
THIRD READING

Bill No: SB 562
Author: Lara (D) and Atkins (D), et al.
Amended: 5/26/17
Vote: 21

SENATE HEALTH COMMITTEE: 5-2, 4/26/17
AYES: Hernandez, Atkins, Leyva, Mitchell, Monning
NOES: Nguyen, Nielsen
NO VOTE RECORDED: Newman, Roth

SENATE APPROPRIATIONS COMMITTEE: 5-2, 5/25/17
AYES: Lara, Beall, Bradford, Hill, Wiener
NOES: Bates, Nielsen

SUBJECT: The Healthy California Act

SOURCE: California Nurses Association/National Nurses United

DIGEST: This bill enacts the Healthy California program, which is required to provide comprehensive universal single-payer health care coverage system for all California residents. This bill is prohibited from becoming operative until the date the Secretary of Health and Human Services provides notification that he or she has determined that the Healthy California Trust Fund has revenues to fund the costs of implementing this bill.

ANALYSIS:

Existing law:

- 1) Establishes the Medi-Cal program, administered by the Department of Health Care Services (DHCS), under which low income individuals are eligible for medical coverage. Medi-Cal provides coverage to adults and parents with incomes up to 138% of the federal poverty level (FPL) who are under age 65, and to children with incomes up to 266% of the FPL. Undocumented children

receive full scope Medi-Cal coverage, while undocumented adults receive limited scope services under Medi-Cal (primarily emergency only).

- 2) Provides federal funds to states to enable them to initiate and expand the provision of child health assistance to uninsured, low-income children through the Children's Health Insurance Program (CHIP). The program is funded jointly by states and the federal government. CHIP is a capped program and each state is provided an annual CHIP allotment. CHIP is authorized under federal law until September 30, 2017.
- 3) Requires, under the Patient Protection and Affordable Care Act (ACA, Public Law 111-148), as amended by the Health Care Education and Reconciliation Act of 2010 (Public Law 111-152), each state, by January 1, 2014, to establish an American Health Benefit Exchange (Exchange) that makes qualified health plans (QHPs) available to qualified individuals and qualified employers. Requires, if a state does not establish an Exchange, the federal government to administer the Exchange. Establishes requirements for the Exchange and for QHPs participating in the Exchange, and defines who is eligible to purchase coverage in the Exchange. Limits enrollment in the Exchanges to citizens or nationals of the United States, or aliens lawfully present in the United States.
- 4) Allows, under the ACA and effective January 1, 2014, eligible individual taxpayers, whose household income is between 100% and 400% of the FPL, an advanceable and refundable premium tax credit (APTC) to use for coverage under a QHP offered in the Exchange. Requires a reduction in cost-sharing for individuals with incomes below 250% of the FPL. Legal immigrants with household incomes less than 100% of the FPL who are ineligible for Medicaid because of their immigration status are also eligible for the APTC and the cost-sharing reductions. Undocumented individuals and incarcerated individuals are ineligible to purchase coverage in Exchanges.
- 5) Authorizes, under Section 1332 of the ACA, waivers for state innovation under which states can seek federal approval to waive major provisions of the ACA, including the requirement for Exchanges, QHPs, premium tax credits and cost-sharing reductions, the individual mandate and the employer responsibility requirement, provided federal requirements for comprehensive benefits, affordability, and comparable coverage are met and the state proposal does not increase the federal deficit.
- 6) Establishes, pursuant to federal law, the Medicare program, which provides coverage for seniors and certain persons with disabilities. Medicare is funded by payroll taxes, premiums paid by individuals who enroll in various "parts" of

Medicare (Part A is hospital services, Part B is medical services, Part C is Medicare Advantage plans, and Part D is prescription drug coverage) and general revenue. Authorizes the federal Secretary of the Department of Health and Human Services, to develop and engage in experiments and demonstration projects for specified purposes, either directly or through grants to public or private agencies, institutions, and organizations or contracts with public or private agencies, institutions, and organizations.

- 7) Creates within the Centers for Medicare and Medicaid Services a Center for Medicare and Medicaid Innovation (CMI), the purpose of which is to test innovative payment and service delivery models to reduce program expenditures under the Medicare and Medicaid while preserving or enhancing the quality of care furnished to individuals under those programs.

This bill:

Healthy California purpose and governance

- 1) Establishes the Health California program in state government as an independent public entity not affiliated with an agency or department. Requires the Healthy California program 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. Requires Healthy California to be governed by an unpaid (except for per diem) executive board consisting of nine members appointed by Legislature (four) and Governor (five). Four members have to be from the following: a labor organization representing nurses, the general public, a labor organization, and the medical provider community. Requires each person appointed to the board to have demonstrated and acknowledged expertise in health care.
- 2) Requires each board member to have the responsibility and duty to meet the requirements of this bill, the ACA, and all applicable state and federal laws and regulations, to serve the public interest of the individuals, employers, and taxpayers seeking health care coverage through the program, and to ensure the operational well-being and fiscal solvency of the program. Requires appointing authorities to take into consideration the cultural, ethnic, and geographical diversity of the state so that the board's composition reflects the communities of California.
- 3) Requires a California Health and Human Services Agency-appointed 22 member public advisory committee. Requires the board to have all powers and duties necessary to establish and implement Healthy California. Requires the

board to provide grants to health planning agencies, and requires the board to provide funds for retraining and assisting job transition for individuals in health and insurance-related fields whose jobs may be or have been ended as a result of Healthy California implementation. Requires the board to provide for the collection and availability of specific hospital-related and health information technology-related data to promote transparency, assess patient adherence, compare patient outcomes, and review utilization.

Eligibility for Healthy California

- 4) Makes every resident of the state eligible and entitled to enroll. “Resident” is defined as an individual whose primary place of abode is in the state, without regard to the individual’s immigration status.

Enrollee premiums in Healthy California

- 5) Prohibits members from Healthy California from being required to pay any premium.

Enrollee cost-sharing in Healthy California

- 6) Prohibits members from being required to pay any co-payment, co-insurance, deductible and any other form of cost-sharing for all covered benefits.

Enrollee benefits in Healthy California

- 7) Requires all **medical care determined to be medically appropriate** by the members’ health care provider. Includes a broad benefit package, including all services covered by Medi-Cal, Medicare, the essential health benefits, and all health plan/insurance mandated benefits. Benefits required include **chiropractic, vision, dental, ancillary health or social services previously covered by a regional center, skilled nursing facility care, and therapies shown by the National Institutes of Health, National Center for Complementary and Integrative Health to be safe and effective.** Permits **Healthy California to offer retiree benefits on a voluntary basis.**

Choice of health care providers in Healthy California

- 8) Permits a member to choose to receive health care services from any participating provider, subject to the willingness and availability of the provider, and the appropriate clinically relevant circumstances. Per 9) below, **providers generally have to be in California and be California-licensed.**

Providers eligible to participate in health care providers under Healthy California

- 9) Permits any health care provider licensed to practice in California who is otherwise in good standing to be qualified to participate in Healthy California, so long as the provider's services are performed within the state of California. The Healthy California board is required to establish and maintain procedures and standards for recognizing health care providers located out-of-state for purpose of providing health care coverage for members who require out-of-state health care services while the member is temporarily located out-of-state.

Health care providers reimbursement in Healthy California

- 10) Requires the Healthy California board to adopt regulations regarding contracting for, and establishing payment methodologies for, covered health care services and care coordination provided to members under Healthy California by participating providers, care coordinators, and health care organizations. Permits a variety of different payment methodologies, including those established on a demonstration basis. Requires all payment rates under the program to be reasonable and reasonably related to the cost of efficiently providing the health care service and ensuring an adequate and accessible supply of health care services. Requires health care services provided to members under the program, except for care coordination, to be paid for on a fee-for-service basis unless and until another payment methodology is established by the Healthy California board.

Funding for Healthy California

- 11) Contains intent language on broad-based revenue, and intent for the state to work to obtain approval and other approvals so that Medicaid, Medicare, ACA and other federal funds and subsidies paid by the federal government that would otherwise be paid to the State of California, Californians and health care providers would be deposited in the Healthy California Trust Fund.
- 12) Requires the Healthy California board to apply to the federal Secretary of Health and Human Services or other appropriate federal official for all waivers of requirements, and make other arrangements, under Medicare, any federally matched public health program, the ACA, and any other federal programs that provide federal funds for payment for health care services that are necessary to enable all Healthy California members to receive all benefits under the Healthy California program through the program, to enable the state to implement this bill, and to allow the state to receive and deposit all federal payments under those programs, including funds that may be provided in lieu of premium tax

credits, cost-sharing subsidies, and small business tax credits, in the State Treasury to the credit of the Healthy California Trust Fund, and to use those funds for the Healthy California program.

- 13) Requires all moneys in the Fund to be continuously appropriated without regard to fiscal year for the purposes of this bill, and any moneys in the fund that are unexpended or unencumbered at the end of a fiscal year is authorized to be carried forward to the next succeeding fiscal year.

Care Coordination in Healthy California

- 14) Requires care coordination to be provided to members, defined to include administrative tracking and medical recordkeeping services, specifies the individual and entities that can be care coordinators, and allows reimbursement to a health care provider only if the member is enrolled with a care coordinator.
- 15) Requires the Healthy California board to develop and implement procedures and standards by regulation for an individual or entity to be approved as a care coordinator.

Role of private health insurance under Healthy California

- 16) Prohibits health plans and insurers from offering benefits or services for which coverage is offered under the Healthy California program. Continues to allow plan/insurers to offer benefits to cover health care services that are not offered to individuals under the program, including to non-residents and during the implementation period.

Program standards in Healthy California

- 17) Requires Healthy California to establish a single standard of safe, therapeutic care for all residents of the state.
- 18) Requires the board to establish requirements and standards, by regulation, for the program and for health care organizations, care coordinators, and health care providers, consistent with this bill and consistent with the applicable professional practice and licensure standards of health care providers and health care professionals established pursuant to the Business and Professions Code, the Health and Safety Code, the Insurance Code, and the Welfare and Institutions Code, including specified requirements and standards established by this bill.

- 19) Requires the board to establish requirements and standards, to the extent authorized by federal law, by regulation, for replacing and merging with the Healthy California program health care services and ancillary services currently provided by other programs, including, but not limited to, Medicare, the ACA, and federally matched public health programs.

Healthy California and Medicare

- 20) Permits the Healthy California to take actions consistent to enable the program to administer Medicare in California, and requires the program to be a provider of supplemental insurance coverage (Medicare Part B) and to provide premium assistance drug coverage under Medicare Part D (drug coverage) for eligible members of the program. Requires a member who is eligible for benefits under Healthy California, as a condition of continued eligibility for health care services under the program, to enroll in Medicare, including Parts A, B, and D.
- 21) Requires the program to provide premium assistance for all members enrolling in Medicare Part D drug coverage, limited to the low-income benchmark premium amount established by the federal Centers for Medicare and Medicaid Services and any other amount the federal agency establishes under its de minimis premium policy, except that those payments made on behalf of members enrolled in a Medicare advantage plan may exceed the low-income benchmark premium amount if determined to be cost effective to the program.

Healthy California and Medi-Cal

- 22) Permits the Healthy California board to apply for coverage for, and enroll, any eligible member under any federally matched public health program (such as Medi-Cal) or Medicare. Prohibits enrollment in a federally matched public health program or Medicare from causing any member to lose any health care service provided by the program or diminish any right the member would otherwise have.
- 23) Requires the Healthy California board, by regulation, to increase the income eligibility level, increase or eliminate the resource test for eligibility, simplify any procedural or documentation requirement for enrollment, and increase the benefits for any federally matched public health program and for any program in order to reduce or eliminate an individual's coinsurance, cost-sharing, or premium obligations or increase an individual's eligibility for any federal financial support related to Medicare or the ACA. This provision does not apply for long-term care services. Permits the board, to enable the board to apply for coverage for, and enroll, any eligible member under any federally

matched public health program or Medicare, to require that every member or applicant provide the information necessary to enable the Healthy California board to determine whether the applicant is eligible for a federally matched public health program or for Medicare, or any program or benefit under Medicare.

Collective Negotiation with Healthy California

- 24) Allows health care providers to meet and communicate for the purpose of collectively negotiating with Healthy California on any matter, including rates of payment and payment methodologies. Prohibits this provision from being construed to allow a strike of Healthy California by health care providers related to the collective negotiations. Establishes requirements for collective negotiations.

Healthy California and existing law

- 25) Requires this bill to apply and prevail to the extent any provision of California law is inconsistent with this bill or its legislative intent extent, except when explicitly provided under this bill.

Requirement that Healthy California develop proposals on workers compensation and long-term care coverage

- 26) Requires the board to develop a proposal for Healthy California coverage of health care services currently covered under the workers' compensation system, including whether and how to continue funding for those services under that system and whether and how to incorporate an element of experience rating.
- 27) Requires the board to develop a proposal, consistent with the principles of this bill, for provision by the program of long-term care coverage, including the development of a proposal, consistent with the bill, for its funding. Requires the board, in developing the proposal, to consult with an advisory committee, appointed by the chairperson of the board, including representatives of consumers and potential consumers of long-term care, providers of long-term care, members of organized labor, and other interested parties.

Local authority to provide additional coverage

- 28) Prohibits this bill from preempting any city, county, or city and county from adopting additional health care coverage for residents in that city, county, or

city and county that provides more protections and benefits to California residents than contained in this bill.

Implementation contingent on revenue to fund this bill

- 29) Prohibits, notwithstanding any other provision of law, this bill from becoming operative until the date the Secretary of Health and Human Services Agency notifies the Secretary of the Senate and the Chief Clerk of the Assembly that he or she has determined that the Healthy California Trust Fund has revenues to fund the costs of implementing this bill. Requires the Health and Human Services Agency to publish a copy of the notice on its Internet Web site.

Comments

- 1) *Author's statement.* According to the author, despite the incredible gains made under the ACA, almost three million California residents still do not have access to health care because cost or legal status. With the federal governments' promises to abandon the ACA and undo the progress we have made, leaving even more people without access to care, California has a chance to lead the rest of the nation toward a health care model that is less expensive and provides better coverage. SB 562 will move health care services to one publicly run plan that covers everyone who lives in the state. Every Californian will have access to the same comprehensive health benefits under a single plan. Patients will have the ability to choose their providers without worrying about what their insurance will cover or if they are out of network. SB 562 will consolidate and streamline access to care for patients and simplify the billing for hospitals and providers. SB 562 will fundamentally change California's health care system and improve health access and care for our residents. SB 562 will change health care in California from commodity to a right.
- 2) *ACA.* The federal ACA, approved on March 23, 2010, was the most transformative legislative action the U.S. health care system had seen in 40 years. California has seen a remarkable decline in the number of people without health insurance coverage as a result of the ACA. Most notably, the percentage of Californians under age 65 without insurance declined from 22% in 2011 to 8.6% in 2015 (from 7.3 million in 2011 to 2.9 million in 2015). California experienced the largest percentage point decline in the uninsured rate of any state, according to the United States Census Bureau. The federal Centers for Disease Control and Prevention has indicated a further fall to 7.1% in the first nine months of 2016. The decline in uninsured as a result of the ACA crosses the major race/ethnic and income groups in California.

- 3) *How do Californians receive health coverage now?* Unlike other industrialized nations, the American health care system is primarily an employer-based system. Like the rest of the country, most (56%) of California's 39 million residents receive employer-based coverage, which is subsidized by the state and federal tax code. While estimates vary, somewhere around 2.9 million to 3.1 million Californians are uninsured. Public programs are the other major health coverage source, followed by the individual insurance market.
- 4) *How much is spent on health care expenditures in California?* According to an August 2016 Health Policy Brief by the UCLA Center for Health Policy Research, **personal health care expenditures in California are estimated to total more than \$367 billion in 2016.** Approximately 71% of these expenditures will be paid with public funds, broadly defined to include government spending for public employee health benefits, Medicare and Medicaid, tax subsidies for employer-sponsored insurance and ACA insurance exchange and county health care expenditures.
- 5) *Support in concept.* The California Pan-Ethnic Health Network, Western Center on Law and Poverty, and Health Access California write that they support this bill in concept in that they support single payer and universal coverage, and suggest additional changes to this bill. Health Access California writes that further work needs to be done on financing, and raises questions about the lack of specifics or provisions that run counter to goals for a universal coverage system related to provisions in this bill regarding transition to a single payer system, system governance, whether existing consumer protections apply to the single payer system, quality improvements/delivery system reform and integrated care, purchasing for cost and quality, cost control and information technology.

NOTE: See the Senate Health Committee analysis of this bill for more detailed background of this bill.

FISCAL EFFECT: Appropriation: Yes Fiscal Com.: Yes Local: No

According to the Senate Appropriations Committee, the **fiscal estimates below are subject to enormous uncertainty.** Completely rebuilding the California health care system from a multi-payer system into a single payer, fee-for-service system would be an unprecedented change in a large health care market. There are numerous uncertainties about how enrollees, providers, employers, and the state would adapt to such a system. The projected costs and revenue needs for the proposed program are as follows:

- Total annual costs of about \$400 billion per year, including all covered health care services and administrative costs, at full enrollment.
- Existing federal, state, and local funding of about \$200 billion could be available to offset a portion of the total program cost.
- About \$200 billion in additional tax revenues would be needed to pay for the remainder of the total program cost. Assuming that this cost was raised through a new payroll tax (with no cap on wages subject to the tax), the additional payroll tax rate would be about 15% of earned income.
- It is important to note that the overall cost of those new tax revenues would be offset to a large degree by reduced spending on health care coverage by employers and employees. Although precise estimates of total spending for employer sponsored health insurance are not available, the best available information indicates that existing spending is between \$100 and \$150 billion per year. Therefore, total new spending required under the bill would be between \$50 and \$100 billion per year.

SUPPORT: (Verified 5/24/17)

California Nurses Association/National Nurses United (source)
California Insurance Commissioner Dave Jones
13 Pages Progressive Alliance for Government Ethics and Sanity
28ers
9to5 Working Women
A New Path
Alameda Progressives
Albany City Council
Albany Democratic Club
Alliance of Californians for Community Empowerment Institute
Alliance San Diego
AM Green Construction
American Association of Community Psychiatrists
American Civil Liberties Union
American Federation of Musicians Local 47
AFSCME Council 57
AFSCME Retirees Chapter 36
Americans for Democratic Action, Southern California
Arbeter Ring/Workmen's Circle
Arlington Community Church
Art Between Us

Asian Pacific American Labor Alliance
Asian Pacific Environmental Network
Bagg Lady Handbags
Bay Area Chapter of Resource Generation
Bay Area Veterans of the Civil Rights Movement
Bay Rising
Bell Everman, Inc.
Bend the Arc
Berniecrats Labor Alliance Chartered Democratic Club of Yolo County
Biomech Incorporated
Breast Cancer Action
Business Alliance for a Healthy California
Butte County Health Care Coalition
Cabrillo College Federation of Teachers, AFT 4400
California Alliance for Retired Americans
California Association of Marriage and Family Therapists East Bay Chapter
California Capital Chapter of Physicians for a National Health Program
California Center for Rural Policy
California Council of Churches IMPACT
California Democratic Party State Central Committee San Gabriel Valley
California Domestic Workers Coalition
California Faculty Association - San Francisco State University Chapter
California Federation of Teachers, AFT, AFL-CIO
California Foundation for Independent Living Centers
California Health Professionals Student Alliance
California Healthy Nail Salon Collaborative
California Labor Federation, AFL-CIO
California National Organization for Women
California One Care
California Partnership
California Physicians Alliance
California Public Health Association-North
California School Employees Association
California Teachers Association
California Youth Empowerment Network
Californians United for a Responsible Budget
Campaign for a Healthy California
Caring Across Generations
Catalina's List
Central Valley Indivisible

Central Valley-Sierra Progressives
CEO to CEO
Chinese Progressive Association
City and County of San Francisco
City Designworks
City of Berkeley
City of El Cerrito
City of Emeryville
City of Los Angeles
City of Oakland
City of Richmond
City of Richmond- Laurel Park Neighborhood Council
City of West Hollywood
Clergy & Laity United for Economic Justice
Clinica Romero
Code Pink
Communications Workers of American District 9
Community Health Councils
Concilio Latino of West Contra Costa County
Congressman Karen Bass
Consider the Homeless
Consumer Federation of California
Contra Costa AFL-CIO Labor Council
County of Marin Board of Supervisors
County of Nevada Board of Supervisors
County of San Clara Board of Supervisors
County of San Francisco Board of Supervisors
Courage Campaign
Courageous Resistance of Humboldt
CREDO Action
Cutting Edge Capital
Decus Biomedical
Dell Arte International
Democracy for America-Marin
Democratic Action Club of Chico
Democratic Club of Carlsbad-Oceanside
Democratic Club of Santa Maria Valley
Democratic Club of Southern Sonoma County
Democratic Party of Contra Costa
Democratic Party of Orange County

Democratic Socialists of America – Los Angeles
Democratic Socialists of America, Orange County Chapter
Democratic Socialists of America, San Francisco
Democratic Socialists of America, Ventura County Chapter
Democratic Women’s Club of San Diego County
Democratic Women's Coalition of Tuolumne County
Disability Action Center
Divine Feminine Yoga
Douglas L. Applegate Law Office
East Bay Democratic Socialists of America
East Bay Single Payer Coalition
East Contra Costa Democratic Club
Easter Hill United Methodist Church
Eastlake Bonita Center for Human Rights
Ecological Farming Association
El Cerrito Progressives
Elder Care Providers' Coalition
Elsdon Organizational Renewal
Empowered Investments
Encore
Far Leaves Tea
First They Came for the Homeless
For Grace
Forward Together
Fresno Economic Opportunities Commission
Friends Committee on Legislation
Giraud Photography, Inc.
Give Something Back Office Supplies
Glenview Area Groups for Action
Gray Panthers of San Francisco
Green Party of Alameda County
Green Party of Contra Costa County
Green Party of San Bernardino County
Green Party of Santa Clara County
Green Party of Yolo County
Haight Ashbury Neighborhood Council
Haiks German Autohaus
Hand in Hand
Harvey Milk LGBT Democratic Club
Health Care for All - Alameda County

Health Care for All - California 15 Chapters
Health Care for All - Contra Costa County
Health Care for All - Los Angeles Chapter
Health Care for All - Marin
Health Care for All - Nevada County Chapter
Health Care for All - Sacramento Valley Chapter
Health Care for All - San Fernando Valley Chapter
Health Care for All - San Gabriel Valley County
Health Care for All - Santa Barbara County Chapter
Health Care for All - Santa Clara County Chapter
Healthy California
Human Agenda
Humanist Society of Santa Barbara
Hunger Action Los Angeles
Independent Living Resource Center San Francisco
Indivisible Claremont
Indivisible East Contra Costa County
Indivisible Ladera
Indivisible Mader
Indivisible Orange County
Inland Coalition for Immigrant Justice
Inland Empire Immigrant Youth Collective
Inland Greens
International Longshore & Warehouse Union Southern California
J. Glynn & Company
Jane Thomas Press
Jobs with Justice San Francisco
Justice for All Ventura County
Justice for Palestinians
Kate Harris Consulting
KNA Copy Centre
Korean Community Center of the East Bay
Kramer Translations
La Jolla Democratic Club
Labor United for Universal Healthcare
Laguna Woods Democratic Club
Lake County Democratic Central Committee
Lamorinda Peace and Justice Group
Latina/Latino Roundtable
Latino Coalition for a Healthy California

Law & Mediation Office of Leslie A. Levy
Law Offices of Douglas L. Applegate
Lawyers for Good Government
League of Women Voters of California
Legal Services for Children
Lonely Liberals Indivisible of San Luis Obispo County
Long Beach Gray Panthers
Loving Way Midwifery
Low-Income Self Help Center
Lucille Design
Maddala Music
March and Rally Los Angeles
Martin Luther King Coalition of Greater Los Angeles
McGee-Spaulding Neighbors in Action
Media Alliance
Merced Collective Action Network
Mi Familia Vota
Mini-Vacation Massage
Mobilize the Immigrant Vote
Monkey Out, Voters In
Monkey Wrench Brigade
Mountain Bears Democratic Club
Mt. Diablo Peace and Justice Center
Multi-Faith ACTION Coalition
Musicians Union Local 6
National Association of Retired and Veteran Railway Employees
National Association of Social Workers
National Association of Social Workers-Fresno County
National Economic and Social Rights Initiative
National Union of Health Care Workers
Nevada County Democratic Women's Club
Nevada County Green Party
No Coal in Oakland
North Bay Jobs with Justice
Oakland Livable Wage Assembly
Oakley, California Mayor Sue Higgins
Occupy Torrance
One Page Plan
Organizacion en California de Lideres Campesinas, Inc.
Otis Chiropractic Neurology, Inc.

Our Developing World
Our Revolution
Our Revolution, Long Beach
Our Revolution, West San Fernando Valley
Pacific Palisades Democratic Club
Pacifica Social Justice
Painters & Allied Trades District Council 36
Peace and Freedom Party of California
People Power of Marina Del Ray
Peralta Retirees Organization
Physicians for a National Health Program CA
Pilipino Workers Center of Southern California
Pomona Valley Democratic Club
Poverty Matters
ProData Solutions
Progressive Action for Glendale
Progressive Asian Network for Action
Progressive Asset Management
Progressive Democrats of America - California
Progressive Democrats of America - Greater Palm Springs Area
Progressive Democrats of America - Lake County Chapter
Progressive Democrats of America - Orange County Chapter
Progressive Democrats of America - San Francisco Chapter
Progressive Democrats of America - Santa Monica Chapter
Progressive Democrats of America - Ventura County Chapter
Project Inform
Rancho Penasquitos Democratic Club
Resource Generation
Richmond Progressive Alliance
Riverside All of Us or None
Riverside County Young Democrats
Riverside Temple Beth El
San Francisco Berniecrats
San Francisco Green Party
San Francisco Labor Council
San Francisco Latino Democratic Club
San Joaquin Valley Democratic Club
San Jose Peace and Justice Center
San Mateo Central Labor Council
Santa Barbara Women's Political Committee

Santa Clara County Board of Supervisors
Santa Clara County Green Party San Francisco Berniecrats
Santa Cruz for Bernie
Santa Cruz Indivisible
Santa Rosa Democratic Club
School of the America Watch Los Angeles
Senior and Disability Action
Sierra Foothills Democratic Club
Sign Display and Allied Crafts Local Union No. 510
Silicon Valley Independent Living Center
SoCal 350 Climate Action
Social and Economic Justice Coalition
Social Justice Alliance of the Interfaith Council of Contra Costa
Sol2Economics
South Bay Labor Council
Steve Giraud Photography
Strike Debt
Sue's Hair Salon
Sunflower Alliance
TDA Investment Group
Tenants Together
The Democracy Project
The Latina/Latino Roundtable
The Refill Shop
Therapists for Single Payer
Together to End Solidarity Santa Cruz
Trout in Hand Productions
Tuolumne County Democratic Central Community
Tuolumne County Democratic Club
UFCW, Local 5
Unitarian Universalist Justice Ministry of California
United Democrats of El Dorado County
United Electrical, Radio, and Machine Workers of America Western Region
United Steelworkers, Local 2801
United Steelworkers, Local 675
UNITE-HERE, AFL-CIO
University Council American Federation of Teachers Local 1474
University Professional and Technical Employees, Local 9119
Uprise Campaigns
Veterans Democratic Club of LA County

Veterans for Peace, South Bay Chapter
Vision y Compromiso
Voices for Mothers and Others
Wellstone Democratic Renewal Club
Word Spark Writing & Editing
Yes We Can Democratic Club
Yolo MoveOn
Numerous individuals

OPPOSITION: (Verified 5/24/17)

America's Health Insurance Plans
Anthem Blue Cross
Association of California Insurance Companies
Association of California Life & Health Insurance Companies
Bay Area Council
BizFed, Los Angeles County Business Federation
Blue Shield of California
California Association of Health Plans
California Association of Health Underwriters
California Business Roundtable
California Chamber of Commerce
California Farm Bureau Federation
California Framing Contractors Association
California League of Food Processors
California Manufacturers & Technology Association
California Medical Association
California Professional Association of Specialty Contractors
California Retailers Association
California Taxpayers Association
California Trucking Association
Camarillo Chamber of Commerce
El Centro Chamber of Commerce and Tourist Bureau
Fresno Chamber of Commerce
Greater Riverside Chambers of Commerce
Greater San Fernando Valley Chamber of Commerce
Health Net
Howard Jarvis Taxpayers Association
Independent Insurance Agents and Brokers of California
Kaiser Permanente
Long Beach Chamber of Commerce

Molina Healthcare
Murrieta Chamber of Commerce
National Association of Insurance and Financial Advisors of California
National Federation of Independent Business
North Orange County Chamber of Commerce
Oceanside Chamber of Commerce
Orange County Business Council
Oxnard Chamber of Commerce
Redondo Beach Chamber of Commerce and Tourist Bureau
Santa Maria Valley Chamber of Commerce
South Bay Association of Chambers of Commerce
Southwest California Legislative Council
Torrance Chamber of Commerce
Valley Industry and Commerce Association
Western Growers Association
Yuba-Sutter Chamber of Commerce

ARGUMENTS IN SUPPORT: This bill is sponsored by the California Nurses Association/National Nurses United and supported by numerous labor organizations, faith-based and consumer groups, certain businesses, and Democratic Party groups, who argue this bill provides publicly funded and progressively financed health care coverage for all California residents regardless of age, income, or immigration status, with no network restrictions, deductibles, co-pays, or other limitations on necessary care. Supporters argue health care is a human right, and the United States continually outspends other wealthy nations on per capita health care costs—some by more than double—while the quality of care and national health outcomes continue to fall behind. Californians as individuals, workers, families, businesses, and taxpayers are driven past their breaking point because of soaring health costs and lack of access. Supporters argue the experience of Medicare and of nearly every other industrialized country shows a single payer system is the most cost-effective and equitable way to provide quality health care as all residents are covered, and the system can eliminate wasteful spending and rein in skyrocketing prices. Supporters argue the Healthy California Act would provide the comprehensive and quality health care coverage that all Californians deserve and would ensure that insurance companies and the corporate ledger no longer determines the health and well-being of our state.

ARGUMENTS IN OPPOSITION: This bill is opposed by business and health insurance groups who argue this bill creates a single-payer government bureaucracy which would control and finance the state's health care system and

ultimately result in significant job loss to the state. Opponents argue California employers cannot sustain an added tax burden after the most recently enacted transportation tax package, that significant job loss will result from this bill, that California voters in 1996 previously rejected a single payer health measure, that single payer costs are unsustainable, and government-run health care is less efficient and effective. Other opponents argue the state has made important progress in implementation of the ACA, but this progress is in a precarious position due to Congressional “repeal and replace” proposals, and this is not an appropriate time to divide the health care and policy community against itself with a symbolic measure that could not be implemented even if it were passed.

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