Worried Sick: Full Policy Statements

These are the full policy statements shown to participants in a final statewide online dial test survey in August and September of 2026. The survey was in English and Spanish and completed by 1,488 California adults. It included oversamples of Asian, Native Hawaiian, and Pacific Islander (ANHPI), Black, and Native American adults. Research conducted by Goodwin Simon Strategic Research.

Stop Hospitals from Charging Excessive Prices

California's hospitals raise their prices every year, charging patients whatever they want to maximize their profits. Like charging $50 for an aspirin in the emergency room when the same thing costs 50 cents at the nearest pharmacy. Making matters worse, health insurance companies pass these high costs on to everyday Californians through the higher premiums they're forced to pay.

California should start regulating hospital prices to make sure prices are fair and consistent – especially prices that have nothing to do with the quality of care. For example, hospitals are buying up local doctor's offices and clinics and then charging patients "facility fees" – basically, hospital prices – for care they get at those doctor's offices and clinics. Other states have started to prohibit hospitals from charging patients these "facility fees," and so should we. Until California forces hospitals and other big health care companies to use fair and consistent pricing, Californians will continue paying more in health insurance premiums and out-of-pocket costs.

Protect Californians from Medical Debt

Two in five Californians (40%) owe money for medical bills. Even people with health insurance can end up in serious medical debt after just one hospital stay.

California has started to address this problem, but more needs to be done. For example, California leaders need to make sure hospitals follow the new Patient Debt Prevention Act, which requires every hospital to check if patients qualify for financial help BEFORE sending them a bill.

In addition, California leaders should push back against the federal government, which is trying to undermine California's new law banning medical debt from appearing on credit reports.

But what about those who already have medical debt? Los Angeles County, for example, committed $5 million in County funds to negotiate with collections agencies and purchase over $300 million in medical debt for pennies on the dollar — erasing medical debt for over 171,000 lower-income residents. This effort has helped thousands of LA families afford basics like food, gas, and housing, reducing the risk that many would become homeless. California should follow LA's example and do this across the state.

Allow Consumers to Choose a High-Quality Health Insurance Plan Provided by the State of California, Not A Private Insurance Company

The state of California should provide a state-operated public health insurance option that consumers can choose to buy to get more affordable health insurance. This insurance option would cover doctor visits, hospital stays, prescription medicines, mental health care, and preventive services like routine blood tests and exams.

Other states have already adopted this idea. Washington State's public option plans have been priced nearly 50% lower than other plans on the market. Colorado's similar program has also had a strong result: the Colorado Option was associated with about $100 a month in premium savings on the lowest-cost plans, and enrollment grew to nearly half of the state's entire marketplace by 2025.

This plan would compete directly with private plans offered by the big health insurance companies. The state would set fair and consistent insurance premiums for consumers, and reduce costs by negotiating lower costs for drugs and medical equipment. There would also be one clear set of billing rules, which would cut down on costly paperwork, confusion, and waste. Importantly, private insurance plans would still be available for those who want it.

California can build on those lessons and reduce the costs to access high-quality care, make health care easier to use, and help people stay healthy in the long run.

Stop Price Hikes by Protecting Competition

When people don't have choices, health care companies can charge whatever they want. Unfortunately, California's bigger health care companies keep buying small ones. Now many people, especially in smaller towns, have only one or two hospitals or insurance companies to choose from. With so few options, people are forced to pay a lot more for their health care. California can stop this. It can block big companies from buying small ones. The state should be given more power to block mergers or acquisitions that reduce people's choices or lead to higher prices. In cases where mergers or acquisitions are allowed to move forward, the state could make rules to limit how much these larger companies could increase their prices.

Focus More On Preventive and Primary Care To Prevent Serious (And More Expensive) Health Conditions Later

It's much cheaper to keep people healthy than to treat them after they get very sick. Right now, we spend billions on expensive emergency room and hospital visits for problems that could have been caught earlier at a regular check-up. Yet our country spends only 5 cents of every health care dollar on this kind of preventive care. Because we don't invest enough, there can be long wait times for care and there aren't enough family doctors, especially in rural areas.

It's time for California to invest more of the state's health care dollars into basic preventive care. Research consistently shows that when more resources go toward these services, patients get better quality of care

and hospitalizations drop. That saves money. Oregon found that every additional dollar going to primary care saved $13 in avoided health care costs in the long run.

Health Care Costs Shouldn’t Increase More than Inflation

If you're like most people, your paycheck can't keep up with the rising cost of health care. While California has begun taking action to control health care costs, those savings often just get absorbed inside the health care system rather than reducing costs for everyday Californians.

California should make a simple promise. When the cost of health care rises faster than inflation, the state should have the power to step in and stop unjustified increases. But that’s not enough, the state must track and prove that savings are going to consumers, not health care companies. Health care companies would still be allowed to cover their legitimate costs, so the hospitals and doctors you count on would remain the same. What these companies couldn't do is raise the price of health care faster than inflation.

As the state works to control health care costs, the #1 priority must be that any savings should go to families.

Empower California’s new Office of Health Care Affordability to Limit How Much Health Care Companies Can Increase Costs Over Time

California health insurance companies, hospitals, and many doctors continue to raise their prices year after year. If you’re like most people, your paycheck can't keep up.

To hold these health care companies accountable, California did something new: It created the first-ever Office of Health Care Affordability (OHCA). OHCA is a new government agency with the regulatory power to limit how much health care companies can increase costs each year, and to fine companies that don’t comply. Fines collected go into a Consumer Relief Fund. OHCA is overseen by a board of independent experts that aren’t allowed to take money from health care companies.

OHCA isn't run by politicians or the health care industry. OHCA’s job is to look out for patients and families. For example, OHCA now requires insurance companies, medical groups, and hospitals to share very detailed data about their costs — the first time this has ever happened. Over the next two years, OHCA is collecting this data to set cost limits, which it will begin enforcing in 2028.

A lot of health care companies hate OHCA because they want to protect their profits and continue to charge people higher prices. With OHCA in place, these companies will finally have to live within a budget.

Use New Tools and Technology to Cut Costs and Increase Efficiency — For Both Patients and Health Care Providers

Our current health care system often wastes people's time and money. People fill out the same forms multiple times, or people get charged for expensive tests they often don't need. All this waste adds up quickly and makes health care more expensive for everyone.

New tools and technology already exist to help address these problems and reduce costs. For example, new tools can speed up insurance approvals, allowing people to get critical answers about what's covered in days, not weeks. These tools can also help doctors share patient information with other doctors, so people don't have to repeat their medical history over and over.

These tools are designed to reduce paperwork and administrative delays — not replace doctors or their medical judgment. California's leaders need to require all health care companies to adopt these new tools and technologies, and leaders need to penalize companies that do not.