**Instructions**: Submit your support letter (PDF or Word file) via the California Legislature [**Position Letter Portal**](https://calegislation.lc.ca.gov/Advocates/). For instructions on how to use the portal, view this [reference sheet](https://www.assembly.ca.gov/sites/assembly.ca.gov/files/Publications/2019_quick_ref_guide_advocacy.pdf). Please send a copy of your letter to [info@medicare4all.org](mailto:info@medicare4all.org).

You can also address and send a letter to your State Representative(s) informing them of your support of AB 2200. Find you state representative [HERE](https://findyourrep.legislature.ca.gov/)

[DATE]

The Honorable Ash Kalra

1021 O Street, Room 4610

Sacramento, CA 95814

**RE: AB 2200 (Kalra)**, **California Guaranteed Health Care for All Act (CalCare) - SUPPORT**

Dear Assemblymember Ash Kalra:

[I/We] writes in strong support of AB 2200 (Kalra), which will begin the process of creating a universal single-payer system of health care for every California resident. CalCare will be guaranteed, comprehensive health care and will achieve health care justice for all.

The rising cost of health care is unsustainable and is burdening the state economy and working families. Every dollar that goes to pay for health coverage is a dollar that comes out of a family’s budget, a worker’s wages, or a consumer’s savings account. Millions more Californians with insurance are unable to afford care because of increasing copays, deductibles, and out-of-pocket costs. The average cost of family premiums for job-based health insurance climbed 7% to nearly $24,000 each year in 2023, creating an unsustainable burden on workers and employers.[[1]](#footnote-1) Even health plans offered through Covered California are increasing by an average of nearly 10% in 2024, the highest since 2018.[[2]](#footnote-2) For Californians with employer-based coverage, many are unable to afford the high cost of health care or may lose their coverage in an economic downturn.

The only way we can guarantee every person living in California receives the health care they need with a single standard of excellent care is by adopting a single-payer, CalCare system for all. CalCare would improve and expand upon Medicare and Medi-Cal by consolidating existing health care programs into a single, streamlined health system to cover everyone living in California and providing comprehensive benefits to all. Importantly, AB 2200 would create the necessary infrastructure to target and begin to dismantle the health inequities that our current unjust system is built upon. CalCare will be free at the point of service and will eliminate gatekeeper obstacles to care created by middleman insurers like prior authorization, lifetime or annual limits, and in-network restrictions.

While CalCare would not go into effect until fully funded, AB 2200 will set in motion a single-payer health care system that would help protect California from future deficits through the implementation of a more fiscally efficient and effective system of care. CalCare would reduce inefficiencies in the current, fragmented insurance system by cutting unnecessary administrative expenses associated with insurance and by reining in skyrocketing prices for hospital services, doctor visits, and prescription drugs.

CalCare would also save money for our state overall. The Healthy California for All Commission found that under a single-payer model, with no cost sharing for patients and long-term care for all, California would save between $32 billion to $213 billion over 10 years compared to our current system.[[3]](#footnote-3) The Commission also estimated that, today, it costs California hospitals, doctors, and other providers $85 billion each year in insurance-related administrative costs alone, and it estimated that, under a single-payer model, California would pay about $42 billion less in administrative costs each year.[[4]](#footnote-4) Under CalCare, these saving would be redirected to patients to provide comprehensive benefits and expand coverage to all Californians.

By passing AB 2200, California can position itself to seek consolidated federal waivers from the U.S. Department of Health and Human Services. These waivers will make it easier for California to consolidate health care dollars, expand benefits, and eliminate cost-sharing. As analyzed by the Healthy California for All Commission, enacting the policy legislation of single-payer health care is the first necessary step that must be completed in the process put forth by the federal government in order to apply for waivers. AB 2200 provides the required statutory foundation and sets California on the path necessary to have in-depth financing discussions.

AB 2200 is a first step to transform our complex, over-priced, and inequitable health care model into a system that is efficient, equitable, and comprehensive and puts the health of Californians before profits. For these reasons, [I/we] support AB 2200 (Kalra).

Sincerely,

[Your Names and Address]

1. Claxton, Gary et al. “2023 Employer Health Benefits Survey.” KFF (Oct. 18, 2023). <https://www.kff.org/health-costs/report/2023-employer-health-benefits-survey/>. [↑](#footnote-ref-1)
2. Covered California. “Covered California’s Health Plans and Rates for 2024: More Affordability Support and Consumer Choices Will Shield Many From Rate Increase.” Press Release (Jul. 25, 2023). <https://www.coveredca.com/newsroom/news-releases/2023/07/25/>. [↑](#footnote-ref-2)
3. Healthy California for All Commission. “Key Design Considerations for a Unified Health Care Financing System in California.” California Health and Human Services Agency (Apr. 2022), at 33-34. <https://www.chhs.ca.gov/wp-content/uploads/2022/05/Key-Design-Considerations-for-a-Unified-Health-Care-System-in-California-Final-Report.pdf>. [↑](#footnote-ref-3)
4. Healthy California for All Commission. “Overview of Analytic Findings.” California Health and Human Services Agency (Jul. 2021), at 29. <https://www.chhs.ca.gov/wp-content/uploads/2021/07/Overview-of-Analytic-Findings.pdf> (a single-payer model is called the “direct payments” model in the Commission’s report). [↑](#footnote-ref-4)