

Alberto Saavedra 10:02 AM

Does health insurance for profit make sense?

Vikki Glinskii 10:04 AM

Where do you post the recorded meeting videos?

Joslyn Maula 10:06 AM

You will be able to find recordings on the Healthy California for All website <https://www.chhs.ca.gov/healthycaforall/>

Hugh 10:04 AM

Public comment, no question:

Cindy Young 10:05 AM

Good Morning All,

Cindy Young, President of Health CA here.

Marci Levine 10:05 AM

My name is Marci Levine from Los Angeles. Please allow Healthy California and ordinary citizens to be part of this commission as ultimately it is the people who should have a say in what is best for them.

Rupa Marya 10:06 AM

I agree with you.

Hugh 10:05 AM

June 12, 2020

Dear Healthy California for All,

As a registered nurse, every day I see the devastation that occurs when people do not have access to healthcare (and to be clear, insurance is not healthcare).

The current pandemic response has demonstrated very effectively why insurance is not healthcare. Many people lost their healthcare insurance because they lost their jobs. So now they do not have healthcare when, for many, this is the first time they really need effective healthcare!

Medicare for All is the only appropriate response to creating excellent healthcare in our country and to make healthcare a right (as it should be) rather than a privilege as it is in our current system.

Please look at the multiple studies that compare the healthcare delivery system in the US to every other industrialized country that has a national healthcare system. You will see, demonstrated clearly, that the US does not have the best system (in fact we have an embarrassing system), and nearly every nationalized system

Nina Eliasoph 10:05 AM

Many studies have found that single-payer health care would be cheaper and would save more lives than what we have now. One sponsored by the right-wing Koch brothers found it could (nationally) save American families 2 trillion dollars over the course of ten years. Taxes for some would rise, while copays, deductibles, and premiums would disappear. The life expectancy for African Americans would start to resemble that of whites, since everyone would all have access to health care. Since it would be cheaper and save lives, can we institute single-payer right now?

Marisa Melo 10:07 AM

Good morning. Marisa Melo with Meals on Wheels of Alameda County here.

patty harvey 10:08 AM

How important is legislation like Ro Khanna's HR 5010 in overcoming challenges to obtaining fed. funds essential for implementing a SP program in CA?

Hugh 10:08 AM

My name is Hugh Moore. My public commented truncated above was sent to you via e-mail. Thank you.

Beatriz Sosa-Prado 10:08 AM

Good morning, everyone. This is Beatriz Sosa-Prado, Executive Director of California Physicians Alliance. CaPA is a non-profit statewide organization that advocates for a universal healthcare system in California.

Phillip Kim 10:08 AM

Why have you stacked these "focus groups" with people from anti-single payer and right wing reactionary organizations? The real stakeholders are the people of California, not for-profit corporations and not organizations that have a vested financial interest in maintaining the status quo. We are in a major health care crisis and in the middle of a deadly pandemic. Millions of people have lost their jobs and are losing their employer sponsored insurance. We should not be talking to the employers who only care about profit and in many cases are forcing their employees to work in unsafe conditions without PPE. We should not be talking to the Chamber of Commerce or the California Retailers Association. These are ultra conservative organizations that don't even support the minimum wage. Their last concern is public health or even the health of their workers.

Phillip Kim 10:08 AM

And organizations like the California Hospital Association are tied to the Partnership for America's Health Care Future, the corporate front group dedicated to fighting Medicare for All. This is hugely disappointing and a major disservice to public health. Millions of uninsured and underinsured Californians need you to do better!

Gerald Rogan 10:08 AM

test question- no answer required Was it a mistake for the California Legislature to allow Blue Cross of California to change to a for profit insurer?

Sonja Brodt 10:08 AM

Can you please repeat the e-mail address we can submit comments to? Or please put it in writing on the screen. Thank you.

Joslyn Maula 10:09 AM

You can send comments to [HealthyCAforAll@chhsa.ca.gov](mailto:HealthyCAforAll@chhsa.ca.gov)

Marie Twining 10:09 AM

More Californians must be made aware that even though they may have top private health insurance, they still may be denied coverage when they need it.

carlos ardon 10:09 AM

Where I can access the recordings of this presentation.

Joslyn Maula 10:10 AM

When the recording is posted, you will be able to find it at <https://www.chhs.ca.gov/healthycaforall/>

Henry Abrons, MD, MPH 10:09 AM

PNHP-California submitted comments: [https://drive.google.com/file/d/1BAn\\_UgBkZh40wtMU-hfUSoX6SDJsl6Ht/view?usp=sharing](https://drive.google.com/file/d/1BAn_UgBkZh40wtMU-hfUSoX6SDJsl6Ht/view?usp=sharing)

Linda Perez 10:10 AM

email address again, please? thanks.

Joslyn Maula 10:11 AM

[HealthyCAforAll@chhsa.ca.gov](mailto:HealthyCAforAll@chhsa.ca.gov)

Art Persyko 10:10 AM

What future options for public input will be offered? For example will you utilize the public airwaves i.e. broadcast media to alert the public to your work and even to gather public input (e.g. via one or more town hall meetings on the radio and/or tv; with a way to poll and gather large numbers of listeners/viewers to register their opinions; and also to gauge the level of public understanding of all of the options e.g. single payer, expanded ACA, etc..)?

Eric Vance 10:10 AM

Commission - thank you for reconvening in the midst of a pandemic. We in the Healthy California Now coalition - representing 6 million Californians - demand a single-payer plan, and ask to have spots on the focus advisory groups which are dishearteningly only hearing from Employers and Providers at this point. We need working-class representation, as we're the true stakeholders. <https://healthyca.org/healthy-california-for-all-commission-has-reconvened-and-is-moving-forward/>

William Bronston, MD 10:11 AM

can we adapt HR 6096 Jayapal to CA as an emergency policy and practice given the pandemic here?????

Kathy Rallings 10:11 AM

Why do we continue to give so much of our tax payer dollars meant for health care in the hands of for profit companies that use their profits against the interest of the public?

Dr Bill Honigman 10:12 AM

Established social science has shown Single Payer Healthcare systems save money and save lives. In these times of economic and social stress due to COVID19, why are we not already implementing a Single Payer system for California to save money and save lives, now?

James Sarantinos 10:12 AM

During the current pandemic, our fractured healthcare system demonstrated that allowing states to bid for PPE only raised costs and left hospitals without the required PPE. The power of bulk purchasing power at a national level would have offset this. This is ONE example how single payer works. States will always be free to add to this if they wish. This is how Federalist systems should work.

Thomas Reed 10:12 AM

Good morning to everyone. This is Tom Reed from the Butte County Health Care Coalition.

shirley toy 10:12 AM

Dear Commission,

We really need to have Single Payer Insurance here in CA and across the nation. Having your insurance be tied to your employer does not work - as so many are now unemployed because of COVID-19. This pandemic shows that our for profit health care system is not adequate to provide the public health so needed. The for profit health care system has been forced to compete with one another for PPE and this has increased the cost of PPE and left all healthcare workers inadequately protected against getting the infection themselves. Our current health care system does not focus on prevention and accessibility and instead focuses on treatment and expensive procedures. This hurts us financially, mentally, and physically. We do not have a health care system, instead we have a disease focused system.

Healthcare is a human right. When you lose your job, you should not also lose your healthcare. Many jobs these days do not even offer healthcare. . . that is the new trend . . . everyone will be on their own. Single Payer will not just help the individual, it will also help business who also have to foot a large part of the ever increasing health care costs. Single Payer will also help small community hospitals stay open.

I am a retired nurse and luckily I have some assistance with my retiree health so that I can still afford it for my family. This coverage is not guaranteed, however, and it would be very expensive if I had to pay the entire bill by myself. My daughter just aged out of my healthcare plan because she turned 26. She is still in graduate school and now qualifies for Medical. The field she would eventually work in often has staff work per diem and without benefits. My son is in college and who knows if he will need to go to graduate school as well, or if he will be able to even get a job, or if that job will provide health care. Our current health care system makes

individuals to deal with the stress of trying to have coverage and being able to afford it individually since there is no guarantee that you will be employed with a company that even provides healthcare. This shifts the cost of insurance to taxpayers, as we have to provide the care for so many who are not working or are so poor that they cannot afford healthcare while big insurance companies continue to be able to profit off of people being sick and we also pay for the healthcare of those who have no coverage. We need everyone to be in the same risk pool so that the healthy can subsidize the care of the sick - instead of all the sick being grouped into one high risk group that would be very expensive to provide care to while an insurance company will profit off the healthy (and sick as well).

Healthcare is not a "choice". We do not get to decide when we will get sick or not. Covid-19, cancer, and many other diseases will affect all people. If a person gets their coverage from the employer, the employer decides the coverage. Healthcare is not like buying a car or a pair of shoes - When you get sick, you should not have to choose between lesser price care verses good care and it is not something that one can do without. Our Healthcare needs to be guaranteed and comprehensive - and not based on what a person can afford or if they are lucky enough to have insurance. We need healthcare and not health insurance.

All of us are being held hostage by our for profit healthcare whether you are an individual, business, city, county, state or nation. The cost goes up and up and we have no control over it. I have known co-workers who have provided care for others their entire career, but then they got sick themselves, couldn't work, and unfortunately lost their healthcare when they needed it the most. We are all one illness away from losing our healthcare. Our current system is not sustainable, and it is insanity to keep doing the same thing over and over again and expecting a different result. People should not be going bankrupt over medical problems. What good is it to have life saving medications or treatments if you are not able to afford it? We must contain the cost of our healthcare while providing this need to ALL. Without healthcare, one cannot pursuit life, liberty, and happiness, and it is horrific to have to watch a loved one or even ourselves have to suffer under this system.

Thank you for your work. Our lives depend on moving to Single Payer.

Shirley Toy  
stoydc@sbcglobal.net  
1920 27th Street  
Sacramento, CA 95816

recently retired nurse of almost 40 year bedside career  
wife, mother, and sister  
CA ADEM delegate district 7  
Bernie delegate CD 6  
correspondence secretary for Wellstone Democratic Club  
Member of Democratic Socialist of America HealthCare Committee  
concerned citizen

carlos ardon 10:12 AM

thank you,

Marci Levine 10:12 AM

In addition to my comment about including ordinary citizens and citizen organizations into the commission, I want to add some other comments in support of pursuing a single payer health care system.

William Bronston, MD 10:13 AM

Marc, thank you for this expedited meeting and our profound hope that we get beyond talk and lock into genuine corrective action! bill

Michelle Grisat 10:13 AM

If you want to hear from the people of California, you need to hold more meetings and include us in the advisory groups!

Marilyn Albert 10:13 AM

Using Dr. Ghaly's term - the nursing home industry has been "unmasked" by COVID. How is it possible to transform long term care to a not for profit, high quality health service? Marilyn Albert, RN, Healthy California Now coalition

Barbara Commins RN 10:14 AM

Is there video of speakers?

Joslyn Maula 10:17 AM

If speakers are connected via video, you should be able to see their video as they speak.

shirley toy 10:15 AM

Yes, please listen to the people and not the industry. We cannot trust the industry to do what is best for the people. That is like the fox guarding the hen house. We must address root problems and think big. Our current "system" does not work. Shirley Toy, RN, mother, wife, daughter. sister, patient advocate, concerned citizen

Margaret Copi 10:16 AM

The only way to afford all these steps is to exclude insurance companies with the major cut they take in our healthcare dollars. From Margaret Copi MD Oakland CA

Alice Maupin 10:16 AM

Alice Maupin, Member at Large from CA Health Care Emergency Action Group

Karen Stevens 10:18 AM

Our failed employer-based for profit system is unconscionable. The current pandemic has clearly brought this inhumane system into sharp focus. That our system disproportionately impacts low wage workers and people of color is beyond outrageous. I echo Phillip Kim in his question as to why this group is slanted to represent for-profit interests?

Michael Monasky 10:19 AM

Like watching paint dry while Rome burns...

Max Cotterill 10:19 AM

Why are we wasting so much time theorizing what we already know can be done? As far as I know this is only the 2nd public meeting of this commission. At a time when millions of Californians have recently lost health insurance because we largely predicate health care on employment, it seems like we should be moving with much more urgency. Every day, week, month that you delay is that much longer that people are going without the care they need.

Michael Bullion 10:19 AM

Time has run out for millions of California Single Payer Now!

o660547 10:20 AM

Greetings Commission and All,

Susan Meyer 10:21 AM

Is there any representation of the working class (folks like me) and singlepayer advocates (like Healthy California Now) on the Commission's advisory groups?

Alex Newell Taylor 10:21 AM

Why have these focus groups been created outside of the public's eye? Why didn't the public get a say on the focus groups, the content that could be discussed and who will participate in these focus groups? It is clear that the consultants have been making these decisions about what will be discussed and who will be discussing it. This hardly seems fair or democratic and shows bias towards industry rather than serving the public. Our healthcare should be in the hands of the public not the hands of industry and consultants.

Rupa Marya 10:31 AM

I believe there should be a public advisory group. I will raise this today. I'm concerned that the two advisory groups are industry-based.

Phillip Kim 10:21 AM

How many commissioners work for or get funding from the health industry (including non profits that get funding from the health industry or non profits whose boards are stacked with people from health industry funded orgs)? Can you please disclose.

Jenni Chang 10:22 AM

Jenni Chang, a State and County Delegate of the Democratic Party. I agree with others. I think it is obscene that we will only be hearing from focus groups that have immediate preferences for multi-payer. They do not represent the majority of voters of this state (check the exit polls), which is why it is alarming that they may be giving the lasting impressions coming away from this meeting today. This commission belongs to the people, should be representative of, and serve the people.

Michael Monasky 10:23 AM

What? An impressive report?

Michael Monasky 10:23 AM

A report about commissioner interviews?

Michael Monasky 10:23 AM

Hey, do you want to interview me?

William Bronston, MD 10:23 AM

there is no other alternative than single payer to save CA billions, universalize care to every resident, end all out of pocket barriers, cover all aspects of health care including dentistry and mental health and social determinants, end job lock CA cannot go forward without this strategic democratic change in our cruel and violent current delivery system!! william bronston MD

Jenni Chang 10:24 AM

To start, the mission statement of this body offensive. The insertion of "not limited to single payer" is language that serves monied interests, not the people. Single Payer would give our public agencies so much more freedom. It would be "limited" for insurance companies. People are tired of these games.

Jeanie Schmidt 10:24 AM

We need Medicare4All NOW. Never has it been more clear or opportune. As a patient and a critical care RN of many years, I have seen this from many perspectives.

\*\*NO other health care options are destined to be as successful or sustainable!\*\* I beg of you to review the documentation at pnhp.org

"Including but not limited to Single Payer" is NOT sufficient and will NOT solve the problems.

I became disabled and we lost our home and nearly everything else while "good health insurance" with my brain tumor in 2010. My experience is sadly one of millions.

\*\*It is ABSURD to tie healthcare to employers and have companies MAKING PROFIT OFF OUR ILLNESS!!!\*\*

It is absurd that Americans can be one illness away from complete devastation in our current system- WE MUST ACT NOW FOR MEDICARE 4 ALL!

It is critical that you INCLUDE working people, consumers and single-payer advocates as stakeholders - we are the ones on the receiving end of all this- we are the ones to be served.

Michelle Grisat 10:25 AM

The steps in the document are neither bold nor steps toward unified financing.

Kathy Rallings 10:25 AM

Can you define affordable?

Cindy Young 10:25 AM

Dear Commissioners,

Healthy CA Now includes physicians, nurses, health professionals, and advocates with years of experience in policy. Our voices must be heard, and included in the stakeholder/advisory committees.

Michael Bullion 10:26 AM

LOLOLOL Job based coverage?????

Maureen Cruise RN 10:26 AM

why preparatory “move toward” path instead of construct and implement since 22 US studies over 30 years ( and International systems) have all shown single payer offers savings and full quality coverage...same coverage for everyone?

Marci Levine 10:27 AM

Having health insurance tied to employment has many problems even when there is low unemployment, but it is catastrophic when there is a crisis that disrupts employment so drastically. In the best of times, people have to choose between the right job for them and the one with the best health care (if that is even a thing), and may have to change doctors every time they change jobs. But when they lose their jobs, as millions have during the pandemic, they are forced to pay for Cobra at a higher cost, at a time when they need health care the most. I urge you to not maintain the current job based health insurance system.

Art Persyko 10:27 AM

Question for Mulkey consulting:

Do you study (or will you be studying) the “lobbying environment” that affects decision-making by members of the legislature and the Governor? I am referring to the impact of those with an economic interest in the health care business community (e.g. money and related messaging and pressures brought to bear on elected officials from: health insurance companies, pharmaceutical companies, hospitals, and associations representing the interests of all for-profit entities making money in California healthcare)?

William Bronston, MD 10:27 AM

one does not jump a chasm in two steps. the pre decision to act to preserve private insurance is the corrupt fix in the Commission's majority conflict of interest!! this is not the people's will and represents the corporate investment in the great american health care scam (see. David Belk MD new book)

Alberto Saavedra 10:27 AM

California spends almost \$400 billion/year in healthcare. A single payer system would cut at least \$40 billion/year because of lower administrative costs. Small businesses would benefit let alone all non covered people and those who lost their jobs. When do you plan to have a just and efficient healthcare system such as Canada, Taiwan, Norway, etc.? BTW I'm just an activist. Enough "incrementalism" we need real progress.

Ernest Isaacs 10:27 AM

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Ernest Isaacs 10:28 AM

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Nina Eliasoph 10:28 AM

Nina Eliasoph, sociology professor at USC here: Since we know from empirical social science research that by getting rid of the insurance corporations, single-payer would save money and lives, and would address our country's horrific health inequities, why is the commission stocked with people from for-profit insurance corporations and their allies?

Ann Harvey 10:28 AM

Thank you, Dr.Ghali, for pointing out that massive job loss due to COVID measures unmasks the folly of tying health care coverage to employment. Health and health care disparities are highlighted by the epidemic. The much broader disparities impacting health, well being, and life expectancy that are created and perpetuated by systemic racism are highlighted by videos of murders of Black people by law enforcement officers and by the ongoing demonstrations.

Now is the time, when the nation is acutely aware of these unconscionable disparities, to embrace and implement ASAP a health care system that provides THE SAME ACCESS AND COVERAGE TO ALL, from preconception to grave. Single payer is absolutely necessary, although not sufficient.

Marci Levine 10:28 AM

Also, as the person at a small business that has to administer the health insurance system at our company, it creates a huge burden and is very distracting to my ability to do the main job I should be focusing on.

Stephen Vernon 10:28 AM

Stephen Vernon, MFT --Therapists for Single Payer, PNHP, Healthy California Now Coalition--- Appreciate the "bold" partial steps as an attempt at compromise. But how do you take the insurance corporate profit and administrative waste out of health care without taking the insurance corporate profit and waste out of health care...?

Ryan Skolnick 10:29 AM

This commission's environmental analysis spent far too much time rehashing tired objections about the process of implementing single payer, and proposed virtually nothing to address these objections outside of federal action (which is not necessary to implement unified financing in the state of California).

Indeed, most suggestions for action in the report were entirely unrelated to the implementation of single payer, and instead focused on piecemeal fixes, many of which the legislature is already considering. Why is this committee talking so much about figuring out next steps about unified financing, when in the committee's own report, it does nothing to further that?

Gerald Rogan 10:29 AM

Is there a way to meet the goals of the commission without comingling all the money? There are significant barriers to combine Medicare and Medicaid funding. Administration of each program are markedly different. I have worked as a medical director for both payers, NHIC and Xerox. I would not want my medical care financing run by DHCS.

Sonja Brodt 10:29 AM

As a health care consumer and long-time resident of California, I urge the Commission to create advisory groups specifically for regular health-care consumers, low-income communities, communities of people of color, and groups already working on alternative visions for health coverage, especially single-payer systems. The COVID pandemic has clearly shown the urgency of fixing a system where coverage is tied to employment, as well as the terrible and unethical disparities in health coverage between different demographic groups. This Commission's analysis and recommendations can have no legitimacy in the eyes of the public without clear and thorough representation of the most deeply affected demographic groups amongst our population.

I also urge the Commission to give fair and serious consideration to a "Medicare for All" type, single-payer system, which is the only clear way forward to provide for disadvantaged groups, and to save money across public and private sectors, as shown by previous economic analyses

Dr Bill Honigman 10:29 AM

COVID19 shows how we need public prioritization for a public health emergency. This can only be done by a publicly financed system that allocates resources to where they are needed. Why are we still only talking about implementing such a system when Californians are suffering and dying now especially in inner city and rural areas because we are not already acting on this issue?

Michael Monasky 10:29 AM

Is the commission, the governor, the legislature, and the industry blind and deaf to our anger, frustration, and disdain towards them and this health market system?

Michael Monasky 10:30 AM

Can I answer for you?

Maureen Cruise RN 10:30 AM

The make up of this commission only has 3 possibly 4 bona fide single payer advocates out of the 18 involved.

Should the governor disband this commission and reappoint a more fair representation of the research and of the people's needs in this state. Thousands die every year incrementalism and insurance, hospital, pharma profiteering is an emergency for people every day. The foundations represented by members of this commission are advocates for those interests.  
Maureen Cruise RN

CS Lim 10:31 AM

COVID-19 has shown that any healthcare system that continues to tie healthcare coverage to employment, and is premised on insurance companies, drug companies and hospitals making profits isn't actual healthcare. The public option is unacceptable. We demand real quality universal healthcare in California, and that is single-payer.

It is also unacceptable that the Commission's "Current State of Health Care in California" presentation proposes only employer and healthcare provider advisory focus groups. Millions of ordinary Californians need to be represented on the advisory focus groups by advocacy groups for the public, such as Healthy California Now and Health Care for All – California.

Thank you.

Margaret Copi 10:31 AM

Define "Unified Financing" - that term is a veil and could be interpreted as "move everyone into Blue Cross and the tax payers pay for everything including the profits." Clarify the goal or it is not possible to define the steps to get there. You folks have to be brave and tussle with the kernel of the controversy - diversion of money to profits. The composition of your currently advertised advisory groups is pulling back the veil to the dismay of virtually ALL of today's public commenters.

John McKean 10:32 AM

Does this Commission continue to view job related medical coverage as part of the solution to Universal Health Care?

Maureen Cruise RN 10:32 AM

This commission is a delay and distract tactic to block real reform

William Bronston, MD 10:33 AM

the action of this body and the governor will presage the shift of content of mass demonstrations on our streets. The deaths due to the lack of access to health care from non and under insurance exceed the deaths from COVID, silently!! We can't breathe????? there has been a knee on our neck for over 100 years with its concurrent death toll!!!!

Henry Abrons, MD, MPH 10:33 AM

The term "unified financing" is open to interpretation. How does the Commission define the term? What does it include? and what does it exclude? Henry L. Abrons, MD, MPH, Physicians for a National Health Program, California Chapter

Erika Feresten 10:34 AM

My name is Erika Feresten, I am an elected CA delegate AD 50. We should be past conversation. It has repeatedly been made clear by every other industrialized country in the world, and the various reputable studies done here that single-payer is the only viable way to give all US residents quality and comprehensive health care and save money. We don't need a committee to discuss, we need the Governor who campaigned on Single-Payer to implement it now.

Alyssa Kang 10:34 AM

I want to enter into the record, the concern shared by patients, frontline health care workers and so many others throughout the state about the lack of public input into this entire process, especially during this devastating pandemic. Those most impacted by the racial and economic disparities that have been exacerbated by COVID-19 - these voices need to be heard and included. Also very concerned that the work of the Commission lacks transparency - all this work is being done behind closed doors, spearheaded by consultants, instead of those most directly impacted (patients and the nurses, doctors and other caregivers who take care of them). Why was the draft report only made public late yesterday? This does not allow enough time for the public to review. The public, all the stakeholders, should be able to submit comments on the draft and other future reports to make this a productive, useful and impactful process.

William Bronston, MD 10:34 AM

false question!~!! election must correct the conflict of interest that suffocates our culture and puts us all at high risk

Kathy Rallings 10:34 AM

The chat is disabled.

Art Persyko 10:35 AM

The chat is disabled by the host  
it says on the screen!

Craig Simmons 10:35 AM

Unable to access chat feature. I would like to speak. Craig Simmons

Karin Bloomer 10:42 AM

Please provide your written input using this Q&A feature. Before adjourning, we will explain how to request to make verbal comment. Thank you.

Ellen Karel 10:35 AM

Can you please summarize the rationales voiced by commissioners favoring the “big leap” and “bold preparatory” approaches? Thank you.

Kathy Rallings 10:35 AM

We can't continue lining the pockets of the for profit insurance companies with tax payer dollars.

Maureen Cruise RN 10:35 AM

Why so many from east coast...they do not know California...is that why they were selected?

o660547 10:35 AM

My name is Eric Pierce and I am the social worker in the largest infectious disease clinic for Kaiser Permanente. I would first like to thank Governor Newsom and staff for helping to resolve my union, National Union of Healthcare Workers, labor dispute with Kaiser. Let me be clear, we need single payer now in California. All my patients have HIV or AIDS and need life saving medication daily. Many of my patients have lost their jobs due to COVID 19 and hence their healthcare coverage. Because of our current system tying jobs to healthcare, my patients will be without their vital medications and doctor appointments. Think off all the chronic life-threatening illness that now have no treatment like diabetes, high blood pressure, cancer. Do we want to abandon these people to die? The lives of all Californians are in your hands. California is the 5th largest economy in the world. Behind us is the UK and France both have single payer healthcare systems. We have the money we need the political will.

Iris Perez 10:35 AM

Hi, I'm a lifelong resident of California and a current nursing student.

While the Commission has formed two Stakeholder Advisory groups, there is still no public stakeholder group that represents the diverse patient population that lives in California. We need Healthy California Now to fill this role. Healthy California Now is a statewide coalition of organizations and activists whose goal is to eliminate all barriers to care, starting with establishing a single-payer, Medicare For All system in California that will serve our state's diverse patient population.

The for-profit/insurance-based healthcare model is ethically unsound and capitalizes on patients' illnesses. We need a fair, equitable, cost-efficient healthcare system that puts patients before profits. We need to focus on prevention and put a stop to increasing costs of healthcare, limited provider choices, pharmaceutical price gouging, surprise bills, and health plans that charge more and cover less. We need Medicare for All. Thank you

William Bronston, MD 10:35 AM

the preparatory step is to replace the cowardly and corrupt legislators from blocking the truth and only solution with its urgency. bronston

Ann Harvey 10:35 AM

Web Moderator: can you please display the speakers' names as they speak? And position if possible?

Gerald Rogan 10:36 AM

How do I find the report? What is its url?

Joslyn Maula 10:38 AM

<https://www.chhs.ca.gov/wp-content/uploads/2020/06/Environmental-Analysis-of-Health-Care-Delivery-Coverage-and-Financing-Draft-2-06-12-2020jm.pdf>

Kathleen Healey 10:36 AM

Ro Khanna's bill HR5010 would allow CA to use federal health funds (MCare/MCal) for a state health care system. Is the Commission supporting this bill?

Denis Recendez 10:36 AM

California is the sixth largest economy in the world, even larger than Canada. Yet, Canada has guaranteed healthcare through a public funded program.

California must be the leader in guaranteeing comprehensive healthcare to all its people, free at the point of care with no premium, co-pays or deductibles. The only way to achieve this is through a publicly funded and directed Medicare For All single payer program. Please help make it happen!

Mari Lopez 10:36 AM

Since the creation of the ACA, state leaders have allowed the grave concerns over cost to working individuals and families to go largely ignored. Since then we have seen insurance costs soar, pharmaceutical prices dramatically increase, and many people who do have

insurance are now reporting in greater numbers that they are foregoing care because of the additional costs at the point of service. The insurance industry have demonstrated time and time again that their concern is not the health of the population, but instead the maintenance of their profit margins. And it is a fact that their practices disproportionately impact people of color.

Art Persyko 10:37 AM

The Chat funditon is not working! It says its disabled by the host. How can we raise our hands if its not working?

Karin Bloomer 10:47 AM

Please use this Q&A feature for written comment, and then before adjourning, we will explain how to request to provide comment verbally. Thank you.

Susan Howe 10:37 AM

Have the University of California and Kaiser, plus the larger Hospital Systems in California been approached for their opinions and willingness to cooperate with a unified State Financing system? Especially the UC Health System and Kaiser may have self interest in a State Financing System

Dr Eric Hansen 10:37 AM

Has the panel considered other countries systems as a possible solution to improving healthcare affordability and delivery in California. Such as the German model that does not entirely depend on State/Federal funding to work?

shirley toy 10:37 AM

The current system is not working. If people do have adequate health care coverage, we as a society are still paying for it - either increased cost for tax payers, cities, counties, businesses, individuals, our nation. . . and the "profits" are not going into more care, but profit for the few.

Jenni Chang 10:37 AM

With all due respect for everyone's time, if there are commissioners who cannot dedicate the time and energy to help get California to single payer, then please resign.

George Woyames 10:37 AM

I am George Woyames, LCSW, a retired medical social worker in San Francisco. Insurance companies are having to pay lots of money to cover COVID19 hospitalizations. Wouldn't this be to their advantage to jon into a health care for all kind of system?

Alberto Saavedra 10:37 AM

Well said Carmon!

Erika Feresten 10:37 AM

YES Comsti!!!!!!

William Bronston, MD 10:37 AM

right CAmen!!!!!! ACT now!!

Michael Bullion 10:37 AM

Go Carmon Comsti!!!

Marci Levine 10:38 AM

I agree with Carmon that now is the time for the big leap!

o660547 10:38 AM

Thank You Carmon! Yes lets talk now!

Steven Gibson 10:38 AM

Is it possible to add additional California citizens to the commission? They should have input and contribute also!

Steven Gibson 562-900-2834 sagauthor@gmail.com ADEM member AD 41

Denis Recendez 10:38 AM

Thank you Carmon!

Nina Eliasoph 10:38 AM

Yes, Carmon Comsti!! 108 people in the Q&A agree!

Erika Feresten 10:38 AM

Comsti for Governor!

o660547 10:38 AM

Carmon is speaking about my patients.

Michael Bullion 10:38 AM

Covered CA is bankrupting me right now!!!!

Michael Monasky 10:38 AM

what autoerotic puffery this environmental analysis is? Did I fall off my chair when this body calls this report "environmental"? Urban planners engage in similar report writing following guidelines from CEQA (1970) while destroying our environment? Is the bloated food system, harboring 700 billion animals worldwide, contributing to the zoonotic pandemics we now see?

Gerald Rogan 10:38 AM

Can we reduce the cost of medical care by improving the medical staff peer review process? Should we change the way medical malpractice litigation is conducted to reduce the need for defensive medicine?

Michael Monasky 10:38 AM

should I answer that question for you?

Barbara Dunn 10:39 AM

Yes, the time for the big leap to single payer is now!!!

Maureen Cruise RN 10:39 AM

YES COMSTI !!!! get the profiteering pirates out and their representatives on this commission out!

o660547 10:39 AM

People over Profits!

Erik Marquis 10:39 AM

I would like to know if any of the commissioners disagree with the following, and if so, why: Any healthcare reform that California undertakes must be preceded by a plan to collect and share health data. If no commissioners disagree with that statement, then shouldn't we create a subcommittee that focuses on that task?

C E Mone 10:39 AM

Listern to her!

Michael Bullion 10:39 AM

Single Payer Now! Go Carmon!

Marci Levine 10:39 AM

The financing should be able to be done fairly simply by a combination of a fee to employers and a tax on people, with subsidies as needed to aid the burden to the poor and certain small businesses.

Stuart Flashman 10:39 AM

Emphatically support Ms. Comsti's comments!

Marci Levine 10:40 AM

Yes! HR 1384!

o660547 10:40 AM

Healthy Cal will help you with that!

Jeanie Schmidt 10:40 AM

I really wish for some indication that this commission is actually listening to what Carmon is saying here? When will the people be heard?

Rhetta Alexander 10:40 AM

Thank you Carmon Comsti for your support for single payer in California!

Maureen Cruise RN 10:40 AM

NURSES know...not these corporatists on this commission....and the fake "reformers" there to blockade single payer like health access.

Gerald Rogan 10:40 AM

Can we treat drug addiction more as a medical problem, not a criminal problem?

shirley toy 10:40 AM

I support this current speaker! Yes!

patty harvey 10:40 AM

WHy are commisioners willing to fiddle around while people are suffering and dying? Comsti is 100% correct!

Kathleen Healey 10:40 AM

Yes on bold preparatory steps!! Thank you, Carmen!

Ernest Isaacs 10:41 AM

A "Great Leap" is absolutely necessary. A "Bold Step" just drops us into the abyss.

Alex Newell Taylor 10:41 AM

Thank you Carmen! This commission is designed to do nothing but make us wait- and we don't have time to wait. The time is NOW.

William Bronston, MD 10:41 AM

bpttom line is health care must be pubic good belonging to the public and delivered privately in this first step before thru public ownership of all helath professionals. 1384 and 6096 are the first steps!! the bias of the conslultants and rejection of single payer by the commission is unethical.

Henry Abrons, MD, MPH 10:41 AM

Agree with Commissioner Comsti — we need to take the big leap without dithering around.

Alyssa Kang 10:41 AM

Thank you, Carmen!

Marci Levine 10:41 AM

Yes Carmon!! Ordinary citizens and businesses need to participate, not big corporations.

Iris Perez 10:41 AM

Why are we willing to spend so much money on a healthcare system that doesn't serve patients who need the most care? Where is the moral backbone from this nation's leadership? Our current system is failing our patients.

shirley toy 10:41 AM

Thank you, Carmen!

Alex Newell Taylor 10:41 AM

We don't have time to wait! Thank you Carmen! We need to be focused on what it will take to get this done - not more time for corporations to tell us what their position is. We need to move forward now - CA can be the beacon of hope for the millions more who are uninsured!

Robin Sunbeam 10:41 AM

Maintaining illness is more favorable in a for profit healthcare system.

Also, it is not profitable to maintain supplies of emergency equipment and paying for storage when it may not be used for years. The theory is that the emergency equipment can be acquired as needed. A public healthcare system would have emergency supplies in storage.

Government is not for profit. Government services should never be for profit.

Iris Perez 10:41 AM

Thank you Carmen!!!

Maureen Cruise RN 10:42 AM

BOO Wright—shame on you for derailing single payer for years while claiming to be for it. Nice paycheck?

Michael Bullion 10:42 AM

How about we use \$\$ from sales of Marijuana and set up funding through a Public Bank!? The money exists!

Suzanne Cowan 10:42 AM

As a senior citizen, I believe that one of the most urgent and important steps in the transition to universal health care is reducing the price of medications. California can and must establish control over drug costs and require pharmaceutical companies to engage in price negotiation with State representatives for all medications they place on the market.

o660547 10:42 AM

We can all talk about what COVID has shown about our current healthcare system, now is not a time for talk, it is time for action!

William Bronston, MD 10:42 AM

we ,must take on evil directly!! single payer now

Gerald Rogan 10:43 AM

Can hospitals work more collaboratively to avoid needless duplication of health care resources, such as developing centers for elective neurosurgery, more urgent care centers to reduce emergency department visits?

Linda Bassett 10:43 AM

Linda Bassett State and County delegate for the democratic party and retired teacher. We essentially do provide single payer to many already in the state through the public/government employers such as education, police, government. It is not a leap to insure all people. This is another stalling step or the corporate insurance companies and their grab for our public dollars. Getting rid of the intermediary insurance companies and directly paying doctors of these worker's choice is an easy step. These groups are paying for the uninsured already by way of inflated prices. Covering the rest by way of a progressive tax on all others, is an easy step. Get rid of the gougers and Single Payer is NOT a leap.

Michael Monasky 10:43 AM

C'mon, Anthony...can't you just spit it out? Do you still oppose single payer health care?

o660547 10:43 AM

People don't experience our current system because they can not afford it!

Jenni Chang 10:43 AM

Anthony Wright, you were appointed by Anthony Rendon and are ED of Health Access, which receives funding from insurance companies. You will have to work harder to prove that you are not working against single payer.

Anthony Wright 11:29 AM

Just to correct the record: Health Access, the statewide health care consumer advocacy coalition, does not take any funding from health insurance companies, or frankly other parts of the health industry. No money from insurers, hospitals, drug companies, etc. In fact, the health insurers often make our legislation and policy efforts their top effort to kill--spending lots of money lobbying and campaigning against our patient protection proposals. Thank you.

Ann Harvey 10:43 AM

Thank you Carmen Consti. You hit the nail in the head. Take the leap now. Get the experts, such as from my organization, Physicians for a National Health Program, National Nurses United, Congresswoman Jayapal and her staff, etc, and GET IT DONE. —a family doctor

Marci Levine 10:43 AM

Exactly Anthony! I know so many people that are stuck in jobs because they can't give up health care. Or can't afford to do what they want to do because of health care needs.

Phillip Kim 10:44 AM

Yes to everything Carmen said! We need to move immediately to a single payer health care system in California. The current profit-driven patchwork is hurting Californians. Health insurance companies serve no useful purpose; they make money by denying care. Get rid of them!

Ramon Bieri 10:44 AM

Does this commission have the same frame of mandate to approach developing the solutions for the state, as the state approaches universal education access for all Californians?

Eric Vance 10:44 AM

Please listen to your own Commissioners — there MUST be public input, not solely from Employers and Providers. People are fed up across the country and the planet with the continuing systemic injustices, and are demanding and winning substantial change in real time by righteous protest and direct action. The Commission's report as it stands does not reflect the will of the working class. Please accept the breadth and depth of experience that Healthy California Now coalition is offering you. There's a reason hundreds of people are calling in right now. You have a chance to not only be on the right side of history, but to be leaders.

Alberto Saavedra 10:44 AM

Don't get lost in the trees, look at the forest. It's on fire.

Gerald Rogan 10:45 AM

Medicare had authority to impose least costly alternative payment to specific drug pairs such as Lupron and Zoladex. The authority was removed in 2009 via a court action. Should this authority be enacted?

Brian Stompe 10:45 AM

The only winners in the current system are the insurance companies and legislators who receive insurance lobbyist funds. How do we make clear to the multiple entities using the health care system that they will make huge savings with single payer and everyone will receive good health care with single payer? Insurance companies and their legislators try to divide the public into spheres of different interest, when actually they have a common interest.

William Bronston, MD 10:45 AM

people are dying daily stop this Wright blah blah blah

Stuart Flashman 10:45 AM

We need to move away from employment-based healthcare. It doesn't work for the unemployed, for those in the gig economy, for those whose employers don't provide healthcare coverage, and for those, like me, who are self-employed.

Erika Feresten 10:45 AM

Keep speaking truth, Comsti! Aside from you Marya , Hisao, and maybe Schefler the rest of the comissionars are aligned with the medical industrial complex that profits off the current health system that discriminates based on race, economics and immigration status.

Randy Hicks 10:45 AM

can compare to insurance model to single payer on Coviid19 coverage

Maureen Cruise RN 10:45 AM

Every body in exactly the same system of finance allows community services to thrive with every person being of same value. Everybody in and nobody out. Divide and conquer has been Health Access' and CPEHN and so many other "non profit identity politics groups" getting foundation money. Single payer is not complicated. what you propose is health access apartheid. We dont need to "get to" the big leap. Take the leap.

Dr Bill Honigman 10:45 AM

Commissioner Comsti is right. COVID19 shows now is the time to do what's right for all Californians. Implement Single Payer HC now.

Ryan Skolnick 10:46 AM

Why are we even discussing markets here? The entire premise of single payer (or unified public financing as the commission insists on calling it) is that markets don't work in health care. That's why people are so critical of these advisory committees: they reflect the mindset that the current system just needs reformation. You can't reform something that has rot at its core, we need to replace that system.

Craig Simmons 10:46 AM

I would like to speak about implementation of a voter approved payroll healthcare tax.

Kathy Rallings 10:46 AM

California must compete globally and that means we need Single Payer health care now!!

Mari Lopez 10:46 AM

We agree with Carmen Consti's comments regarding the snails pace of the commission's action to determine the merits of a single payer system while millions continue to suffer from a pandemic that has accelerated the loss of their coverage through contracting the virus, the loss of a job that provided insurance, and the increase in costs that has been on an upward trajectory for years. There has never been a time nor circumstances that call for immediate and wholesale change of a system that is transparently draining the taxpayer coffers while CEOs make millions in salary

Stephanie Nakajima 10:46 AM

lol ya'll think you are going to funnel more public funds to private, for-profit insurers? Good luck selling that one :)

Erika Feresten 10:46 AM

Right on Marya!

William Bronston, MD 10:46 AM

Rupa!!! YESSSSSS!!

Baba Akili 10:46 AM

My name is Akili. As an organizer with Black Lives Matters-LA we are supporting and advocating for a single payer health care system. It's the best way to assure Black people will have access to health care. It makes no sense to continue to connect health care to employment, health care is a human right not a benefit. Act now people are dying, to many of the people who are dying are Black and need health care, don't let institutional racism stop you. End health care apartheid.

Denis Recendez 10:46 AM

YES! Thank you Rupa!

Michael Monasky 10:47 AM

Anthony Wright needs more time to figure out how to continue passing profits to hospital systems, insurance companies, and all those still employed health insurance brokers...

Nina Eliasoph 10:47 AM

I wonder why there are so many speakers who are filling up a great deal of time repeating what we already know, without (except for Carmon and Rupa!) directly saying that we already know what would save lives and be cheaper: single-payer. Since we know this already, can we work on single-payer right now?

o660547 10:47 AM

Thank You Rupa!

o660547 10:47 AM

Preach

Stephen Tarzynski 10:47 AM

Steve Tarzynski MD

William Bronston, MD 10:47 AM

AND FUNERAL DIRECTORS

shirley toy 10:47 AM

The public need to be included now!

Marci Levine 10:47 AM

Yes Rupa!

o660547 10:48 AM

Yes Yes Thank You!

Henry Abrons, MD, MPH 10:48 AM

Cheers for Dr. Marya's comments (10:46 AM)

C E Mone 10:48 AM

Listen to her [Rupa Marya], too!

Maureen Cruise RN 10:48 AM

YES RUPA...and i love the April's Fishes...cool.  
Everyone in the same system are valued the same.  
Tiered care is discriminatory by design and definition

Alyssa Kang 10:48 AM

Thank you Dr. Marya! Yes everything you are saying. Thank you for standing with us and speaking out for these communities!

Jeanine Rohn 10:48 AM

THANK YOU, Rupa!!

Judy Rice 10:48 AM

Where is the process flow? that could show visually where the bottlenecks exist

o660547 10:48 AM

Listen to Rupa!

shirley toy 10:48 AM

People need healthcare and not health insurance!

David Melford 10:48 AM

Single Payer MC4A is a must not to be tied to employment. We can't afford the ACA system now. You have to be making more than \$225,000 dollars a year in income to be paying more than the average monthly major medical plan premium of \$833 families, not mentions \$321 for individuals. The Sanders Campaign emphasizes a first \$29k income exempt and 4% tax on incomes above \$29k. The break even income is \$250,000 taxed at 4% about the average of \$10k a year on premiums. Families on average pay twice as much as the Now \$20k Just on Premiums. Not talking about including premiums Co-Pays and Deductibles and Big Pharma bills. Medicare. Is a No Brainer except for Big Wall Street Lobbyists and Crony Capitalists.

Beatriz Sosa-Prado 10:48 AM

Thank you, Rupa. This is Beatriz Sosa-Prado from California Physicians Alliance. Participants here overwhelmingly support a single payer system.

Iris Perez 10:49 AM

Thank you Rupa!!!!

o660547 10:49 AM

ACA is a failure, my patients are suffering!

Marci Levine 10:49 AM

Also, small business HR administrators and CFOs should also be consulted about the impact of the current system on them and what they would recommend.

shirley toy 10:49 AM

I support this speaker 100%

Max Cotterill 10:49 AM

Thank you Dr. Marya!

Erika Feresten 10:49 AM

An error the public who overwhelmingly supports single-payer was not included or by design?

Maureen Cruise RN 10:49 AM

Private Profit only extracts resources away from care

Stephen Tarzynski 10:49 AM

California Physicians Alliance. Pandemic shows that market forces can't handle a major crisis. Have to end linking employment to insurance, i.e single payer. Also need to strongly regulate private equity which is taking over the healthcare system.

Gerald Rogan 10:49 AM

What is the likelihood Medicare beneficiaries will agree to risk their benefit in favor of the State of California managing the benefit dollars? I think there would be lawsuits to prevent it in the absence of federal legislation. How can we move toward less employer based financing of medical care for those who are not Medicare beneficiaries? I recommend the focus be on those who are not on Medicare and leave Medicare alone.

Marge Gianelli 10:49 AM

I agree with Carmen Comsti

Michael Mulderig 10:49 AM

Listen to Rupa

shirley toy 10:50 AM

where can we find this "report"

Nina Eliasoph 10:50 AM

Please be sure to put Rupa and Carmon's comments in the report!

Margaret Copi 10:50 AM

Linda Bassett agree agree agree with your comment.  
— Margaret Copi MD Oakland CA

Barbara Dunn 10:50 AM

Yes, Rupa, good point about twin pandemics. And I agree again we need to take bold visionary action, and take the big leap to single payer now! Must have equity in health care.

o660547 10:50 AM

Why were Rupa's comments left out of the report?

Max Cotterill 10:50 AM

Very concerning that the commission has made little effort to include the public in this process AND that several of the commissionners who support single-payer are noting their comments were excluded from the report.

Gerald Rogan 10:50 AM

Should all vaccines and immunizations be removed from insurance and become the financial responsibility of the public health departments?

Dr Bill Honigman 10:51 AM

Thanks Commissioner Marya, you are exactly right. Corporate insurance diverts resources to their own benefit which is not necessarily that of we the people of California. Why are we not moving forward to such a system now that prioritizes the good of the public not that of corporations?

Maureen Cruise RN 10:51 AM

Tarzynski CaPA in patnership with health Access suppopts "regulation" but keeping the insurance in profiting from our needs and teired care. Check out the Golden State Roadmap....complete nonsense.

Michael Monasky 10:51 AM

are white people blind to the racial apartheid of private health insurance systems and markets?

Henry Abrons, MD, MPH 10:52 AM

To Commissioner Hansen: The ashes are all around us. We need to open our eyes.

William Bronston, MD 10:52 AM

WHY HAVE WORKING SUBCOMMITTEES AMONG THE. COMMISSION NOT BEEEN ESTABLISHED??? I HAVE REPEATEDLY CALLED TO FIND OUT HOW WE CAN PARTICIPATE TO NO AVAIL AND NON ONE TO ANSWER!

o660547 10:52 AM

The large amount of money we spend is to CEO pay and administration, I have to disagree with your comment Jeannie.

Dr. Madhu Sisodia 10:52 AM

Right health care is a human right not a benefit. (Dr. Madhu Sisodia, India)

Maureen Cruise RN 10:52 AM

Many well to do privileged white professionals ( I am one) are absolutely not blind. They do not care. Their interests are tied to the status quo

Robin Sunbeam 10:52 AM

I am Robin Sunbeam, RN, MSN, PHN. After decades as a hospital nurse, I retrained and became a School Nurse with a clear credential. I retired after 11 years for these reasons:

- 1) Every year the budget was cut, resulting in my hours cut. I had to do more in less time.
- 2) Every year, the scope of the School Nurse was narrowed, first by policy, and then by law, to squeeze the School Nurse role into a vaccination box. Recording vaccinations can be done by unlicensed personnel. And reminding parents to get their children vaccinated can also be done by unlicensed personnel. With all the important and critical health issues being managed in school, why squeeze licensed nurses into work that doesn't require a license?
- 3) The professional School Nurse publications were being consumed by vaccination issues, and neglecting most other issues except diabetes and epilepsy.
- 4) Budget cuts closed the offices in Sacramento that received the data on school health, resulting in most nurses stopped doing those services.

Judy Rice 10:53 AM

The old Framm commercial--pay me now or pay me later--if we maintain our cars on schedule we don

o660547 10:53 AM

No ACCESSSS this is not about ACCESS this is about universal program!

Ligia Montano 10:53 AM

Are we going to get the recording of this presentation?

Joslyn Maula 10:54 AM

When the recording is posted it will be found on the website. <https://www.chhs.ca.gov/healthycaforall/>

Maureen Cruise RN 10:53 AM

Too many “faux friends ( foes)”

Reed 10:53 AM

Thank you Commissioner Comsti and Dr Marya for speaking out for bold systemic change. We've seen how incremental change just keeps racial and economic inequalities in access to healthcare. Single Payer NOW!

William Bronston, MD 10:54 AM

“BASIC” IS DELAY AND SECOND CLASS CARE COMPARED TO SINGLE PAYER THAT IS NOT DISRUPTION. BOLD BS

Barbara Dunn 10:54 AM

Need to ensure mental/behavioral health care as part of universal health care for all too.

Robin Sunbeam 10:54 AM

Our elected representatives should not have more services than their electorate. Our elected representatives are our servants and need to understand that the electorate is their boss.

Maureen Cruise RN 10:55 AM

oohhh Kaiser.....6 billion in profits!! opposed reforms

Geoffrey Summers 10:55 AM

Abolishing private, for-profit health insurance is a moral and financial imperative. It should have been done decades ago. Universal single-payer healthcare that is free at the point of service needs to happen now. Anyone who is opposed to this has blood on their hands.

Linda Bassett 10:55 AM

To illustrate my above point, I would like to convey a conversation I had with my hairdresser not long ago about Single Payer healthcare. She said that in her whole life, she had never had healthcare. I was astonished. She granted that she had been lucky to be so healthy, but confided that she had recently gotten married and then had healthcare. She immediately had a deviated septum corrected or herself and her daughter. This procedure had dramatically changed her life for the better. As she was relaying this story, I thought to myself, how awful. Here I was, a teacher, with public tax dollars paying for my healthcare, placing me in an advantaged position from this hardworking talented individual. I imagine that all nongovernment workers must be - or should be - resentful of their taxes providing some for some and not for themselves. This is an unequal representation of tax dollars between citizens and needs to be stopped now! Single Payer NOW!

Nina Eliasoph 10:55 AM

I couldn't figure out what the previous speaker was advocating. She said, we need “a bold journey on this path at this time...to make sure people have greater access as well as greater well-being in this process?” What is this advocating in particular? It sounds like word salad, but maybe I'm missing something.

Reed 10:56 AM

Look at SB 562, that provides a framework for this transition!

Michael Monasky 10:56 AM

Isn't dental care essential to circulatory health? Isn't a lack of end of life care funding barbaric treatment of our elders and disabled persons?

Maureen Cruise RN 10:56 AM

LOOK at SB562 and the financing from PERI for a basic scheme. Educate yourselves

Robin Sunbeam 10:57 AM

Rendon and Woods in the CA Assembly are blocking the way.

Reed 10:57 AM

SB 562 The Healthy CA Act (2017-2018)

Stephen Tarzynski 10:57 AM

Yes, everyone please do check out CaPA's "Road Map to Golden State Care" and decide for yourself.

Stephen Vernon 10:58 AM

To Bob Ross-- Happy to help with that vision-- AND isn't that the commissions job ?

Ernest Isaacs 10:58 AM

Mr. Roos - There is a vast amount of information on how M4A will work. Google "Robert Pollin". Look at the PNHP web site. Check out the text of HR1348.

Judy Rice 10:58 AM

If we open a Health Division within the Education Department then if/when taxes are involved, then the 30% could be used fund school nurses for each school--not dependant solely on property taxes--we could have school social workers, community/school clinics--could also tap into a repatriation fund

Ryan Skolnick 10:58 AM

We know what a transition to single payer looks like. There have been multiple bills and several financial studies on it. This is not a matter of "how." This is a matter of "do our elected representatives have the political will to do what is right even if the money is not with them?"

Michael Monasky 10:58 AM

Is Bob Ross asking for a picture painting of what reformed public health system looks like? The other Bob Ross might be dead and bequeathed a bunch of paintings to us; but isn't this Bob Ross living under a rock?

Margaret Copi 10:58 AM

to Gerald Rogan - people actually on medicare know it is not really where we need to be - there is significant out of pocket cost and a thicket of confusion when one attempts to enroll.

Denis Recendez 10:59 AM

Thanks to all who already commented on looking at SB562 for a pathway to comprehensive guaranteed single payer healthcare.

Jerry Marr 10:59 AM

To repeat an often used, but nonetheless very true observation over the years, ; the United States is still the only modern nation where medical debt is the leading cause of bankruptcy , as well as the highest use of Go Fund Me appeals!

This was being stated last decade when California was attempting to pass SB 840 and SB 810 for a single payer health care approach . We know it was vetoed by Governor Arnold both times.

Leading up to the enactment of these bills, we would always hear in committees how the single payer issue "needed more study" etc. Since then, we have seen fiscal analysis studies brought out, including for SB 562 this decade, which pointed out how cost effective a single payer system can be.

I would think there has been more than enough study as to the feasibility and need for Medicare for All!

Art Persyko 10:59 AM

I now understand the Q&A is for memers of the public, lik me. The Chat is for the panelists. Got it!

Karin Bloomer 11:01 AM

Precisely! Thank you!

William Bronston, MD 10:59 AM

BOB LOOK AT THE rest of the WORLD! read HR 1384 and hR6096 to get concrete on policy. we must add govsernance, public health framework, manpower subsdiies with comunity serice assignment year for year and deep conversion of long term care to life time care to replace out of home placement for elders and folks with disabilities.

Alberto Saavedra 11:00 AM

The ACA was a step in the right direction and it left the door open for single payer. It was only a step. It did highlight that America did not have the "best" healthcare system in the world but it was only a step.

o660547 11:00 AM

My patients can't move they have no money to afford the premium because they have lost thier jobs. Time for the Big Leap!

Stuart Flashman 11:00 AM

We also need to figure out how we get around the roadblocks that Congress, and especially the current administration in Washington, can be expected to place to block a move towards single-payer. As an interim measure, any healthcare related to COVID-19 should be covered for everyone.

Erika Feresten 11:00 AM

Here are a few pictures that can help you understand what single-payer would look like SB 562, HR 1384, S1804, Canada, S. Korea and just about all the other industrialized countries in the world

Reed 11:00 AM

Even BEFORE the pandemic in January it took me WEEKS to finally get my private health insurance company to approve an appointment with my PCP! I can't imagine what a disaster it is for people right now.

Jenni Chang 11:00 AM

To Bob Ross. "Bold incrementalism" is something a protector of the status quo would say, isn't it?

George Woyames 11:01 AM

To Commissioner Ross: a single bold leap into health care would include for example: Medical/Medicare/Insurance Companies/Employers/Federal and State Monies/ Contributions from Pension Funds. I favor the Massachusetts style health plan. There, for the most part, people do not have to worry about losing their health coverage when they change jobs - or lose them.

George Woyames, LCSW  
Retired Medical Social Worker  
San Francisco,

Beatriz Sosa-Prado 11:01 AM

(California Physicians Alliance) CaPA's Road Map provides a step-by-step plan to achieve a universal, high quality, accessible, and equitable health care system: Golden State Care. It builds on California's current system in three phases to avoid disruptions in access to care and to ensure stability at each phase. With a design specifically created to account for the unique needs of Californians, the Road Map can help lead the state to universal health care.

Visit:

<http://caphysiciansalliance.org/capas-road-map-to-golden-state-care/>

Michelle Grisat 11:02 AM

**Bold steps:**

- start with application for federal waivers to combine all public programs: Medi-Cal, Covered California, etc.
- direct contracting with providers, not insurance companies—no more managed care in Medi-Cal
- introduce state legislation for single-payer
- reallocate policing and corrections money toward health care and social services

Jenni Chang 11:02 AM

People need to be more clear about what they mean when they say “bold leap.” Stop playing.

Elizabeth Connors-Keith 11:02 AM

Since a single payer system has been found to cost less than the current system, what's the real stumbling block to instituting it? Isn't it true that it's because the insurance and pharmaceutical companies support our politicians' election campaigns so there isn't the political will to make the right choice?

Michael Monasky 11:02 AM

We're not all in this together, really...first responders and essential workers tend to be female and have darker skin and be poor.

Nina Eliasoph 11:02 AM

Who was Bob Ross? Basic protocol ought to be that speakers identify themselves. Why is Bob Ross against involving people who have been examining the pro's and con's of single-payer for years, and who have concluded that single-payer saves lives and is cheaper than any system that includes insurance corporations?

Brian Stompe 11:03 AM

Has Bob Ross read the U. of MA POLIN Report which details how single payer can be used in CA and would save CA \$38.5 billion a year? Educate yourself, Bob. The information is there. Check out the Economist, "World In Figures" 2020 issue. Compare our costs with others. We pay twice as much. Over \$10,200 per person, more than twice what other countries pay with worse results.

Michael Monasky 11:04 AM

Hey, DICK...Unified financing is a euphemism for single payer.

William Bronston, MD 11:04 AM

the rhetoric is not about “bold” but about universal justice and human rights. The cost is not consequential given the national crisis and massive suffering not only from illness and death but suffering and losses of security

Kathy Rallings 11:05 AM

We also need to address who is getting paid. Profit over Patients doesn't work!!

Nina Eliasoph 11:05 AM

Bold leap: expand medicare to everyone, and employ all the people whose current job is in the “delay, deny, and wait to die” industry in the newly blossoming field of preserving life!

Michael Mulderig 11:05 AM

The primary stakeholders in healthcare are any and all people of society. That these voices are not represented in your advisory groups and are occasionally referred to as “consumers” is

evidence that we as a society have for far too long viewed healthcare as a capitalist venture.  
HEALTHCARE IS A HUMAN RIGHT.

William Bronston, MD 11:05 AM

we must call out evil and corruption directly. end talk and embrace the single payer fix. the money is always there for banks and the medical tyrannical exploitation

Stephen Tarzynski 11:06 AM

It's strategic planning not incrementalism. But Covid demands a much faster rate of change. Cannot continue to have insurance linked to employment. But unlinking from employment must be done by unified PUBLIC financing not radical libertarian vouchers. Again, Commission also needs to look at highly regulating private equity which is destroying our health care system as we speak. It may actually be too late.

George Woyames 11:06 AM

Kudos to Commissioner Scheffler. Great comments.

Michelle Grisat 11:06 AM

Single payer is the answer for funding rural hospitals. Global budgets based on need. Must be a single-payer, not a multi-payer system, for global budgets to work.

Maureen Cruise RN 11:06 AM

Bob Ross is CEO of California Endowment since 2000 which is a legacy foundation financed by insurance industry. He made the comment that we need to consider options other than single payer

Rupa Marya 11:07 AM

We need full public disclosures about the commissioners industry ties.

o660547 11:06 AM

I encourage Jim to review history of the Great Depression when FDR proposed bold measures that are similar today yet he did it.

Stephen Vernon 11:07 AM

Professor Scheffler- Absolutely it is inequitable that some people, some governing structures can afford more than others-- Isn't that why single payer, providing coverage/service for everyone, is a good idea...?

Maureen Cruise RN 11:07 AM

Would you take millions from the corporate industries collapsing health care system

Bonnie Coleman 11:07 AM

As a senior with both Medicare and union based health coverage, would I give it up for single payer? YES Bonnie Coleman, member of Calif. Alliance for Retired Americans ( million strong)

shirley toy 11:07 AM

Single Payer will save us money!

Dr Bill Honigman 11:07 AM

Assemblymember Wood, why do you deny the science that shows a Single Payer system will save money, not cost more, and will save lives??

o660547 11:07 AM

I further encourage Jim to review history of UK Single Payer system in 1947 after England was bankrupt and destroyed. Sorry this is an excuse not to have the will. I will disagree Jim.

Jenni Chang 11:07 AM

Hear, hear Dr Marya

Ramon Bieri 11:08 AM

Jim Wood, the lack of primary care providers does nothing for those who can't even get healthcare. Obviously you are not interested or part of the solutions.

Maureen Cruise RN 11:08 AM

SB 562 would have saved us \$37 billion a year. There are waivers for federal resources.

Dessa Kaye 11:08 AM

I want to add my endorsement to so many great comments on the need for a single payer healthcare system. Health care is a right; health insurance is not health care and should not be for-profit. Health care should not be tied to a job. Single-payer is not a mystery; it works in countries large and small all over the world. We can't transition from a for-profit to a non-profit system incrementally. Look at how Taiwan did it just recently. Everyone in; no one out; no premiums, deductibles or co-pays. Economies of scale, negotiations with providers for fair reimbursement, participation of experts and real stakeholders (patients/consumers) will result in cost savings that will more than cover universal single-payer coverage for all Californians. Single-payer/Medicare for All is the ONLY viable, affordable, universal, fair health care system and NOW is the time.

Kathleen Healey 11:08 AM

Khanna's HR 5010 would allow the state to use federal health funds to finance our system.

Nina Eliasoph 11:08 AM

Jim Wood: Hospitals are closing because they can't make a profit in rural areas.

Karen Stevens 11:08 AM

Mr Wood's comments are nonsensical. We don't have the money so we shouldn't do it? Our current system costs MORE because of insurer profit margin, meanwhile acting as death panels as they deny healthcare.

William Bronston, MD 11:09 AM

the only way to save money and deal with the budget deficit is single payer that will save 37 billion immediately. How much does Wood take from Big Pharma, hospitals and insurance lobby money. Excuses are the diagnosis of hidden corruption. Basic infrastructure is where Wood got his payola if we have single payer and insurance is out?

o660547 11:09 AM

No Ballot the healthcare system will kill us with advertising. That is DOA!

Michael Monasky 11:09 AM

Jim Wood is a dentist who hates the very idea of single payer. Talk about shooting yourself in the foot.

Judy Rice 11:09 AM

Don't forget that the health industry pays itself first--all of the pricing structures are determined by them behind closed doors

Maureen Cruise RN 11:09 AM

The biggest picture of all is political corruption, Wood

Michael Lighty 11:09 AM

Precisely because of the budget problem, we need the savings that only single-payer financing can provide: \$37 billion saved by eliminating administrative waste of insurance system, and setting equitable rates and global budget, in addition to relieving state of retiree health liability (approx \$80 billion), as well as reducing by half the cost of coverage going forward for all state and other public employees.

Denis Recendez 11:09 AM

I will enjoy doing a search of campaign finance for Assemblyman Wood.

Geoffrey Summers 11:09 AM

Single payer WOULD stabilize the healthcare infrastructure. And regarding funding and budget deficits: single-payer costs less than the current system.

Rupa Marya 11:12 AM

yes.

o660547 11:10 AM

Jim Wood please come and talk to my patients who have lost their healthcare coverage and explain to them why they will have to go without their medication.

Dessa Kaye 11:10 AM

It doesn't look like my comment was properly identified. I am Dessa Kaye, Health Care for All-CA, San Fernando Valley. Thank you.

Jodi Reid 11:10 AM

Dr. Wood, we waste so much money on the so called "infrastructure" - 15 - 30 cents of every health care dollar is spent on administrative overhead, advertising, ceo salaries, and profits. This money should be redirected to actual care. California already spends almost \$387 billion dollars for health care through state sponsored care and state employees, etc.... We are wasting money. We must redirect this money - and during this incredibly difficult time when we have a \$54 billion budget deficit we can't waste a moment in creating a system that will actually save money and provide the care that all Californians need and deserve.

Brian Stompe 11:10 AM

Jim wood comments on how short we ae on financial resources. Of course we are! We waste at least 25% of our health care dollars on insurance companies that don't do health care, they make profits for their stock holders and huge salaries for their management. They can't prescribe an aspirin, yet we pay the m for health care.

Kathy Rallings 11:10 AM

We must stop propping up this for profit system especially when our budget can't afford it.

Michael Monasky 11:10 AM

Urban hospitals run with a 30 per cent vacancy rate; rural hospitals have 60 per cent vacancies. We need local community health centers run by the people in their neighborhoods.

Linda Okamura 11:11 AM

Financial perspective — this needs to be financed by the Federal Government. It should be obvious that the Fed and the federal government can spend at will- any amount

SAMSUNG-SM-G950U 11:11 AM

I wish to comment that I totally support a single payor public healthcare system. Those of us who pay premiums and deductibles are making insurance companies wealthy. The insurance companies overrule doctors decisions on patient care or flat deny care. This is wrong. I do worry that emergency rooms could become overwhelmed. Clinics and or general practitioners need to be encouraged. In recent years most MDs chose specialized medicine instead of general healthcare. Incentives and protections would need to be considered.

Dr Bill Honigman 11:11 AM

Assemblymember Wood, are you aware that the US Supreme Court has decided in favor of the states to administer their own HC systems? Why would we need a ballot measure for this if there is already court precedence for us to have our own system including federal resources that rightfully are ours to use?

Ryan Skolnick 11:11 AM

The claim that we need federal waivers is factually incorrect. Section 1115 waivers and 1332 waivers are only subject to limited federal discretion and can be litigated. It's not hard to design

a single payer system that waits for ballot approval if needed (which is not actually a sure thing) There are design solutions to ERISA, Medicare funds, literally all of these objections that Jim Wood has been articulating for years now. We can also design the system to work even while waiting for those federal waivers. Policy is not the obstacle. Political will is. We need more of that and less obstruction and hand-wrining.

Ryan Skolnick 11:11 AM

\*Federal approval

Michael Monasky 11:11 AM

Am I simply spitting into cyberspace?

Maureen Cruise RN 11:11 AM

Follow the Money research has been done....Wood and Rendon and Arambula ( is he out of jail?) and many others have received millions in campaign contributions to block single payer. They are MERCENARIES not representatives.

Nina Eliasoph 11:12 AM

This Q & A is really impressive! There is SO much serious, empirical knowledge amongst us who have been thrown into the Q & A ghetto!  
And thank you, Dr. Marya and Carmon!

Sean Broadbent 11:12 AM

It is amazing that financing is discussed in a way that distances the argument for universality.

As if truly universal financing via single-payer wouldn't be universal. As if fragmented financing on the front end could ever lead to a universal system on the backend.

Stop pushing the industry line on how to insure people in our State. Finance it through a single-payer public entity. Healthcare justice will continue to be fought for afterwards. Only we'll be fighting for it collectively rather than ourselves.

Maureen Cruise RN 11:13 AM

Love being in the "chat deprived- Q&A " ghetto with so many people who have actually done the work of researching the system and appropriate reforms

Rupa Marya 11:13 AM

I'm listening to you.

Georgia Brewer 11:13 AM

Our current system appears to be "affordable" only because millions of people aren't getting the care they need. If you add to the calculation their suffering and premature deaths, our current system is no bargain at all.

William Bronston, MD 11:13 AM

waht great unanimity among all the comments!! Alal ower to the people. it seems the host are not reading our feedback. outrageous obstruction!

Michael Monasky 11:14 AM

This commentary area needs more anger, chaos, angst, vitriol, cursing; you know...democracy.

James Sarantinos 11:14 AM

Why are you discussing increasing budget challenges when every study on health care economics and expenditures has confirmed that costs will decline? We are not asking for a massive increasing in gov. spending, just a more effiicient spending of our current resources.

Eric Vance 11:14 AM

The coalition of Healthy California Now - a statewide, non-partisan coalition of community, consumer, labor, health, disability, LGBTQ, business, faith, and political organizations, representing over 6 million Californians - have repeatedly offered our breadth and depth of experience to the Commission. It's disheartening to hear that multiple Commissioners have called for single-payer and public input and were not recognized in the report.

William Bronston, MD 11:14 AM

the system is not broken it serves capitalism perfectly and willbankrupt CA and the nation relentlessly

Beatriz Sosa-Prado 11:15 AM

Single-Payer/unified system of public financing is the only way we can have a healthcare system that is accessible, affordable, equitable and that is high quality.

Denis Recendez 11:15 AM

Thank you Dr. Bronston.

Michael Bullion 11:15 AM

No more meetings! Actions Now! Single Payer Now!

Bruce McLean 11:15 AM

I live in Chico, CA which is surrounded by rural California. I believe that we need to move bodily towards the Big Step of establishing a Single-Payer system - based on HR1384 - for California.

Maureen Cruise RN 11:15 AM

We are all.hurting in the system. Merely observing the discrimination and callous cruelty of the status quo is painful. People are suffering unecessarily. Our ourcomes are a disgrace

CS Lim 11:15 AM

Assemblyman Wood – The collapse you're talking about is happening in and because of the current profit-driven system! Global financing with single payer (rf. HR1384) will distribute

financing equitably according to need to stabilize the very healthcare infrastructure under threat in the current system.

Phillip Kim 11:16 AM

Regarding Jim Wood's concerns about the California budget and federal funding, this is all the more reason to combine all health care funding together into a single publicly funded state health program (as was featured in the 2017 bill SB 562). There is a waiver process that allows federal funds to be combined with state funds. Any further needed funds can be raised from progressive taxation, replacing all premiums, copays, and deductibles. Multiple studies show that the vast majority of the public would save money from a single payer health care system. This is one of the main benefits of a single payer system.

William Bronston, MD 11:16 AM

speed, urgency, action critical given the daily deaths and suffering.

Karen Stevens 11:16 AM

But the “focus group” needs to include true stakeholders, California people.

Margaret Copi 11:17 AM

Rupa Marya thank you for representing us.

Geoffrey Summers 11:17 AM

Dr. Wood: It is LITERALLY your job, along with the rest of our legislators, to make it work. NOT to talk about “oh wouldn't it be great if we could do single-payer, but we need to consider the budget shortfalls blah blah blah.” Figure it out. Do your job. Stop talking and start acting.

Ann Harvey 11:17 AM

Dr. Wood: rural districts would be likely to have much more stable and equitable infrastructure and workforce resources with single payer. Single payer, and preferably an end to for-profit health care providers/hospitals as well as insurance, would free up TONS of resources now wasted. As your fellow commissioners have pointed out, we also need reallocation of resources both within health care (eg much more for public health/prevention so that we don't need as much of the much more expensive MD expenses) and without strictly health care (eg, more for nutrition assistance, housing, and other basic needs that also constitute prevention).

Pay scale within health care must also be re-evaluated. I was a publicly employed family doctor for decades, making. Quarter of what some surgeons and specialists do but shamefully more than the mostly nonwhite legions of health care workers, from CNAs in nursing homes to the many “lower level” workers in clinics and hospitals. To start with CEO highway robbery has to end.

Michael Monasky 11:17 AM

Richard Scheffler is an econometrist, not a medical doctor. He should be differentiated from actual medical doctors who deliver care to patients.

Maureen Cruise RN 11:18 AM

financing is half the equation...distribution is the other half that really affects life and death, health and disability, solvency and poverty for families and communities. This was all in place before covid.

shirley toy 11:18 AM

healthcare should not be a "business". It is a basic human need that everyone needs. . . and we need it NOW

o660547 11:19 AM

Employers use the multi-payer system to hold over our head, if you leave the job then you lose your insurance.

Michelle Grisat 11:19 AM

Fee-for-service is not the problem. Elective procedures and routine medical appointments were canceled because there was not enough PPE for care to be delivered safely.

Reed 11:19 AM

In a globally connected society we will always be vulnerable to pandemics from ANYWHERE. If we don't have free access to healthcare, when COVID-19 makes another outbreak we will have the same disordered scramble for health access.

Alex Newell Taylor 11:19 AM

The current COVID-19 crisis has shown, in no uncertain terms, that tying health care to employment is at best a bad idea, and at worst, a moral failing of our society. Just when they need it most, millions and millions of people are losing their health insurance coverage, as they also lose their jobs and their ability to pay their bills. So why is this commission asking EMPLOYERS for their input on this panel, rather than the PEOPLE of California who are the ones suffering at the hands of our broken system? You say you recognize this problem, but yet you are still pandering to the private insurance industry, and employers, through this process. Why are the opinions of employers relevant if you recognize that they should not be involved in providing health care?

William Bronston, MD 11:20 AM

are you reading the chat thread that has the key comments and ideas laid out vs Q&A??

o660547 11:20 AM

I have plenty of providers where I work who are all in for Single Payer and see how multi-payer for profit kills patients!

Nina Eliasoph 11:20 AM

Sociology prof Nina Eliasoph here: I've conducted focus groups. They won't give you the info you need. Their purpose is to give you a feel for uninformed public opinion. One wouldn't do focus groups to find out how to build safe subway tunnels or to engineer highways! If you want to do real focus groups, get the system that Xavier DeSousa Briggs describes, from Utah, in which voters FIRST have to study the issue, with presentations and readings from people

who've studied it, and only THEN can participate in the focus group. We don't have time for that. Use your power and expertise to give Californians what we need: single payer.

Michael Monasky 11:20 AM

It was not Covid19 that blew the lid off health care gaps; those gaps have been around for a long time. Covid19 eliminated some white advantage, and runs rampant in poor communities. Covid19 is putting the screws to the system of capital, in which this health care market is deeply ensconced.

Randy Hicks 11:20 AM

we should support Ro Kohanna bill on financing

Reed 11:20 AM

I can't even get my PCP to take my temperature in a reasonable amount of time. I think you know what the temperature of the public is right now!

Darlene Little 11:20 AM

Is there a way to make use of the Covered California structure to implement the Single Payer option?

Dr Bill Honigman 11:21 AM

Why are we still talking about focus groups when Californians are needlessly suffering and dying from COVID19??

Michael Monasky 11:21 AM

I think the paint is dried. Time for another coat. Did anyone call 911? Wow, Andy Bindman reads a mean powerpoint...

John McKean 11:21 AM

Do you see a national energy tax as a solution to resolving funding health insurance and dealing with Global Warming. Canada continues to finance it's health care through such a method.

o660547 11:21 AM

So who you going to listen to? The focus group that has people with money or the focus group of the people!?

Michelle Grisat 11:22 AM

What? "Discussion summarized without personal attribution and communicated back to Commission at a public meeting in August." Why the secrecy?

William Bronston, MD 11:22 AM

why the hell focus on profiteering interests when the true stakeholders are the public and working class organizations that have been battling for M4A for 50 years in CA???????

Margaret Copi 11:22 AM

Nina Eliasoph - good point about focus groups utility requiring informed participants. - Margaret Copi MD Oakland

Michael Bullion 11:22 AM

Why doesn't the advisory focus groups include actually community members? Consumers if you will?

Michael Monasky 11:22 AM

Paint dried. Next slide.

Alberto Saavedra 11:22 AM

The health insurance for profit industry will never support single payer. We don't need them in focus groups.

o660547 11:23 AM

This is all healthcare corporate talking points what are you talking about Andy?????

Jodi Reid 11:23 AM

Focus groups should also include consumers - why are we leaving the voice of those needing care and who will be the beneficiaries or victims of this commissions work out of the mix?

William Bronston, MD 11:23 AM

andy utterly unacceptable to have profiteers to speak to self interest?/ this is BS and must be balancea and properly replace by mass organizatoin reps!!!!

Maureen Cruise RN 11:23 AM

As referenced last commission meeting by Dr. Marya, read the recent UCSF /UCLA/Stanford report on the review of 22 studies done over 30 years which all find savings with single payer. 19 of them found substantial savings the very first year. Michael lighty should be on this commission. He has studies the waiver situation

o660547 11:24 AM

Oh brother more white, corporatel, old boys talking club.

Michael Monasky 11:24 AM

Got a revolution...Volunteers of America. Listen up, Sheeple...

Darlene Little 11:24 AM

How can we be confident that the current funding from the federal government will still be available and at the monetary level we currently see for the supplement to the proposed Single Payer system?

Ann Harvey 11:24 AM

Please keep in mind that the CMA does NOT represent the majority of California doctors, let alone doctors, NPs, CNMs, and PAs. Please do not allow the CMA or ADA to speak for us. Remember that the AMA fought MediCare tooth and nail (and found it was actually great for doctors once it was implemented).

Judy Rice 11:24 AM

Simple question to ask--what is the cost to make a bag of Normal Saline or D5W et al--what are the hospitals charged and what due the hospital charge the patient?

Betsy Strausberg 11:25 AM

We need to ask ourselves why it has taken a pandemic to shake us up at a new level to address the health disparities that people have been living with and dying from. What do we need to learn from our inability to do that in the past? What have been the barriers to doing that?

o660547 11:25 AM

Most of these are lobbying groups California Hospital Association WTF?

William Bronston, MD 11:25 AM

use the top economists that have studied the costs and savings for the last 22 studies!! this roster of focus groups is utterly unacceptable. who is deciding this outrageous corruption?????

Nina Eliasoph 11:25 AM

Focus groups designed solely to pander to monied interests! Wow! I had entered this meeting with higher hopes. I'm so disappointed in my beloved state of California! We could be the beacon for the nation.

"Stakeholder" is Orwellian doublespeak. "Stakeholders" should include people who have a stake in being alive, no?

Diane Moore 11:25 AM

Will the disability community be represented in the focus groups?

Casey KirkHart 11:25 AM

Please focus on importance of primary care and disease prevention, not on specialty or hospital care.

William Bronston, MD 11:26 AM

stop this abortion!!!

Iris Perez 11:26 AM

Healthy California Now, a coalition of organizations and activists whose goal is to eliminate all barriers to care, including establishing a single-payer, Medicare For All system in California, needs to be part of the public stakeholder group.

John McKean 11:26 AM

What are the chances of coupling Senator Warren's financial Transfer tax with an energy emissions tax to cover our health care cost?

Ligia Montano 11:26 AM

But, Andy you are not including community/consumer of health care

Brian Stompe 11:26 AM

Question for Dr. Bindman: Have you read the U. of MA POLIN Report, which shows how CA can finance single payer and save \$38.5 billion a year? It's fine to continue studying the situation, but we need to take action after detailed study shows us the way!

Michael Monasky 11:26 AM

Check your ChargeMaster to see just how badly we're being ripped off for bandages, aspirin, or normal saline.

Geoffrey Summers 11:26 AM

Where is the public's focus group? And why are we even still doing focus groups? We do not need "focus groups," we need HEALTH CARE.

Thomas Reed 11:26 AM

Will there be other focus group? ie labor, local government, non-profits, lca governments/

Janlee Wong 11:26 AM

The Provider Advisory Focus Group should include social worker organizations such as NASW given the extent of social workers both in the industry as well as individual practitioners. It is estimated that social workers provide 75% of the mental health care in the U.S.

William Bronston, MD 11:26 AM

this deligitimizes this commmission's work

Dr Bill Honigman 11:26 AM

Sorry Mr. Bindman, time has run out for focus groups. It's time to implement a Single Payer system, now!!

Maureen Cruise RN 11:27 AM

These organizations represent the corporate stake. Thought leaders? we are not sheep. There is no real diversity here...all the profiteer advocates. GOVERNOR NEWSOM DISMANTLE THIS BOGUS COMMISSION. Governor the buck stops with you. You campaigned on single payer...until elected. Classic political BAIT and SWITCH.

Norma Myers 11:27 AM

I am lost. What is the reason for focus groups of people who monetarily benefit from the current health care system. Because maybe they have moved a little. I do not care what they think. Their voices are all we hear.

Linda Perez 11:27 AM

I didn't see Kaiser included.

o660547 11:27 AM

Industry??? The question to them should be how will you help us get single payer Now!

Bruce McLean 11:27 AM

You should consider including the California Physicians for a National Health Program (PNHP) among the provider focus group.

William Bronston, MD 11:27 AM

bronston please recognize me

Michael Monasky 11:27 AM

Ah... "these two industry focus groups"

Eric Vance 11:27 AM

The working class, let alone single-payer advocates, are not represented in these groups. We should not be an afterthought that are only "recognized" when we show up en masse and make demands. Thank you to the Commissioners in favor of single-payer speaking truth to power and including us.

Larry Woodson 11:27 AM

I'm Larry Woodson, California State Retirees.

shirley toy 11:27 AM

Where are the citizens and patients about to participate??? We are the ones who have the experience living under the providers and employers decisions???

Karen Stevens 11:27 AM

Aren't we tired of the concept of ongoing "focus groups". Many polls show that single payer healthcare is overwhelmingly the favored healthcare delivery model. Financing models have been studied ad nauseam. We are all aware that a single payer system is by far, a cheaper delivery model while producing better health outcomes. Further, including for profit minded entities is clearly an attempt to further blockade towards a universal single payer system.

Georgia Brewer 11:27 AM

It's shocking that the commission is consulting those who are fleecing the public and the business community, and not including the people who are impacted by our unjust healthcare system and the advocates who support them.

Nina Eliasoph 11:27 AM

The question was, "What would you like to hear from these two industry focus groups?" I would like to hear this: "How can you live with yourself when you are causing millions of deaths? What do your children think?"

Michael Bullion 11:27 AM

CALL THEM OUT CARMEN!!!!

Georgia Brewer 11:28 AM

Thank you, Carmon Comsti!

shirley toy 11:28 AM

You work for US, the public. . .

o660547 11:28 AM

Thank You Carmon listen to her!

Ruth Carter 11:28 AM

Ruth Carter. Health Care for All-Marine - The choices for these focus groups remind me of the wolf guarding the hen house. Where is diversity? Where are the nurses? Where is the public?

Norma Myers 11:28 AM

Go get em Carmen.

Stephen Vernon 11:28 AM

ABSOLUTELY-- Carmen !

Reed 11:28 AM

Carmen, thank you! These focus groups are just a STALLING TACTIC

Geoffrey Summers 11:28 AM

Thank you, Carmon.

Norma Wilcox 11:28 AM

We need to implement a Single-Payer System Now that will save lives and money. Public input from diverse groups especially those denied equitable care such as black, brown, unemployed, LGBT, disabled need to be invited to participate in discussion.

Norma Wilcox  
Chico, Ca

Kathy Rallings 11:28 AM

THANK YOU CARMEN!!!

Maureen Cruise RN 11:28 AM

YAY COMASTI !!!!! YAY MAYRA!!! YAY ROCCO !!!!

Casey KirkHart 11:28 AM

The initial purpose you pose to the focus groups will be most important. I suggest you begin with a PROPOSAL: Implementing single-payer in California.

Judy Rice 11:28 AM

The AMA has kept the number of Med School small so that there is a scarcity of providers to keep their income stable (no of doctors vs number of lawyers)

o660547 11:29 AM

Oh Thank you Carmon so glad you are here!

Denis Recendez 11:29 AM

Wow. Carmon rocks!

Ann Harvey 11:29 AM

Andy's list of stakeholder focus groups is set up to derail the process. CMA, Hospital lobby group, Chamber of Commerce, Carpenters union ... these are the ones who are invested in our inequitable, wasteful, system that benefits them to the detriment of everybody else.

Jenni Chang 11:29 AM

Thank you Carmen Comsti.  
Deligitimize these focus groups.

Pilar Schiavo 11:29 AM

This is shocking! Why are consultants making these decisions without commissioners and prioritizing employers and industry? This needs to be a public process that listens to the people suffering in our broken for profit system.

CS Lim 11:29 AM

Yes, Carmon!

Nina Eliasoph 11:29 AM

YAY CARMON COMSTI!!! Humans who have a stake in staying alive are "stakeholders" too!

Michael Bullion 11:29 AM

The focus groups are a sham!!!! A fix!

Ligia Montano 11:29 AM

Well said Carmon!!!

Michael Monasky 11:29 AM

Real health care advocates need a toxic chemical to kill off the industry leeches.

Susan Meyer 11:30 AM

Thank you Carmon Comsti. Is there a focus group from us the public?

Mike Parker 11:30 AM

Right on Carmen

Michael Bullion 11:30 AM

YESSSS!!!!!! Hsiao!!!

Pilar Schiavo 11:30 AM

I see people on the chat who have been working on single payer for decades. How long will we continue to do incremental change? We know if we'd implemented single payer with Kuehl's bill we would now have a system that could not only handle the pandemic, but would have saved billions in the system as well as saving Californians from going bankrupt and becoming homeless from healthcare costs. This commission needs to stop spinning its wheels - those same wheels of incremental change that have silenced us for decades. It's time to make bold moves now to create a single payer system so we don't miss another decade of saving lives and saving billions.

Erika Feresten 11:30 AM

Thank you, Hsiao!

Bonnie Coleman 11:30 AM

Bonnie Coleman: Thank you Carmon! Why are there no consumers, community organizations, unions involved with these focus groups.

Maureen Cruise RN 11:30 AM

The peoples new demand....GOV. NEWSOM ..DISBAND THIS BOGUS COMMISSION. Have a conscience. The old "Pay to play" politics are on their way out.

Arla Ertz 11:31 AM

Please let's not assume that the enormous deficit incurred due to the pandemic means Health CA for All will not be financially viable! Instead, let's assume that we are quite capable of finding a way of financing it that will not only work, but will actually save the State money and help diminish the deficit while serving all Californians! Si se puede! We need representatives from community health care on these focus groups—not just the big names listed in your

presentation. Community based health care MUST have a loud and clear voice from the outset!!

Phillip Kim 11:31 AM

Most of these "focus groups" are anti-single payer and ultra conservative organizations, many with a vested financial interest in maintaining the status quo. The real stakeholders are the people of California not healthy industry lobbying groups or for-profit companies. And where are the nurses???

Michael Bullion 11:31 AM

Yes Hsiao! Thank you!

Lenny Potash 11:31 AM

Sectors of organized labor (Constriction, Public, Service, Manufacturing, etc. must be represented in focus groups. They are majorly involved in purchasing and negotiating health care for millions in CA.

George Woyames 11:31 AM

Commissioners; please refer to Jodi Reid's comments in this Q&A. Can any one of you address it?

George M. Woyames, LCSW,ACSW  
Retired Medical Social Worker, SFDPH

Casey KirkHart 11:31 AM

Great comments from these commissioners! Listen to the real stakeholders: our patients!

Michael Monasky 11:31 AM

Our voices are not silent. We've been silenced, ignored, and marginalized.

Alberto Saavedra 11:31 AM

Most of the public already supports Medicare for All. No need for focus groups. <https://www.kff.org/slideshow/public-opinion-on-single-payer-national-health-plans-and-expanding-access-to-medicare-coverage/>

Michael Lighty 11:31 AM

The question is not whether - because these problems clearly exist - there is provider shortage, hospitals and clinics are under financial pressure, there is a fragmented and underfunded public health system, and a budget shortfall, so what is the best system to address them? These problems are not rationale for doing nothing or going slow, but rather the reasons to go forward toward single-payer financing as the best way to address them.

Art Persyko 11:32 AM

Carmen is correct: we don't need to strengthen the hand of the established entities who have a financial interest in the status quo. If we finally have an opening for a big leap to do the right thing (single payer, Medicare for All) to instead reach out to the for-profit "community" which is

dead set against losing their grip on the money pouring into their pockets to guide decision on health care decision making, its wrong!

Michael Bullion 11:32 AM

Yes the community is the FOCUS!

Maureen Cruise RN 11:32 AM

Most members of this commission are anti single payer...i could only come up with 3 definite supporters and possible one or two more of the 18 members involved. This is Kabuli theatre

Iris Perez 11:32 AM

Thank you again Carmen and Bill!!

Jeanie Schmidt 11:32 AM

Absolutely, Carmon Comsti- thank you! These corporations are ONLY interested in their profit- not our health! They don't belong here in any conversation re our health that they profit from! The people will prevail the easy way or the hard way.

Dr Bill Honigman 11:33 AM

Thank you Commissioners Comsti and Hsiao, we the people have spoken countless times in favor of a Single Payer system. Why are we not already implementing such a system now??

Jenni Chang 11:33 AM

Thank you Dr Hsiao. You have been writing about the political landscape for single payer. We hear you.

Michael Monasky 11:33 AM

The health market system junkie is made free when he says GODDAM THE PUSHER.

Kendra Benttinen 11:33 AM

Thank you Carmon - "Industry Focus Groups" is a joke - we already know what they think; they have a vested interest in keeping things the way they are. It makes no sense and undermines this whole effort, wasting the time and expertise of the Commission. I am a public health professional on the front lines of COVID response, and we don't need industry input. We need legislators that are willing to stand up and do the right thing. There is nothing "bold" or "big leap" about a single payer system - we're in the midst of a public health crisis and people are dying because we're wasting our time asking "industry experts" how to do something we know they oppose. We need a preventive, primary-care, whole-person, equitable approach to healthCARE, not just a new health INSURANCE scheme that covers downstream, expensive medical intervention. Please stop insulting us and this Commission with 2 months spent on interviewing industry experts.

Alberto Saavedra 11:33 AM

And the front line California Nurses are for single payer. Do include them.

John McKean 11:33 AM

Maybe given the lack of national concencous the best solution for the most rapid response would be a Constitutional amendment requiring health care to be a right for all!

Casey KirkHart 11:33 AM

Focus groups can be used to help with IMPLEMENTATION of the plan we know we need - single-payer for all Californians. Focus group members should be leading their organizations to prepare for the system of health care we need, how it might impact them which it will and should.

Michael Bullion 11:34 AM

Hsiao calling out the 'Focus Groups' as lobbyists for the status quo!

shirley toy 11:34 AM

very good advice, - Follow the money! We do not need these focus groups!

George Woyames 11:34 AM

Mr. Hsiao and Carmen spoke like prophets

Kathy Rallings 11:34 AM

Well said Sara

Reed 11:34 AM

Thank you Commissioners Comsti and Hsiao. Is this a commission just to put up more roadblocks to universal access to health??

Maureen Cruise RN 11:34 AM

Wood is in alliance with Anthony Wright of health Access and Steve tarzynski of CaPA and ITUP and other corporate foundation funded organizations.

Arla Ertz 11:35 AM

There are numerous grassroots organizations that are well versed in single payer, Medicare for All type policies and need to be represented on the focus group. I didn't see them on your list. They MUST be added!! Our voices MUST be heard and at the table from the start.

Georgia Brewer 11:35 AM

Great points, Sarah Flocks!

Marleen Gillespie 11:35 AM

It is becoming more and more apparent that we are going to the need some key, large corporate leaders knot only on board with moving to a single-payer system, but also leading the push for it.

With states now facing horrendous budget deficits, why are leaders in the movement in California, Oregon, and Washington not reaching out to several of the major, more open-minded corporations in Silicon Valley and Seattle to lead the push to show how single payer would not only save lives and money but benefit all elements of our economy. Corporate America would be our way around Anthony Rendón and Jim Wood.

Nina Eliasoph 11:36 AM

We don't need to balance the pro-death, money-worshipping focus groups with a few random members of the public. The "general public" hasn't been studying the pro's and con's of various health care systems. Random members of the "general public" in a focus group would need to study the issues first. It's not something you can just have "feelings" about.

Michael Bullion 11:36 AM

Yes Rupa calling the commission out for being undemocratic!

Michael Monasky 11:36 AM

So, let me get this straight...we taxpayers are funding two industry focus groups? Let them pay for their own focus groups.

o660547 11:36 AM

Thank you Rupa! Yes Yes!

Nicki Davis 11:36 AM

Be cautious about using focus groups - this method has had major fails. For example, the "New Coke" came out of focus groups.

William Bronston, MD 11:36 AM

rupa!!!! live!!! wanted to much to chat off line but couldn't find your contact info!!

Georgia Brewer 11:36 AM

Thank you, Dr. Marya.

Erika Feresten 11:36 AM

Thank you Hsiao. It seems like with few exceptions this commission is meant to distract and stall from getting single-payer now with confusing, disingenuous road maps designed to keep the shareholders in the medical industrial complex profiting.

Michael Bullion 11:36 AM

Oooooo!!! Yes it is racial apartheid!

Iris Perez 11:36 AM

THANK YOU RUPA

Karen Stevens 11:36 AM

Thank you Rupa, great remarks.

Marleen Gillespie 11:36 AM

Typo: “knot” should be “not”. 🙄

Deborah LeVeen 11:37 AM

I will send a written comment, but I want to emphasize a couple of points: first, the need to think strategically—that is, to assess what’s possible in moving toward the health care system we want. What can we build on immediately? What are the politics? “Educating the public” isn’t a powerful enough tool to overcome the opposition of major stakeholders. I think starting with “alignment” among the state-sponsored programs would be a bold step, is more possible than one more effort to adopt single payer all at once, and would build examples of what a “unified financing system” might look like. These also offer avenues to increasing coverage. I think we need to build strategically. And I hope the approach suggested by CaPA Road Map to Golden State Care will be considered: lay out steps that can lay foundation for further steps—show how they will build toward ultimate goals. We have to consider the politics—and build toward the policies ultimate need. Debbie LeVeen, professor emerita SFSU, CaPA supporter.

o660547 11:37 AM

No Consultant Step, Public First!

CS Lim 11:37 AM

Yes, Rupa Marya!

Dr Bill Honigman 11:37 AM

Thank you Commissioner Marya, social determinants of health include institutional racism. Why are we not already implementing a Single Payer system to offset these inequities??

Margaret Copi 11:37 AM

Rupa Marya agree agree agree -  
Margaret Copi MD Oakland

Erika Feresten 11:37 AM

Yes, Marya the health care system this commission and the Governor are keeping in place is one of apartheid.

Ruth Carter 11:37 AM

Thank you Rupa!!! No business as usual!!

Judy Rice 11:37 AM

Ask non-profit hospitals how many times they change their office furniture for the upper staff--rather than giving raises to their EVS staff--ask the use of out sourced services--if outsourced

services come in cheaper are they compromising care by watering down cleaning solutions to make a buck?

o660547 11:38 AM

Preach thank you Rupa Marya!

Denis Recendez 11:38 AM

Thank you for calling out the under representation of poor people of color in this discussion, Rupa Marya.

Karen Stevens 11:38 AM

YES Rupa! Thank you! Transparency now!

Erika Feresten 11:38 AM

Yes, release your industry ties!

o660547 11:38 AM

Rupa is correct!

William Bronston, MD 11:38 AM

yes expose the commissioner financial conflicts!!!

Larry Woodson 11:38 AM

I'm Larry Woodson, California State Retirees. I want to draw attention to an alarming trend in healthcare highlighted most recently in a May 13 article in nbcnews.com titled "Private Equity Firms now control many hospitals, ERs, and nursing homes. Is it good for healthcare." and a May 20 article in Bloomberg Businessweek titled How PE is Ruining American Healthcare. PE giants Blackstone, Apollo, Carlyle, KKR and more are buying health care operations world wide. In last 10 years they've spent over \$340B to buy rural hospitals, physician practices, nursing homes, urgent care and surgical centers and staffing for ERs. PE's primary MO is to buy, cut costs, and sell for profit in 5 or more years. I urge the Commission to broaden their description and analysis of the CA healthcare landscape and address obstacles this trend poses to the accomplishment of its Mission which includes quality healthcare for all Californians. This should include addressing this issue in its Workplan. Thank you.

Susan Meyer 11:38 AM

Now is the time. Healthcare for all. This pandemic calls for immediate action.

Nina Eliasoph 11:38 AM

YES, Dr. Marya! Release current and previous industry ties, including those through marriage.

Michael Bullion 11:38 AM

Rupa call them out!

Theresa Corrales 11:39 AM

My name is Terry Corrales. I am a nurse from San Diego. This is my first meeting and I am completely disappointed. Let me say, I'm tired of the circular conversation. We seriously need a one one type payor system. Everyone covered from birth, through death. All the employers will save money, all the employees will save money. We cannot allow Insurance Companies to decide what our healthcare needs are!!!!!!!!!!

Michael Mulderig 11:39 AM

Go Rupa!

John McKean 11:39 AM

Does the Commission begin with a basic understanding that Health Care must be a not for profit system?

Beatriz Sosa-Prado 11:39 AM

Excellent remarks, Rupa! 🙌

William Bronston, MD 11:40 AM

transparency is not honesty nor urgent

o660547 11:40 AM

Who side are commission members on? Industry or the people?

Michael Monasky 11:40 AM

In an emergency, clusterplay situation like this, Mark Ghaly wants to encourage dialogue. Thanks Mark, you've earned your pay today.

Jenni Chang 11:41 AM

Dr. Mark Ghaly, as chair of this body, you need to work with the people and less with Amazon and Salesforce.

Maureen Cruise RN 11:41 AM

FREEDOM OF SPEECH ...speking the truth is transparency. YES Dr. Marya! RELEASE the industry ties...I researched these members...only 3 are with us. Commission is a a disingenuous effort...distract, delay, divert. It is apartheid. It is all the market =based capatalist system based on the debasement and disregard of human beings. This is economic and racial violence ...in economic systems, policng and in health care. Our tax dollars are paying for this commission nonsense. This money should go to food banks.

Alyssa Kang 11:41 AM

There should be work groups that talk to patients and also to direct care providers, like nurses. Nurses and California Nurses Association have been on the front lines, fighting the corporatization of healthcare for decades and now find themselves in the center of this

pandemic, fighting for PPE to protect themselves and their patients. Fighting the same employers and healthcare corporations that some Commissioners want to give the reins to. Please listen to the nurses and patients, not the corporate healthcare industry and employers.

Jeanie Schmidt 11:41 AM

Those not in this conversation are out on the streets protesting! Rupa Marya is absolutely correct. This commission best listen to the people and act immediately or fuel further the protests in the street. The people have been speaking and you have not been listening or acting. As Dr. Honigman said, Why are we not already implementing a Single Payer system to offset these inequities?? Stop talking and act.

Beatriz Sosa-Prado 11:41 AM

Thank you, Dr. Deborah LeVein.

CaPA's Road Map provides a step-by-step plan to achieve a universal, high quality, accessible, and equitable health care system: Golden State Care. It builds on California's current system in three phases to avoid disruptions in access to care and to ensure stability at each phase. With a design specifically created to account for the unique needs of Californians, the Road Map can help lead the state to universal health care.

Here is the Roadmap: <http://caphysiciansalliance.org/capas-road-map-to-golden-state-care/>

o660547 11:41 AM

Who side are you on Mark, Amazon?

Ann Harvey 11:41 AM

Is the chair reprimanding the commissioners who object to going to the deeply selfishly motivated groups like the CMA and Chamber of Commerce whose poor little voices are not adequately heard (despite their being some of the highest rolling lobbyists)???

Susan Hedgpeth 11:41 AM

You could have Bill Hsiao come up with the questions to ask stakeholders aka the public. I liked what he had to say and he has experience.

Theresa Corrales 11:42 AM

A one payor system would take care of the entire population...no Exceptions!

lucinda bazile 11:42 AM

Mark Ghaly, please connect with community health center patients. they would love to talk about reshaping health care so that it actually benefits them. Thank you.

George Savage 11:42 AM

Focus Groups are bogus. Industry members will push their status quo. Public focus group are also a huge problem. Many underserved people are totally unaware of the Medicare for All option. The minute a focus group hears that they'd have to PAY MORE TAXES, the group will likely veto this reform.

Nina Eliasoph 11:42 AM

In academia, the use of focus groups has been widely discredited.

Dr Bill Honigman 11:42 AM

Commissioner Ghaly, why are you still talking about next steps instead of moving forward with next steps? How many more preventable deaths and suffering will we need to endure before you take action??

Ellen Karel 11:42 AM

Thank you Carmon, Bob Ross, Bill Hsiao! Commissioners, listen to these colleagues. The suggested Advisory Groups reflect an outrageous tone-deafness, contempt for process and the hope some of us had for this commission, and the outsized influence of these stakeholders.

We will get to single payer—a universal, equitable, modern health care system that makes rationale and responsible use of taxpayer dollars and guarantees health care for all. Go ahead and make the struggle harder, we will prevail.

Thank you Mark Ghaly, who is now saying the advisory groups will be revisited.

William Bronston, MD 11:43 AM

urgency urgency people are dying!! establish genuie voices of mass stakeholders that are not profiteering from illness and death

Michael Monasky 11:43 AM

I say send these bureaucrats to the front lines. Force them to see action so that they don't mistake it for the autoerotic virtual reality they want to confuse the rest of us with.

o660547 11:43 AM

All Commisoners release your industry ties now!!!!

Ann Harvey 11:43 AM

Again, please identify speakers further than by their names. You know them, but members of the public do not.

Karin Bloomer 11:48 AM

Here is a link to their biographies:  
<https://www.chhs.ca.gov/wp-content/uploads/2020/03/Healthy-CA-for-All-commissioner-biographies-updated-03-03-20.pdf>

Maureen Cruise RN 11:43 AM

Yes...read CaPAs road map to public option...pretending to be single payer...a joke

William Bronston, MD 11:44 AM

Andy, what they have to say is how the system is currently slowly working and look at the money to determine the message!! don't be theatrically naive

Erika Feresten 11:44 AM

Michael Monasky, you are not spiting in the wind. So glad to be reading your comments!

o660547 11:44 AM

How did England fund NHS when there were broke and destroyed after WWII in 1947?

Elizabeth Connors-Keith 11:44 AM

Health care is a human right. Publicly financed guaranteed health care can be easily paid for by a small tax on businesses (less than what they are paying for their employees' health care now) and through graduated taxes (which would total less for individuals than the premiums, co-pays and deductibles we are paying now). Healthcare with a single standard for all Californians — is critical to our state's social and economic well-being. Having these focus groups seem to be a way to stall the process.

Michael Monasky 11:45 AM

Andy Schneider, JD, has been a consultant to "several California-based foundations...which ones???"

shirley toy 11:45 AM

we need political will to do what is right, what is needed

Ann Harvey 11:45 AM

"I'm particularly interested in hearing from providers" — again, we providers are NOT represented by the CMA or Hospital Association, which make themselves disproportionately heard already. — a family doctor

Gerald Rogan 11:46 AM

Medicaid does not have a formal Medicaid advisory committee made up of provider groups. Medicare has the benefit of this resource called the CACs. When I was Medicaid Xerox medical director, I suggested DHCS establish the same system to allow providers to help DHCS administration work better. DHCS rejected this proposal. Regulations for the Medicare advisory system can be found at [www.cms.gov](http://www.cms.gov). When I was Medicare Medical Director for California Medicare, I found the CAC advisory system very helpful to improve administration of Medicare to allow. Physicians were empowered to tell the administrators about glitches in claims process, reviews, and appeals. Their feedback made our system better for all concerned including beneficiaries. DHCS does not allow for this kind of process. When I was Medicaid Xerox Medical Director DHCS forbade me from reaching out to providers to gain insight into administrative problems. This is but another reason why providers who run their own businesses shun Medicaid.

William Bronston, MD 11:46 AM

yeah Monasky for knowing conflict of interest!

Jenni Chang 11:46 AM

And who is selecting the participants of these groups?

Michael Bullion 11:46 AM

CaPa shove your road map! Your map left off the human road kill along the way because of lack of healthcare!

Eric Vance 11:46 AM

THANK YOU to Commissioners Carmen Comsti, Sara Flocks, and Drs. William Hsiao and Rupa Marya for speaking truth to power! Thank you for recognizing the multiple health care, racial, and socioeconomic injustices during this pandemic, and for fighting for inclusion of the working class and listening to the people overwhelmingly demanding single-payer, rather than focus groups who will keep profiting off our current ineffective system.

Michael Bullion 11:47 AM

CaPa shove your road map! Your map left off the human road kill along the way because of lack of healthcare!

Michael Bullion 11:47 AM

CaPa shove your road map! Your map left off the human road kill along the way because of lack of healthcare!

Dr Bill Honigman 11:47 AM

Commissioner Rocco, we are asking you to release the pause button that has been pushed on this entire process. Why are we not moving forward now with a Single Payer system for CA that will save money and save lives??

Michael Bullion 11:47 AM

CaPa shove your road map! Your map left off the human road kill along the way because of lack of healthcare!

James Sarantinos 11:47 AM

What additional information do you hope to glean from more focus groups? We've been running them for years and know where the public stands. COVID is merely reinforcing what we already know and the deficits of an inefficient system.

Theresa Corrales 11:47 AM

Why are we so concerned with the insurance companies???  
My patients are tired of fighting to get the care they need. !!!

Arla Ertz 11:48 AM

NEXT STEP: Reconstitute the focus group as the very next step.

Michael Lighty 11:48 AM

It's important to not let stakeholders invested in the present financing system among employers and providers to set the terms of debate - that's not a way forward toward solutions. It could instead orient the Commission to placating their financial interests.

Jenni Chang 11:49 AM

Second what Michael Lighty said, 11:48AM.

Ernest Isaacs 11:49 AM

These focus group members are all from Corporate America. What about some actual people?

Henry Abrons, MD, MPH 11:49 AM

Re focus groups: need to hear from the public first. Entire process need to serve public needs, values. Social contract requires that public policy be guided by the public. Yes, we need to understand views of powerful interest groups so we can gain their cooperation or overcome their opposition. But the public must "host" the discussion and Commission should first hear from them.

William Bronston, MD 11:49 AM

this is truly terrible with the idiocy of commissioner comments that you would think grown up experts should know the reality. This is class war and the comments reveal whose side the commissioner is on.

Dr Bill Honigman 11:49 AM

Commissioner Scheffler, thank you for bringing up the pandemics yet to come, which we know are on the horizon with rising global temperatures. Why are we waiting a moment longer to implement a Single Payer system where we could prioritize resources to Nursing Homes and other communities of particular need??

Michael Monasky 11:50 AM

Andy Schneider literally wrote the book, Medicaid Resource Book (2002) for the Kaiser Commission on Medicaid and the Uninsured.

o660547 11:50 AM

As a social worker at a major hospital I can provide you input how workers and patients did, they lost their coverage, the paperwork to get other coverage was terrible. many stopped trying because the forms were daunting and vague.

Judy Rice 11:50 AM

SNF are financed almost completely by government money/tax payer money--shouldn't there be complete transparency in their books??

Michael Monasky 11:51 AM

Schneider consulted on the ObamaCare bill. He is opposed to single payer; his allegiance is to Kaiser.

Ernest Isaacs 11:51 AM

The head of Kaiser is not a provider. The doctors and nurses and nurse practitioners are providers. The head of the California Restaurant Association is not an employer, the guy who owns that restaurant where you eat is.

Geoffrey Summers 11:52 AM

Yes, Ernest!

Gerald Rogan 11:52 AM

When I was a family practice doctor (1980-1998) we could not afford to take Medicaid recipients because the reimbursement rate covered our overhead only. Also, the claims processing system was much more difficult to navigate compared to Medicare and Commercial plans. Many Medicaid claims were denied improperly and we abandoned them because the cost of appeal was not worth the potential recovery, typically less than \$50.00. We saw a few Medicaid patients pro-bono and did not bother to bill Medicaid. Our experience was typical of other providers but now Medicaid is managed care. But if California manages a single payer plan under a fee for service method, the result will be a disaster for providers unless DHCS management becomes much more responsive to providers, such as via a physician advisory group.

James Sarantinos 11:52 AM

There have been some comments about administrative roadblocks in gov. systems. Let's have a discussion about how these can be overcome.

William Bronston, MD 11:52 AM

please let me speak when you open up for input william bronston MD CA PNHP

Alice Maupin 11:53 AM

@Sonja Brodt The comment email is [HealthyCAforAll@chhsa.ca.gov](mailto:HealthyCAforAll@chhsa.ca.gov)

o660547 11:53 AM

No more cost talk. Again Single payer save money!

Denis Recendez 11:53 AM

Ernest, you lost me on the last line of your comment. Please expand.

Nina Eliasoph 11:53 AM

1. Many studies have already shown what works. We don't need focus groups. If the insurance corporations "educate" the public with glossy flyers and slick ads, it won't help create expertise. 2. I can't believe that the commission is letting the people who make money by rationing health care to guard the health care system. The word "stakeholder" is nonsensical here. Classic "fox guarding the chicken coop" scene.

Corinne Frugoni 11:53 AM

"When the proposed policy is right and the politics are wrong, you don't change the policy, you change the politics. That begins with people having a clear understanding of the single payer Medicare for All model. If they understand it, most will demand it." Quote from Don McCanne, M.D.

William Bronston, MD 11:53 AM

Wright liar liar pants on fire

Maureen Cruise RN 11:54 AM

This is not about covid response. This is about the thousands of deaths every year. Mr Moulds announced an 85 % price hike on CALPERS members and defended that hike as in line with market rates. 100,000 CALPERS members filed a lawsuit.

Jenni Chang 11:54 AM

Anthony Wright, please say you want single payer now. Would really appreciate hearing you say it.

Michael Monasky 11:54 AM

WE THE PEOPLE WANT TWO THINGS FROM THIS COMMISSION: THE RECORDED VOICES OF THE SPEAKERS; AND A FILE OF ALL THE REMARKS FROM THE PEANUT GALLERY. THIS MEETING IS A SHAM.

Corinne Frugoni 11:54 AM

Don Mc

Maureen Cruise RN 11:55 AM

Health Access: Corporate industry funded foundations contributions count as taking industry money

Gerald Rogan 11:55 AM

Our total spend for medical care is 150% of the next highest country. We must figure out how to improve quality and access without increasing the total spend. Do not rely on "insurance company profits" to make a difference.

Erika Feresten 11:55 AM

There is no real sense of urgency from this commission except from Marya, Comsti and Hsiao. The for profit health care system has been leaving people to suffer and die long before COVID, which has made it much more difficult to ignore.

Rheva Nickols 11:55 AM

I believe most employers would welcome Single Payer and not having to negotiate the lowest insurance costs every year for their employees.

Phillip Kim 11:55 AM

Echoing Ernest Isaac's comment: there is a distinction among who you're calling a health care "provider." The CEOs of hospitals are not on the front lines providing direct patient care. In many cases the hospital management is still downplaying the dangers of COVID-19 to save money. Nurses and health care workers are the real providers and they are not being provided enough PPE. Listen to the nurses, not hospital CEOs.

Erika Feresten 11:55 AM

Ditto Michael Bullion!

Elizabeth Connors-Keith 11:56 AM

There is so much savings to be had by negotiating drug prices and by cutting out the profits of the middlemen--the insurance companies-- and by not having administrators have to spend so much time fighting with insurance companies for payment.

Jeanie Schmidt 11:56 AM

They really need to read the comments- your summary is far too polite!

James Sarantinos 11:56 AM

A single payer system will also inject life into rural communities. A large stable employer will allow small businesses to flourish. Rural hospitals are closing at an alarming rate because they are not profitable enough.

daniella salzman 11:56 AM

Single payer is the only way forward that will cut administrative costs, end profit over people motives, and offer equal access with full coverage.

Michael Monasky 11:56 AM

How can anyone summarize 600 comments in a few sentences?

Art Persyko 11:57 AM

This Commission has a historic opportunity to adjust its approach and what it considers in this pandemic era in which the inequality in healthcare has been exposed, much as inequality in policing has been more clearly understood and change is required. Expand your outreach to the public! use radio and tv as well.

Andrew Swetland 11:58 AM

I just want to add, since the commission seems interested in obtaining the opinions of the general public, that we just held a major election a few months ago on March 3rd. According to an Edison Research exit poll of the state of California published by the Washington Post, exit poll respondents in the state of California answered the following question, "How do you feel about replacing all private health insurance with a single government plan for everyone?" as follows: 55% of voters in the state Support, while on only 36% of voters Oppose. I would

suggest that those numbers have likely only widened in the intervening months dealing with a global pandemic.  
<https://www.washingtonpost.com/elections/election-results/california-democratic-primary-live-results/>

Luai 11:58 AM

We need Medicare for all badly

Corinne Frugoni 11:59 AM

Mr. Ross, please watch the films "Power to Heal-Medicare and the Civil Rights Revolution" and "Fix It-Healthcare at the Tipping Point" as introductions to the questions you posed.

Iris Perez 11:59 AM

Thank you Cindy!!

Beatriz Sosa-Prado 12:00 PM

Good afternoon. This is Beatriz Sosa-Prado and I have a comment.

James Sarantinos 12:00 PM

The commission may want to reference all the polling data suggesting an increase in public support for single payer healthcare in lieu of more focus groups.

Andrew Swetland 12:01 PM

I just want to add, since the commission seems interested in obtaining the opinions of the general public, that we just held a major election a few months ago on March 3rd. According to an Edison Research exit poll of the state of California published by the Washington Post, exit poll respondents in the state of California answered the following question, "How do you feel about replacing all private health insurance with a single government plan for everyone?" as follows: 55% of voters in the state Support, while on only 36% of voters Oppose. I would suggest that those numbers have likely only widened in the intervening months dealing with a global pandemic.

<https://www.washingtonpost.com/elections/election-results/california-democratic-primary-live-results/>

Michael Monasky 12:02 PM

The State of California pays a tax subsidy of \$66 BILLION to corporations and the wealthiest Californians. There's no political will on the part of politicians to tax corporate and wealthy donors to their campaigns. But, there's money aplenty to cover the state budget deficit...

Brian Stompe 12:02 PM

Amaze that during the whole meeting the U of MA PERI report showing how CA can save \$38.5 billion and how to finance it with single payer health care. NEED TO FOCUS ON THAT REPORT!

William Arroyo 12:02 PM

William Arroyo, M.D

Michael Bullion 12:03 PM

Hey CaPa; CaPa shove your road map! Your map left off the human road kill along the way because of lack of healthcare!

Gerald Rogan 12:03 PM

Consider paying physicians directly a fixed amount to be the PCP for each pateint based on an illness burden adjusted rate, instead of fee for service. Or a base rate with a fee for service addition for each encounter. Review how other countries do it and consider a pilot project.

Gerald Rogan 12:05 PM

I am not convinced that single payer (meaning single source of funding) is going to help. Even Medicare has multiple payers. So the real term should be "single source of funds" with multiple payers.

Gerald Rogan 12:06 PM

I recommnd you survey Medicare patients to determine the level of support to move their benefit from CMS to DHCS.

Lauren Steiner 12:06 PM

The Commission should contact the California Public Banking Alliance to see how the establishment of a state bank could finance a single payer system. State pension funds could be used to establish such a bank.

o660547 12:07 PM

Thank you Mark

Margaret Copi 12:07 PM

How are people unmuting themselves when called upon, I dont see the usual icons.

Michael Bullion 12:07 PM

Yes Mark!!! Excellent! Thank you!

Gerald Rogan 12:07 PM

I do not agree than private insurers are the bad guys. Where is the evidence? Most private insurers and really third party administrators for large employers.

Erika Feresten 12:08 PM

Mark!!!

Dr Bill Honigman 12:08 PM

Excellent point Dr. Honigman.

William Bronston, MD 12:08 PM

god presentation dr bill

Erika Feresten 12:08 PM

Thank you, Dr. Bill!

Nina Eliasoph 12:09 PM

Good presentations, Dr. Bil and Mark!

Denis Recendez 12:09 PM

Gerald, private insurers exist for profit taking only. They are middlemen that need to go.

Art Persyko 12:09 PM

How does one unmute to make public comment now?

James Sarantinos 12:09 PM

@Gerald Rogan Great comments. There are big issues with medicaid reimbursement rates. SB562 set the minima at medicare rates to address this finance systems globally include giving hospitals a global budget with set terms and fee for service as an add on or substitute. Health professionals should be properly awarded for their expertise.

Denis Recendez 12:10 PM

Art, click on the "raise hand" icon.

Susan Howe 12:10 PM

Suggested question for Insurance Companies: How would you suggest retraining and incorporating your staff and companies into the new single payer system or other sectors?

Gerald Rogan 12:10 PM

Good idea from Marleen. Might Apple, Google, or others work with DHCS to figure out a "single payer pilot" excepting Medicare patients?

o660547 12:10 PM

Thank You Erika!

William Bronston, MD 12:11 PM

Yeah Erika!!!

Denis Recendez 12:11 PM

Yes Erika!

Gary Graham 12:11 PM

Why does the Commission try to reinvent the wheel? There are many studies which demonstrate the superiority of the single-payer method of financing and the obsession with profit by the insurance industry. We also have decades of real life examples from countries that have single payer systems in place. If we want to consider insurance companies, let us look at the German system, which allows them to participate, but tightly regulates them and requires them to operate on a non-profit basis. Therefore why doesn't the commission get right to the relevant problem: devise effective means of establishing a single-payer financing system for California?

Gerald Rogan 12:12 PM

Employer based insurance is a problem. How can it be mitigated without comingling Medicare, Medicaid, and Commercial plans?

Reed 12:12 PM

Erika is right! This Commission is basically like the LA Police Commission that's just there to deactivate public outrage at the injustice of the current system!

Michael Bullion 12:12 PM

THANKS ERIKA!!!

James Sarantinos 12:13 PM

Rising healthcare premiums disincentivize potential big employers in CA and the USA as a whole. They prohibit cost of living pay rises and promotions.

Alfonso Villasana 12:14 PM

Not a question. Just some perspective.

If my kids one day were not dependent on Employer Based health insurance coverage and they got married or had a baby, my daughters would be covered by a Single Payer System and have plenty of 1st year bonding time, missing in America today with the need to work.

If they lose their jobs, even just temporarily. they would not have to worry. If they had to go back to school or had to leave a bad employer with benefits.

If they God forbid come down with a life changing medical condition, "Dad, I have diabetes", "Dad, I have cancer", they won't have to be asked for mote money for premiums, money for deductibles, more bills in the mail for copays as they digest having an illness, adding to stress or depression. They won't have to even think about losing the house, possibly the family home for generations to bill collectors as they will have what England, France and Canada already have but our politicians tell us cannot work.  
Single payer. Please.

Nina Eliasoph 12:14 PM

Yes, Alberto! Yes, Erika!

Michelle Famula 12:14 PM

Thank you Taylor Jackson. Well said

Michael Bullion 12:14 PM

Thank you AI showing the graphic!

Iris Perez 12:15 PM

How do we have so much money to spare on militarizing the police and giving tax breaks large corporations who don't even compensate their workers fairly or provide them with adequate healthcare options but no money for a single payer healthcare system? We're being reckless with our finances and more importantly with the LIVES of our community members who desperately need healthcare. Supporting private insurance companies, CEOs, and corporate-minded leaders/businesses who only have a vested interest in how much money they make is detrimental to the health and well-being of our communities. People are DYING at the hands of these corporate healthcare and insurance companies and our leadership is really out here sympathizing with them and trying to amplify their voices instead of the general public?!?!? Give me a break! Where do our ethical values lie!?

Reed 12:15 PM

Wow, thank you Mr Saavedra

Denis Recendez 12:15 PM

Well said AI!

Reed 12:15 PM

Thank you Ms Jackson, they're running out of incremental reforms.

Alfonso Villasana 12:16 PM

How many nurses are on the commission?

Eric Vance 12:16 PM

Thank you Iris!! Gov. Newsom's recent deployment of the National Guard cost \$25 million — that could have gone to health care.

Gerald Rogan 12:17 PM

Non physician providers are not qualified to replace PCPs particularly for diagnosing a new illness. They are best suited to help manage chronic disease and preventive care, working as a team with PCPs. Really good PCPs can avoid ordering unnecessary tests.

o660547 12:17 PM

Thank You Paul!

Denis Recendez 12:17 PM

Yes Paul!

Kathleen Healey 12:17 PM

Thank you Bill, Bill, and Paul from PNHP-CA!

Michelle Famula 12:18 PM

Well said Jen Flory. Thank you. Covid a great example of what is needed.

Gerald Rogan 12:20 PM

Evidence shows there are fewer provider offices in poor areas because fewer people who live there can pay enough or have insurance that pays enough to allow the practices to survive. What is the solution to provide enough income to physicians in poor areas to stay open.

Iris Perez 12:20 PM

Thank you Bill and Paul!

o660547 12:22 PM

cant hear you

Nina Eliasoph 12:22 PM

Thank you Bill, Bill, Paul, and KATHY! Well said!

Stephen Vernon 12:22 PM

@Gerald Rogan-- SP/IM4A will allow/fund more equitable services where they are needed-- Rural, minority, poor, etc...

Casey KirkHart 12:24 PM

Any health reform in CA needs to consider the revolution of REMOTE CARE necessary in the COVID pandemic. If I can conduct visits by phone or video, then I can be almost anywhere. If I can be anywhere, then I can be a clinician at any health center. If that's true for all community health centers, then why not a regional or state-based network of primary care clinicians, serving our many diverse health centers, supported by a single agency ensuring compliance and quality, centered around our shared mission, paid for by our "single payer" Medi-Cal?

Denis Recendez 12:24 PM

Kathy, you became extremely muffled at the end;

Gerald Rogan 12:24 PM

We cannot rework how the dollars flow to fix our problem. We must address the health care delivery system, not only how medical care is financed. Some doctor specialties may make more money than they deserve. Excessive income is driven by the RUC process wherein relative values are set, by physicians. For example, the MRI rates are excessive based on understating the hours of operation. Doctors who take and interpret pictures make a lot more than doctors who determine the need for a picture.

Dr Bill Honigman 12:25 PM

My name is Bill Honigman and I'm a retired ER physician from Orange County, affiliated with Physicians for a National Health Plan and Progressive Democrats of America. I'd like to thank especially Commissioners Comsti, Hsaio, and Marya for their bold comments today. We know that countless economic and other social science studies have proven a Single Payer system will save money and save lives for California, which couldn't be more obvious now since we have all experienced COVID19. Why are we not already moving forward with such a system? I believe the commission cannot wait a day more, an hour more, or a minute more without taking action to move this forward, now.

Deborah LeVeen 12:25 PM

Debbie LeVeen again: I appreciate the passion of the public comment. But it's almost entirely one voice. And it's all focused on ultimate goals—which encompass single payer goals. We all need to be open to means—to steps to get there. It's frustrating that single-minded single payer advocates focus only on the ultimate goals rather than the critical questions of the best ways to get there!

JoAn Brady 12:26 PM

In addition to a single payer system as a retired Dental Hygienist, I would recommend health education as a tool to help raise personal healthiness and reduce health care costs.

Denis Recendez 12:27 PM

Yes Corinne! Thank you!

Nina Eliasoph 12:28 PM

Denis, Corrine, excellent! Thanks!

Richard Dawson 12:28 PM

Given that the U.S. spends twice as much for health care and ranks low in health outcomes, and given that numerous studies have found that single payer provides improved outcomes at reduced cost, what is the purpose of this commission? To preserve the profits of insurance companies?

William Bronston, MD 12:29 PM

road map to hell!!! sp now!!

Gerald Rogan 12:29 PM

Interesting the national discussion has been on "Medicare for all" not "Medicaid for all".

Irene Nelson 12:30 PM

Grateful for everyone speaking up to support single payer! I have so many personal experiences that make me certain that we need to have a system we KNOW works all over the world. We deal with the family penalty - we can't get the Covered California subsidy when my

husband gets "affordable" health insurance offered by his employer but then end up paying over \$1000 more per month when we use their coverage. It's not affordable. We are "lucky" to be able to be back on Covered California after we lost our jobs and health insurance and my husband was only rehired part time recently. We will not be able to afford to have him go back to full time when they are ready for him to do so. Our current system hurts families and hurts businesses.

Gerald Rogan 12:30 PM

A Universal standard of care is about medical staff and physician office peer review, not about finance.

Casey KirkHart 12:30 PM

The focus groups can be used for something: prepare their companies and industries for \*when\* single payer is implemented in CA. Single payer will impact their businesses and employees, and they will need to be ready to manage that huge change.

Linda Perez 12:31 PM

NOBODY has mentioned PHARMA and the cost of medications. Prices are prohibited for diabetes, epilepsy, cancer and more. People has to choose between medicines and rent/food. Ridiculous!

Erika Feresten 12:32 PM

CAPA roadmap keeps the current for-profit health care system in play. We don't need roadmaps or commissions, we need single-payer health care.

Richard Dawson 12:32 PM

How can one obtain a copy of the Q&A comments and questions?

Eric Vance 12:32 PM

The statement from Healthy California Now in solidarity with Black Lives Matter protests against police brutality highlights some issues (and provides resources) that Commissioners and the public have called out today: <https://healthyca.org/about/statement-on-racial-justice-and-police-brutality/> This call we're all on is the healthcare version of #DefundThePolice movement, and we're just getting started.

Linda Perez 12:33 PM

I hope these issues on pharma abuse and medicines prices is addressed at our next meeting. I have insurance but my kids don't.

Nicki Davis 12:33 PM

I suggest you include Business for Medicare for All in your focus group for the business community.

Paul O'Rourke-Babb 12:33 PM

How long do we have to submit written comments? Thank you for a technically very well run meeting.

Casey KirkHart 12:33 PM

To Alice Chen, respectfully, please recognize that most, if not ALL, verbal comments were in support of single payer for CA.

Gerald Rogan 12:34 PM

I agree with Alice Chen that we need an advisory group of physicians to help DHCS. If DHCS is interested, I am qualified to help because I was co-chair of the Medicare CAC for 6 years. I would consider helping DHCS pro-bono.

Nicki Davis 12:34 PM

When considering input from healthcare providers, I suggest getting input not only from physicians and nurses, but ALL health care providers -- all the way down to the janitors!

William Bronston, MD 12:34 PM

there are not a diversity of opinions there is only the overwhelming assertion for Sp vs conflict ridden blah blah. Not to embrace a 1384/6096 model for M4A is an assault on the people of CA!!

shirley toy 12:34 PM

please do not kick the can down the road. We need action now.

Faith Borges 12:35 PM

First, thank you to the commission and staff for your time and efforts. There has been a lot of good discussion today on increasing access to insurance coverage – private or public. The California Association of Health Underwriters encourages the Commission to remember that insurance doesn't necessarily equate to care. Millions of Californians rely on the professional advocacy services of licensed insurance agents to effectively access and utilize their insurance so it translates to quality health care. We look forward to remaining engaged in these important discussions on quality, access and affordability.

James Sarantinos 12:35 PM

@Gerard Rogan SP healthcare is more determined by physicians in patient care than working with what health insurance will pay for. Insurers are notorious for claim denials and over-riding physicians' recommendations and reclassifying procedures as elective or non-essential.

Nina Eliasoph 12:35 PM

What specifically do you expect the random members of the public to contribute: something like "my daughter died for lack of \$ to pay for health care?" or "I love private for-profit health corporations?" or something more informational about how to design health care systems?

Dr Bill Honigman 12:35 PM

Drs. Chen and Ghaly, would you please commit to increasing the pace of the work of the commission? We need action now. Thanks.

Jenni Chang 12:35 PM

Thank you to the commissioners who stand with the public and against this “upside-down” process.

This message is for some of the commissioners who ask, “What would that look like?” If you can’t figure it out, or you don’t have the capacity to work on figuring it out, then you should resign and stop being dead weight.

An objective of this commission should be to take out the insurance companies, but I don’t hear enough commissioners saying so. You all should be excited about consolidating our buying power as a single-payer state to negotiate products and services.

How are we going to pay for it? Well as many want to defund the police right now, a big topic of discussion are budgets all over the state. That’s a start. There’s a lot of money we will have to fight for, but that is a fight advocates all over the state are here to help with.

Don’t ask what it would look like—please get to work and make these meetings more productive.

-Jenni Chang

Casey KirkHart 12:36 PM

Thank you for providing space for public comments. A well run meeting.

Michael Monasky 12:36 PM

We need to cauterize the bleeding wound that is the health market system.

Maureen Cruise RN 12:36 PM

We need to disband this commission, rethink human need and for the governor to fully support the legislation’s re- introduction of a single payer a bill , apply for the waiver  
We also need to bounce Rendon, Wood and some others out of office.

Peter Shapiro 04:44 PM

My name is Peter Shapiro. I am a delegate to the Alameda Labor Council for the California Alliance for Retired Americans, and a member of the Healthcare Action Committee in Oakland, an affiliate of Healthy California Now..

To assure that the commission's findings accurately reflect the concerns of working people and people of color, I urge you to broaden your definition of “stakeholders.” Taft-Hartley trusts can provide valuable models for health care financing, but they do not typify the experience of most working people with employer-based coverage.

You need to hear from public sector unions who can testify to the impact of rising costs on city, county, and state budgets and the disastrous cuts in public services that have resulted.

You need to hear from unions who have struggled at the bargaining table and on the picket line to protect their members’ health coverage from debilitating cuts.

You need to hear from specialists in the area of health care disparities who can testify to their impact on people of color--those who have truly borne the brunt of the COVID-19 crisis.

In short, you need to hear from people who are NOT invested in the existing health care system--the people who have experienced firsthand the distorting impact of market forces on health care access and delivery; the people who have the least to lose and the most to gain from a unified, publicly financed system that truly provides health care for all.

Peter Shapiro 03:34 PM

Why should employers even be paying for health care? It should be a public resource.

Peter Shapiro 10:42 AM

Re. Jim Wood's comments--weak infrastructure reflects decades of waste due to channeling health care dollars into private profit. Paying providers directly out of state coffers would free up enormous amounts of money to finance a truly fair and comprehensive system. And people would be more amenable to paying higher taxes if they weren't already forking over 20% of their income to pay for insurance coverage.