Introduced by Senators Lara and Atkins
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February 17, 2017
AMENDED IN SENATE April 17, 2017, MARCH 29, 2017
PASSED AND SUBMITTED TO ASSEMBLY JUNE 01, 2017

I. SB-562 Summary 07.17.2017
   A. Senate bill does not address availability and affordability of health care itself (IV-D)
   B. creates a new universal single-payer health care program for all residents of CA (IV-E)
   C. creates a health care cost control system (IV-E)
   D. obtains waivers to move current federal funding (medicaid/medicare) into a block grant trust fund (IV-E)
   E. creates the Healthy California Trust Fund from Federal and State money sources (IV-F)
   F. oversees program standards (IV-F)
   G. develops a revenue plan (IV-F)
   H. creates the Healthy California Board to govern CA Single payer (CA-SP), made up of 9 members (IV-G)
   I. establishes a public advisory committee to the board in the CA Department of HHS (IV-G)
   J. Multi-specialty groups traditionally have had conflicts between Medical and Surgical Service compensation because of collection discrepancies (IV-H)
   K. limits public access to certain proceeding and records if granted (IV-I)

Consider: no FIA?

L. (Section1a)
   Health Care is a Personal Right
   Health Care costs are still rising
   CA State has a Fiscal Crisis
   Creates a CA State Medicare for All program
   Consider: RIGHT (someone provide for me) vs PRIVILEGE (I can provide for myself) vs NEED (imperative)

M. (Section1b)
   Universal health coverage for every Californian
   Charges based on ability to pay
   Funded by broad based revenue
   Eliminates insurance premiums
   Single payer insurance program
   Requires reliance on continuation of federal money sources
   Unifies Health programs and pools all funds into one

N. (Section1-d)
   Does not establish licensure standards

O. (Section-1e)
   Physicians and Nurses can override technology and guidelines

P. (Section-1d)
   Intent to address high cost of prescription drug

Q. (Section2-Chapter1)
   All residents will have basic coverage ie., regardless of immigration status
   Residents can option additional services

R. (Section2-Chapter2-1)
   Creates a Health Public Utility
   Creates an Executive Board of 9 members that are political appointees
   -4 Appointees by the Governor
   - 3 Appointees by the CA Senate Committee on Rules
   -2 Appointees by the CA Speaker of the Assembly
   -At least 1 RN labor representative
- At least 1 labor representative
- At least 1 medical provider community representative
- At least 1 general public representative
Board members have no administrative or financial ties to health care
Board members cannot be sued, = what about doctors and nurses?
Board may negotiate contracts and rates in secret
Establishes a public advisory committee to advise the board (more layers between money and patient)
Board members cannot work for a health board, facility, clinic, trade association or have ownership interest in a practice

S. (Section2-Chapter2-2)
Establishes a public advisory committee to advise the board (more layers between money and patient)

T. (Section2-Chapter3)
Consider: Single-payer Health Care more properly termed Single-payer Health Insurance = Source of Funding
Federal versus State Control of Costs
Consider: Conflates many parts as Care.
- Health Payment (where does money come from - Funding)
- Health Insurance (how payments are distributed)
- Health Billing
- Health Services (patient experiences and treatments)
Retirees can join CA Single-Payer System but not required (>65)
Provides funds to planning (Administrator) agencies out of the trust fund
Job retraining for laid off health administrative and clerical workers
Consider: Displaced Doctors, Nurses, Midlevels, Academics, Clinicians?

U. Every resident of the state shall be eligible and entitled to enroll
Members not required to pay premium, copayment, coinsurance, deductible, or any other cost sharing

V. Member may choose any participating provider who will be paid from the trust fund

W. Referral is not required to see an eligible provider

X. Consider: Gatekeeper issue, must enroll with Primary Coordinator vs CA SinglePayer Program?

Y. All payments are fee-for-service
Current Insurance & ACO is a mixture (Capitation, PPO, fee-for-service...)
Capitated vs NonCapitated system operating budget?
Rates negotiated with health care providers’ representatives not providers themselves?
Payment Rates determined for everyone by the Board as in Medicare?
Federal money for education is a current primary source of extra funds to Hospitals

Z. Member may receive care services from a non-profit health care organization
What about For-profit HMO’s?

AA. Chapter 5 Section g.
Physicians and registered nurses may override health information technology within Health Care Organizations
Effectively equates Nursing and Physician practitioners interchangeably within Health Care Organizations
Private Practice Physicians?

AB. Chapter 6
Healthy California shall establish a single standard
contradictory to g above?
Private Practice Physicians?

AC. CA State required to fund Medicare Part B and D
Plan absorbs Medicare Part A, B, D

AD. Fund reserve in addition to Medicare/Medicaid and ACO
interest earned on the moneys shall be retained in the fund and used for purposes consistent with the fund.
Compare this to current Medicare Trust Fund
Moves Federal Medicare program to the CA State via established Health Care Medicare for All Program Board

AE. CA State must raise taxes to cover the cost
What is net costs to individuals for payments to all sources including Employer-based Health Insurance and Individual Private Health Insurance
AF. Continues gag prohibitions on practices outside of large organizations
Eliminates Private Medical Practice?