

# CalCare 2026 Talking Points

## Background/Basic Info

- The California Guaranteed Health Care for All Act 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.
- CalCare would be care guaranteed free at the point of service. Nearly all individuals, families, and businesses would save money with no copays, no deductibles, and no premiums.
- CalCare is like a state-level version of Medicare for All. The program would be financed through a single, public program rather than the fragmented patchwork system we have now. Private insurance for necessary health care would no longer exist in California. This system would have huge cost savings through reduced bureaucracy. This would also mean no more “in network” or “out of network” for providers – you can see any doctor or hospital of your choice.
- As of 2024, 2.4 million Californians have no form of health insurance, a number that is expected to skyrocket as the expiration of ACA subsidies and the impact of Medicaid cuts are expected to cause a cascade of people losing their health coverage. As many as 3.4 million Californians could lose their coverage due to these cuts.
- In addition to Californians losing their insurance, federal cuts will make care prohibitively expensive even for those who do have insurance. In 2026, out of pocket costs are expected to double for those with ACA plans due to these cuts. A recent California Health Care Foundation survey found that 52% of people in California “put off medical care due to cost” half of which said that doing so made their conditions worse.

## Political Landscape

- In the last year, Trump and Republicans in Congress have gutted live saving health care programs like Medicaid and the ACA. Millions of people in California risk losing their health coverage if no action is taken. **Now more than ever is the time for CalCare.** From Prop 50 to Zohran Mamdani, voters across the country have made it clear they strongly support a bold response to the right-wing billionaire agenda and a transformative vision for the country. California leaders can fight back against Trump’s health care attacks by passing CalCare.
- A January 2026 poll commissioned by the California Nurses Association found that 58% of likely 2026 voters, **including 86% of Democratic voters**, support a proposal for a state single-payer

health care system, with 64% of all voters saying that our health care system needs major reform. [The full poll brief can be found here.](#)

- Elected officials in Sacramento have a clear mandate to pass CalCare, in response to the skyrocketing costs of health care because of Republican funding cuts. California has a three-quarters supermajority of Democrats in the state legislature, most of whom claim they believe health care is a human right. Governor Newsom ran on supporting single payer during his campaign in 2018. We must demand they take action this year to pass CalCare.
- Over 270 organizations have endorsed the CalCare campaign. [The full list can be viewed at the bottom of the page here.](#)
- Over 118 candidates and elected officials across California have taken the CalCare Pledge, committing to do everything in their power to help pass CalCare. This includes several current members of the Assembly and State Senate. [The full list can be viewed here.](#)

## **Budget Deficit**

- AB 1900 establishes the policy framework of a single payer health care system in California, to be considered separate from financing. CalCare cannot be fully implemented until a separate financing proposal is passed. Until a financing proposal is passed, the only costs incurred by the program would be those related to convening the CalCare Board and Public Advisory Commission – costs that would have almost no impact on the budget this year. This means the current budget deficit cannot be an excuse to delay action. We need to begin this work now, which starts by passing CalCare.
- What's more, once fully implemented, CalCare could help protect the state from future deficits. A single-payer system costs less overall than our current system, and will significantly slow the growth of health care costs over time and save billions each year. In addition, it could boost economic growth by eliminating future medical debt, allowing greater freedom to change jobs, and more.
- Once CalCare is implemented, the program itself would be protected from major impact in future deficits. CalCare mandates the inclusion of a reserve fund that can be used to ensure the program is maintained in budget deficit years.

## **Financing**

- Under CalCare, California would spend less money on health care every year than we do under our current system while providing comprehensive care to all Californians. [In its April 2022 final report](#), the Healthy California for All Commission found that under a single-payer model with no cost sharing and long-term care for all, California would save between \$32 billion to \$213 billion over 10 years compared to our current system.

- There is nothing in law or precedent requiring financing to be included in the policy framework. In fact, it is common to have the financing for a large program be debated and implemented separately from the policy framework. This is particularly important for a program like CalCare that will make use of both state and federal funds: the correct process is to determine a financing mechanism for CalCare after we engage in discussions with the federal government over how federal funding can be used to finance the system, so we know what our financial obligation will be (see the Federal Waivers section for more info).
- In California, spending by the federal government on public health care programs (Medicare, Medi-Cal, and the Affordable Care Act) already represents close to 40 percent of all direct health care spending, and state and local spending represents about another 9 percent. This means that only roughly half the cost of financing would need to be made up through a progressive taxation system. And this would replace our current system of insurance premiums, copays, and other cost-sharing, and the vast majority of households would have a net savings.
- More information can be found here: [CalCare Financing FAQ](#)

### **More On Federal Waivers**

- To capture federal health care dollars in a state single-payer system, states can obtain federal health care waivers to administer health care programs paid for with federal funding in new ways. These waivers would make it easier for California to consolidate federal health care dollars into a state single-payer program and be more flexible with how it uses them.
- Section 1332 of the Affordable Care Act creates a consolidated waiver process through which a state can apply for several waivers for Medicare, Medicaid, and the Affordable Care Act funding through one application. This process was added to the Affordable Care Act specifically for the purpose of letting states implement systems like single-payer.
- The consolidated waiver process implemented under Section 1332 requires that a state pass enabling policy legislation before it can begin the process of securing waivers for a state system. This is why CalCare is being introduced first as a policy framework without an included financing mechanism: this is the process outlined by the federal government.
- More information on the waiver process can be found here: [CalCare Waivers Flyer](#)

### **Recent Updates to CalCare Legislation**

Based on feedback received from stakeholders and legislators in the last session, the latest CalCare policy bill now:

- Includes intent language to clarify that the bill serves as the policy framework, and is the first step in a longer process that will result in the implementation of the CalCare system.

- Includes intent language to clarify that the CalCare Board and Public Advisory Commission will develop a transition plan before the system takes effect.
- Extends the deadline for the CalCare board to apply for federal waivers to July 1st 2029, ensuring that we can wait for a more friendly administration before beginning the federal waiver process.
- Renames the CalCare Public Advisory Committee to the CalCare Public Advisory Commission, and expands the commission's scope to include governance, eligibility, transition plans, and collective negotiations.
- Clarifies that the prohibition on carriers offering competing benefits takes effect on the date the implementation period ends.