act now. The events on June 14 and 15 are co-sponsored by California Alliance of Retired Americans, National Union of Healthcare Workers, Inland Equity Partnership, and UNITE/HERE.

The video of the event is at <https://www.facebook.com/HealthyCaliforniaNow/videos/319364263236040>

At the rally NUHW President Sal Rosselli reads a letter from Assembly Speaker Anthony Rendon in which he announces his support for Healthy California Now’s efforts to achieve a single-payer health care system in California. Rendon states:

“I believe health care is a human right, and it’s imperative that we take the steps necessary to provide all Californians with universal access to quality health care. I strongly support Healthy California Now’s efforts to pass and enact single-payer healthcare in California. Seeking federal approval to use existing health care dollars as the foundation for a state-sponsored plan will be a crucial step toward successfully providing universal health care through a single-payer health system. I applaud Healthy California Now for their relentless and determined efforts to make this happen. And I am pleased to continue working with them to achieve this goal.”

Following the events on June 14 and 15, HCN learns that Governor Newsom had sent a letter to President Biden on May 25, which called on the federal government to “enact a new law to enable states to apply for Transformational Cost and Universal Coverage Waivers to re-invest federal funding – combined with state funds – to increase coverage, contain costs, and drive improvements in health care quality. States would be able to design and tailor more comprehensive solutions, such as unified financing or a single-payer system.”

The text of Gov. Newsom’s letter to Pres. Biden is at

<https://drive.google.com/file/d/1a-tw-RY8jjaoyXrRwEt7274j6FHFHwB/view?usp=sharing>

The response to Gov. Newsom’s letter from Healthy California Now is at

<https://drive.google.com/file/d/1aBooc8bIhx73aqIIS4GAooAaaNTuM0H1/view?usp=sharing>



HOSPITALITY AND HEALTHCARE WORKERS  
AND ADVOCATES INVITE YOU TO

**URGE GOV. NEWSOM TO LEAD THE WAY  
ON SINGLE PAYER IN CALIFORNIA**

**June 14 and 15 | Online and in Sacramento**

The long-standing inequities and preventable deaths, especially affecting Black and Brown communities during the COVID pandemic, and the skyrocketing costs of healthcare, have ignited a fierce urgency to guarantee quality, cost-effective healthcare to all who live in the Golden State. To accomplish that requires leadership from the Governor Newsom.

Governor Newsom needs to engage in negotiations with the Biden Administration to secure the federal funding and support necessary to implement single-payer, Medicare-for-All-type reform in California. These resources must be obtained through a “waiver” from the federal Department of Health and Human Services. Only the governor can conduct those negotiations, with the support of the state legislature.



**JUNE 14**

RSVP at [healthyca.org/june14](https://healthyca.org/june14)

**Zoom with Dolores Huerta**

We will be online with Dolores Huerta, other leading single-payer advocates, and patients harmed by the current costly and dysfunctional healthcare system. We'll also prepare for social media and call-in actions taking place on June 15.



**JUNE 15**

RSVP at [healthyca.org/june15](https://healthyca.org/june15)

**State Capitol Rally**

Healthcare and hospitality workers and advocates will gather at the State Capitol to present thousands of petition signatures urging Governor Newsom to lead the way for single payer in California. There will also be music and speakers.



**State Capitol Car Caravan (socially distanced)**

For those still social distancing, a car caravan will circle the capitol during the rally to “wave for the waiver,” joining in the call for the governor to act now.

Co-sponsored by California Alliance of Retired Americans, National Union of Healthcare Workers, Inland Equity Partnership, UNITE/HERE

HealthyCA.org





On June 25, at its second meeting of the year, Mark Ghaly, the Chair of the Healthy California for All Commission, announces that he is assuming a “larger role” in both “planning” and “facilitating” future meetings. This means that the role of the consultants is being relegated to the sidelines. (The “Consulting Team Leads” are Rick Kronick, PhD, University of California San Diego, and Marian Mulkey, MPP and MPH, Mulkey Consulting.) It is a key change of direction for the Commission because the consultants, some of whom were on record as opposed to single payer, had distorted the mission of the Commission. Under Ghaly’s leadership, discussion shifts from the consultants’ focus on multi-payer approaches, intermediaries and barriers to single payer instead to Ghaly’s focus on identifying a road map of the way California can establish single payer financing.

The Commission’s agendas and videos can be found under Meeting Information at <https://www.chhs.ca.gov/healthycaforall/>

Also, on June 25, Healthy California Now releases a report detailing the economic and policy considerations in designing a single payer system in California. Authored by Ian Lewis, Research Director at National Union of Healthcare Workers, the report reaches conclusions similar to those presented in the Healthy California for All Commission’s analysis released May 26th showing the substantial savings exclusively generated by single payer financing. The report concludes, “Using conservative estimates, California could reduce total health spending by \$223 billion to \$764 billion over the coming decade – lowering its annual bill 7% to 19% by 2031 and giving its economy a strong competitive advantage over states that continue along current trends.”

The text of the HCN report is at <https://healthyca.org/our-report-says-ca-saves-223-billion-with-single-payer/>

On August 16, the CNA releases “Nurses’ Campaign to Win CalCare: Our Plan for Fall 2021.” It features the following: a CalCare district leaders program; a text from home program; a virtual statewide Day of Action on September 25; and organizing around the Healthy California for All Commission.

The text of the CNA’s plan is at <https://medicareforall.medium.com/nurses-campaign-to-win-calcare-our-plan-for-fall-2021-ea78873a9c7>

**CALCARE PRIORITY DISTRICTS — FALL/WINTER 2021**

**Member of Assembly Health or Appropriations Committees, coauthor of AB 1400**

AD 7 Kevin McCarty, Health	AD 45 Jessie Gabriel, Appropriations
AD 39 Luz Rivas, Health	AD 49 Ed Chau, Appropriations
AD 46 Adrin Nazarian, Health	AD 50 Richard Bloom, Appropriations
AD 51 Wendy Carrillo, Health and Appropriations	AD 52 Freddie Rodriguez, Health
AD 53 Miguel Santiago, Health	AD 54 Isaac Bryan, Appropriations
	AD 57 Lisa Calderon, Appropriations
	AD 62 Autumn Burke, Health
	AD 77 Brian Maisenschein, Health
	AD 79 Akliah Weber, Appropriations
	AD 80 Lorena Gonzalez, Chair of Appropriations

**Member of Assembly Health or Appropriations Committees, not yet a coauthor of AB 1400**

AD 2 Jim Wood, Chair of Health	AD 15 Buffy Wicks
AD 4 Cecilia Aguiar-Curry, Health	AD 17 David Chiu
AD 10 Marc Levine, Appropriations	AD 19 Phil Ting
AD 20 Bill Quirk, Appropriations	AD 27 Ash Kalra, author of AB 1400
AD 30 Robert Rivas, Appropriations	
AD 31 Joaquin Arambula, Health	

**Deep blue districts, not yet a coauthor of AB 1400**

AD 18 Vacant, formerly Rob Bonta
AD 22 Kevin Mullin
AD 24 Marc Berman
AD 58 Cristina Garcia
AD 59 Reggie Jones-Sawyer
AD 63 Anthony Rendon
AD 64 Mike Gipson
AD 69 Tom Daly

**Deep blue districts, coauthor of AB 1400**

**CALCARE** California Nurses Association

On November 17, 2021, Ken Jacobs, of the UC/Berkeley Labor Center, informs the Healthy California for All Commission that the cost of health care in California, as currently financed, is estimated to be \$675 billion in 2031. Under “unified financing” (a single payer system), through affordable progressive taxes, the total cumulative savings in California would be \$323 to \$496 billion from 2021 to 2031.

Jacobs’ “Key Points” are as follows:

By 2031, total health spending in California is projected to grow by \$158 billion in current dollars. Of this amount:

- Employer and household spending is projected to grow by \$47 billion.
- State and local government spending on Medi-Cal and IHSS is projected to grow by \$16 billion.

Under Unified Financing:

- Total health spending in California is expected to be \$51 to \$88 billion less than under current policy in 2031, for a cumulative savings of \$323 to \$496 billion over 10 years.
- The new revenues needed would be less than employers and households pay under the current system.
- The state has a variety of options for raising revenue, and could do so in a way that is more progressive than our current system.

- Financing can be done in a way that is stable over time, but will depend on controlling cost growth and agreements with the federal government about the rate of growth in federal payments.
- A reserve fund would enable California to address volatility in revenue sources.

The data used in the presentation may be found in the Overview of Analytic Findings.

The Summary, in the last panel, says:

- As has been shown in many other analyses, IF the federal government, the California legislature, and the California electorate agree to create Unified Financing...
- THEN it would be possible to cover all Californians, greatly increase health equity, not spend more money, and reduce the rate of health spending growth over time

The slideshow of Ken Jacobs' presentation, beginning with slide #9, is at

<https://www.chhs.ca.gov/wp-content/uploads/2021/11/Healthy-CA-for-All-November-17-Commission-Meeting-Slides-11-17-21.pdf>

The Overview of Analytic Findings is at

<https://www.chhs.ca.gov/wp-content/uploads/2021/07/Overview-of-Analytic-Findings.pdf>

The video of Ken Jacobs' presentation, starting at 25<sup>th</sup> minute, is at

<https://www.chhs.ca.gov/healthcaforall/#november-17-2021>

2022 On January 6, Assemblymembers Ash Kalra, Alex Lee and Miguel Santiago reintroduce AB 1400. In addition to the three original authors, there are 4 (instead of 2) principal coauthors in the Assembly and the original 3 in the Senate; and there is 1 new Assembly coauthor and five Senate coauthors, including one who was formerly an Assembly coauthor.

The text of AB 1400 is at [https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=202120220AB1400](https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB1400)

The video of Kalra explaining AB 1400 is at <https://www.youtube.com/watch?v=bNFMNXUpifI>

The video of the press conference on AB 1400 with Kalra and speakers from the CNA, the Senate and Assembly is at

<https://www.youtube.com/watch?v=tmNLFc4a15g>

Because some members of the Assembly Rules Committee had been exposed to Covid, they do not participate in the vote on AB 1400. Assembly Speaker Anthony Rendon replaces those absent committee members with supporters of AB 1400, including Jim Wood, chair of the Assembly Health Committee. Rendon thus ensures the bill is passed in the Rules Committee and referred to the Health Committee.

Kalra and Lee also propose an amendment to the state Constitution, Assembly Constitutional Amendment 11, which provides the financing for the single-payer program presented in AB 1400. There are no principal coauthors. There are 5 coauthors in both the Assembly and the Senate.

ACA 11 would impose an annual tax of 2.3% on businesses that have at least \$2 million in annual revenue, plus a 1.25% tax on payroll for companies with at least 50 employees and a 1% tax for those employers who pay employees at least \$49,900. The plan also includes a series of tax hikes on wealthier people, starting with a 0.5% levy on the income of people who make at least \$149,509 per year and ending at a 2.5% income tax for people who make more than \$2.48 million per year. Personal income tax increases could rise with inflation in future years.

It will take at least a two-thirds supermajority to approve ACA 11 in both the Assembly and the Senate. Then it must be ratified by a simple majority of the state's voters in either a June or November statewide election. The proposal of ACA 11 enables AB 1400 to begin the process on being heard and voted on in the Assembly, which did not happen in 2021.

The text of ACA 11 is at [https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=202120220ACA11](https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220ACA11)

On January 10, the California Health Benefits Review Program issues a letter in response to a request from the Assembly Health Committee on December 9, 2021. The purpose of the letter is to assist the committee in its consideration of potential implications of AB 1400. In particular, CHBRP was asked to

look at assumptions/estimates for the following services if reimbursement rates were paid at Medicare rates: 1) long-term services and supports (LTSS); 2) inpatient hospital services; 3) physician services; and 4) dental services. The letter completes the CHBRP's analysis of AB 1400, which was initially released on April 22, 2021.

The text of the CHBRP letter to the Health Committee is at <http://analyses.chbrp.com/document/view.php?id=1640>

Also, on January 10, Governor Newsom released his Budget Summary for 2022-2023. Included in the budget is extension of Medi-Cal coverage to all low-income, undocumented adults. It would make California the first state in the nation to provide universal access to health coverage for all residents regardless of legal status. Coverage would begin on January 1, 2024 and would cost the state an ongoing \$2.7 billion annually. The program's launch in the 2023-24 fiscal year is expected to cost \$819.3 million.

Currently, undocumented people are eligible for Medi-Cal through age 26. Undocumented adults ages 50 and older will become eligible for Medi-Cal after May 1. Immigrants without legal status, who make less than \$36,156 a year for a family of four and are between 26 and 49 years old, now qualify for scaled-back Medi-Cal coverage, which covers only emergency room and pregnancy-related care. Under Newsom's plan, those who meet the income eligibility threshold would qualify for full-scope coverage, including long-term care (In-Home Supportive Services), behavioral health and preventive care that can prevent costly medical conditions that would otherwise be treated in emergency rooms.

On January 11, the Assembly Health Committee hears AB 1400. The vote in favor of passing the bill is 11-3, with opposition coming from the only Republicans on the committee (and one No Vote Received).

Before the Health Committee hearing on AB 1400, the Healthy California Now coalition issues a letter of support for the bill, if it is amended.

The text of the HCN letter is at

[https://docs.google.com/document/d/1Ynt5eAHbBwTeJuVus7h7Rilbg7Bj04zpF7G\\_t68F9ZE/edit](https://docs.google.com/document/d/1Ynt5eAHbBwTeJuVus7h7Rilbg7Bj04zpF7G_t68F9ZE/edit)

On January 20, the Assembly Appropriations Committee hears AB 1400. The vote in favor of passing the bill is 11-3, with opposition coming from the only Republicans (and two No Votes Received).

The record of votes in the Assembly committees of Health and Appropriations is at

[https://leginfo.legislature.ca.gov/faces/billVotesClient.xhtml?bill\\_id=202120220AB1400](https://leginfo.legislature.ca.gov/faces/billVotesClient.xhtml?bill_id=202120220AB1400)

Also, on January 20, the California Nurses Association issues a press release that celebrates the passage of AB 1400 in the Appropriations Committee. It cites the following activities, led by the CNA, that have been taken in support of AB 1400.

- Sent more than 3 million texts to California voters about CalCare across our 33 Assembly districts represented by key legislators
- Made 44,000 calls to CalCare supporters across the state
- Sent 12,000 handwritten postcards to voters in key districts
- Sent 300,000 texts to monolingual Spanish speakers about CalCare
- Led virtual legislative visits with dozens of Assemblymembers
- Passed city council resolutions in support of AB 1400 in at least 25 cities
- Organized 15 car caravans up and down the state on January 8, with a huge car rally and car caravan to the Capitol, culminating in two projections onto buildings near the Capitol, urging Assemblymembers to pass AB 1400

The press release from the CNA is at

<https://www.nationalnursesunited.org/press/cna-celebrates-major-milestone-toward-winning-guaranteed-health-care>

On January 21, the editorial board of the Sacramento Bee endorses passage of AB 1400.

The text and the audio of the Sacramento Bee editorial is at <https://www.sacbee.com/opinion/editorials/article257490329.html>

Before the Assembly floor vote on AB 1400, HCA releases three videos with the following themes:

- AB 1400 means no more waste and interference in our health care from insurance companies

- AB 1400 means you have great lifelong health care not tied to a job
- AB 1400 provides even more comprehensive benefits than Medicare, and it will improve access and lower costs by pooling state and federal funds

The HCA videos are at <https://healthcareforall.org/pass-ab-1400/>

On January 24, AB 1400 is amended. Key provisions are as follows.

#### CHAPTER 2. Governance.

100619. (a) On or before July 1, 2024, the board shall conduct and deliver a fiscal analysis to determine both of the following:

(1) Whether or not CalCare may be implemented.

(2) Whether revenue is more likely than not to be sufficient to pay for program costs within eight years of CalCare's implementation.

(b) The board shall contract with one or more independent entities with the appropriate expertise to conduct the fiscal analysis.

(c) The board shall deliver, and upon request present, the fiscal analysis to the Chair of the Senate Committee on Health, the Chair of the Assembly Committee on Health, the Chair of the Senate Committee on Appropriations, and the Chair of the Assembly Committee on Appropriations.

(d) After the board has determined whether or not CalCare may be implemented and if program revenue is more likely than not to be sufficient to pay for program costs within eight years of CalCare's implementation, CalCare shall not be further implemented until the Senate Committee on Health, Assembly Committee on Health, Senate Committee on Appropriations, and Assembly Committee on Appropriations consider, and the Legislature approves, by statute, the implementation of CalCare.

#### CHAPTER 7. Funding. Article 2. CalCare Trust Fund

100665. (i) (1) Before the delivery of the fiscal analysis required pursuant to Section 100619:

(A) Moneys in the CalCare Trust fund shall not be used for startup and administrative costs to implement Section 100612.

(B) Moneys in the CalCare Trust Fund may be used to design and commission the fiscal analysis required pursuant to Section 100619.

(2) After delivery of the fiscal analysis required pursuant to Section 100619, moneys in the CalCare Trust Fund may be used for startup and administrative costs to implement Section 100612 only if the Legislature approves the implementation of CalCare by statute, pursuant to subdivision (d) of Section 100619.

#### CHAPTER 9. Operative Date

100680 (c) The Secretary of California Health and Human Services shall make a notification pursuant to subdivision (a) only if the Legislature approves the implementation of CalCare by statute, pursuant to subdivision (d) of Section 100619.

(d) Notwithstanding any other law, this title, except for Chapter 1 (commencing with Section 100600), Chapter 2 (commencing with Section 100610), and Article 1 (commencing with Section 100660) of Chapter 7, shall not become operative until the people of California approve a proposition that creates the revenue mechanisms necessary to implement this title, after taking into consideration consolidation of existing revenues for health care coverage and anticipated savings from a single-payer health care coverage and a health care cost control system.

The significance of the above language is that, even if AB 1400 were to pass both houses of the Legislature this year and be signed by Governor Newsom, the CalCare program could not then be



implemented. First, the board established by CalCare must conduct a fiscal analysis as to whether CalCare may be implemented and whether there will be sufficient funding to pay for CalCare's costs within eight years of its implementation. Next, after the fiscal analysis is delivered, the Legislature must vote to approve implementation of CalCare. Then, a ballot initiative must be passed by California voters that specifies how implementation of CalCare will be funded.

On January 31, late in the afternoon of the last day when AB 1400 can be voted on the Assembly floor, Ash Kalra pulls the bill because he doesn't have the necessary 41 votes (i.e., a simple majority) among Democrats to pass it. In fact, he says, "We were going to be double digits or more in losing the vote." He further explains, "A couple of days ago we weren't sure exactly what the vote count was going to be. This morning we had a call with the nurses to discuss where we were, and both sides – both the nurses' representative and my representatives that were on the phone with me – agreed that we didn't have enough votes, that we didn't have nearly enough votes for it to pass. We had the same vote count... That's in response to whether the nurses found out at the last second; they didn't."

Note that Kalra is only saying the CNA knew that AB 1400 lacked the votes to pass. What he isn't saying is the CNA was aware that Kalra was going to pull the bill. When he did so, it was a surprise to the CNA. On the evening of January 31, on a Zoom event, hosted by Stand Up/Fight Back (SU! FB!), Mari Lopez, who, as a CNA staff organizer, has been a prominent leader for mobilizing and educating grassroots supporters for AB 1400, says that, when the CNA learned Kalra was going to pull the bill, "It was a big shock to us all. Like many of you, we had been organizing for months upon months on end. The staff on CNA on the campaign's team, we had been working nonstop for three months, seven days a week, 18-hour days. We were really committed to this, and to have this happen was really disappointing... We feel betrayed. The nurses had been with Kalra the whole time, the whole way, and for this to happen minutes before the vote was scheduled was a shock and, again, we feel deeply betrayed. But, as you all know, what is our mantra, we're not going to stop until we get guaranteed health care for everyone. So, this isn't over, it's not over, it's never going to be over until we win. So, we're going to regroup; we're going to have a new strategy, and we're going to come back stronger."

Many single payer activists are outraged and accuse Kalra of protecting his colleagues who don't support AB 1400 from having to go on the record either to vote against the bill or, as he believes was more likely, to abstain from voting. These views are directly expressed to Kalra on the evening of January 31, on a Zoom event, with nearly 300 attendees, hosted by the Progressive Caucus of the state Democratic Party.

Kalra offers the following rationale for pulling the bill: "We were short four Democrats [i.e., vacancies]. Three seats of which I believe will be replaced by folks not just in support of single payer but 1400. We have at least several others, a half a dozen or more, that could very well be elected by January in the same position. So, we have anywhere from four to eight or nine more legislators that will be advocates for, not just supporters of single payer. That being said, we're going to need some of the current incumbents to also be on board... I've spent many hours on the phone, in Zoom, in conversations with my colleagues, many of them weren't there. A good number of them will be there or can be there with more time and opportunity to get them there. And we need them, in addition to any new members... I didn't believe that having a vote that was going to lose dramatically and lose by a lot was going to help get those members there. That was my call; that was my strategic evaluation of the situation. I take the hit for it; I take the blame for it. If no one wants to trust me or talk to me again, I get it. But I don't believe that it would have served the cause of getting single payer done by having the vote and having it go down in flames and further alienating members that would not have been there today. But I believe absolutely, based upon conversations I've had with them, numerous conversations, that we can absolutely get them there. And that includes getting more allies on board, more labor allies on board, more folks on board that I think can help move more of the votes... We are guaranteed to have more members who are supportive of single payer and 1400 next year than we do right now... Knowing that we're going to have more people that are going to be supportive helps us move the few along that weren't there yet... Ultimately, I want to make sure that single payer health care is successful, and I want to make sure it's successful as soon as possible. It wasn't going to be successful today. It can be successful next year."

Regarding whether it was appropriate that he alone made the decision to pull the bill, Kalra says, “There should have been a better understanding of a decision like this being made, and that it’s not mine to make unilaterally. I see that, and that was a grave mistake on my part.”

Reports in some newspapers quote Assembly Speaker Anthony Rendon as being “deeply disappointed” that Kalra pulled AB 1400. “With time, we will have better and more successful legislation to bring us closer to this goal,” Rendon said. “I support single-payer and fully intended to vote yes on this bill. I expect more and more of my colleagues to sign on, so we can make California a health care justice leader.”

The earliest a new single payer bill can be introduced is in the coming year’s next legislative session.

The video of the exchanges between Kalra and attendees of the Zoom event hosted the Progressive Caucus is at <https://www.facebook.com/personalinjury.sacramento/videos/290100069802668/>

The video of Mari Lopez, CNA, saying that the nurses’ union weren’t aware that Kalra was going to pull AB 1400 is at <https://www.youtube.com/watch?v=CpKxNzr0zQY>

A statement from Kalra is at <https://a27.asmdc.org/press-releases/20220131-assemblymember-ash-kalra-author-ab-1400-ca-guaranteed-health-care-all-act>

A press release from the CNA is at <https://www.nationalnursesunited.org/press/nurses-condemn-california-assembly-giving-up-on-bill-guarantee-health-care>

An article in the *Los Angeles Times* (also published the *San Francisco Chronicle*) is at [https://www.latimes.com/california/story/2022-01-31/single-payer-healthcare-proposal-fizzles-in-california-assembly?utm\\_id=47610&sfmc\\_id=1464835](https://www.latimes.com/california/story/2022-01-31/single-payer-healthcare-proposal-fizzles-in-california-assembly?utm_id=47610&sfmc_id=1464835)

An article in the *Sacramento Bee* is at <https://www.sacbee.com/news/politics-government/capitol-alert/article257908358.html>

An article in the *San Jose Mercury News* is at <https://www.mercurynews.com/2022/01/31/universal-health-care-bill-fails-to-pass-in-california/>

Joe Garofoli’s column in the *SF Chronicle*, “Single-payer health care is dead in California until these things change,” is at <https://www.sfchronicle.com/bayarea/article/Single-payer-health-care-is-dead-in-California-16827355.php>

The recording of KALW’s *Your Call* show with Ash Kalra, Wendell Potter and Amar Shergill on pulling AB 1400 is at <https://www.kalw.org/show/your-call/2022-02-01/universal-healthcare-legislation-dies-in-ca>

A follow-up article in the *Los Angeles Times*, “California’s single-payer healthcare effort is dead. Why it isn’t going away,” is at [https://www.latimes.com/california/story/2022-02-07/california-single-payer-healthcare-effort-dead-why-it-is-not-going-away?utm\\_id=48031&sfmc\\_id=1464835](https://www.latimes.com/california/story/2022-02-07/california-single-payer-healthcare-effort-dead-why-it-is-not-going-away?utm_id=48031&sfmc_id=1464835)

A podcast-interview on *Code WACK!* with HCN’s president, Michael Lighty, is at <https://heal-ca.org/single-payer-setback-defeat-or-fail-ab-1400s-day-in-the-sun/>

Michael Lighty’s piece, “On What Just Happened to Medicare for All in California—and the Organizing We Need to Win,” is at <https://www.commondreams.org/views/2022/02/08/what-just-happened-medicare-all-california-and-organizing-we-need-win>

Michael Lighty’s article in *The Nation*, “The Plan to Save Californians \$117 Billion a Year by Switching to Single-Payer,” is at <https://www.thenation.com/article/politics/medicare-california-covid/?fbclid=IwAR12fGdghCzbyB9JQJHkVggojYGilluLhcH4ml4fQoibCcmXQG4EXk47bE7c>

On March 17, on the Healthy California for All Commission’s website, a draft of a report to the members of the Commission, entitled “Key Design Considerations for a Unified Financing System in California,” is posted. The document begins under the heading, Authorship and Review Process:

Secretary Mark Ghaly reviewed multiple drafts and provided overall direction on this report’s structure and content. Vishaal Pegany of the California Health and Human Services Agency contributed in drafting this report and provided oversight and editorial review. Support in drafting and revising this report was provided by a consulting team contracted through the University of California, San Francisco (Joanne Spetz, Ph.D., principal investigator from November, 2020 to the present; Andrew Bindman, M.D., principal investigator from project inception through October 2020). Members of the consulting team included Marian Mulkey, Richard Kronick, Laurel Lucia, Ken Jacobs, Bobbie Wunsch, Eric Douglas and Karin Bloomer.

Members of the Healthy California for All Commission will receive a draft version for feedback and consideration on March 17, 2022, and the draft will be posted for public review very soon thereafter.

Based on input at that time, the report will be revised and provided to commissioners a week before the final meeting on April 25, 2022. Following the Commission's final consideration, the final report will be delivered to Governor Newsom and to the Legislature. The final report will be posted to the Healthy California for All web page with guidance on how public comments may be offered. Public comments on the final report that meet basic guidelines regarding accessibility and length will be posted as part of the public record.

The draft report is at

<https://www.chhs.ca.gov/wp-content/uploads/2022/03/Key-Design-Considerations-Revised-03-17-2022-Draft-for-Distribution-accessible.pdf>

The letter sent to the Commission from HCN in response to the draft report is at

[https://drive.google.com/file/d/1SYessW7sL\\_aM5-wpJdmHWXKtjVYzJB7i/view?usp=sharing](https://drive.google.com/file/d/1SYessW7sL_aM5-wpJdmHWXKtjVYzJB7i/view?usp=sharing)

On April 19, on the Healthy California for All Commission's website, the final version of the report to the members of the Commission, entitled "Key Design Considerations for a Unified Health Care Financing System in California," is posted. With the Commission's approval of the report at its last meeting on April 25, the report will be delivered to Governor Newsom and the Legislature.

The final report is at

[https://www.chhs.ca.gov/wp-content/uploads/2022/04/Key-Design-Considerations\\_April-2022\\_Final-Report-for-Distribution.pdf](https://www.chhs.ca.gov/wp-content/uploads/2022/04/Key-Design-Considerations_April-2022_Final-Report-for-Distribution.pdf)

A summary of the final report from HCN is at

<https://healthyca.org/california-can-save-as-much-as-500-billion-in-healthcare-costs-over-the-next-decade/>

The response, on April 22, by *Health Justice Monitor* to the final report, followed by a comment from Jim Kahn (one of the three authors of a single payer proposal for the Health Care Options Project in 2001) is at

<http://healthjusticemonitor.org/>

On April 25, the Healthy California for All Commission holds its final meeting. Each member comments on the final version of the report, the process that produced it, and issues that lie ahead to reform the state's health care system. The meeting ends with every Commissioner, except Carmen Comsti of the National Nurses United union, voting to send the report to the Governor and the Legislature.

An article in the *San Francisco Chronicle* is at

<https://www.sfchronicle.com/bayarea/article/The-ball-is-back-in-Newsom-s-court-on-17126203.php>

An interview on KGO with HCN's president, Michael Lighty, about the Commission's report is at

<https://omny.fm/shows/the-pat-thurston-show/chris-merrill-why-is-no-one-talking-about-health-c>

A podcast-interview on *Code WACK!* with Michael Lighty about the Commission's report is at

<https://heal-ca.org/a-new-day-for-california-health-care/>

On May 24, PNHP and HCA cosponsor a special discussion, via Zoom, of the Healthy California Commission report: "What does it say, what does it mean, and what do we do about it?" The panelists are Commissioner Carmen Comsti (CNA/NUU), health policy expert James G. Kahn (PNHP) and HCN president Michael Lighty. The event is moderated by Hank Abrons (PNHP), who also facilitates the Q&A. More than 250 people register for the event, each of them receives a link to the video of the event.

The video of the panelists evaluating the Healthy California Commission report and answering questions is at

<https://youtu.be/jKc7zIDdma4>

On June 13, according to findings published in *Proceedings of the National Academy of Sciences USA*, from the pandemic's beginning until mid-March 2022, universal health care could have saved more than 338,000 lives from COVID-19 alone. The U.S. also could have saved \$105.6 billion in health care costs associated with hospitalizations from the disease. The researchers also estimated the cost to insure the entire American population—and the savings that measure would produce. They found that a single-payer health care system would generate savings in three ways: more efficient investment in preventative care, lowered administrative costs and increased negotiating power for pharmaceuticals, equipment and fees. This would ultimately produce a net savings of \$459 billion in 2020 and \$438 billion in a nonpandemic year, the authors found. "Americans are needlessly losing lives and money, says the study's lead author Alison Galvani, director of the Center for Infectious Disease Modeling and Analysis at the

Yale School of Public Health. “Medicare for All would be both an economic stimulus and life-saving transformation of our health care system. It will cost people far less than the status quo.”

A comprehensive report on the study, by Rachel Nuwer in *Scientific American*, is at

<https://www.scientificamerican.com/article/universal-health-care-could-have-saved-more-than-330-000-u-s-lives-during-covid/>

On June 26, Gov. Gavin Newsom announces a budget deal he struck with the Legislature that includes over \$1.3 million for staff and experts to work on the next steps of the Healthy California for All Commission, including federal waivers. The budget funds two staff (\$330,000) at California Health and Human Services to coordinate entering into negotiations with the federal Health and Human Services (HHS) Department to obtain federal waivers for resources and support needed to fund a universal health care system in California. Negotiating a federal waiver with HHS to obtain money and program approval will enable California to guarantee health care to its residents in single payer system. The staff will also coordinate next steps coming out of the Commission’s report, including coordinating experts (funded with \$1,000,000) to support implementation of recommendations in the report.

Also, the budget includes funding to expand Medi-Cal for low-income, undocumented residents ages 26 to 49. The program’s launch, starting no later than January 1, 2024, is expected to provide full coverage for approximately 700,000 undocumented residents and lead to the largest drop in the rate of uninsured Californians in a decade. It means California will become the first state to offer all income-eligible undocumented immigrants, regardless of age, state-subsidized health insurance; it also makes California the first state in the nation to provide access to health care coverage for all residents, regardless of immigration status. This is the fourth expansion of Medi-Cal eligibility to undocumented Californians, who have been the state’s largest group of uninsured. This Medi-Cal expansion is expected to cost \$2.6 billion annually. Californians generally are eligible for Medi-Cal coverage based on their income. The income cap for a family of four this year is \$36,156.



Opening up Medi-Cal to all income-eligible undocumented Californians has been a goal for nearly a decade for the Health4All coalition. Key groups in the coalition include the California Pan-Ethnic Health Network, Inland Empire Partnership, Health Access, and ACLU So Cal.

In 2013, the Health4All Campaign began when immigrant rights activists, health care advocates, and community members came together to call for expanding health care to all Californians, regardless of immigration status. The Campaign’s previous victories have been as follows: in 2015, undocumented children were allowed to join Medi-Cal; in 2019, eligibility broadened to the undocumented younger than 26; in May 2022, coverage was extended to eligible undocumented people aged 50 and over.

The video of the forum with representatives of groups in the Health4All coalition, which provides more information about the successful campaign to expand Medi-Cal as well as the report from the Healthy California for All Commission, is at

<https://healthcareforall.org/2022/06/15/healthcare-forum-to-promote-guaranteed-health-care-for-all-6-23-2022/>

On August 1, HCN, NUHW and UCSF Professor James G. Kahn launch the “Healthcare Savings Calculator.” It is an online tool that shows someone who answers a few questions how much they would save each year under a Medicare for All system in California. (The calculator uses figures released by Governor Newsom’s Healthy California for All Commission.) The questions are:

- 1) Did you have health insurance last year? [Yes or No]
- 2) In the last year, how much did you pay in out-of-pocket costs?
- 3) What is your annual income?
- 4) What Zip Code do you live in? [optional]

The Healthcare Savings Calculator is at <https://healthyca.org/medicare-for-all-savings-calculator/>

More information about the Calculator is provided in an article by Brett Wilkins on the Common Dreams website at

<https://www.commondreams.org/news/2022/08/01/health-cost-calculator-shows-most-californians-would-save-big-medicare-all>



## Authors of California Single Payer Legislation: 1997 – 2022



Barbara Lee & Diane Watson: SB 2123 (1998)



Sheila Kuehl: SB 2123 (2003) & SB 840 (2005-2008)



Mark Leno: SB 810 (2009 – 2012)



Ricardo Lara & Toni Atkins: SB 562 (2017)



Ash Kalra, Alex Lee & Miguel Santiago: AB 1400 (2021 – 2022)

## Principal Sponsoring Organizations of California Single Payer Legislation: 1997 – 2022



### Health Care for All - California

SB 2123 (1998), SB 2123 (2003) & SB 840 (2005-2006)



SB 840 (2006-2008), SB 810 (2009 – 2012), SB 562 (2017) & AB 1400 (2021 – 2022)

## Endorsers of California Single Payer Legislation: 1997 – 2022

The 1,024 endorsers are taken from lists of official supporters for the following bills: SB 921 (2003-04), SB 840 (2005-08), SB 810 (2009-12), SB 562 (2017-2018) & AB 1400 (2021-2022).

Endorsers are grouped in these categories: Government (79), Labor (124), Business (108), Democratic Party (99), Faith (84), and Endorsements by Other Organizations (530).

In each category, endorsers are alphabetized by name of entity, and when there are multiples of an entity (e.g., Democratic Clubs), they are also alphabetized by location (e.g., city).

The document is at <https://drive.google.com/file/d/1ljB9KlePH9F9dRuprSvtsog-TCOIQrWA/view?usp=sharing>