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# **The California Life Time Care Health Care Policy Model, (CALTCHA) Summary**

## **Introduction (Title 1)**

The California Life Time Health Care policy model is a moral, equitable, cultural and economic imperative to establish a universal single payer health care system for the state of California, where there are no financial barriers to access the highest standard of guaranteed quality and deemed necessary by a licensed California health professional.. The CALTCHA model was designed by top public health policy experts and advocates from inside and outside of California. The current unaffordable, for-profit corporate controlled health care system would be transitioned by law into a highly efficient, publicly financed, publicly and privately delivered *non-profit* health care system, where there are no premiums, copays, deductibles or any other financial barriers to medically necessary care. CALTCHA asserts that health care become a ‘public good’, not a commercial commodity, providing the highest attainable standard and comprehensive spectrum of preventive, primary, and specialty health care. CALTCHA includes the training research and delivery of medical, mental health, surgical, nursing, social work, rehabilitation and habilitation, public health, dental, prescription drugs, and home and community-based individually planned “life time care.” This will replace Medicaid’s “long term care”. California must establish critical infrastructure based on continual local assessment, participatory prioritized budgeting and regular reporting. Residents shall be able to freely choose care from any CA licensed health and community care provider Access to services and care will vastly expanded and equitably allocated statewide. No service nor access intermediary nor prior approval for clinical judgment will be allowed.

## **Universal Access To Comprehensive Quality, Guaranteed Care To Every California Resident Ending All Out Of Pocket Costs (Title 2)**

All residents of California will receive a CALTCHA health care card at birth, or at the point of residential qualification, with a unique identification number that does not include one's social security number to ensure privacy protection. Residents will receive health care services from any licensed or otherwise qualified California health care practitioner of their choice with no limiting "in network" restrictions nor barriers. The CALTCHA "smart" card will contain each individual's medical history that can be downloaded by any licensed health practitioner in the state of California. Private health insurance coverage will only be allowed for any health care services not covered by the CALTCHA benefit program.

### **Establish an Independent CALTCHA Trust Fund To Pay For All Medically Necessary Services, Infrastructure, and Health Care System needs (Title 2)**

A single CALTCHA Trust Fund, separate and independent from the State's General Fund, shall be established. State tax dollars, and all federal dollars that currently are redirected from existing taxes to California from programs such as Medicaid, Medicare, the Affordable Care Act and health foundation trust funds, will be consolidated into the CALTCHA Trust Fund. "Global budgets" will be paid quarterly to individual hospitals and community clinics. Fee-for-service and fee-for-time reimbursement will be paid to independent doctors and California health care providers. All reimbursements to health care providers will be done electronically, eliminating costly paper work and inefficient bureaucracy. The Fund shall cover capital development building costs to assure a locally decentralized, equitably distributed health care infrastructure.

### **CALTCHA Budget Planning (Title 2)**

Each Local County Health Officer will submit a 3-year assessment plan, prioritizing health care needs to the CALTCHA Board. This will include the material input of "Neighborhood Health Assemblies," based on annual data studies from every community.

### **Establish Individual "Life-Time Care" to Replace "Long Term Care" Institutionalization (Title 2)**

One of the highest priorities of the CALTCHA Life-Time-Care Policy Model is ensuring the dignity, identity and integrity of every California resident, from cradle to grave. Residents in need of life time care, will receive their care in integrated personal settings, such as home delivered care, community care, multi-generational settings or in an individualized environment, based on the patient, their family and professional assistance planning and CALTCHA funding. Elders and those with physical and or mental disabilities will no longer have to spend down to abject poverty, in order to be

eligible for comprehensive care. CALTCHA replaces of Medicaid funded “Long Term Care” in out-of-home facilities that cannot assure an individualized, compassionate, comfortable, and loving environment. The funding of home care will be the priority while segregated institutional care remains an option until clinically replaced.

### **Ensure Comparable or Improved Benefits to All Union and/or Corporate Trust Fund Members (Title 2)**

CALTCHA ensures that there will be no loss of coverage or reduction of health care benefits or services for individuals who have paid into, retired with, or possess health care through existing public and private trust funds for that purpose.

### **Provide Unique & Improved Health Care Delivery to Specialized CA Populations (Title 3)**

CALTCHA provides for the development of unique personnel and service models to address the needs of K-18 school population health, mental health and addiction services, agricultural and environmental health needs, disability empowerment and habilitation, incarcerated and decarcerated populations, and transitional shelter and care for the enormous unhoused and dispossessed communities.

### **Negotiate and Contain the Escalating Costs of Prescription Drugs/Complementary Medicine and Assistive Medical Devices For All (Title 4)**

Under CALTCHA, all medically necessary prescription drugs and needed complementary medicinals will be fully included at no out of pocket patient cost. The CALTCHA program will annually negotiate with prescription drug corporations using bulk purchasing power, to ensure that all residents of California have access to medically necessary, prescription drugs with no co-pays or deductibles. Residents will be able to go to any pharmacy or licensed seller of prescription drugs, show their CALTCHA card, and obtain any needed items. The CALTCHA program will also cover 100% of the costs of rehab engineering, orthotics, prosthetics, hearing aids, glasses, durable medical, habilitation, mobility and communication assistive devices.

### **Provide Health Workforce Global Budget Tuition Coverage to Significantly Increase The Number and Cultural Diversity of The Medical And Public Health Professional Workforce (Title 5)**

In order to ensure there is a sufficient number of culturally competent ethnic, racial and linguistically diverse physicians, nurses, dentists, social workers, mental health, public health and any other health care workers from minority communities, the CALTCHA Trust Fund shall pay global budgets to public post secondary schools, universities and

community colleges. Full tuition coverage will be provided for all healthcare professional graduate and post-graduate education involving training and expansion toward a licensed or certified healthcare professional workforce. This is in exchange, year for year, for paid services, by these students, in every needed urban or rural “health desert” across California. This shall greatly reduce the costs and end crushing student debt for students receiving a health professional education. Students will take classes in Spanish and other commonly used languages to ensure cultural parity to residents of California.

**Coordinate With all Relevant Federal, State and Local Agencies to Ensure the Social Determinants of Health Care such As Food, Housing, Transportation, Education, Clean Environmental Resources that are essential to health care (Title 6)**

Under CALTCHA, local County Health Officers and health care providers will work closely with any existing public or private service agencies or philanthropies to address the unmet needs of residents of California in order to ensure a physically robust and mentally secure, civically respected and productive. This comprehensive approach to health care fulfills the civic obligation to create, implement and maintain an ethical, and health system as a human right whose time has come.

**Decentralize the Existing Health Care System To Ensure Easy Access To Health Care Services (Title 7)**

A major feature of the CALTCHA model is to ensure that community clinics, migrant clinics, hospitals, and other medical providers are conveniently located in designated “health care deserts” and low-income communities in order to ensure unfettered access to health care. Transportation will be provided for all residents of California to and from verifiable medical appointments when requested.

**Establish Publicly Accountable Governance and Administration (Title 8)**

The CALTCHA Trust Fund and its financial distribution shall be administered and allocated at the state level by a professional Board of 29 members both appointed and selected as representatives. This shall be based upon Local Public Health Department triennial planning, budget prioritization, and accountability at the County and Neighborhood levels.

**Expand the Public Health System and End Population Health Disparities.(Title 8)**

CALTCHA aims to eliminate community race/class health disparities in California. Historically, communities of color, the urban poor and rural areas that constitute “health

deserts”, have disproportionate hospital closure, inadequate health care access and limited, public health services due to poverty. The high prevalence of uninsured or under-insured individuals, structural racism and discrimination throughout the system is worsened by insufficient numbers of culturally competent, medical personnel, and the absence of convenient transportation. CALTCHA shall address these needs by strengthening and expanding community professional education programs and increase targeted funding for services in specific areas determined by the state and local public health department’s needs assessments local preventive services and ample diagnostic laboratories to ensure oversight and rapid response testing of residents in all neighborhoods. CALTCHA shall increase public health nurse numbers and practice, providing sanitation engineers for home and environmental based assessment and care.

### **Democratize local assessment based planning by utilizing statewide organized Local Public Health Leadership and Neighborhood Health Assemblies**

CALTCHA seeks to create an authentic “health care democracy,” whole population health care. Residents of neighborhoods and communities will have direct input on how, where and when their individual health care and collective public health needs will be met. Organized Neighborhood Health Assemblies will be established in every county to work closely with Local Public Health Officers, and staffed liaison offices, to resolve the untenable negative disparate health impacts resulting from disparate an inadequate medical and public health care. The CALTCHA goal is to expand the current public health information infrastructure to facilitate intervention by meshing professional health research experience with local input and integrative “whole health” approaches to public health. The mechanisms are:

- local epidemiologically focused assessments for identifying disease and disorders that warrant targeted intervention (s);
- participatory budgeting for supporting neighborhood-driven priorities; and
- periodic reporting to
- ensure on-going awareness, monitoring, and accountability.

Local public health information systems are to be authorized at the state level, implemented at the county level and co-managed at the neighborhood level. The decentralization and expansion of prevention and resilience functions allow for a more responsive public health system that will identify the needs of growing populations seeking to correct race/class-based health disparities.

### **CALTCHA Examples of Revenue Saving, Economic Investments and Prosperity Outcomes Elements**

#### **Savings:**

- Incalculable but tangible societal consequences of promoting health and wellness and reducing compromising illness, suffering and premature death

- Savings on pharmaceutical and medicinal bulk purchasing (> 15%)
- Savings on major reduction of unnecessary and inflationary administration (18%)
- Reallocate the massive multi billion dollar savings from unnecessary administration, artificial intermediary and medical industrial, corporate driven inflation and pharmaceutical cost reductions into wellness expansion, health based productivity and societal creativity outcomes from CALTCHA
- Replace Medical Malpractice with Medical Compensation Fund
- Convert all investor owned and for-profit medical care assets to non-profit status
- Reduce the expensive burden of taxes used to support people unnecessarily disabled and unemployed due to poor health care, guaranteed access.

### **Investments:**

- Buy out all existing CA residents medical debt
- Buy out all health professional education debt
- Buy out unfunded Public Employment Retirement System health coverage debt
- Expansion of the county public health system and increase funding of public health community assessments
- “Just Transition” for all workers whose jobs are eliminated or displaced
- Development of regional and neighborhood health facilities, service decentralization and infrastructure.
- Expansion of a culturally competent health workforce and California Health Service Corps
- Staff CALTCHA governance, local and neighborhood assessment and planning bodies

### **Prosperity:**

- Expand appropriate quantity and specialized personnel among special populations
- Liberating the millions of unfunded caregivers of disabled and elder family members
- End ‘job lock’ among many workers to significantly expand entrepreneurship and better job/career opportunities
- Free small businesses from the onerous and inflating insurance costs for employees that can be reinvested in business and worker salaries
- Free American corporations of non competitive, 15+% medical insurance costs
- Revitalize underserved communities with an infusion of economic investment when health care “deserts” are replaced with the construction and maintenance of health facilities and services that promote jobs and predictable economic expansion in local neighborhoods.
- Healthy populations are essential to productive and culturally creative societies.