

**Neighborhood Council
Executive Committee**

Eryn Block, Chair
Randell Erving, Vice Chair
Helen Tocco, Member
David Bocarsly, Member

**CITY OF LOS ANGELES
CALIFORNIA**



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**PALMS NEIGHBORHOOD COUNCIL
Joint Board and Executive Committee Meeting Agenda
Wednesday, August 28th, 2019 – 7:15 p.m.
Fire Station 43 – 3690 Motor Avenue, Los Angeles, CA 90034**

The Neighborhood Council system enables meaningful civic participation for all Angelenos and serves as a voice for improving government responsiveness to local communities and their needs. We are an advisory body to the City of Los Angeles, comprised of stakeholder volunteers who are devoted to the mission of improving our communities.,

- I. CALL TO ORDER & ROLL CALL**
 - a. Call to Order
 - b. Roll Call
- II. GENERAL PUBLIC COMMENT (10 minutes)**
 - a. Limited to non-agenda items – subjects related to executive committee issues
- III. INTRODUCTIONS**
 - a. Introductions and welcome (5 minutes)
- IV. COMMITTEE BUSINESS**
 - a. PRESENTATION AND POSSIBLE ACTION:** Medicare for All Resolution by Craig Scott (5 minutes for presentation, 5 minutes for questions)
 - **MOTION:** The Palms Neighborhood Council supports the Medicare for All Act of 2019 (H.R. 1384 and S. 1129) and calls on Los Angeles City Council to urge federal legislators to work toward its immediate enactment, assuring appropriate and efficient health care for all residents of the United States [*see supplementals for fact sheet and full resolution*]
 - b. DISCUSSION AND POSSIBLE ACTION:** Co-hosting a town hall with SORONC regarding housing and homelessness [*see supplementals for more information*]
 - **MOTION:** The PNC will co-host a Housing and Homelessness Town Hall with the SORONC on February 27th, 2020
 - c. DISCUSSION:** Vision and Goal Setting for 2019-2021 Board [*see working document for details: <http://bit.ly/2HmK0o7>*]

- d. **DISCUSSION:** Planning next board retreat
- e. **ANNOUNCEMENT:** September Executive Board Meeting Rescheduled

V. Adjournment:

Time allocations for agenda items are approximate and may be shortened or lengthened at the discretion of the President. Public comment will be taken for each motion as well as for any item in the consent agenda prior to Board action. The public is requested to fill out a "Speaker Card" to address the Assembly on any item of the agenda prior to the Assembly taking action on an item. Comments from the public on Agenda items will be heard only when the respective item is being considered. Comments from the public on other matters not appearing on the Agenda that is within the Assembly's subject matter jurisdiction will be heard during the Public Comment period. Public comment is limited to 1 to 2 minutes per speaker, at the discretion or unless waived by the Assembly. In the interest of addressing all items on the agenda, time limits for individual comments and discussion may be set at the discretion of the President. All items on the consent agenda will be determined by a single Committee vote and without Committee discussion. Committee members may request that any item be removed from the consent agenda and considered individually at any time prior to that vote.

Per Board of Neighborhood Commissioners Policy #2014-01, agendas are posted for public review at: 1) Woodbine Park Kiosk, 3409 S. Vinton Ave.; 2) Palms Neighborhood Council website, www.palmsnc.la

In compliance with Government Code section 54957.5, non-exempt writings that are distributed to a majority or all of the board in advance of a meeting may be viewed at Woodbine Park Kiosk, 3409 S. Vinton Ave, at our website: www.palmsnc.la or at the scheduled meeting. In addition, if you would like a copy of any record related to an item on the agenda, please contact the Secretary at secretary@palmsnc.la

Palms NC Board and Committee members abide by a code of civility (<http://empowerla.org/code-of-conduct/>). Any person who interferes with the conduct of a Neighborhood Council meeting by willfully interrupting and/or disrupting the meeting is subject to removal. A peace officer may be requested to assist with the removal should any person fail to comply with an order of removal by the Neighborhood Council. Any person who resists removal by a peace officer is subject to arrest and prosecution pursuant to California Penal Code Section 403.

As a covered entity under Title II of the Americans with Disabilities Act, the City of Los Angeles does not discriminate on the basis of disability and upon request, will provide reasonable accommodation to ensure equal access to its programs, services, and activities. Sign language interpreters, assistive listening devices, or other auxiliary aids and/or services may be provided upon request. To ensure availability of services, please make your request at least 3 business days (72 hours) prior to the meeting you wish to attend by contacting the Secretary at secretary@palmsnc.la

SI REQUIERE SERVICIOS DE TRADUCCION, FAVOR DE NOTIFICAR A LA OFICINA 3 DIAS DE TRABAJO (72 HORAS) ANTES DEL EVENTO. SI NECESITA ASISTENCIA CON ESTA NOTIFICACION, POR FAVOR LLAME A NUESTRA OFICINA AL secretary@palmsnc.la

SAMPLE Community Impact Statement

DATE:

TO: LA City Council

Los Angeles, CA

RE: Community Impact Statement in SUPPORT of Council File #19-0002-S157

HR 1384 / The Medicare for All Act

Approved at [DATE] General Meeting by VOTE: [] AYE, [], NAY, [] UNOPPOSED

Members of the Los Angeles City Council,

Palms Neighborhood Council joins, to date, eight other neighborhood councils in passing resolutions of support for Medicare-For-All (HR 1384 and S.1129) that call for the establishment of universal healthcare via single payer health insurance.

It is important that the City of Los Angeles join San Francisco, Oakland, Denver, Detroit, Cambridge, Pittsburgh, Seattle, and Chicago in advocating for the moral right to healthcare for all people, the rational organization of our healthcare system under single payer, and the sustainability of our economy and our government's operability by confronting and controlling the drivers of costs.

Medical costs are a major cause of bankruptcy. Healthcare and housing are intrinsically tied together and it is of utmost importance to alleviate the burden of health care costs.

The Medicare for All Act of 2019 will guarantee that all residents of Los Angeles will be fully covered for health care without copays, deductibles or other out-of-pocket costs, and would save millions in taxpayer dollars now spent on premiums that provide often inadequate health insurance coverage for government employees.

Sincerely,

Eryn Piper Block , President, Palms Neighborhood Council



Answering your top questions about Medicare for All

**SHOULDN'T WE TRY SOMETHING THAT ISN'T AS DISRUPTIVE TO OUR CURRENT SYSTEM FIRST, LIKE A MEDICARE BUY-IN OR PUBLIC OPTION?**

Medicare buy-ins and public option plans perpetuate current inequities in our system of health care. Band-aid measures on top of the existing commercial insurance systems will do nothing to remove the profit motive from health care. Commercial health insurance will continue to cost patients and taxpayers hundreds of billions of dollars. Even worse, the public option and Medicare buy-in still place limits on coverage and eligibility, restrict the choice of providers, and impose costly premiums and out-of-pocket costs in the form of deductibles and copays. They retain administrative complexity and won't produce the financial savings that we can capture with Medicare for All. Proposing incremental measures actually shores up the market-driven insurance system because private insurance plans could more easily maximize revenue by cherry-picking coverage of only the healthiest people and leaving the public option plans to care for all the sickest and most expensive cases. Sticking with the existing commercial insurance system also does nothing to rein in our skyrocketing costs because every part of the current system is incentivized to maximize revenue. Medicare for All is the only viable solution.

**WILL THE GOVERNMENT DO A BETTER JOB THAN PRIVATE INSURANCE?**

Yes. Currently, unaccountable insurance companies call the shots on your health care. Because private insurance companies are market-driven corporations, they have an incentive to deny you the care you need. Insurers tell us which procedures are approved or what's considered unnecessary medical care. Those decisions should not be made by an insurance company, they should be made by your physician or health care provider. Medicare for All puts health care decisions into the hands of you and your doctor instead of insurance companies. Every poll shows Medicare is far more popular than the private insurance system. Many critical societal services, such as seniors' and veterans' health care, education, fire and police departments, and infrastructure like roads and sewers, are best funded, controlled, and operated by a public body that we already all support: the government.

**WHY SHOULD I GIVE UP A PRIVATE INSURANCE PLAN IF I LIKE IT?**

Even the best private insurance plans in this country do not cover the comprehensive list of services without any out-of-pocket costs that Medicare for All does. Under Medicare for All, everyone would have comprehensive benefits and full choice of provider without having to pay perpetually increasing premiums, copays, or deductibles. You would no longer have to deal with changes to your health insurance plan that happen now in the private insurance system when employers renegotiate plans every year. And you would no longer be at the mercy of commercial insurers that suddenly change which doctors or hospitals are in their network.

**WILL PEOPLE BE ABLE TO CHOOSE THE DOCTOR, HOSPITAL, OR SPECIALIST THEY WANT?**

Of course! Medicare for All does not change your current relationships with your medical providers. In fact, Medicare for All expands choice because you can see any doctor, go to any clinic, and be admitted at any hospital. Medicare for All is completely portable and not tied to any job, any doctors group, or any network. Medicare for All only reforms how health care dollars are collected and paid out to providers; it doesn't tell you which providers to visit.





I HEAR THAT MEDICARE FOR ALL SYSTEMS LIKE CANADA AREN'T AS GOOD AS OURS. WILL MY CARE GET WORSE UNDER MEDICARE FOR ALL?

No, your care will improve under Medicare for All. Everyone would be entitled to a single, high standard of care. Furthermore, countless research studies and statistics show that the Canadian health care system is far superior to the health care system in the United States. In September 2017, the Canadian health care system was ranked as the 12th best health care system by the United Nations, while the United States was ranked number 24. We also ranked last among high-income nations for our health care system. And on basic health indicators such as average life expectancy and infant mortality, the United States also ranks way behind Canada. While Canadians may have complaints about their system (everybody does), they remain fiercely proud, protective, and satisfied with their Medicare system which has been in place since 1966. As for wait times, studies show that wait times in Canada for clinically urgent and prioritized medical care are actually shorter than in the United States. And unlike the guaranteed health care system in Canada, tens of millions of people in the United States can't even access medical care because they have no health insurance or can't afford to use their insurance because of the high out-of-pocket costs. They may wait years or decades before getting that mammogram and, by then, it was too late.



CAN THE COUNTRY AFFORD MEDICARE FOR ALL?

Yes! In fact, Medicare for All will save us money. What we can't afford is our current wasteful, unsustainable health system where upwards of 20 percent of every health care dollar gets diverted to insurer and Big Pharma profits, marketing and advertising, million-dollar CEO salaries, and billing, instead of being used for patient care. The United States currently spends more money on health care per capita than any other country, despite the fact that tens of millions of Americans don't get the healthcare they need, and our health outcomes are worse than many other industrialized countries. Medicare for All would save trillions of dollars by reducing administrative costs, reducing the outrageously high prices of prescription drugs, and stopping corporations from profiting off patient's health. In fact, studies have shown that Medicare for All would save the country up to \$5.1 trillion over 10 years. Even conservative think tanks like the Mercatus Institute have shown that the program would cut overall health spending by up to \$2 trillion over 10 years. Medicare for All will provide more health care, while costing less money.



WILL MY FAMILY PAY MORE MONEY FOR HEALTH CARE UNDER MEDICARE FOR ALL?

Simply put, no. Studies show that the average family will pay less than they currently do for health care once you add up all the "private taxes" that we now pay out of pocket for commercial insurance: our monthly premium contributions, annual deductibles, copays, and all the surprise fees for lab tests, scans, out-of-network treatments, and other random bills. The average family of four with employer-sponsored insurance in 2018 spent \$28,000 on health care, according to the Milliman Medical Index. And don't forget to factor in everything people now pay out of pocket for dental and vision, which are not covered by most medical insurance plans. The Medicare for All Act of 2019 would cover the costs of all healthcare services, including vision, dental, long-term care, and prescription drugs, and patients wouldn't have to pay any out of pocket costs.



ISN'T MEDICARE FOR ALL A POLITICAL PIPE DREAM?

That's the same thing many people said about passing the Civil Rights Act, banning child labor, or extending the vote to women. Health care is a basic human need and we cannot accept this kind of defeatist thinking. Now is the best time in recent history to pass Medicare for All. Polls show that 70 percent of people in America support Medicare for All, and an unprecedented number of lawmakers who publicly support Medicare for All are now in elected office. By organizing together, we will have the political will to pass Medicare for All. This is how all major social change movements throughout history have succeeded!

South Robertson Neighborhoods Council and Palms Neighborhood Council Town Hall WORKING DRAFT, revised August 27, 2019

Synopsis

- Housing is one of the most pressing and complex issues facing Los Angeles—if not the United States. Residents face a lack of affordable housing, displacement, lack of inventory, and homelessness. This town hall, cohosted by South Robertson Neighborhoods Council and Palms Neighborhood Council, examines the intersecting elements of housing, including gentrification, density, zoning, demand, and current policy that influences where and how we live in LA.

Panelists include representatives from city departments or council offices, tenant advocates, researchers working on housing and urban studies, and developers [need to confirm last element in series]. The town hall aims to offer diverse perspectives about the housing crisis in this city, as well as empowering attendees to act on solutions to the problem.

Proposed date

- Thursday, February 27, 2020

Proposed speakers (per suggestions by members of SORONC's Outreach Committee)*

- Mike Bonin (councilmember, CD 11)
- Representative from Bridge Housing (LA city)
- Eric Garcetti (mayor of LA)
- Paul Koretz (councilmember, CD 5)
- Michael Lens (associate faculty director, UCLA Lewis Center for Regional Policy Studies, associate professor urban planning and public policy, UCLA)
- Susan Hunter (caseworker, LA Tenants Union)
- Paavo Monkkonen (vice chair, Department of Urban Planning, associate professor of urban planning and public policy, UCLA)
- Representative from PATH (Haley Fuselier, regional director of West LA)
- David Ryu (councilmember, CD 4)
- Meghan Sahli-Wells (mayor, Culver City)
- Herb Wesson (councilmember, CD 10)
- Scott Wiener (senator, 11th district, California State Senate)

* Goal is to get about four panelists.

Proposed panelists

- Madeleine Brand (host, *Press Play* on KCRW)
- Laura Nelson (staff writer, *LA Times*)
- Christina Pascucci (reporter, KTLA)
- Alissa Walker (urbanism editor, *Curbed LA*)