

► FINANCES

MYTH S.B. 562 would cost \$400 billion. We can't afford it!

- FACT**
- S.B. 562 would reduce the healthcare cost structure by 18%, saving California \$37 billion dollars a year off our current healthcare costs. Everyone would save money.
 - 15 million Californians are currently uninsured or under-insured. S.B. 562 would insure ALL residents.
 - Medicare spends 1–3% on administration. Private insurers spend 20%. Our current system is unaffordable!
 - California would need to raise \$106 billion in new revenue.
 - Employers and residents would pay NOTHING for premiums, deductibles, co-pays, and everyone would be covered for all medically necessary services.

S.B. 562 saves businesses and residents money. We can't afford NOT to pass it!

MYTH You haven't told us how you're going to pay for it.

- FACT**
- A study by the University of Massachusetts-Amherst analyzed funding requirements, and presents two options on how to raise funds.
 - Options include: sales tax, gross receipts tax, payroll tax, income tax on high-earners, or some combination thereof.
 - It's up to legislators to show leadership and develop an optimal plan.

► ECONOMIC IMPACT

MYTH S.B. 562 would "dismantle the healthcare marketplace and destabilize the economy."

- FACT**
- S.B. 562 would transform a complex, profit-driven marketplace into a simple, efficient system beholden only to the residents of California.
 - Warren Buffet: "Healthcare is the tapeworm of American competitiveness...and single payer is the solution."
 - S.B. 562 will save companies money, get employers out of the healthcare business, free up capital for investment, and encourage entrepreneurship.
 - S.B. 562 is the best way to provide economic and health security in the emerging "gig economy."
 - S.B. 562 provides funding for transitioning employees from health insurance sales, marketing, and administration to more productive professions.

S.B. 562 is good for business and will give California a competitive advantage.

► STATE AND FEDERAL LEGAL ISSUES PROHIBIT IMPLEMENTATION

MYTH California won't be able to get federal waivers to use Medicare, Medi-Cal, and other federal funds in the Healthy California system.

- FACT**
- Other states have received waivers.
 - Waivers are consistent with Republicans' preference to give states flexibility.
 - We live in a democracy and this is a political issue.
 - California has led the country on taking on the federal government on immigration, climate change, and many other issues. Why should we stop now?

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www.HealthyCA.org
info@HealthyCaliforniaAct.org
CampaignForAHealthyCalifornia
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MYTH The Gann Amendment and Proposition 98 won't let us raise the necessary funds.

FACT • As Senator Kuehl has said, the legislature can resolve these issues, as the legislature has done for other programs.

► POLITICS OF PASSAGE

MYTH We can't move S.B. 562 through the process because the bill doesn't spell out everything about how the system will work.

FACT • Until the Assembly Speaker moves it through committee, it is not possible to add amendments.

- **This is a question of political will.** A.B. 32, California Global Warming Solutions Act of 2006, was 13 pages long. It mandated the creation of a highly complex cap and trade market without specifying details. If we can do that, we can do this.

MYTH The amendments we've seen are technical in nature. Much more needs to be worked out.

FACT • The campaign's policy committee is developing additional recommendations. Let's meet and work them out.

MYTH Universal Coverage = Single-Payer

FACT • Universal coverage does not guarantee care. "Access" is not care. Any system that leaves insurance companies as a middleman to profit off our health and deny care does not guarantee healthcare.

► SYSTEM-WIDE REORGANIZATION

MYTH Transitioning to single-payer is too dramatic, complicated, and unwieldy.

FACT • The fundamental problem in our healthcare system is complexity, which is easily exploited by for-profit insurers.

- An incrementalist, "whack-a-mole" approach won't save money and leaves in place the the root of the problem—a wasteful, profit-based, healthcare system that does not cover everyone.
- Many countries have successfully transitioned to a similar system.

► COST CONTAINMENT AND SAVINGS

MYTH We need to implement cost containment measures before we transition to single-payer.

FACT The single most effective cost containment strategy is implementing a single-payer system that would:

- Reduce administration costs by 18%.
- Empower Californians to negotiate provider and pharmaceutical prices.
- Eliminate Californians' contributions to insurance company profits and executive compensation.



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info@HealthyCaliforniaAct.org
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