



# Single Payer Healthcare



SINGLE PAYER SAN JOAQUIN

## What is Single Payer Healthcare?

**Single Payer Healthcare** is a type of financing system, generally formulated to be universal and to provide comprehensive healthcare. It refers to one entity acting as administrator, or payer. One entity—a government run organization—would collect all healthcare fees, and pay out all healthcare costs.

In a **Single Payer Healthcare** system, all hospitals, doctors, and other healthcare providers would bill one entity for their services. This alone greatly reduces administrative waste, and saves money which could be used to provide healthcare to those who currently don't have it.

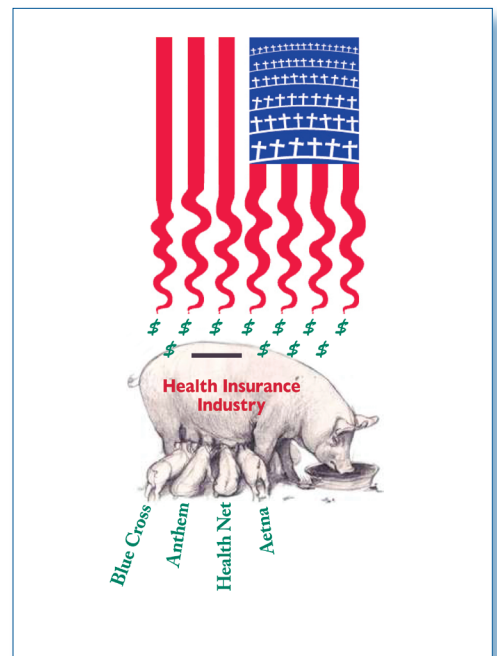
- ✓ Every resident is covered regardless of income, employment, age, health, or marital status.
- ✓ You can go to any doctor you choose, without having to worry about co-payments, deductibles, or premiums, making healthcare free at the point of delivery.
- ✓ All necessary healthcare services are covered, including hospital stays, doctor visits, prescription drugs, dental, vision, long-term care, mental health, and more.

**Single Payer Healthcare**, sometimes called “Medicare for All,” translates to low administrative costs; comprehensive coverage without co-pays and deductibles; maximum choice of Doctor, Nurse Practitioner, and Hospital; improved quality through nationwide Health Information Technology; expanded primary care; and publicly-funded, privately-delivered, higher-quality healthcare.

**Single Payer Healthcare** can lead to universal comprehensive coverage, without costing more. It has the greatest potential to increase choice, improve quality, and expand primary care; and can be financed fairly.

**Single Payer Healthcare** would eliminate the need for health insurance companies which currently siphon off over 30% of United States healthcare dollars annually. We are exploited daily by for-profit insurance companies such as Blue Shield, Blue Cross, Aetna, Humana, and Anthem.

Actual cost to businesses and individuals would be substantially less than they pay now for inferior health insurance coverage, co-pays and deductibles. There would be no worries about pre-existing conditions, nor maximum payouts.



**Single Payer Healthcare** will cover all medically necessary services, including primary care, inpatient care, outpatient care, emergency care, prescription drugs, durable medical equipment, long term care, mental health services, dentistry, hearing aids, eye care, chiropractic, pain, and substance abuse treatment.

**Current Trends & Statistics**

It is a dangerous myth that the United States has the best healthcare system in the world. There are some bright spots, especially for the wealthy near urban areas, but the World Health Organization ranks U.S. healthcare 37th in the world.

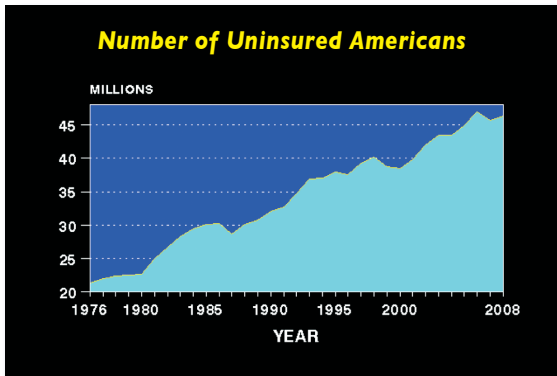
The United States provides poor performance, poor quality (including costs and mortality rates), unfair financial burden distribution, and the most expensive (*number 1!*) healthcare in the world.

Poor countries in the world are “pay or die” nations; so is the United States. As a result, 45,000 Americans — *120 a day* — die every year from lack of health insurance.

In 2006, we ranked 15th in industrialized nations for deaths caused by lack of healthcare. In 2008, we were last among 19.

62% of bankruptcies are because of medical debt. That means someone got sick and lost their job, and then their insurance.

Two-thirds of these bankruptcies were filed by people who were insured when they got sick.



**California**

California spent an estimated \$212 billion on health care last year. This is plenty of money to provide everybody in the state with excellent health care, ensure fair and reliable reimbursements to doctors, nurses and other providers, and guarantee a high quality of care for all.

California is significant enough to successfully negotiate with drug companies and medical suppliers to reduce costs to what other countries pay, or even lower, because of our volume.

California is easily large enough to achieve this on its own, and it would become even more economical if it expanded to the entire United States.

California could create a health-care system with no profits for private insurance companies, and no costly overhead for their huge bureaucracies. No enormous salaries for CEOs, and no clerks denying procedures that your doctor prescribes for you.



**Cost of Health Insurance Premiums Too Expensive for the Middle Class**

National Average for Employer-provided Insurance

Single Coverage \$ 5,049 per year  
Family Coverage \$13,770 per year

Note:

Annual income at minimum wage = \$13,624

Annual income average Wal-Mart worker = \$17,114



## **The United States is the Only Industrialized Nation Without Universal Access to Health Care**

A system based on private insurance plans will not lead to universal coverage, nor will it create affordable insurance.

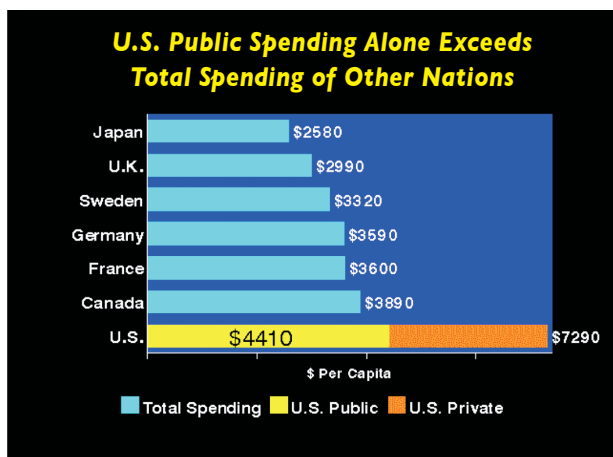
Still, government-sponsored Health Insurance is relatively young, and growing.

### **International Models**

**Single Payer Healthcare** is not socialized medicine. England has what is generally referred to as socialized medicine. Their system provides physicians and healthcare workers employed by the government, and government ownership of hospitals. The Veteran's Administration is an American example of socialized medicine.

**Single Payer Healthcare** is similar to Canada's healthcare system. Hospitals are privately- or local community-owned and bill the Single Payer for services, similar to the way Medicare works for seniors. Physicians and healthcare workers work as sole practitioners, in partnerships, or in voluntary groups of practitioners. They also bill the Single Payer for their services.

Canada's Single Payer system started in one province. Ultimately, it spread throughout Canada as the other provinces saw the benefits and how well it worked.



### **Inception Dates of Government Guarantee for Universal Health Insurance**

- 1945 – Belgium
- 1947 – Sweden
- 1948 – United Kingdom
- 1961 – Japan
- 1966 – Canada
- 1973 – Denmark
- 1978 – Italy
- 1986 – Spain
- 1996 – South Africa
- 2002 – Taiwan

### **Join and Support Us Today to**

- ✓ help reform healthcare
- ✓ provide affordable, high-quality healthcare for all Californians
- ✓ be part of America's future

Educate yourself, your friends and family, participate in educating community groups, educate and lobby law makers, write columns for newspapers and other publications, walk precincts to educate the electorate, march in demonstrations, and host private parties for presentations and Q&A forums.

### **Check Online for More Information**

[www.singlepayersanjoaquin.bbnw.org](http://www.singlepayersanjoaquin.bbnw.org)  
[www.pnhpcalifornia.org](http://www.pnhpcalifornia.org)  
[www.healthcare-now.org](http://www.healthcare-now.org)  
[www.1payer.net](http://www.1payer.net)  
[www.singlepayeraction.org](http://www.singlepayeraction.org)  
<http://madashelldoctors.com>

### **Call for More Information**

Max 209.467.0522 or  
Suzy 209.639.4191

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*Our monthly meetings  
are held on the  
2nd Thursday of each month,  
6:30 PM*