



## Podcast Transcript

### 'Bought & Bossed?' Why Lawmakers Keep Dropping the Ball on Single Payer

*Featuring Dr. Paul Song*

**Dispatcher:** 911, what's your emergency?

**Caller:** (ambulance siren) America's healthcare system is broken and people are dying!

Welcome to **Code WACK!**, where we shine a light on our callous healthcare system, how it hurts us and what we can do about it. I'm your host **Brenda Gazzar**.

This time on Code WACK! What is the clearest path for single payer in America? Can state-based legislation like California's Assembly Bill 1400 point the way? We recently spoke to Dr. Paul Song, president of Physicians for a National Health Program - California, to get his take.

**Welcome to Code WACK!, Dr. Song!**

**Song:** Great to be here.

[\(00:38\)](#)

***Q: Many healthcare reform advocates believe guaranteed health care cannot be achieved at the federal level, but rather at the state. Do you agree and why?***

[\(00:46\)](#)

**Song:** Well, sadly I think the reason it is is you just see the way Joe Manchin and Kyrsten Sinema are holding up legislation that you have one or two people, depending on the makeup of the Senate that can hold the rest of the country hostage and because of the way our legislators often are bought and bossed by the insurance industry, the pharmaceutical industry, it's very difficult to get the necessary legislation passed.

If you look at Canada, how they started in Saskatchewan and then it spread to the rest of their country, I think that's more likely what's going to happen here in the United States. Unfortunately I think smaller states like Vermont that have tried to do this and even Colorado, I think would not be successful because of the small total population. So when you have a state like Vermont that only has 500,000 people in the state, and many of those people live in Vermont, but they'll drive to Massachusetts for work every day or New York every day and get their coverage through their employers each day, it's really hard to bring all that population together and really use the sheer force of the size of that to negotiate deep discounts and drugs, (and) you know, services.

So that's why I think there were many problems with Vermont being the first or, you know, possibly doing this. And you know, a lot of the opponents like to point out Vermont as a reason why it's not possible, it's (not) really a reflection of states not being able to do it. It's more that Vermont was so small. If you take California, which on any given day is the fifth or sixth largest economy in the world, nearly 40 million people, it's several countries onto itself and I think if you were able to give California the ability to do so, that's a whole other ballgame. When you take 40 million people and you basically use that negotiating power, you can get steep discounts in drugs and services.

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You can get good rates and the idea with at least AB 1400 was the rates would be set by Medicare. So you wouldn't go less than that and I think you would be able to really have an impactful situation and once California was able to show that it could work, then you could bring in neighboring states. You could say that, okay, let's say if you live in Oregon or you live in Nevada or Arizona, you can join this as well and slowly but steadily, you build up this single-payer system for a given area and, you know, I think

that would be the way to try to go about it because I think politically Congress and the Senate are way too beholden to special interests.

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***Q: So what about the New York Health Act? Why didn't it pass and what can we learn from that situation?***

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Again, the New York Health Act was a really, I thought strong act. The problem was despite the fact that they quote have a “Democratic majority,” you had some unions working behind the scenes, as well as some politicians that were really beholden to the insurance industry that all fought back on it. So that was the biggest reason and again, you know, everyone thinks labor is all for single payer, but the problem is some unions get better health benefits than others and they're worried about watering down the benefits that they fought so hard for.

But I look at it long term that, you know, the biggest cause of labor negotiation strife is healthcare benefits and wouldn't it be nice if they didn't have to go to the bargaining table every year to fight for benefits and instead focused on just higher wages because now they didn't have to worry about healthcare benefits.

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***Q: You mentioned (Assembly Bill) 1400, which is California's single-payer bill introduced by (California) Assemblyman Ash Kalra. Why do you support it and what's at stake if it doesn't pass?***

[\(04:24\)](#)

**Song:** Well, I think it's a really well written bill. A lot of the criticisms of (Senate Bill) 562 from several years ago that it didn't address many aspects. I think AB 1400 did address many of those. So in general, I just think it's a much more thoughtful, well-written bill. It still needs to work out a funding mechanism, which you really need the whole cooperation of the governor and everyone involved to try to come up with the best

solution for that. I'm a big supporter of it. Unfortunately, I don't think it has the political support in Sacramento.

The governor has been completely silent on it and you don't see overwhelming legislative support, the amount of co-authors that are signed onto it are a small minority of what is needed to really move this forward. So I think it's important to continue to fight for it, to use it, to educate. I haven't given up on it, but I just think if you look at where the political reality is right now, it's going to take a lot more miraculous turn of events to happen in the next coming weeks to see this move forward.

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**Q: Right. Why do you think the governor has been silent on AB 1400?**

[\(05:34\)](#)

**Song:** I think that he's very close to other organizations. It's no secret that he is very close to Dustin Corcoran, who is the head of the CMA, the California Medical Association. In fact, that French Laundry dinner that he was criticized for, Dustin Corcoran was there and I think that (the governor) has maintained close ties to people in the insurance industry as well.

What's really interesting about what you mentioned is of all the people here in the state of California getting private insurance, the majority of them are getting it from Kaiser (Permanente). So Kaiser's quite powerful here in the state. Over the last several years, they've actually spent more money on lobbying than I think almost every other industry. So all of these special forces and interests have much greater access to the governor than unfortunately we, the people.

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**Q: So, who will be the biggest winners if AB 1400 does pass?**

**Song:** Well, I think especially all those people on Medi-Cal would greatly benefit. I think several people who are getting employer-sponsored health care, which is woefully inadequate that have two high copays and deductibles. They would benefit quite nicely. I think businesses would benefit quite nicely instead of having to worry about how to cover healthcare costs for their employees. They would be freed up, they'd have to pay some small fee, but it'd be far less than what they spend on health care right now.

I think school systems, I think local governments would benefit because again, when a big fraction of your budget goes towards paying for healthcare benefits instead of higher

wages, instead of more money towards capital improvement in your cities, that's also a big problem and I think that for all the innovation that happens in Silicon Valley and in the sectors that are there, you know, like prior to the bailout General Motors spent more on healthcare benefits for their employees than they did on steel for cars. So imagine again, the amount of money that Apple and Google pay for health benefits for their employees, how much that they could further invest in other R&D and things of that nature. So I think it would benefit, again, low-income area people. It would benefit people who get coverage through employers. It would benefit local governments, school systems, as well as businesses.

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**Q: *The COVID pandemic has brought to light the ongoing problems, such as staffing shortages and poor patient care in many California nursing homes. How would AB 1400 change the quality of care in nursing homes and other medical facilities?***

[\(08:00\)](#)

**Song:** A big problem for many of these nursing homes is the reimbursement is so bad. And as a result, they are doing the very minimum to take care of the seniors that they're supposed to be taking care of. If you look at the average worker who's working in these nursing homes, they tend to be single moms of color making, you know, less than minimum wage in many respects and they're asked to take care of multiple beds rather than just one on one and part of that is the reimbursement is so bad. And when you look at how our aging population is continuing to just boom, and the number of seniors estimated that are going to require long term care is only going to increase. This is a major, major problem. So one of the things that AB 1400 does address is long term care.

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So by doing that, it's going to one, get the care for seniors and families that need it. People who have had to take off from work to take care of an aging relative will now be able to go back to work and that will help their families. But at the same time, the facilities that right now are not willing to accept many of these patients because the reimbursement is so low, will now be opening up their doors to do that. You may see increased facilities being developed, because again, the reimbursement will be better and I think it would have a dramatic improvement in the quality of life not only of our

seniors who need it, but of the caregivers, because reimbursement for them and their salaries would be better as well.

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**Q: *Wow. So do most nursing homes support single payer?***

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**Song:** I would say that most nursing homes that take care of Medi-Cal seniors absolutely would support this,

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**Q: *Right, because they would be the most impacted with reimbursement rates.***

**Song:** Correct.

**Q: *Okay, good to know. And if AB 1400 doesn't get approved by the state legislature and become law, what do you think the state's next best chance will be to make it happen?***

[\(09:54\)](#)

**Song:** I think it's a couple of things. I think we just need to continue to educate, stay active, really start to hold legislators accountable and "primary" them and get them replaced with people that really do care about doing the work of the people. You know, hopefully the governor will have a change of heart in the next year or so. He's up for reelection and he used it to get elected the first time. Maybe now he'll, he'll be serious about it. I think there's so much that needs to be done but the reality is we need legislators who really care about people rather than special interests.

**Q: *Right. Dr. Song, was there anything else you wanted to mention?***

[\(10:29\)](#)

**Song:** I would just say that for people listening, it's easy to get discouraged. Perhaps many of you are going through really difficult times right now, health-related problems and running into real financial hardship as a result of that and you feel like nobody's listening to you, but I think this is the time that we have to fight even harder to educate, get our family, coworkers, neighbors really engaged about what we're doing because

unless we really let people really know what the solution is, we're still going to remain numb and just continue to be beaten down by a system that doesn't care about us.

***Q: And last question. Is there a personal story that you have that for you really drives home the need for single-payer, Medicare for All?***

[\(11:44\)](#)

**Song:** Well just as an oncologist how early on in my career, despite the fact that I was, you know, professionally and financially doing well, I couldn't ignore the toll that I was seeing that cancer was taking on my patients and many of them had worked hard their whole life, had done the right thing, but now we're facing financial ruin despite the fact that they were insured and I realized that this system was just broken, immoral and not doing what it was supposed to and I've just seen time and time again, far too many people suffering in a system that doesn't really care about them.

***Thank you, Dr. Paul Song.***

***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](http://heal-ca.org).***

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