

WHAT IS SINGLE PAYER HEALTH CARE?

FACT SHEET

SEPTEMBER 2009

Only when everyone has the same access to care will everyone's care be affordable, accessible, and adequate.



A publically financed and privately administered national health care system structured around a “single payer” financing mechanism is the most effective and efficient way to strengthen health centers and provide comprehensive, high quality and affordable health care to everybody in the United States—even and especially for the most vulnerable.

Single payer—or *Medicare for All*—is simply a streamlined financing mechanism where one entity administers the health care funding and payments. It expands the cost-effective and administratively efficient Medicare program to cover everyone in the United States. Health care delivery (such as hospitals and doctors) remains private and patients are guaranteed choice of care from providers.

MYTH

- Single Payer health care would create a government-run health care system or “socialized medicine”
- Greater government involvement in health care would lead to rationing, with a bureaucrat making your health care decisions
- Moving toward a single payer health care system would disrupt patient care

FACT

- Single payer creates a national insurance system by collecting and administering funds through a single public agency. Hospitals and doctors remain private providers, but get reimbursed directly from this public system.
- Currently, most private insurance companies restrict your choice and ration your care. With a single payer system, patients have a choice of provider, decisions are made between provider and patient, and the provider is assured fair and prompt payment.
- Extending Medicare insurance to the entire population would be relatively simple because the system is already established and nearly all providers are existing Medicare providers.

U.S. health status is worse than other countries in key areas

Healthy Life Expectancy	Infant Mortality Rate* (per 1,000 live births)	Cardiovascular Disease Mortality (per 100,000 pop.)
U.S.: 70 Japan: 76 Switzerland: 75 Spain/Sweden/Italy: 74 Canada/Germany: 73 U.K./Belgium/Denmark: 72	U.S.: 6 Sweden/Singapore: 2 France/Finland/Portugal: 3 Germany/Greece: 4 Canada/U.K.: 5 Thailand/Slovakia/Poland: 6	U.S.: 179 Japan: 103 France: 123 Canada/Spain: 131 Switzerland: 140 Italy: 155

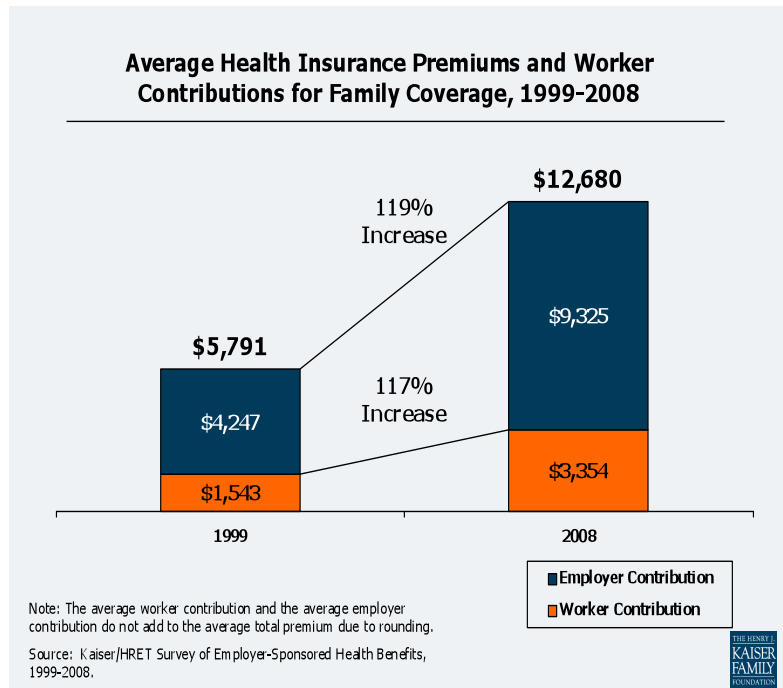
Source: World Health Organization

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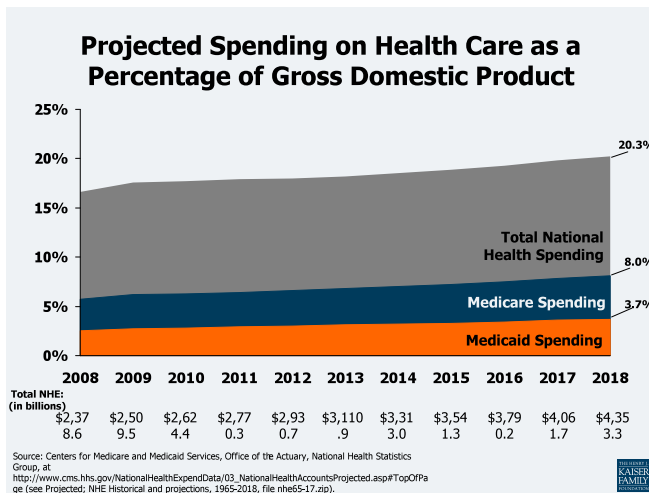


The current U.S. health care system is expensive, ineffective and inefficient

- Since 1999, premiums for employer-sponsored insurance have increased 119 percent, while wages have gone up 34 percent and inflation has gone up 29 percent.
- The U.S. pays over \$6,700 per person annually for health care. The next most expensive health system in the world is Switzerland, at \$4,100 per person. Canada, France, Germany, and Denmark all spend about \$3,500 per person and all these systems are universal, single-payer systems.¹
- The U.S. for-profit health industry spends 30 percent of every health care dollar on administrative costs such as paperwork, overhead, underwriting, billing, sales and marketing departments, as well as excessive executive pay. Medicare, the federal government’s single-payer system for the elderly and disabled, spends just 3 percent.



Healing a nation: Economic solutions though health care reform



The Alternative to Increasing National Debt

Establishing a Medicare for All or single payer health care system would provide a stimulus for the U.S. economy by creating 2.6 million new jobs and infusing \$317 billion in new business and public revenues with another \$100 billion in wages into the US economy.²

Medicare performs better than private health insurance

Medicare beneficiaries are 2.7 times more likely than employer-sponsored enrollees are to rate their health insurance as excellent and less likely to report negative experiences with their insurance plans.³

REFERENCES

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3. Davis, K., Guterman, S., Doty, M. M., & Stremikis, K. M. (2009) Meeting enrollees' needs: How do Medicare and employer coverage stack up? *Health Affairs*, Web Exclusive, May 12, 2009, w521-w532. Retrieved from <http://www.commonwealthfund.org/Content/Publications/In-the-Literature/2009/May/Meeting-Enrollees-Needs.aspx>