



# Health Care for All - Ca

## SINGLE-PAYER UNIVERSAL HEALTH CARE



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## Greetings to All Single-Payer Activists

In this New Year, leading up to the national election in November, Medicare for All and health care reform issues are the subjects of debates, talk shows, twitter feeds, blogs, op eds, commentaries, etc.

It is exciting that single-payer financing is also getting much attention. The downside is that the public often is being fed misleading narratives and out and out lies.

The single-payer movement is facing powerful opponents who have deep pockets. With well-orchestrated campaigns, the seeds of doubt are being sown and even supporters are becoming confused.

This newsletter is the start of a series of articles written to help all of us challenge the false messages of for-profit corporations.

We look forward to your feedback!

Millie and Danny Braunstein  
Chair and Vice Chair, HCA

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### **Take action!**

## **Healthy California for All Commission Begins Work**

When SB 104 passed the legislature in July 2019, an expanded commission was formed for the purpose of planning the steps towards achieving a unified healthcare financing system for California including, but not limited to a single-payer financing system.

In December 2019, Governor Gavin Newsom announced the launch of the Healthy California for All Commission, and announced the appointments of health experts from various fields in public health, medicine, academia, business, and labor.

The Commission has 13 voting members including chair Secretary of Health and Human Services Mark Ghaly, eight gubernatorial appointees and four legislative appointees. There are also five ex-officio, non-voting members.

The Commission will prepare an initial report to the Governor and Legislature by July 2020 with a final report in February 2021.

It will hold its first public meeting on Jan. 27 in Sacramento. For updates and information about the commission members, follow the link:

[chhs.ca.gov/healthycforall/](https://chhs.ca.gov/healthycforall/)

## **Health Care for All California Leads the CA Single-Payer Movement**

By Dan Hodges

Following the defeat of the single payer ballot initiative, Prop. 186 in 1994, activists met in Fresno in June 1995 and agreed to create a "dedicated single payer organization." At a larger meeting in Santa Barbara in November, Health Care for All – California was founded. In 1996, HCA's first chapters were established across the state.

In 1997, HCA committed to writing a single payer bill and having it introduced in the legislature the following year. The bill became SB 2123, and Sen. Barbara Lee and Sen. Diane Watson were its authors.

After it failed to pass, HCA drafted a new bill that called for a state-sponsored study of ways to achieve universal health care. In 1999, SB 480, authored by

Sen. Hilda Solis, passed the legislature and was signed by Gov. Gray Davis. Also, HCA launched its website ([www.healthcareforall.org](http://www.healthcareforall.org)).

In 2000, HCA led campaigns to obtain federal funding so that the study, the Health Care Options Project, could be optimally conducted. After obtaining \$1.2 million dollars, three single payer and six incremental proposals were analyzed.

In 2002, the analysts concluded that the single payer plans were the most cost-efficient, while providing universal coverage with the best benefits and the highest health quality outcomes.

In 2003, HCA recruited Sen. Sheila Kuehl to author HCA's next single payer bill. Although SB 921 failed to pass, the statewide single payer movement grew, and more HCA chapters were formed. Sen. Kuehl then authored HCA's SB 840, which twice passed the legislature and twice was vetoed by Gov. Arnold Schwarzenegger (2006, 2008).

During this time HCA initiated what became the first of several strong coalitions consisting of many local and state groups that educated the public and lobbied legislators for single payer.

Although subsequent bills did not pass – Sen. Mark Leno's SB 810 (2009, 2011); Sen. Ricardo Lara and Sen. Toni Atkins' SB 562 (2017) – the coalitions and the broader grassroots movement stayed active and expanded.

Today HCA has a wider geographic spread of chapters than ever before. And it continues to be a leader for single payer in California. To read a detailed history go to [History of California Single Payer Legislation: 1997-2019](#).

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## Healthy California Now

By Pat Snyder

A statewide coalition of single-payer advocates has been evolving and growing since the 1990s, from the State Strategy Group, to the Campaign for a Healthy California, to Healthy California Now (HCN).

HCN is led by a 20-member Board of Directors who represent separate member organizations that reflect the diversity of Californian residents. The Coalition is founded on the principles that healthcare is a human right and that publicly financed guaranteed health care is critical to California's social and economic well-being

Activities planned by HCN for 2020 include engaging with the newly formed Healthy California Commission. Representatives of coalition member organizations will attend the first public meeting January 27, as well as future meetings. Member organizations will take any opportunities that arise to promote single payer.

HCN member organizations will continue working together within regions throughout the state developing relationships with and lobbying members of the legislature - educating them about the benefits of a single-payer system – the most fiscally responsible solution for providing universal health care to all Californians.

On the national level, Rep. Ro Khanna (D – CA) introduced the State-Based Universal Health Care Act of 2019 (HR 5010)), November 8. This bill will provide states with access to federal funding streams and regulatory flexibility necessary to implement and support affordable, universal health care plans.

Such access will give states the flexibility necessary to implement and support state based affordable, universal health plans. HCN members are also soliciting congressional sponsors for HR 5010 and the Medicare for all Act, HR 1384 (Jayapal, D-WA and Dingell, D-MI),

Other activities include continuing to strengthen the multi-racial character of our campaign using the film *Power to Heal* and a toolkit developed by HCN.

The year ahead will be busy and productive one, preparing for the future introduction of a single-payer bill in California.

## **Seductive Opposition to Single Payer**

By Dan Braunstein, Healthcare for All – California

Good news!: Healthcare reform is one of the major issues as the 2020 presidential election campaign takes central stage in our national politics. Bad news! The focus on healthcare reform has led to an avalanche of scare tactics designed to postpone the process of change.

With the 2020 presidential campaign heating up, many critics are now appearing in both print and electronic media which question whether the American health insurance system is really “ready for single payer.”

Careful reading indicates that the concerns serve the goals of those who don't want change. Here is a list of the most prominent issues:

1. Americans won't want to give up their conventional health insurance.

2. Single payer systems are financially too complex to install.
3. There is a need to first improve the quality of access to care, not just expand universal coverage.
4. Outrageous prices for drugs and medical treatment regimens must be dealt with before any reform is really complete.
5. Hospitals will be forced to close.
6. Unions don't want to give up benefits that they bargained for.
7. Substantial layoffs would be necessary at both health insurance firms and health care providers.

Former insurance industry executive Wendell Potter calls the doubt created by these difficult questions a “FUD” campaign - one designed to create fear, uncertainty and doubt. Representatives of the industry plant these difficult questions in the media. They also use numbers very selectively and out of context.

When installing Taiwan's single-payer system, retired economist Prof. William Hsiao disclosed that opponents of change typically used a number of key words - socialized medicine, consumer loss of choice, and physician loss of income.

An overriding argument against reform is based upon belief that a free healthcare market is more efficient. There is no such thing as a “free market” in healthcare. Accessing healthcare is not like buying a washing machine!

Therefore, how can advocates for single-payer reform survive the onslaught of these attacks? Suggestions include:

- recognize opposition for what it is – deconstruct the false/misleading claims
- prepare effective defenses for the specific concerns raised
- develop relationships with the media for publications of accurate information

## **Let's be Clear**

by Ellen Karel

Here's a statistic to chew on. Only a quarter of potential voters say they can explain with some confidence what the term Medicare for All means.

Surprising? Perhaps not, given the way presidential candidates have been borrowing and blurring the term. Important? Very.

A majority of Americans say it is the government's role to guarantee health care for all. Polls show strong support for a single payer system - the direct path to universal health care.

However, voters are also distracted by ideas like Medicare for All for those Who Want It and a Public Option. Neither proposal can achieve universal coverage. Both will only further delay and complicate efforts to reach it.

To understand some of the confusion today around Medicare for All, we can look to 2003, when privatizing won a big battle and we ended up with these muddied Medicare waters.

That year, Michigan Congressman John Conyers popularized the now-familiar phrase in his bill, "Expanded and Improved Medicare for All." The first few words in the title were, and remain, critical.

The bill sought to expand Medicare by enrolling the entire country in the tax-based health insurance program that had successfully served seniors since 1965. And it sought to improve the program by making benefits more comprehensive with no out-of-pocket expenses.

The bill never got a hearing. Instead of full-steam-ahead Medicare, Congress took a rocky detour. It passed the Medicare Modernization Act of 2003, incentivizing private insurers to offer plans in competition with original Medicare.

Famously, the new law authorized private drug insurance plans for seniors (Part D) while forbidding the original Medicare program from negotiating drug prices.

Today, private Medicare Advantage plans cover one third of seniors. Private insurers have thrived by pocketing public subsidies, marketing plans to healthy seniors, creating financial burdens to chase away needier patients, and openly defrauding Medicare by misrepresenting patient conditions.

So today, when we hear, "Let's build on what we have", here's the response. "Yes, let's build on what we have. Let's improve and expand original Medicare, without the private plans that have muddied the waters.

Let's build the streamlined single payer Medicare for All program we need and deserve. Everybody in, nobody out!

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# The Hidden Costs of Health Care in the United States

by Millie Braunstein

Those of us who have health care insurance know what we are currently spending – our share of the premium, deductibles and copayments. Those who are employed also pay Medicare payroll taxes.

However, most of us do not realize that we, the taxpaying residents of California, are currently paying for two-thirds of our health expenditures – through public programs such as SCHIP, MediCal, Medicare, Veterans Tricare. Additionally, taxes pay for the federal, state, and city employee health insurance plans.

From multiple sources, we are hearing that the costs of moving to a single-payer financing are enormously high. However, how often do we hear someone asking how we will pay for the cost of the status quo.

Under our current system, it has been estimated that we will be spending about \$50 - \$60 trillion on health care over the next decade. Most of this is hidden in our taxes. Under a single-payer system, the cost over the same time is estimated to be \$50 trillion.

In fact, according to our HCA colleague, "Quote of the Day" writer Don McCanne, a well-designed single payer-model will save typical individuals and families an average of about 5 percent from their current total spending, including the hidden costs. Only very high-income individuals would pay more.

The opponents of system change have been able to suppress discussion of the more important reasons why we should enact a single-payer system. Under single payer, everyone is covered. Deductibles and other financial barriers to care are greatly reduced or eliminated. Individuals and families will have their choice of health care professionals and hospitals.

A single-payer system ends the 33% wasted spending due to the administration costs of profit-driven corporations. With a unified system, money is saved by negotiating prices for services, drugs and medical supplies.

As McCanne says, "do not get hung up on the numbers; just remember that most of us will see better numbers, and everyone will see a superior health care system."

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# Sorting Fact from Fiction

By Millie Braunstein

California voters are experiencing major disinformation campaigns about single-payer financing proposals. In addition to what is being said on TV and radio talk shows, newspaper articles, commentaries, blogs and social media are full of misleading information and outright falsehoods.

Powerful special interest groups, opposed to single payer, are heavily funding campaigns against a “radical” change. What can single-payer supporters do?

First, become sensitized to and recognize the tactics being used.

- Messages designed to create fear, uncertainty and doubt are in the media daily.
- Rumors, intended to divide and pit people against each other, are rampant in the social media.
- Tactics that avoid meaningful reform, including endless new studies, incremental fixes, road maps etc., delay the legislative process and distract the public.
- Terms, such as Universal Financing System, and Medicare for All, are being used by some politicians and commentators to describe options to fix the ACA. This misleads/confuses the public.

Second, continually update yourselves with the accurate information.

Sources to help sort out the misinformation from the facts include:

- [snopes.com](http://snopes.com) – a highly trusted independent publication, started in 1994. This service conducts fact checking for misinformation as well as for urban legends, folk lore, myths and rumors. Findings are evidence-based with sources documented.
- [politifact.com](http://politifact.com) - a fact-checking website that rates the accuracy of claims by elected officials and others. Winner of a Pulitzer Prize for its Truth-O-Meter.
- [factcheck.org](http://factcheck.org) – a project of the Annenberg Public Policy Center.
- [tarbell.org](http://tarbell.org) – investigative website to fight the rich and powerful “who call the shots”. Started by Wendell Potter, corporate insider-turned-whistleblower.

Receive daily analysis of articles in the news related to single-payer financing from Don McCann, MD. Subscribe to the *Quote of the Day* at [quote-of-the-day@mccanne.org](mailto:quote-of-the-day@mccanne.org)

Third, before making donations to non-profit organizations that state laudable goals of attaining universal health care, improving access, addressing runaway costs of drugs, etc., explore the organization’s website and get a more thorough



picture of its goals, values, etc. Who are the leaders? Who funds the organization?

Base your donation decision by your review and analysis of their mission statement, Board of Directors, funding source(s), activities, etc. What strategies are being used to advance the movement towards single payer? How are their funds being spent?

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## Who's Who for Single-Payer Information and Advocacy

### California Organizations

- Healthcare for All - California (HCA) [healthcareforall.org](http://healthcareforall.org) - a statewide grassroots organization of volunteers dedicated to achieving a universal health care system through single-payer public financing in California..
- Healthy California Now (HCN) [healthyca.org](http://healthyca.org) - a statewide coalition of advocacy groups, including health care providers, business groups, unions, and community groups dedicated to establishing a single payer universal health care system in California.
- PNHP California [pnhp.org/states/california](http://pnhp.org/states/california) the California branch of PNHP.
- One Care [californiaonecare.org](http://californiaonecare.org) - an online organizing network that exists to activate and empower people - into a grassroots and netroots movement for universal health care (a single-payer system) in California.
- Heal California [heal-ca.org](http://heal-ca.org) a non-profit, editorially independent news center focused on the California healthcare reform movement.

### National Organizations

- Physicians for a National Health Program (PNHP) [pnhp.org](http://pnhp.org) - a single issue organization advocating for a universal, comprehensive single-payer national health program.
  - Students for a National Health Program (SNaHP) [student.pnhp.org](http://student.pnhp.org) - the student arm of Physicians for a National Health Program (PNHP).
  - Health Care-Now [Healthcare-Now.org](http://Healthcare-Now.org) - a leading, national single - payer healthcare advocacy organization.
  - Labor for Single Payer [laborforsinglepayer.org](http://laborforsinglepayer.org) - purpose is to increase and coordinate grassroots labor support for a Single-Payer Medicare-for-All healthcare system in America
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