



Podcast Transcript

California Medicare for All? Assemblyman Ash Kalra is all in!

Welcome to Code WACK!, a podcast on America's "wack" healthcare system, how it hurts us and what we can do about it. I'm your host Brenda Gazzar.

So what's the deal with California's single-payer bill, AB 1400? Why did **Assemblyman Ash Kalra** introduce the bill in early 2021 and what has he learned since? We recently spoke to Kalra, whose district includes half of the city of San Jose, to get the scoop. He was actually the first Indian-American to serve in the state assembly and he's now serving his third term.

Welcome to Code WACK! Assemblyman Kalra!

Kalra: Thank you so much for having me. I appreciate it.

Q: In February of this year 2021, during this devastating pandemic that has taken the lives of over 70,000 Californians so far, you introduced AB 1400, or CalCare, a single-payer Medicare for All bill that would transform the healthcare system in our state and directly address healthcare inequality. Why is this so important to you and why now? (And full disclosure, Code WACK! is a project of the California OneCare Education Fund, which supports AB 1400.)

Kalra: And I definitely appreciate that support. I introduced it because I believe health care is a human right and for too long, we've been denying this human right, either outright to people who don't have health care, or in effect for those who don't have meaningful access to health care.

And why now? We not only are in the midst of a devastating pandemic, especially back in February if you think about what we were going through during that time, but also we have a governor that's supportive. We have a supermajority of Democrats in the California Legislature.

And we have the election of President (Joe) Biden, which now gives us an opportunity to make the case to the Department of Health Human Services to allow for federal waivers.

So you have a lot of different things that came into play that weren't there the year before and so I think that the timing in that sense is really good.

Q: Right. Thank you. Just last month in October, you visited New York, Washington, DC and your native Canada on a healthcare study tour related to the CalCare bill, which would give all California residents comprehensive health, vision, dental, hearing, and long-term care. What was the purpose of the tour and what were some of its highlights?

Kalra: The purpose was twofold. One was the study aspect of it, particularly in Canada but also, in other parts of my trip, to learn how others are approaching the healthcare access issue, whether it's looking at a single-payer type system, or something short of that, in order to see what people's thought processes are at the moment.

But the other one is the lobbying aspect and that's especially being in DC, to let Congressional leaders know that this bill's here, it's coming forward again in January, to talk to representatives of the Health and Human Services Department, to talk with Senator (Alex) Padilla and a number of congressional leaders. It was incredibly valuable to hear their insight and let them know that, you know, I'm all in on this.

Q: Wow, that's great. What else did you find out on this tour? And did anything surprise you?

Kalra: A couple of things. One in Canada. It was really interesting because it's very much a provincially run system and I don't think I realized how much so until I was there and I visited Ontario and Quebec. I learned about the Canada Health Act, which very much puts the power in the states.

So I liken it to what we're trying to do here. New York has a bill. Other states are looking at bills, but ultimately if the United States of America is going to get a single-payer type system, it's got to start in the states and I think it allows the states to develop a system that works for each individual state, their population, and their economy.

And the other thing that I learned - that I already was of the opinion of - but was made very clear when I met the Department of Health and Human Services, is that we need to pass a bill in the legislature before we can apply for federal waivers.

Q: Right. That's great. In Canada, does every single-payer system work differently from state to state?

Kalra: It does, and that was one of the things I learned about how unique the systems are. For example, when I was in Quebec, Quebec covers pharmaceuticals. A couple of decades ago, they decided to start doing that. No other province does.

When I was in Ontario, you can sense some of that regret that they hadn't done that sooner and in Quebec, they were very happy they did, and that's why care needs to be comprehensive.

In Toronto, between the ages of 25 and 65, there's no coverage for pharmaceuticals and that's a big gap in coverage for Canadian residents in Ontario, and in every other province except for Quebec. And so it was really interesting to see that there are different types of systems. Now the system is different there in the sense that the system is also publicly run.

And in our case here that the intention is not to publicly run the system but rather to ensure that the payment system is unified and under a single-payer system and you can still go to the same doctors you've been going to and the same clinics and what-have-you you have been going to.

Q: That's great. Did you have a chance to speak to average Canadians about how happy they are with the system?

Kalra: I did and one of the interesting things is not only did I have the chance to talk to Canadians about the system, I also had a chance to talk to some Americans that have been in Canada for a while and (about) the access to care. And also even to some Canadians that are relatively well off, where you'd think, okay, well they probably don't like wait times, or this that and the other. And the reality is that for things that are urgent people get seen in an urgent manner. But things that may not be as urgent, now there'll be somewhat of a wait, but we have waits here as well. And for people that don't have health care, they don't have a wait because they don't have health care.

But what I really found interesting is that those that tend to have the means were willing to sacrifice if it meant everyone had access to health care and so that sense of community was really powerful to see.

Q: Do you think we have that in America or do we have the potential of having that?

Kalra: I think we have the potential. I won't sell ourselves short. It doesn't seem like it at times but I do think that the potential is there, especially if we can save our system a lot of money and make sure that everyone's cared for.

And frankly, for those that are more fiscally minded, make it clear that: Look, at the end of the day, there are a lot of people who don't have health care, or a lot of people on Medi-Cal or other

government assistance for health care, but that's coming out of our pockets, too. It's not fiscally sound.

It makes much more sense to make sure everyone has, you know, the same access to coverage and it'll be much more cost effective in that sense, too.

Q: Right. Great. Thank you. Given your strong commitment to achieving healthcare equity in California, it must have been a setback when CalCare was shelved last year. You've said you plan to reintroduce it in January. What has to happen for it to get through the legislature and become law?

Kalra: Well, you know, a couple things here. One is, you know, I held the bill. It was a proactive action on my part, knowing that if it had been referred to the policy committees, it was likely not to be able to get the votes. And I said, you know, let me take the time to do it. So the bill, I don't have to reintroduce it. It's a live bill.

But I do expect that, when we get back in January, that it will be referred to policy committees and we can ensure, you know, that we have vigorous debate. And I'm very hopeful that my colleagues will understand the urgency of the moment that we need to move forward.

Q: Right. Great. What are the biggest challenges you face in passing AB 1400?

Kalra: Getting the votes to get it through and I think that the reality is two-fold on that. And it's not like, you know, and I don't say this being high and mighty like I support health care and my colleagues don't. That's not true at all. My colleagues have taken a lot of steps, especially during the pandemic, to expand health care, expand access to undocumented residents. So the general belief is the same with me and certainly my Democratic colleagues: that we all believe that our system is not working and we have to do better.

That being said, there's a lot of fear, you know, fear of the unknown, fear of changes that people that like their healthcare system right now, like insurance-based health care because it's working for them, that we're going to somehow be taking something away, and I'm trying to make it clear that this is additive. It's not subtractive. We're not looking to take anything away from anyone but it's hard because when you're the first to do something, it's the hardest step to take.

Q: How do you plan to address the question of financing, which has reportedly been the sticking point for previous bills?

Kalra: Yeah, in fact, even when I look at what's happened in other states and even talk with federal representatives, that question comes up. The reality is we've got to figure out a way to pay for it. Now when I say that, that's also with the understanding that our current system is way

more expensive than single payer would be. All studies show it. We know that to be the case. But the problem is it's not as simple as moving money from Bucket A to Bucket B. There's, as of right now, a bunch of buckets. We've got to figure out a way to kind of get those buckets together into a CalCare bucket, so to speak.

What that means is that instead of the current payment system, much of which relies upon private employers paying really high premiums, and individuals paying premiums and copays into that, instead of that we have to find some kind of public financing through taxation. So people will say, 'oh, so you're going to tax us?'

Well, yeah, there might be taxes, but it's going to be a lot less than what you're currently paying. And so we're looking at a number of different mechanisms. There's not one way to do it, because if you just do it under one kind of tax, it becomes overly burdensome and so we have to find different mechanisms. So that's what we're researching and looking at now.

Q: Okay, so there haven't been any evaluations done yet for AB 1400's costs?

Kalra: There have not been any specific ones quite yet. There's some estimates and I think that what we're hoping is that as the bill goes towards policy committees that the further analysis will help illuminate that. That's usually what happens with policy bills is that as it goes through, you get more and more analysis from the administration as to how much it would cost. This is not just any bill, so we're hoping to get some insight, you know, sooner rather than later on that as well.

Q: Right. You mentioned that most people will be saving money even if their taxes do go up. They won't be paying things like copays and deductibles and out-of-pocket costs. Do you think that most people understand that that's the case?

Kalra: I don't know if that's the case yet that people understand that. I don't know in particular if employers understand that because employers pay a fortune for health care, but also, to your point, individual's deductibles that are sometimes in the thousands. If you get the most basic plan under the (Affordable Care Act), you may never even reach that level of deductibles during the year.

And what happens is people end up rationing their health care because they know they have to pay thousands of dollars before any of that health care kicks in to help offset the costs. And so yes, and so is it helpful for catastrophic incidents and care? To some extent, but even then, some of the copay or deductible amounts or the cost sharing is too much for so many families.

Q: Right: Last year, Gov. Gavin Newsom established the Healthy California for All Commission to develop a plan for a unified healthcare delivery system, including but not

limited to a single-payer system. Will this commission have any impact on your work to pass AB 1400 ?

Kalra: Absolutely. Look, anything that provides data, information, policy suggestions that helps to inform me and those pushing for AB 1400 is a good thing. There's some really smart people on that commission, some of whom I've had private conversations with regarding AB 1400. And so there's no doubt that we need to take advantage of the expertise on that commission.

And whatever the recommendations or information that comes out from it, use it to whatever extent possible to push a single-payer system and AB 1400 is the vehicle that we could do that with. And so there's no sense that there's just wasted energy in that. I just hope that what we recognize is that with the completion of this commission, I'm really hopeful that we say, 'Enough commissions and studies. People are suffering. We've waited far, far too long.'

I am grateful to the governor for at least putting together some kind of mechanism to bring great ideas together and financing ideas. That's a good thing. But it should not be used as an excuse for us to delay any further.

Q: Right. What's at stake when we do delay?

Kalra: People die, you know, people die, people go bankrupt, or become homeless. Look at, you know, look at COVID. The reality is that when you look at the COVID deaths, there's a direct link between those that are dying and those that don't have health insurance. And so we know the impacts, COVID makes it very visceral and clear but the reality is that's true for all ailments across the board: whether you have diabetes, whether you get in an accident, whether you have heart disease, whatever it might be. Those who have the means have access to either medications or medical care that prolong their life. Those that don't have the means don't, and they die younger and that's happening right now with our current system.

(5-second stinger)

Thank you, Assemblyman Ash Kalra. Tune in next time when we continue our discussion with the assemblyman about the CalCare bill and California's healthcare reform efforts.

Do you have a personal story you'd like to share about our WACK healthcare system? Contact us through our website at heal-ca.org.

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