

Communication from Public

Name: Alexandra Marie Miller

Date Submitted: 08/24/2021 11:48 PM

Council File No: 21-0002-S83

Comments for Public Posting: Providing universal healthcare would ensure that everyone has access to healthcare and likely reduce the total cost of healthcare across the entire population, benefiting the economy. Currently, for those who do not have enough money to pay such as most essential workers, accidents, genetic conditions, and other random events beyond their control may condemn them to poverty and in some cases death. Furthermore, countries in Europe such as France, England, or Germany have significantly lower total healthcare expenditure per capita than the US despite a higher and more universal standard of care. Should we implement a similar system it would seem reasonable to conclude that it would likely yield similar improvements to efficiency, allowing people to spend their money on other consumer goods, expanding the economy. Therefore AB-1400 should be passed to ensure that all Californians can have a good, healthy future where all can engage in life, liberty, and the pursuit of happiness.

Communication from Public

Name: Erika Feresten

Date Submitted: 08/24/2021 10:25 PM

Council File No: 21-0002-S83

Comments for Public Posting: I commend the City Council for considering the resolution in Council File 21-0002-S83 in support of single-payer CalCare, and urge the Council to pass the resolution with your strongest show of votes today. The California Guaranteed Health Care for All Act, or AB 1400, would enact a single-payer health care program (CalCare) for all residents in the state of California. It would include medical, dental, hearing, vision, mental health, reproductive, and long-term care. Every person living in California would be included, regardless of income level, immigration status, prior health conditions, or ability to pay. Undocumented Californian residents would be included. Financial studies have shown that the City government and residents of Los Angeles could save billions in healthcare costs per year if California adopts a single-payer system. This would also be a significant step in providing real care and long-term solutions for our unhoused neighbors as well as providing real relief to working and middle-income folx. As the largest city in the state, Los Angeles should and can lead on this life-saving issue. Thank you for your consideration for passing the resolution in support of CalCare AB1400.

Communication from Public

Name: Sean Broadbent
Date Submitted: 08/24/2021 04:28 PM
Council File No: 21-0002-S83

Comments for Public Posting: As a report from the NY Times this Sunday showed, health insurers do not add value in our system of care but rather seek to obtain the maximum amount of profit from it. A long fought for price transparency rule was implemented showing random variances in the cost of procedures within hospitals from different insurers. That is to say, they extract profit wherever and whenever they can. We are all the worse for it. This profit seeking has met its limits as millions now delay or go without care completely rather than pay the ever increasing copays, cost-sharing, and deductibles that accommodate insurer's greed. California is sicker and poorer because of this. While we all may have the choice to temporarily delay our care, eventually the bill comes due in the form of ill health and too few of us have the guarantee of receiving care once we need it. For this reason, GoFundMe is the primary source for avoiding debt by fundraising for needed care. A moral, rational system of care is possible under CalCare (AB1400). Universal, single-payer healthcare is prudent and achievable. Vote yes on the Resolution and lobby the legislature to pass CalCare (AB1400) without delay! ARTICLES: The Journal of the American Medical Association , Jan 11 '21, 'Evaluation of Internet-Based Crowdsourced Fundraising to Cover Health Care Costs in the United States', <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2774737> The New York Times, Aug 22 '21, 'Hospitals and Insurers Didn't Want You to See These Prices. Here's Why.', <https://www.nytimes.com/interactive/2021/08/22/upshot/hospital-prices.html?smid=url-share>

Research Letter | Public Health

Evaluation of Internet-Based Crowdsourced Fundraising to Cover Health Care Costs in the United States

Suveen Angraal, MD; Arun George Zachariah, BTech; Raaisa Raaisa, MTech; Rohan Khera, MD, MS; Praveen Rao, PhD; Harlan M. Krumholz, MD, SM; John A. Spertus, MD, MPH

Introduction

Online fundraising platforms have emerged as means to raise money for charity. Patients can also access these platforms to receive charitable contributions to support their health care costs. We sought to evaluate the use of a popular fundraising platform to cover health care–related costs, the medical conditions involved with these fundraisers, and their geographic distribution in the US.

+ Supplemental content

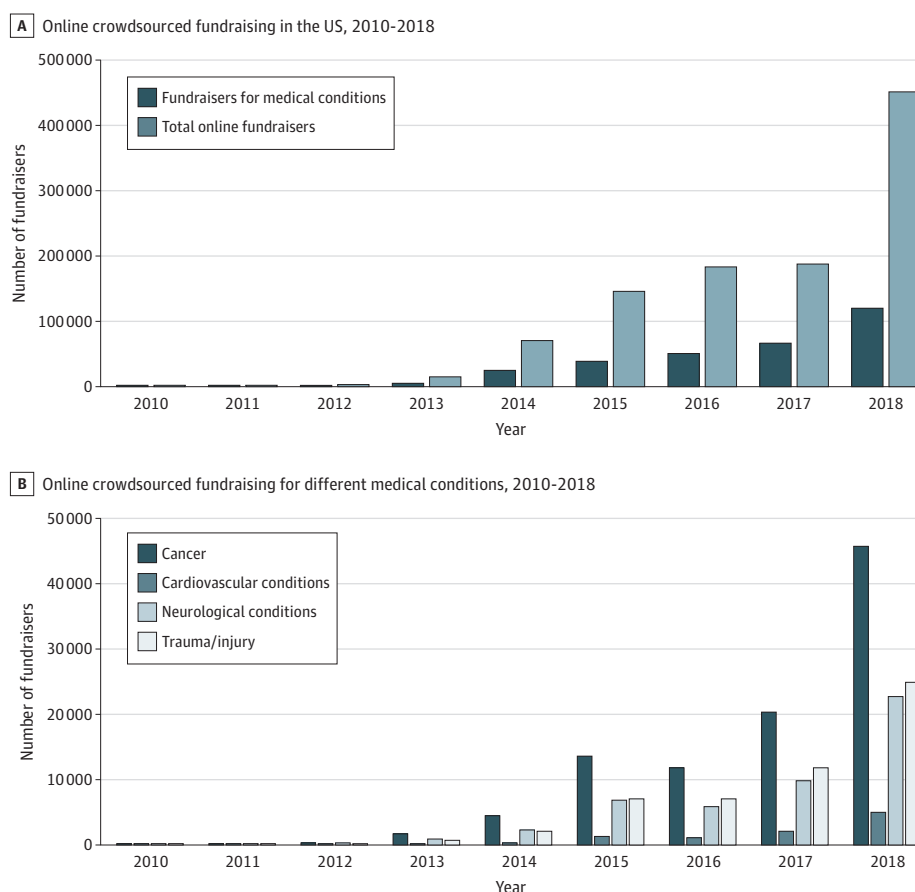
Author affiliations and article information are listed at the end of this article.

Methods

This serial cross-sectional study was exempted from review by the University of Missouri Kansas City institutional review board because it did not contain patient data. Participant consent was waived because all data were publicly available.

We extracted data from the GoFundMe website, from its inception in May 2010 through December 2018. A looping web scraper tool was created¹ to extract the following data: text body of

Figure 1. Online Crowdsourced Fundraising Trends for Medical Conditions in the US, 2010-2018



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the fundraiser, self-tagged category, geotagged location, date of creation, target amount sought (in US dollars), and total amount raised (in US dollars). We ran the program in April 2019. Fundraisers self-tagged as medical were included.

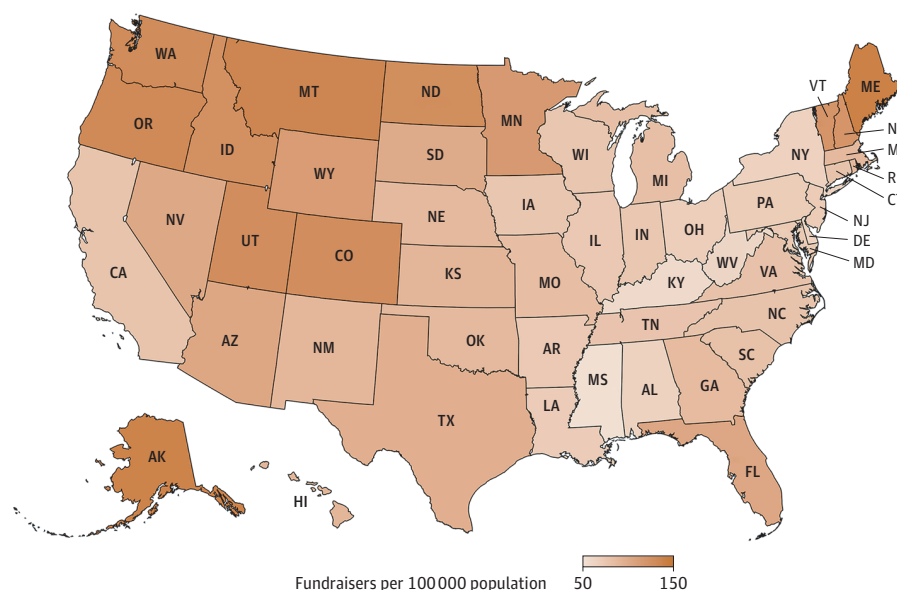
We classified fundraisers by key conditions that pose high morbidity in the US: cancer, cardiovascular conditions, neurological conditions, and trauma or injury.² For classification, clinical descriptors from the main text body of these fundraising campaigns were extracted using a pretrained machine learning model,³ and campaigns were then categorized into disease categories using a natural language processing algorithm through biomedical word vectors.⁴ A manual abstraction of 1000 randomly selected fundraisers found a 90.1% classification accuracy. Geographic tags were used to assess state-level distribution, standardized to 2010 US Census data. Finally, using linear regression, we compared the state-level prevalence of online fundraisers with the Charitable Giving Index to assess how charity patterns correlate with online fundraisers.⁵ Two-tailed $P < .05$ was considered statistically significant. Data analyses were performed using Python software version 3.6 (Python Software Foundation) and R statistical software version 3.6.0 (R Project for Statistical Computing) from July 2019 to February 2020 (eMethods in the [Supplement](#)).

Results

Of the 1 056 455 fundraisers on the online platform in the US between May 2010 and December 2018, 281 881 (26.7%) were created to cover health care–related costs, collectively seeking \$10 285 738 233. As of April 2019, \$3 663 935 620 had been raised. There was a large increase in the use of medical fundraisers over time; from 42 fundraisers in 2010 to 119 373 in 2018 (a mean increase of 14 916 fundraisers per year) (**Figure 1A**). In 2010, \$717 125 was sought, which increased to \$4 663 513 572 in 2018 (mean increase of \$582 849 556 per year).

A total of 98 352 fundraisers (34.9%) were for cancer, 53 861 (19.1%) for trauma/injury, 48 963 (17.4%) for neurological conditions, and 10 143 (3.6%) for cardiovascular conditions. The number of online medical fundraisers increased for all 4 conditions over the study period (Figure 1B). For cancer, \$4 481 980 170 was sought (\$45 571 per fundraiser). For trauma/injury, \$1 609 046 833 was sought (\$29 874 per fundraiser). Neurological and cardiovascular conditions sought a total of \$1 212 452 440 and \$287 113 426 (\$24 763 and \$28 307 per fundraiser, respectively).

Figure 2. Geographical Distribution of the Use of Online Crowdsourced Fundraising for Medical Conditions in the United States



Maine had the highest prevalence of online medical fundraisers (139.4 fundraisers per 100 000 population), followed by Alaska (137.2 fundraisers per 100 000 population) (**Figure 2**). Mississippi had the lowest prevalence of online medical fundraisers (54.6 fundraisers per 100 000 population). The states with higher Charitable Giving Index had a higher prevalence of online fundraisers ($\beta = 0.072$; $P = .03$; $\beta = 0.072$).

Discussion

From May 2010 through December 2018, more than \$10 billion was sought through online medical fundraisers in the US, with more than \$3 billion raised. Cancer represented the most common medical condition for which funding was sought, followed by trauma/injury.

Cancer therapy is expensive, and out-of-pocket costs for newly diagnosed patients with cancer frequently represent 23% to 63% of their household income.⁶ Our study suggests that many patients are using online fundraisers to cope with the high financial burden due to cancer.

This study had some limitations. Although our study does not contain patient-specific clinical data and included only 1 fundraising platform, thereby representing the lower bound on the true use of such mechanisms, it highlights a unique aspect of financial toxicity of health care.

Online fundraising to cover health care-related expenditures has grown substantially over the past years. These results highlight how many people are relying on the charity of others for raising money to cover health care costs.

ARTICLE INFORMATION

Accepted for Publication: November 18, 2020.

Published: January 11, 2021. doi:[10.1001/jamanetworkopen.2020.33157](https://doi.org/10.1001/jamanetworkopen.2020.33157)

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Author Contributions: Dr Angraal had full access to all of the data in the study and takes responsibility for the integrity of the data and the accuracy of the data analysis. Drs Krumholz and Spertus contributed equally as senior authors, listed alphabetically.

Concept and design: Angraal, Khera, Spertus.

Acquisition, analysis, or interpretation of data: All authors.

Drafting of the manuscript: Angraal, Zachariah, Raaisa.

Critical revision of the manuscript for important intellectual content: Angraal, Khera, Rao, Krumholz, Spertus.

Statistical analysis: Angraal, Zachariah, Khera.

Supervision: Rao, Spertus.

Conflict of Interest Disclosures: Dr Krumholz reported receiving personal fees from UnitedHealth, IBM Watson Health, Element Science, Aetna, Facebook, Siegfried & Jensen Law Firm, Arnold & Porter Law Firm, Martin/Baughman Law Firm, National Center for Cardiovascular Diseases, Beijing, and F-Prime; serving as cofounder of HugoHealth, a personal health information platform; serving as cofounder of Refactor Health, an enterprise healthcare AI-augmented data management company; receiving contracts from Centers for Medicare & Medicaid.

Services, through Yale New Haven Hospital, to develop and maintain measures of hospital performance; and receiving grants from Medtronic and the Food and Drug Administration, Medtronic and Johnson and Johnson, and Shenzhen Center for Health Information outside the submitted work. Dr Spertus is a consultant for United Healthcare, Novartis, Bayer, AstraZeneca, Janssen, Amgen, and Myokardia; has copyrights for the Kansas City Cardiomyopathy Questionnaire, Seattle Angina Questionnaire and Peripheral Artery Questionnaire; is on the Board of Directors of Blue Cross Blue Shield of Kansas City; and holds an equity interest in Health Outcomes Sciences. No other disclosures were reported.

Funding/Support: Dr Rao is supported by the National Science Foundation (NSF CNS-1747751).

Role of the Funder/Sponsor: The funder had no role in the design and conduct of the study; collection, management, analysis, and interpretation of the data; preparation, review, or approval of the manuscript; and decision to submit the manuscript for publication.

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SUPPLEMENT.

eMethods. Additional Methodology

Communication from Public

Name: Kayla Westergard-Dobson

Date Submitted: 08/24/2021 08:38 PM

Council File No: 21-0002-S83

Comments for Public Posting: I strongly support the single-payer CalCare AB1400 bill which will guarantee comprehensive healthcare for all California residents regardless of income, age, and employment or immigrant status and urge the City Council to pass the resolution. As a Los Angeleno currently struggling to pay medical bills for life-saving emergency care, no one who lives in this city should experience what I'm experiencing. We finally have the power to make that happen. CalCare would ensure no Californian forgoes healthcare due to lack of insurance coverage, or high copays & deductibles. It would also ensure none of us goes into debt to access care. CalCare would ultimately save citizens and the state billions of dollars. Please do the right thing and support AB1400 CalCare today. Thank you.

Communication from Public

Name: Jacqueline Hernandez

Date Submitted: 08/24/2021 08:49 PM

Council File No: 21-0002-S83

Comments for Public Posting: Hello, my name is Jacqueline Hernandez and I'm a Los Angeles resident. I applaud the City Council for considering the resolution in Council File 21-0002-S83 in support of single-payer CalCare, and urge the Council to pass the resolution with your strongest show of votes today. The City's Chief Legislative Analyst has recommended that the City Council approve the resolution affirming guaranteed healthcare for all California residents. 17 Neighborhood Councils have approved Community Impact Statements supporting the resolution. COVID has shown that BIPOC and low-income Angelenos can't wait on healthcare for all. Financial studies have shown that the City government and residents of Los Angeles could save billions in healthcare costs per year if California adopts a single-payer system. As the largest city in the state, Los Angeles should lead on this life-saving issue. Please pass the resolution in support of CalCare AB1400. Thank you!

Communication from Public

Name: Ryan Burke

Date Submitted: 08/23/2021 03:19 PM

Council File No: 21-0002-S83

Comments for Public Posting: We need CalCare. People are dying, and it is because of inaction. And this council can help fix it.

Communication from Public

Name:

Date Submitted: 08/24/2021 07:12 AM

Council File No: 21-0002-S83

Comments for Public Posting: I am writing in support of AB1400, CalCare, single payer universal health care. It is beyond time that in the richest country in the world, and in one of the last developed nations to do so, that we fulfill this basic human right of health care access for all.
Thank you.

Communication from Public

Name:

Date Submitted: 08/24/2021 09:51 AM

Council File No: 21-0002-S83

Comments for Public Posting: i strongly support the single-payer CalCare AB1400 bill...a resolution in support of CalCare will be up for a vote in the city council this wednesday...please vote YES to pass this resolution...anything less is counter intuitive

Communication from Public

Name:

Date Submitted: 08/24/2021 11:14 AM

Council File No: 21-0002-S83

Comments for Public Posting: I strongly support the single-payer CalCare AB1400 bill, which will guarantee comprehensive health care for all California residents regardless of income, age, and employment or immigrant status.

Communication from Public

Name: Richard Dawson

Date Submitted: 08/24/2021 11:44 AM

Council File No: 21-0002-S83

Comments for Public Posting: I urge the council to pass the resolution in support of CalCare (AB1400) during the Wednesday, August 25, 2021 meeting. Our profit-driven health care system is toxic to citizens, even those with so-called cadillac health care plans. Those without insurance often put off treatment until a condition becomes unbearable, by which time the condition could have worsened, and may be even more expensive to treat. Furthermore, necessary health care sometimes leaves even those with decent insurance plans in bankruptcy. Many in our district are adversely affected by this broken health care system. It should be obvious in the current pandemic that the only way to protect public health is to ensure that health care, including preventive care, is available to all without regard to ability to pay. A single payer system such as proposed in AB1400 could provide high quality health care to all, and it would cost less than our present absurd system that shunts twenty to thirty percent of every healthcare dollar into profits, overhead, and advertising. The city has generous health care plans for its employees. I know, because my wife was a librarian, now retired. If AB1400 were to go into effect, the city could save millions every year, employees would have at least as good health care, and the city would be spared the headache of running a health care program. Perhaps this is why the city's own Chief Legislative Analyst recommends that the city pass this resolution.

Communication from Public

Name: Robert Krauss

Date Submitted: 08/24/2021 12:00 PM

Council File No: 21-0002-S83

Comments for Public Posting: That the Chief Legislative Analyst (CLA) of the City of Los Angeles has recommended that the City pass the resolution. Healthcare is a right of all people, and essential to the success of our community. As we have learned over the past year, with the pandemic, is that public health is an issue at the core of all things. If our people are not healthy, we cannot function in society. We should take it upon ourselves to fund healthcare for all so we do not have to worry about our health or medical debts. I urge you to support this resolution.

Communication from Public

Name: Dr Bill Honigman

Date Submitted: 08/24/2021 01:30 PM

Council File No: 21-0002-S83

Comments for Public Posting: Hi. I'm Dr. Bill Honigman a retired Emergency Room physician, and a native of Los Angeles. I'm here to advocate for AB1400 or CalCare, a Single Payer Universal Healthcare system to service all who live in California, because it would be right for Los Angeles, its diverse communities, businesses, and its people. Over the past 60 years, 58 other nation-states established similar systems and pay half of what we pay for healthcare. Why can't we in CA do the same? Think about it. Scientific studies show that with a Single Payer system we can make healthcare a right for all of our people while saving billions of taxpayers' dollars and saving countless lives. As the 5th largest economy in the world, we in CA should have Single Payer Universal Healthcare because: 1. It's right for our communities and our people. CalCare would include all medications, dental, vision, long term care, mental health and addiction treatment, with no co-pays or deductibles, or other hidden charges. We could stop worrying that a single illness or accident will bankrupt us. 2. It's right for our businesses. CalCare unties healthcare from employment. Workers are free to change jobs, or start their own businesses. It means no extra medical liabilities for Workers Comp or property insurances. It will make California globally competitive once again. 3. And finally, it's right for all of our cities, including our largest most populated city, Los Angeles. Under AB1400 CalCare, public agencies like all large employer groups will save substantial costs on employee health insurance payouts, and could even be made completely exempt from contributing at all to the trust fund. That would be a 10 to 50% budget windfall that could be used to fund housing, infrastructure, and many more of our public needs. There has never been an easier decision for this city council to make. It's time for us all to demand Single Payer Universal Healthcare for CA, and our politicians in Sacramento pass AB1400 CalCare, because it's the right thing to do for our families, our businesses, and especially for Los Angeles. Thanks.