

Single-Payer Healthcare or Improved Medicare for All!

The United States is the only country in the developed world that does not guarantee access to basic health care for residents. Countries that guarantee health care as a human right do so through a "single-payer" system, which replaces the thousands of for-profit health insurance companies with a public, universal plan.

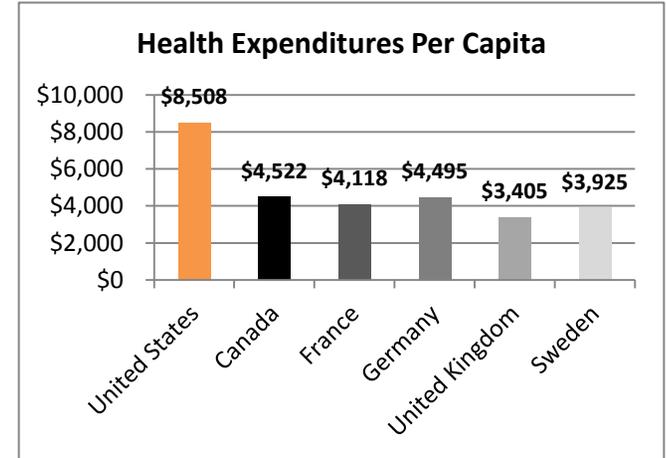
Does that sound impossible to win in the United States? It already exists - for seniors! Medicare is a public, universal plan that provides basic health coverage to those age 65 and older. Medicare costs less than private health insurance, provides better financial security, and is preferred by patients. Single-payer health care is often referred to as "Expanded & Improved Medicare for All."

These are the key features of a single-payer system:

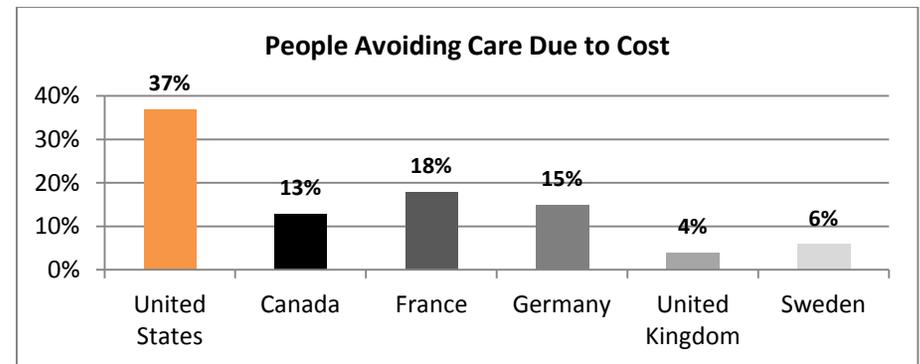
- **Everyone would receive comprehensive healthcare coverage** under single-payer;
- Care would be **based on need, not on ability to pay**;
- Employers would no longer be responsible for health care costs and coverage decisions;
- Single-payer would **reduce costs by 19%**, saving \$592 billion in the first year by cutting administrative waste and allowing negotiation of prescription drugs; and
- **Single-payer would create savings for 95% of the population.** Only the top 5% would pay slightly more.

Countries with Single Payer: Lower Costs, Better Access

Every international comparison has found that countries with universal, single-payer systems spend half to a third what the U.S. spends, while providing better access to care.



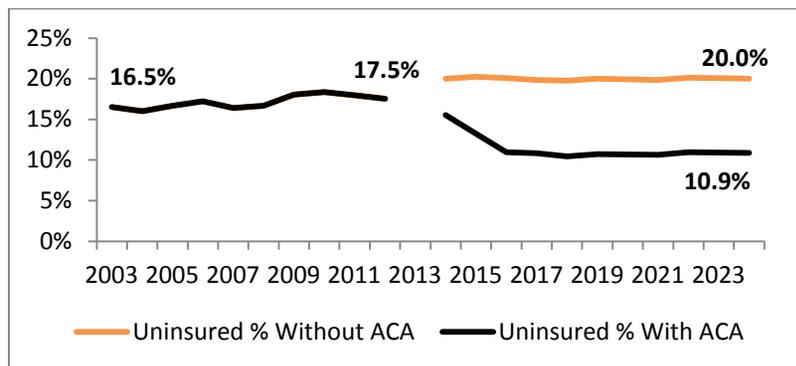
The Commonwealth Fund in 2014 ranked the U.S. last out of 11 developed countries in healthcare performance, while the World Health Organization ranked the U.S. 37th globally, below almost every other developed nation in 2000.



Uninsured and Underinsured

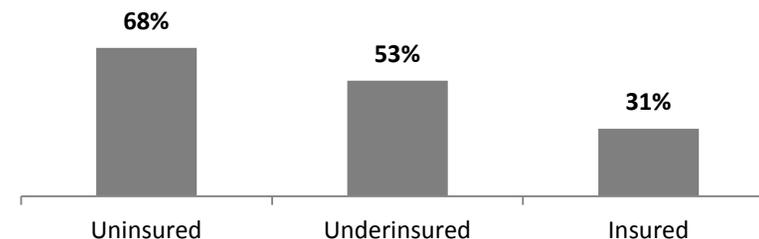
The crisis of the uninsured is the most visible face of the U.S. health care system's failings. Prior to passage of the Affordable Care Act (ACA) in 2009, 18% of U.S. residents or 48 million people, lacked any form of health insurance coverage. Lacking insurance increases the chance of death by 40%, and **each year more than 45,000 die due to lack of coverage.**

The primary goal of the ACA is to expand insurance coverage, and it is projected to cut the ranks of the uninsured in half. Yet by 2023, 10.9% of the population - 31 million people - will still lack coverage.



However, having insurance does not guarantee access to needed care or protection from financial ruin due to health care costs. Those who are "underinsured" have insurance, but with deductibles, co-payments, and co-insurance so high that they experience barriers to care and financial burdens almost as extensive as those without any insurance at all.

Went without needed care due to costs



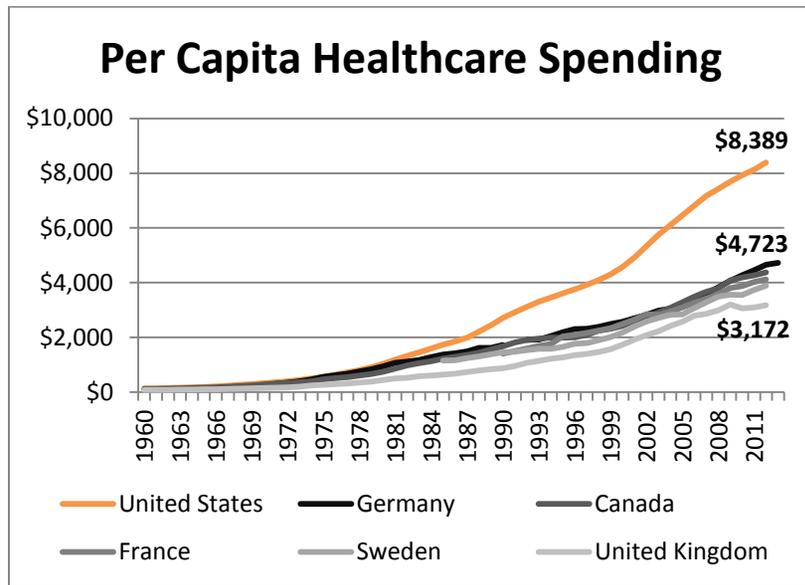
The Commonwealth Fund estimates that 31.7 million residents, 11.8% of the population, were underinsured in 2012 - a group almost as large as the uninsured. They also found that **the underinsured were only slightly better off than the uninsured** in terms of going without needed care due to costs or struggling to pay off outstanding medical bills over time.

The ranks of the underinsured may grow even more quickly with passage of health reform. When Massachusetts passed health reform in 2006 - the state law that the ACA was based on - the uninsured population declined, but the share of residents with high-deductible plans, who are underinsured, increased from less than 3% prior to reform to more than 11% just two years after reform.

Even those with the best health coverage often find that their health security is illusory. More than 3/4ths of those who declared bankruptcy due to medical issues had health insurance at the onset of their illness or injury, often losing coverage when they become sick or injured and subsequently lost their jobs.

For-Profit Healthcare is Unsustainable

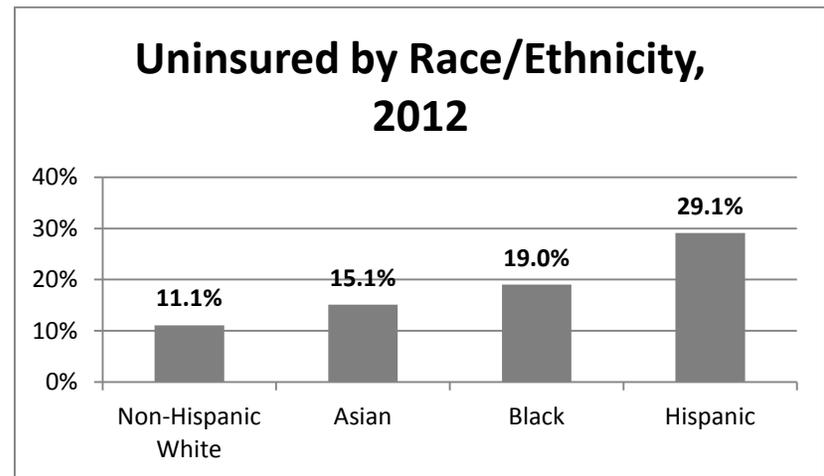
Healthcare costs are rising so rapidly that the U.S. now spends almost twice as much as the next highest-spending country. Healthcare is projected to consume 20% of all spending in the U.S. by 2022, and to continue rising rapidly for future generations.



A single-payer healthcare system allows countries to budget their health care spending - choose how much they wish to spend each year, and allocate funds where they are most needed. It also allows the country to negotiate lower prices for prescription drugs and medical devices by using our bulk purchasing power.

Unacceptable Healthcare Inequities and Disparities

Without a right to healthcare, **insurance coverage is highly discriminatory in the United States.** Groups that are discriminated against in the labor market such as people of color and immigrants are much less likely to receive quality workplace health insurance, while those with greater health needs such as women, the disabled, and anyone with a chronic health condition suffer disproportionately from high deductibles and copayments.

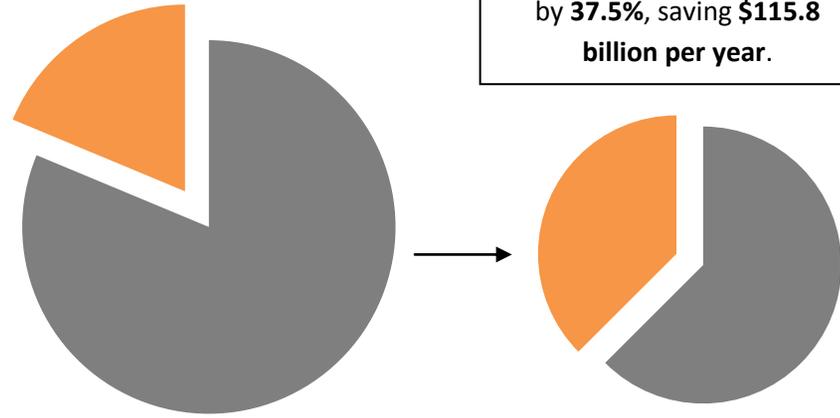


While the Affordable Care Act will increase insurance coverage for all groups, there is no reason to expect that it will reduce these inequities. After health reform in Massachusetts cut the uninsured population in half, racial and ethnic gaps in coverage remained.

How Single-Payer Saves

Single-payer healthcare would save **\$592 billion** in its first year - that's **18.7%** of our total health care spending! How?

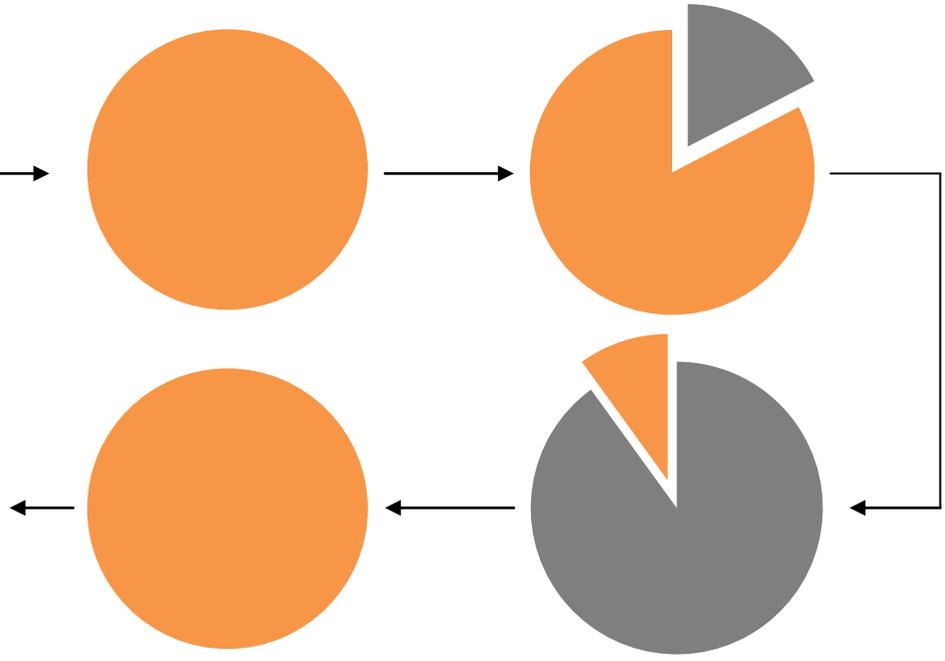
Paying the same **prescription drug prices** as Europe by negotiating costs for the whole country, would reduce spending on pharmaceuticals by **37.5%**, saving **\$115.8 billion per year**.



Billions by Cutting Out Waste

Single-payer would eliminate the need for **employers to manage health benefits** for their workers, saving them **\$31.7 billion per year**.

Bringing **insurance administration costs** down to Medicare levels would save **82.6% - \$194.9 billion per year** - by eliminating profits, advertising, lobbying costs, and exorbitant executive pay.



Single-payer would increase federal tax revenue by **\$259.5 billion per year** by eliminating **public subsidies and credits** for private health insurance.

Replacing hundreds of payers with one payer simplifies **billing for providers**. Hospitals, physicians, dentists, nursing homes, and others would reduce administrative costs by **10%**, saving **\$221 billion per year**.

What Does \$592 Billion in Savings Buy?

Comprehensive health coverage for every resident of the United States.	Elimination of all co-payments, deductibles, and other cost sharing.
Fair reimbursement for physicians and hospitals, above Medicaid and Medicare rates.	Providing income security and retraining for potentially displaced workers.
Replacing for-profit hospitals, providing poor care, with safer and more efficient non-profit hospitals.	\$198 billion per year in savings left over - enough to eliminate the federal deficit in a few short years!

Frequently Asked Questions

Question: Is Single-Payer Healthcare "Socialized Medicine"?

Answer: No. Under socialized medicine healthcare delivery - that is hospitals, physicians offices, nursing homes, etc. - is public. Countries with socialized medicine provide excellent and affordable care, but single payer only refers to public (and universal) health insurance, not healthcare delivery. Providers would continue to be a mix of public and private, such as we have today.

Question: Won't Single-Payer Lead to Long Wait Times and Rationing of Care?

Answer: No. Every healthcare system has to ration its resources, but in the United States we ration based on ability to pay - leaving millions outside of the system - while single-payer systems ration based on medical need. As a profit-driven system, the United States does have problems with wait times for unprofitable forms of care such as primary care, mental health, and even emergency care, while it performs better on income-generating forms of care such as specialty procedures and oncology. Most countries with single-payer do not have wait time problems for any category of care, but Canada and England for example have had wait time problems for elective procedures and imaging services due to underfunding and capacity issues - particularly when conservative governments have been elected and slashed healthcare budgets. The United States spends two to three times what these countries spend on healthcare per person, though, and would not need to face funding or capacity shortages by switching to a single-payer system.

Question: I Have Good Health Benefits Through My Work, Why Would I Want Single-Payer Reform?

Answer: Many with excellent workplace health insurance have found that a serious illness or injury may cause them to lose their job, and subsequently their health insurance. Furthermore, good health insurance today costs so much that it is usually taken out of potential wages, and is causing serious hardship on workplace budgets (as well as municipal, state, and federal budgets, cutting into vital public services like education and infrastructure). Single-payer reform means health security that cannot be taken away by misfortune; savings for households, employers and government; and the ability to control cost growth into the future.

Question: Will This Put Government Between Me and My Health Care Provider?

Answer: No. Currently private corporations - health insurers - stand between you and your care providers, determining which physicians and hospitals you are allowed to see, imposing deductibles and co-payments that often make appropriate treatments unaffordable, and refusing to pay for care that your providers deem necessary to improve the insurer's profit. Under a single-payer system every resident would have full choice of provider, no cost barriers to recommended care, and the only oversight for determining what care is appropriate would be provided by panels of approved medical professionals overseeing their peers - not the government.

Question: Would Single-Payer Drive Up My Taxes?

Answer: If your income is in the bottom 95%, single-payer would reduce your total health care costs, but it would replace rapidly rising, unpredictable premiums with low, stable taxes.