Introduction to History of California Single Payer Legislation: 1997-2021

Dan Hodges (dmhodges@pacbell.net)

My history of single payer legislation in California begins in 1997, even though there were single payer bills introduced in the early 1990s, before the failed single payer ballot initiative (Prop. 186) in 1994. The reason for this start-date is that there was discontinuity between the efforts for single payer in the early ‘90s and the one that was launched in the late ‘90s. For example, there was no consistent (much less sizeable) grassroots single payer movement for the legislation in the early ‘90s. As this history describes, such a movement only developed after the late ‘90s. That is, the campaign that began in the late ‘90s has continued to the present day.

There may not always have been a single payer bill active in the state legislature every year since 1998, but there has been a continuous pro-single payer movement since then. Similarly, there may have been changes in the names and structures of pro-single payer coalitions over the years, but there has been consistency of membership by many organizations in whatever was the current coalition, as well as new organizations continually joining. Accordingly, this history isn’t only about single payer bills, it is also about California’s single payer movement. I began it in 2006, and I have updated it ever since. As new key events occur, I will continue to revise it.

Dan Hodges was an activist in the Proposition 186 single payer ballot initiative campaign (1994); co-founder of Health Care for All – California (1995); organizer of HCA’s June 1997 strategy meeting; editor of HCA’s newsletter, One for All (1996-2001); chair of HCA’s board of directors (1998-2010); initiator of HCA’s website, www.healthcareforall.org (1998); one of the “Pelosi 12” (2009); proponent of the flyer distributed at the Democratic State Convention against six sell-out Senators of SB 810 (2012); co-founder of the Single Payer PAC (2015); initiator of the state’s first coalition of pro-single payer advocacy organizations and labor unions, the State Strategy Group (2005-2011); and participant in the formation of the following successor coalitions: Campaign for a Healthy California (2011-2013), AllCare Alliance (2013-2016), Healthy California Campaign (2016-2017), and Healthy California Now (2018-present).
1997 In June, HCA members at a strategy meeting in Berkeley agree that: (1) HCA will draft a single payer bill to be introduced in 1998; and (2) HCA will support introduction of a bill requiring the Legislature to convene “a blue-ribbon panel” to conduct a study of methods to provide universal health care.

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

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

HCA is principally responsible for drafting Senate Concurrent Resolution 100, which is introduced by Sen. Watson. It “would create the Joint Select Committee on Universal Health Access to conduct a study regarding health care financing options that will consider and compare alternative financing systems to achieve the goal of universal health care” according to ten criteria. It “would declare the intent of the Legislature to seek funding from charitable foundations, as necessary, to develop the information described in this measure in time to assist the 1999-2000 Regular Session of the Legislature deliberations regarding health care financing policy.” Senate President, John Burton, authorizes it, and Democratic leaders of both houses support it, but no action is taken. The coauthor is Sen. Hilda Solis.

(Oakland Tribune, December 3, 1998: Op-ed by DH presents why single payer advanced in the Legislature in 1998, and how the results of a forthcoming state study of methods to provide universal health care will be used to draft new single payer legislation.)

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

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

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

HCA initiates a statewide campaign to pass SB 480. After the bill is amended to remove “date certain,” it passes the Senate committees of Health and Appropriations, the Senate, the Assembly committees of Health and Appropriations, and the Assembly. It has 6 coauthors: 1 Senator and 5 Assemblymembers.

HCA initiates a statewide campaign to get Gov. Gray Davis to sign SB 480. Also, HCA works to have editorials and op-eds call on him to sign it, which he does on October 10, the last day possible.
HCA garners support from leaders of the Senate and Assembly to establish a panel of national health care experts, the Universal Health Care Technical Advisory Committee. The UHCTAC meets to address three goals, which were identified by HCA: 1) to review the status of the study called for by SB 480, which was principally drafted by HCA; 2) evaluate different proposals for conducting the study; and 3) issue a report of recommendations.

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

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

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

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

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

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

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

On April 12, in his presentation at the last symposium at the capitol, John Shiels of The Lewin Group says, “One of the major claims of the single payer advocates for a long time has been that we could cover more people, for more services, for less money. Our study is showing that, for these very carefully designed plans, that's true. To the best of our ability to estimate it, that's true.”
On August 9, HCA hosts a meeting in Sacramento with over 50 representatives from a broad range of advocacy groups and unions. The attendees agree on three goals: 1) to have a single payer bill introduced in 2003; 2) to select a legislator as the author of the bill; and 3) to build a grassroots movement in support of the bill. HCA is given the responsibility to interview Senators and Assemblymembers to assess who should be the author of the bill. At the follow-up meeting in September, HCA recommends Sen. Sheila Kuehl, who had very persistently sought to be chosen. HCA’s recommendation is unanimously accepted.

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

Amended again, the bill becomes an “intent” to create a single payer system (enacting it would not create the system). Amended once more, the intent language is removed and original language to create a single payer system is restored (without region-based service delivery). With large lobbying campaigns, SB 921 passes the Senate committees of Insurance, and Health, and Appropriations, and then it passes the Senate. On October 7, Gray Davis is recalled as governor and replaced with Republican Arnold Schwarzenegger.

2004 Predictions that SB 921 would be voted down in the Assembly Health Committee by a combination of moderate Democrats and Republicans are proved wrong. After a massive lobbying campaign, every Democrat votes for the bill. However, it goes no farther in the Assembly. The bill has 25 coauthors (6 Senators and 19 Assemblymembers). It is endorsed by more than 500 local and statewide organizations.

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

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

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

In February, Sen. Kuehl introduces SB 840, the California Health Insurance Reliability Act. It restores language that service delivery would be region-based. However, it provides no language about how the system would be financed. Advocates garner hundreds of endorsements from organizations, coauthorships from legislators, thousands of letters of support from individuals, and place op-eds in many newspapers. SB 840 passes the Senate committees of Banking/Finance/Insurance, and Health, and Appropriations. It passes the Senate, and then it passes the Assembly Health Committee.
In February, Sen. Kuehl introduces SB 1784, the California Health Insurance Reliability Funding Act, which provides financing for her single-payer bill, SB 840. For taxable years beginning on or after January 1, 2007, it would impose, at unspecified rates, an additional tax on a taxpayer’s taxable income between $200,000 and $1,000,000; an additional tax on a taxpayer’s taxable income that exceeds $1,000,000; a tax on self-employment income of an individual taxpayer; and a tax on nonwage income of a taxpayer. There is no hearing held by any committee on the bill.

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

A huge campaign by advocacy organizations and unions successfully lobbies the Assembly to pass SB 840. Due to amendments in the Assembly version, SB 840 is returned to the Senate for concurrence, and it passes. The bill has 44 coauthors (14 Senators and 30 Assemblymembers). The California Legislature is the first in U.S. history to pass a bill for single payer universal health care. In an op-ed in the San Diego Union-Tribune, the Governor declares the bill is “socialized medicine” and he will veto it. This generates a lot of press coverage and a rebuttal by Sen. Kuehl. Schwarzenegger vetoes SB 840.

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

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

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

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

dmhodges@pacbell.net / http://www.healthcareforall.org/

5
On August 11, the 365-City Campaign ends with The Great Health Care Rally for SB 840 in front of Los Angeles City Hall. Three thousand attend the event, which is paid for by Laborers’ Local 300. Speakers include Sen. Kuehl, Lt. Gov. John Garamendi, Executive Treasurer of the Los Angeles County Federation of Labor Maria Elena Durazo, Secretary-Treasurer Emeritus of the United Farm Workers Dolores Huerta, Emmy/Grammy/Tony award winner Lily Tomlin, Congressman Dennis Kucinich, and spokespersons from member organizations of the SSG.

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

2008 On February 23, the SSG sponsors a State Strategic Summit in Los Angeles, which launches the Healthy Majority Campaign. The goal is to elect two-thirds “super” majorities of pro-single payer Senators and Assemblymembers. (It will take a Healthy Majority in each house both to override a Governor’s veto of a single payer policy bill as well as to pass legislation that finances a policy bill.)

On June 19, thousands rally for single payer bills, SB 840 and the federal HR 676, outside San Francisco’s Moscone Center West, the site of a national convention for America's Health Insurance Plans, a political advocacy and trade association of health insurance companies. The rally’s theme is: Healthcare YES – Insurance Companies NO. Smaller companion rallies are held in 18 other cities.

(Photo/DH: Sen. Kuehl at the S.F. rally)

SB 840 passes the Assembly Appropriations Committee and the Assembly. Due to Assembly amendments, it returns to the Senate for concurrence and passes. The bill has 48 coauthors (14 Senators and 34 Assemblymembers), plus endorsements from nearly 800 statewide and local organizations.

On September 8, HCA publishes a half-page ad in the Sacramento Bee and other newspapers. (See bold text in the graphic.) It lists the names of over 400 persons who each paid $100 for the ad, plus those of HCA’s 24 affiliates.

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

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


In the autumn, Mobilization for Health Care for All leads a nationwide campaign of sit-ins at insurance companies. More than 100 protesters are arrested, such as at Anthem Blue Cross in Los Angeles and Cigna in Glendale. LA video comes after Glendale video at https://www.youtube.com/watch?v=qskpO2nC2Ys

ActforSinglePayer, a direct-action group formed in the Bay Area, organizes sit-ins in San Francisco at United Health and Blue Shield. There are no arrests.
On November 3, there is a rally outside the San Francisco Federal Building. Inside ActforSinglePayer leads a sit-in at Nancy Pelosi’s district office. Both groups protest the Speaker of the House of Representatives for breaking her promise to include Congressman Dennis Kucinich’s proposed amendment to the federal healthcare bill to preserve the right of states to enact single payer. Pelosi’s chief-of-staff has Homeland Security warn a dozen sit-inners that, unless they leave the office, they will be arrested. In the following days, radio stations in California, North Carolina, Washington, and Wisconsin interview one of the “Pelosi 12.” They are represented by an attorney from the CNA, and the charges are later dropped. (San Francisco Chronicle, November 4, 2009)

More about the “Pelosi 12” is at https://www.indybay.org/newsitems/2009/11/03/18627742.php?show_comments=1

2010 On March 23, President Barack Obama signs the Affordable Care Act (ACA or Obamacare) into law. California OneCare (COC, which has become an organization separate from HCA) begins a 365 Ad Campaign. Every day for a year a 30-second spot is posted in support of single payer. The videos feature celebrities, politicians, health care survivors, and single payer activists.

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

SB 810 passes the Senate and the Assembly committees of Health and Appropriations. It passes the Assembly but “without further action.” There are 47 coauthors: 15 Senators and 32 Assemblymembers. SB 810, unlike SB 840, does not return to the Senate for reconciliation. The view of SB 810 supporters is that Speaker John Pérez lets the bill die in order to retain in office moderate Democrats who are not in safe districts and who either voted against the bill or abstained. By killing the bill without drawing negative publicity, it is believed Pérez intends to shield these Democrats from a backlash against them by their pro-single payer constituents when they seek re-election later that year. Because activists in the Healthy Majority Campaign worked hard to elect three such Democrats in 2008, their No votes (Alyson Huber and Manuel Perez) or abstention (Joan Buchanan) are seen as betrayals of the understanding the activists had with these candidates, which was that, if elected, they would vote in favor of single payer.

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

SSG members (final list November 2010): American Medical Student Association, Amnesty International USA, California Alliance for Retired Americans, California Church IMPACT, California Faculty Association, California Federation of Teachers, California Gray Panthers, California Health Professional Student Alliance, California National Organization of Women, California Nurses Association, California Retired Teachers Association, California School Employees Association, California Teachers Association, Consumer Federation of California, Courage Campaign, Dolores Huerta Foundation, Entertainment Strategy Group, Health Care for All – California, Labor Task Force for Universal Healthcare, League of Women Voters of California, Physicians for a National Health Program – California, Progressive Caucus of the California Democratic Party, Progressive Democrats of America, Single Payer Now, Visión y Compromiso (Vision and Commitment)

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

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

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

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

Despite an unprecedented grassroots call-in campaign that overwhelms the phone lines of Senators’ offices at the capitol, SB 810 fails on the Senate floor by two votes. It needs 21, but it only gets 19. Two Democrats vote against it (Ron Calderon and Lou Correa), and four Democrats abstain (Alex Padilla, Michael Rubio, Juan Vargas, and Roderick Wright). The bill has 35 coauthors: 12 Senators and 23 Assemblymembers.
In February, CHC activists at the California Democratic Party convention distribute 5,000 copies of a flyer that pillories the six Senators who “chose to kill” SB 810. It calls them out for betraying their constituents as well as their party’s Health Care platform. Beneath a photo of each Senator, the amounts of money he has received both from the insurance and pharmaceutical industries are cited. The flyer is a big hit at the convention.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2017 Senators Ricardo Lara and Toni Atkins introduce SB 562, the Healthy California Act. The CNA is principally responsible for drafting the bill. The system would be governed by the Healthy California Board, which would be governed by an executive board, with four appointees by the Governor, two by the Senate President, and two by the Assembly Speaker. The Secretary of Health and Human Services or his or her designee would be a voting, ex officio member. An executive director would be hired to organize, administer, and manage the board’s operations. The bill states that it is “the intent of the Legislature to enact legislation that would develop a revenue plan...[in consultation] with appropriate officials and stakeholders.” It would create the Healthy California Trust Fund in the State Treasury. All moneys in the fund shall be continuously appropriated. A section under Delivery of Care, called Care Coordination, says that everyone is encouraged to enroll with a care coordinator. On April 26, over a thousand single payer supporters from all over the state (especially from the CNA) fill a huge hall at the Sacramento Convention Center, march to the capitol, and pack an auditorium (with spillover at other locations) for the Senate Health Committee hearing on SB 562. Lara and Atkins, and CNA staff, testify for the bill. Spokespersons for the opposition represent the California Association of Health Plans, the California Chamber of Commerce and, for the first time ever as the lead adversary, Kaiser Permanente.
(Photo/Rich Pedroncelli/Associated Press/Los Angeles Times)

SB 562 passes the Senate committees of Health and Appropriations.

dmhodges@pacbell.net / http://www.healthcareforall.org/
On May 31, as commissioned by the CNA, a team at the Political Economy Research Institute, UMass Amherst, releases an “Economic Analysis of the Healthy California Single-Payer Health Care Proposal (SB-562).” It estimates the bill’s program would cost $331 billion. Since a UCLA study found that about 70% of the state’s health care spending is publicly funded (e.g., Medicare and Medi-Cal), it concludes only $106 billion in new revenue would be needed, not $200 billion as claimed by opponents of the bill.


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

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

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

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

The presentations at the hearings are at [https://healthcare.assembly.ca.gov/content/2017-2018-hearings](https://healthcare.assembly.ca.gov/content/2017-2018-hearings)

HCC Steering Committee members and criteria for membership (elected September 2017): American Civil Liberties Union – Southern California (communities of color); Business Alliance for a Healthy California (business); California Alliance for Retired Americans (seniors); California Nurses Association (donor of $25K); California Partnership (immigrant); Courage Campaign (LGBTQ); Democratic Socialists of America – California (at-large); Health Care for All – California (single payer); Labor United for Universal Healthcare (labor); National Union of Healthcare Workers (donor of $25K); Our Revolution (political); Physicians for a National Health Program – California (providers); University Professional & Technical Employees – Communication Workers of America Local 9119 (at-large); UNITE HERE (donor of $25K).

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


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

The campaign to have Speaker Rendon release SB 562 from the Rules Committee is unsuccessful. The bill dies at the end of the legislative session. It has 14 coauthors: 5 Senators and 9 Assembymembers.

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

(The Photo/CNA)

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

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


In the autumn, new meetings of single payer activists are convened, which re-activate the former HCC. (In April 2019, this new coalition adopts the name Healthy California Now or HCN.)

HCN elects a Board, which replaces the former HCC’s leadership body, the Steering Committee (SC). Bylaws identify HCN as a “nonprofit public benefit corporation.” It applies to be a 501(c)(3).

The video for Healthy California Now is at https://www.youtube.com/watch?v=RpGcd25r6Bg

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

Also, Anthony Rendon is returned to the Assembly, but with only 54.3% of the vote. His challenger, Maria Estrada, has no prior experience in running for or holding political office; and she lacks the financial and party resources that Speaker Rendon enjoys. Of the 60 Democrats elected to the Assembly, 57 are incumbents. Rendon is one of 11 who defeats another Democrat. In this group he notably garners the lowest support, perhaps indicating the extent of opposition within his district to his shelving SB 562.

On January 7, the day he is sworn in, Newsom sends a letter to the President and the Republican and Democratic leaders in Congress. His request is that they “amend federal law to enable States to apply for and receive Transformational Cost and Universal Coverage Waivers, empowering California to truly innovate and begin transformative reforms that provide the path to a single-payer health care system.”

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

On February 27, Congresswoman Pramila Jayapal introduces the Medicare for All Act of 2019 (H.R. 1384), with 106 original cosponsors. In California, HCN holds meetings with targeted Representatives to try to get them to be cosponsors. (By February 2020, there are 118 cosponsors, including 29 of California’s 45 Democratic Representatives.)


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

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


More on the bill is at https://www.nationalnursesunited.org/medicare-for-all


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

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

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

On November 8, Congressman Ro Khanna introduces the State-Based Universal Health Care Act (H.R. 5010). It soon has 20 cosponsors. According to Khanna’s press release:

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


As part of HCN’s 2020 Work Plan, the coalition commits to writing letters to California’s Congressional Representatives (prioritizing those who have cosponsored Rep. Jayapal’s H.R. 1384) to request that they cosponsor H.R. 5010. HCN will also look for opportunities to educate the California Legislature on the advantages of H.R. 5010 “and how it will open the doors for states to establish a single payer system.”

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

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

The Governor’s eight appointees to the Healthy California for All Commission are:

Carmen Comsti, a regulatory policy specialist at the California Nurses Association and National Nurses United and former legal counsel at the CNA and NNU.

Jennie C. Hansen, an independent consultant at Hirsch and Associates LLC and a former CEO at the American Geriatrics Society.
Sandra R. Hernandez, president and CEO at the California Health Care Foundation.

William C. Hsiao, a research professor of economics at the department of health policy management and the department of global health and population at Harvard University and the former developer of a single-payer health system for Vermont.

Rupa Marya, an associate professor of medicine at the University of California, San Francisco.

Robert Ross, president and CEO of the California Endowment.

Richard Scheffler, a professor at the School of Public Health and the Goldman School of Public Policy at the University of California, Berkeley.

Andy Schneider, research professor of practice at the Center for Children and Families in the Georgetown University McCourt School of Public Policy and the former senior advisor at the Center for Medicaid and CHIP Services.

The Senate’s two appointees are:

- Sara Flocks, policy coordinator with the California Labor Federation.
- Janice Rocco, deputy commissioner, health policy and reform, Department of Insurance.

The Assembly’s two appointees are:

- Antonia Hernandez, CEO of the California Community Foundation.
- Anthony Wright, executive director of Health Access.

The Commission’s five ex officio members are:

- Richard Figueroa, acting director of the Department of Health Care Services.
- Peter V. Lee, executive director of Covered California.
- Don Moulds, chief health director of CalPERS.
- Senator Richard Pan, chair of the Senate Health Committee.
- Assemblymember Jim Wood, chair of the Assembly Health Committee.

2020 On January 27, The Healthy California for All Commission’s first meeting takes place at the capitol. Three additional meetings are held before the Commission suspends its work due to the coronavirus pandemic.

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

In August, the Commission posts online the final version of its report, “An Environmental Analysis of Health Care Delivery, Coverage, and Financing in California.” At the conclusion of the “Introduction and Overview” the report states, “A subsequent Commission report will analyze key design considerations for a unified financing system, including a single-payer financing system, and will offer options by which the state can move toward a Healthy California for All.”

The text of the “Environmental Analysis” can be found under “Reports” at https://www.chhs.ca.gov/healthycaforall/

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

In addition to the three authors, the bill is introduced with two principal coauthors from the Assembly and three from the Senate; and there are seven coauthors from the Assembly and four from the Senate. Since SB 2123 in 1998, this is the first single payer bill to be introduced in the Assembly instead of the
The CNA is principally responsible for drafting AB 1400. It resembles but is not at all identical with the CNA’s SB 562 in 2017. The system would be governed by an independent public entity, the CalCare Board. Unlike SB 562, the Board would have no executive board. Of the Board’s nine members, five would be appointed by the Governor (subject to confirmation by the Senate), two by the Senate Committee on Rules, and two by the Assembly Speaker. The Secretary of Health and Human Services or his or her designee would be a nonvoting, ex officio member (as opposed to being a voting ex officio member, as stipulated in SB 562, in which the Governor had only four appointees). Like SB 562, the board shall hire an executive director to organize, administer, and manage the operations of the board.

The bill would require the board to convene a 17-member CalCare Public Advisory Committee to advise the board on all matters of policy for CalCare. Also, it would establish an 11-member Advisory Commission on Long-Term Services and Supports to advise the board on matters of policy related to long-term services and supports.

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

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

The full text of AB 1400 is at https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB1400

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

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

The press release from Assemblymember Kalra is at https://drive.google.com/file/d/1ahga4hdoYpfar4z4EjsDGbSvR4chEkYw/view

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

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

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

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

The response to the CHBRP document from Healthy California Now is at https://healthyca.org/our-response-to-chbrp-analysis-of-ab-1400/

HCN Board members and criteria for membership (elected April 2021): 1021 Medicare for All Committee (at-large); California Alliance for Retired Americans (seniors); Californians for Disability Rights, Inc. (disabled communities); California OneCare (at-large); Courage California (policy advocacy); Healthcare Action Committee (at-large); Health Care for All – California (single payer organization); Inland Equity Partnership (immigrant communities); International Association of
Machinists & Aerospace Workers (donor of $25,000); National Union of Healthcare Workers (donor of $25,000); North State Medicare for All Coalition (rural); Physicians for a National Health Program – California (health professionals); Therapists for Single Payer (at-large); UNITE HERE Local 2 (labor).