



**It's Imperative:
WE NEED**

**GUARANTEED
HEALTHCARE**

SB 562

**Healthy California
Campaign
www.HealthyCa.org**



Who is Healthy California?

A campaign of over 150 organizations and 4 million Californians.

Campaign for a Healthy California – Over 65 unions and community organizations including: California Nurses Association , California Alliance for Retired Americans, California Partnership, Clínica Romero, UNITE-HERE Local 2, Courage Campaign, SEIU 1021 Jobs with Justice, ACLU-So Cal, CSEA, ACCE, CHIRLA, CTA, CFT, Vision y Compromiso

AllCare Alliance – Over 60 organizations led by: Healthcare for All, California OneCare, Physicians for a National Health Program - CA

Labor United for Universal Healthcare – 40 unions in the Los Angeles area

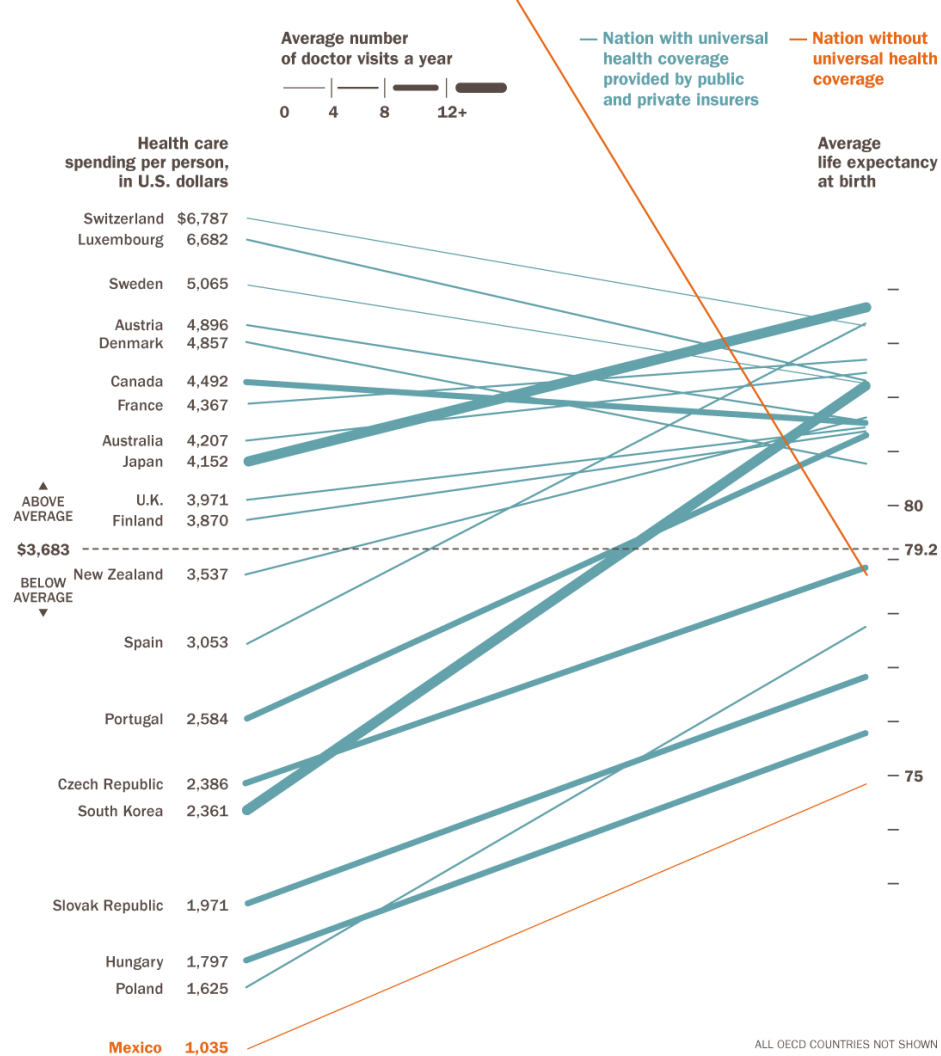
Business Alliance for a Healthy California – CA network of businesses supporting SB 562

WHAT DO PEOPLE CARE ABOUT?

- In general, people think quality is good and they want more care not less
- Their premiums, or share of premiums
- The deductibles and other cost-sharing that is increasing
- Their drug costs
- Whether their insurance covers the services they will need
- Whether they can go to a doctor or hospital they want without paying more



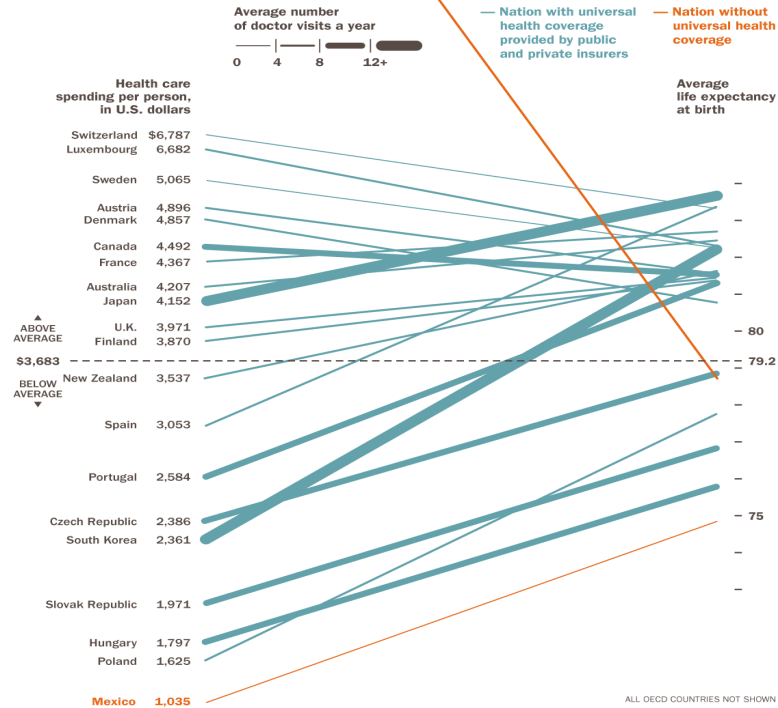
**HEALTHCARE TODAY:
WE SPEND MORE
AND
GET LESS**



United States \$9,024

Dollar figures reflect all public and private spending on care, from doctor visits to hospital infrastructure. Data are from 2016 OECD Health Statistics.

GRAPHIC BY OLIVER UBERTI, NG STAFF
OECD: ORGANIZATION FOR ECONOMIC CO-OPERATION AND DEVELOPMENT.



ALL OECD COUNTRIES NOT SHOWN

UNITED STATES DRUG PRICES MORE EXPENSIVE THAN OTHER NATIONS

- In 2015, U.S. prices for world's 20 top selling drugs were:



3 X higher than United Kingdom



6 X higher than Brazil



16 X higher than the lowest priced country, usually India

- The 2013 and 2015 International Federation of Health Plans' price surveys revealed that out of 8 countries and 14 drugs, the U.S. paid the highest prices for drugs in 13 out of 14 cases.

SOURCE: IHSP

WHY DOES HEALTHCARE COST So Much?

Because
Prices
Are
High



Prices for Hospital and Physician Services, Pharmaceuticals, and Diagnostic Imaging

	Total hospital and physician costs, 2013 ^a		Diagnostic imaging prices, 2013 ^a		Price comparison for in-patent pharmaceuticals, 2010 (U.S. set to 100) ^b
	Bypass surgery	Appendectomy	MRI	CT scan (abdomen)	
Australia	\$42,130	\$5,177	\$350	\$500	49
Canada	—	—	—	\$97	50
France	—	—	—	—	61
Germany	—	—	—	—	95
Netherlands	\$15,742	\$4,995	\$461	\$279	—
New Zealand	\$40,368	\$6,645	\$1,005	\$731	—
Switzerland	\$36,509	\$9,845	\$138	\$432	88
United Kingdom	—	—	—	—	46
United States	\$75,345	\$13,910	\$1,145	\$896	100

^a Source: International Federation of Health Plans, 2013 Comparative Price Report.

^b Numbers show price indices for a basket of in-patent pharmaceuticals in each country; lower numbers indicate lower prices. Source: P. Kanavos, A. Ferrario, S. Vondoros et al., “Higher U.S. Branded Drug Prices and Spending Compared to Other Countries May Stem Partly from Quick Uptake of New Drugs,” *Health Affairs*, April 2013 32(4):753–61.

Exhibit 9. Select Population Health Outcomes and Risk Factors

	Life exp. at birth, 2013 ^a	Infant mortality, per 1,000 live births, 2013 ^a	Percent of pop. age 65+ with two or more chronic conditions, 2014 ^b	Obesity rate (BMI>30), 2013 ^{a,c}	Percent of pop. (age 15+) who are daily smokers, 2013 ^a	Percent of pop. age 65+
Australia	82.2	3.6	54	28.3 ^e	12.8	14.4
Canada	81.5 ^e	4.8 ^e	56	25.8	14.9	15.2
Denmark	80.4	3.5	–	14.2	17.0	17.8
France	82.3	3.6	43	14.5 ^d	24.1 ^d	17.7
Germany	80.9	3.3	49	23.6	20.9	21.1
Japan	83.4	2.1	–	3.7	19.3	25.1
Netherlands	81.4	3.8	46	11.8	18.5	16.8
New Zealand	81.4	5.2 ^e	37	30.6	15.5	14.2
Norway	81.8	2.4	43	10.0 ^d	15.0	15.6
Sweden	82.0	2.7	42	11.7	10.7	19.0
Switzerland	82.9	3.9	44	10.3 ^d	20.4 ^d	17.3
United Kingdom	81.1	3.8	33	24.9	20.0 ^d	17.1
United States	78.8	6.1 ^e	68	35.3 ^d	13.7	14.1
OECD median	81.2	3.5	–	28.3	18.9	17.0

^a Source: OECD Health Data 2015.

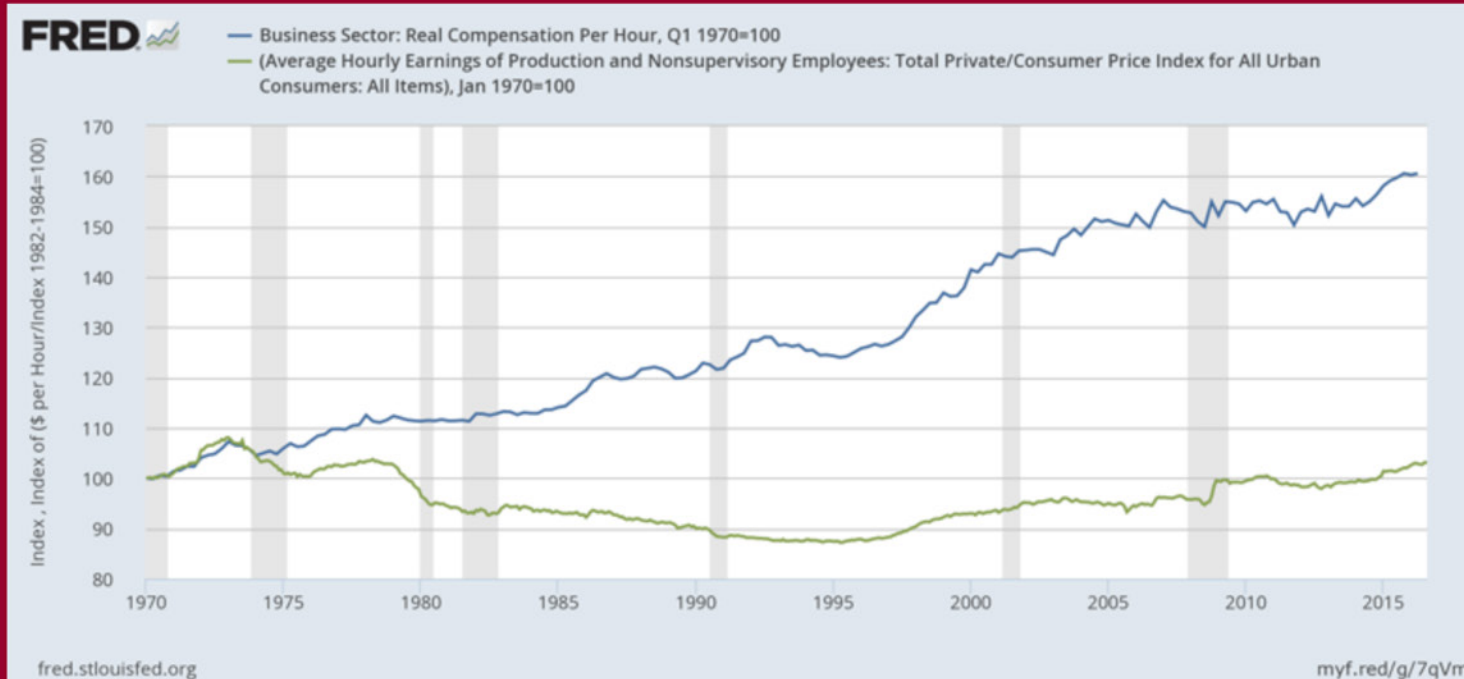
^b Includes: hypertension or high blood pressure, heart disease, diabetes, lung problems, mental health problems, cancer, and joint pain/arthritis. Source: Commonwealth Fund International Health Policy Survey of Older Adults, 2014.

^c DEN, FR, NETH, NOR, SWE, and SWIZ based on self-reported data; all other countries based on measured data.

^d 2012. ^e 2011.

***We
Spend
More
And
Get
Less***

WHERE YOUR RAISE WENT: TO PRIVATE HEALTH INSURANCE COMPANIES



IN CALIFORNIA

TABLE 8 Life Expectancy Disparities within Metro Areas

METRO AREA	NEIGHBORHOOD CLUSTER (TOP/BOTTOM)	LIFE EXPECTANCY AT BIRTH (years)	GAP BETWEEN HIGHEST AND LOWEST (years)
San Jose (83.9 years)	Mountain View, Palo Alto, and Los Altos Cities, <i>Santa Clara County</i>	87.0	5.1
	Gilroy, Morgan Hill, and San Jose South, <i>Santa Clara County</i>	81.9	
San Francisco (82.5 years)	Walnut Creek (West), Lafayette, Orinda Cities & Moraga Town, <i>Contra Costa County South</i>	85.3	8.7
	South Central Oakland City, <i>Alameda County</i>	76.6	
Oxnard–Thousand Oaks (82.3 years)	Thousand Oaks City, <i>Ventura County</i>	83.5	2.2
	San Buenaventura (Ventura) City, <i>Ventura County</i>	81.3	
Los Angeles (82.1 years)	Diamond Bar, La Habra Heights (East) Cities & Rowland Heights, <i>Los Angeles County</i>	86.7	11.2
	Los Angeles City (South Central/Watts), <i>Los Angeles County</i>	75.5	
San Diego (81.7 years)	San Diego City Northwest/Del Mar Mesa, <i>San Diego County</i>	85.4	6.6
	El Cajon & Santee Cities, <i>San Diego County</i>	78.8	
Sacramento (80.2 years)	Rocklin, Lincoln Cities & Loomis Town, <i>Placer County (Central)</i>	83.7	7.5
	Sacramento City (North)—Antelope and Rio Linda, <i>Sacramento County</i>	76.2	
Riverside–San Bernardino (79.8 years)	Fontana City (East), <i>San Bernardino County</i>	82.7	7.4
	Twentynine Palms & Barstow Cities, <i>San Bernardino County</i>	75.3	
Fresno (79.1 years)	Fresno City (North), <i>Fresno County</i>	81.6	4.9
	Fresno City (East Central), <i>Fresno County</i>	76.7	
Stockton (78.6 years)	Tracy, Manteca, and Lathrop Cities, <i>San Joaquin County</i>	79.7	3.8
	Stockton City South, <i>San Joaquin County</i>	75.9	
Bakersfield (77.8 years)	Bakersfield City (West), <i>Kern County</i>	79.3	3.2
	Bakersfield City (Southeast), <i>Kern County (Central)</i>	76.1	

Source: Measure of America calculations using California Department of Public Health 2010–2012 mortality data and U.S. Census Bureau Population Estimates.

IMPORTANT GAINS:

AFFORDABLE CARE ACT COVERS MILLIONS

- 20 million newly insured, mostly with expansion of Medicaid for low-income adults
- Improved coverage for young adults up to age 26
- 76 million Americans are benefiting from preventative care
- 105 million Americans no longer have lifetime limits on their health coverage
- **A CALIFORNIA WIN:** Health4All Children started May 2016 to cover undocumented children

BUT...

The ACA does NOT address:

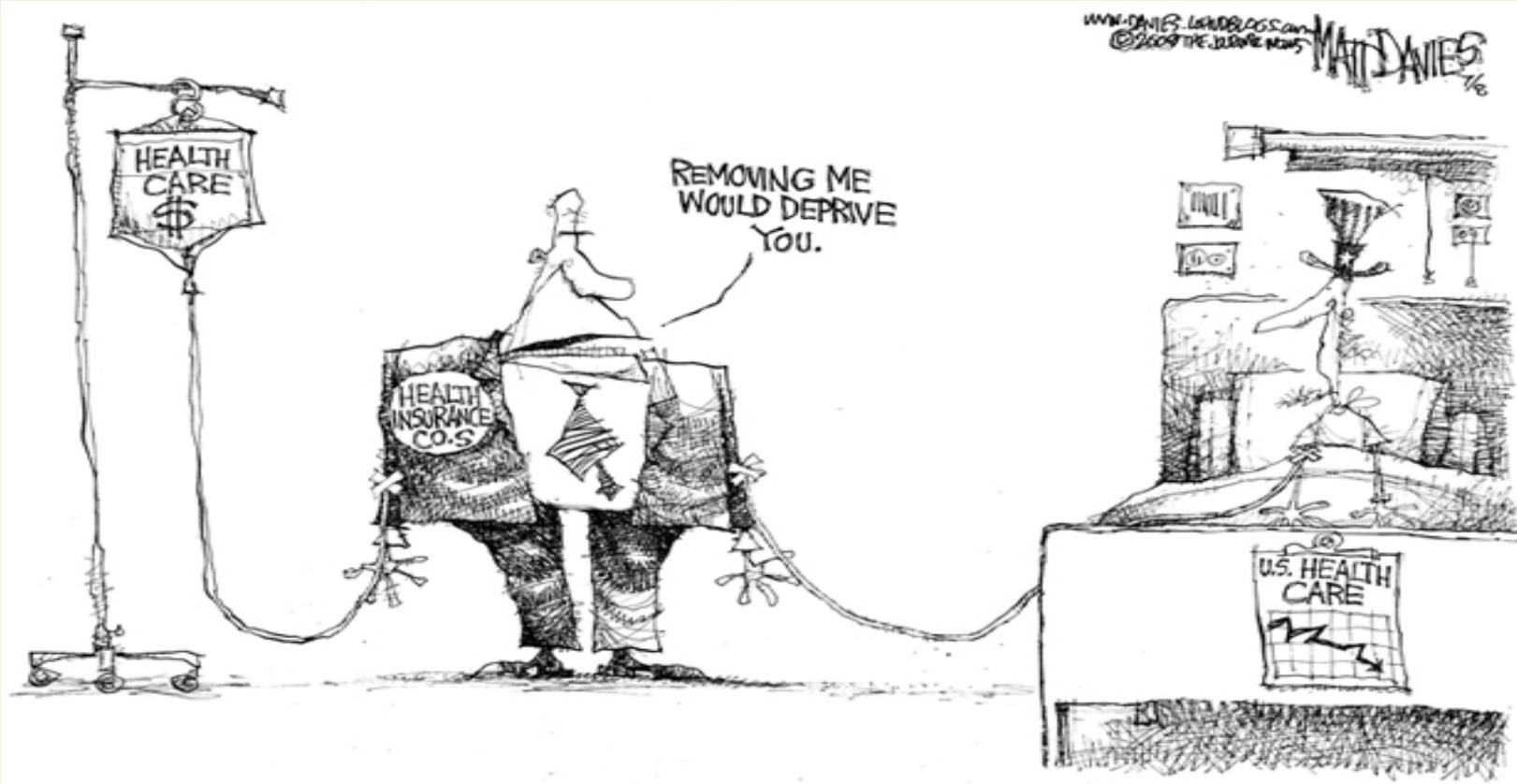
- **Cost Control** – there is no rate regulation for insurance (premiums, or co-pay rates)
- The health **insurance industry** still controls our access to healthcare with the power to deny care and medication
- **Self rationing** of care continues
- **It's not universal** – 3 million Californians are still uninsured – including undocumented immigrants who were excluded from the ACA.

FOR PATIENTS:

CARE IS RATIONED IN THE US

- 1 out of every 3 Americans report that they failed to seek treatment for a condition or injury due because they could not afford the cost.
- 4 out of 10 low income Americans report they have failed to seek treatment because they could not afford the cost
- 25% of Americans taking medications report they did not fill a prescription in the past 12 months. (Commonwealth Fund)
- 20% of Americans under 65 with health Insurance had problems paying medical bills over last year (NY Times)

WHO BENEFITS FROM OUR HEALTHCARE SYSTEM?



GOP Plan: Leaner & Meaner In California

- **Administrative actions or votes look to punish** seniors, the poor and those w/ preexisting conditions.
- **Plans will cover less**, expand junk insurance plans.
- **Insurance rates will skyrocket** allowing seniors to be charged 5Xs more and ending individual mandate
- **\$20 billion dollars to CA is on the GOP chopping block:**
 - **Filling the Hole:** Will taxpayers pay even more to subsidize healthcare for some?
 - **Cost & Quality:** Raising billions to backfill subsidies don't guarantee Californians from paying more...and getting less (narrower networks, less covered, higher co-pays).
 - **Healthcare will impact everything:** A multi billion \$ deficit & “austerity budget” affects the important issues we care about: education, housing, infrastructure, environment.

WHAT NOW?

- Hold the line on gains made with the ACA by finishing the job of healthcare reform
- Pass legislation to guarantee safe, therapeutic care for all California residents
- Win Healthcare Justice

**THE HEALTHY
CALIFORNIA ACT
SB 562 (LARA & ATKINS)**

For Our Communities: Guaranteed Benefits; No Barriers to Care

- Ends means testing. Benefits not determined by income or eligibility - everybody is automatically covered if they live in California
- All Medi-Cal, ACA, CHIP benefits are included
- Essential community clinics and other providers will have predictable, stable funding
- Patients can go to any provider of their choice

For Workers: No Healthcare Takeaways, Improved Benefits, Higher Wages

- No more shifting costs to workers
- Workers can change jobs without losing insurance
- Comprehensive benefits, no deductibles, no co-pays
- Money saved from lower healthcare costs can go to wages
- Losing your job doesn't mean losing your healthcare
- Retiree healthcare benefits covered, helping fund pensions

For Business: Lower Costs, More Equity, Certainty & Security

- Current system is unsustainable, worse if benefits are taxed
- Employers providing coverage will significantly reduce their current costs through predictable, fair financing
- Creates a level playing field for all businesses in a fully transparent system
- Relieves businesses of benefit administration burdens and costs
- Real healthcare cost control means new resources for growth or freedom to start new businesses

Key Provisions of SB 562 (Lara & Atkins)

Guarantees healthcare to everybody who lives in California.

Patients go to the doctor and providers of their choice

- No more networks or surprise medical bills

Doctors, Nurses, Clinicians work with patients to determine care

- Based on what's medically necessary
- Technology and clinical guidelines won't limit professional judgment

No Insurance company premiums, co-pays, deductibles or added fees

- Providers & care coordinators can't charge any fee in excess of the payment established under the Healthy California program for health care services provided to members.

Comprehensive Benefits

Covered health care benefits for HC members shall include, but are not limited to, all of the following:

In & Outpatient Medical
Dental
Vision
Prescription drugs
Preventative care
Immunizations
Laboratory & diagnostic services
Surgical & recuperative care
Blood products

Ambulance services
Translation & interpretation
Dialysis Podiatry
Case management
Mental health
Medical equipment, appliances &
assistive tech (ex: prosthetics and
hearing aids)
Alcohol and drug rehab

Transportation to and
from doctor or hospital
Chiropractic
Acupuncture
Adult day care
Hospice
In-home care
Up to 100 days of skilled
nursing.

Key Provisions of SB 562 (Lara & Atkins)

Saves workers, employers, and government billions of dollars annually

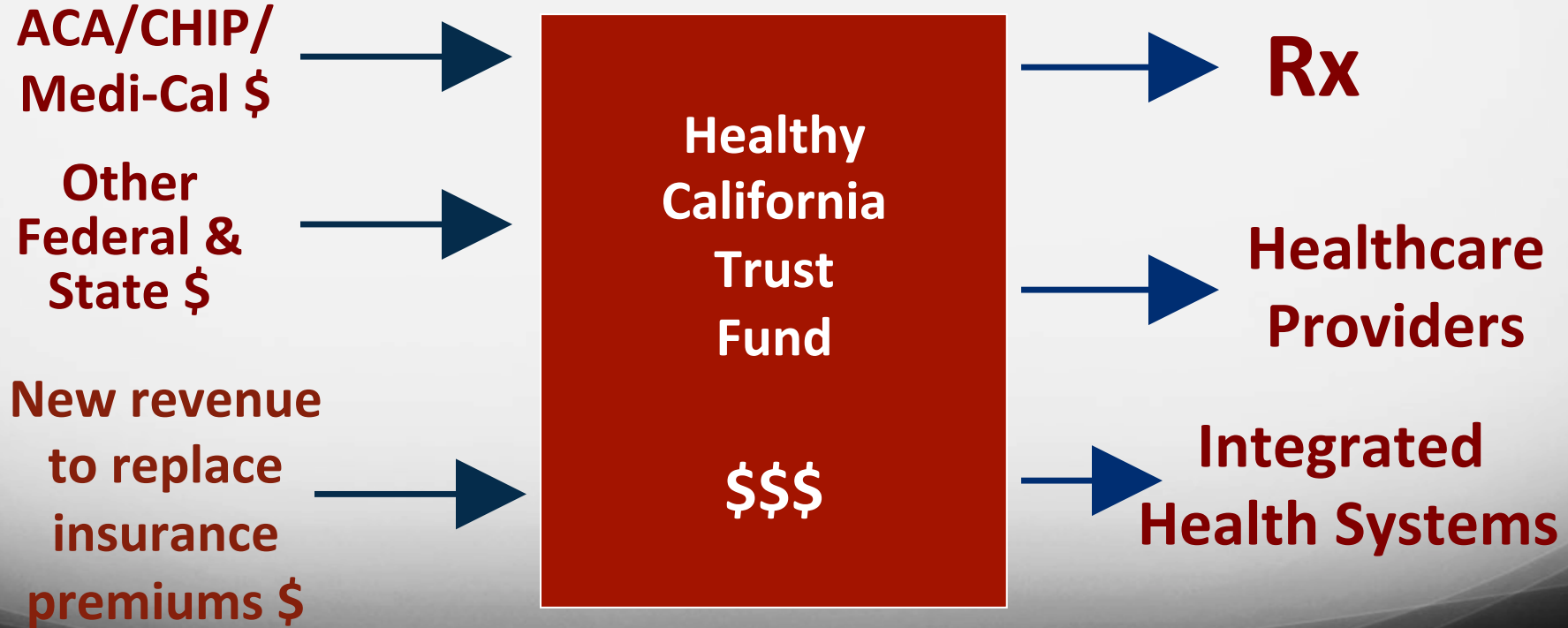
Eliminates bureaucratic waste, inefficiency, & marketing costs

- Healthcare dollars go towards providing care without being diverted to advertising, lobbying and non-care related activities

Progressive financing for the Healthy California Trust Fund

- Independent fund publicly financed by premiums from: payroll, income, sales or other sources that can be made broad and progressive.

HEALTHY CA “SINGLE PAYER”



Key Provisions of SB 562 (Lara & Atkins)

Independent Public Governance

- Healthy California Board is an independent public entity that requires health policy expertise
- Public Advisory board: comprised of diverse group of advocates, patients, labor and business

Healthy California Trust Fund

- Administer payments to health care providers and care coordinators, whether private or public, for health care services provided to members.

Key Provisions of SB 562 (Lara & Atkins)

Federal Waivers

- Waivers sought for federal healthcare programs like Medi-Cal, CHIP and Medicare to be folded into Medicare

Just Transition for Workers

- Creates fund for retraining and job transition for displaced workers

Benefits for Seniors

- Seniors provided Medicare Part B benefits and eliminates part B premiums and co-pays.
- Lower prescription drug prices and take over Part D if feasible.

Key Provisions of SB 562 (Lara & Atkins)

Privacy Protections

- Prohibits sharing personal identifying information to any entity including federal government or law enforcement
- Law enforcement agencies prohibited from using Healthy California resources or personnel in the investigation or enforcement of any criminal, civil, or administration violation of requirements that individuals register with the federal government based on their religion, national origin, ethnicity, or immigration status.

It takes a movement... AND a movement *moment*





Help us build the movement:

- **Contact your legislator and ask them to support SB 562**
- **Participate and help build the HealthyCA Region in your area**
- **Join Healthy California (www.HealthyCA.org)**
- **If you're part of an organization or union:**
 - **Join** the Healthy California Campaign
 - **Invite us** to speak to your leadership and membership
 - **Endorse SB 562** (Lara & Atkins)
 - **Educate & Activate** your membership to fight for guaranteed healthcare through the SB 562 field campaign

HELP US BUILD THE MOVEMENT!



Healthy California Campaign:
web: HealthyCa.org