



Frequently Asked Questions about Single-Payer Health Care

What does “single-payer” mean?

In a single-payer system, all health care money goes into one pot, and all health care services are paid out of that pot (the “single payer”). There are no private insurance companies standing between patients and their health care. Patients have free choice of qualified health care providers, and providers are free to determine the care their patients need, knowing their patients will be able to afford the care.

Is health care then run by the government?

No. The government serves only to collect and distribute funds. Doctors and other providers may choose to work for themselves, for a not-for-profit organization, or for a public entity. Independent boards set guidelines for what services are covered and how to distribute money and resources to facilities like hospitals and nursing homes.

What is the purpose of single-payer health care?

First and foremost, it ensures that everyone has access to the health care they need – it makes health care a basic right, not a privilege for those who can afford it. And because everyone is in the same system, we all have a stake in making it the best possible.

Second, single-payer saves money. It is the most administratively efficient, cost-effective system of financing, so we get the greatest amount of high-quality health care for the money we spend. Besides cutting administrative costs and eliminating profits, the system saves money by setting global budgets and by allowing a large pool of providers to negotiate the prices of drugs and durable medical goods. In every country that has a system similar to single payer, health care costs per person are substantially less than in this country.

Doesn't the recent health care reform give us these benefits?

No. The Affordable Care Act (“Obamacare”) makes some improvements for some people, but it leaves millions uncovered or under-insured; and even with insurance, many people will still find health care unaffordable. A major drawback is that it leaves in place the nation’s multiple insurance companies, with their huge profits, outrageous marketing expenses, frequent claim denials, and complex, time-consuming paperwork for patients and providers.

Who will be covered under HR 676, the Expanded and Improved Medicare for All Act?

Everyone in the United States, from birth to death.

Does that mean undocumented immigrants, too?

Yes. There are many reasons why it’s important to cover everyone. a) Health care is a human right. Human beings take care of each other without regard to what papers we have. b) Access to health care is a public health issue. People with infectious diseases who remain untreated spread their illness to others. c) Undocumented immigrants pay taxes – through payroll deductions, rent/property tax, sales tax, and so

on – that studies have shown amount to far more than they receive in government benefits. d) Even now, if people without documentation become seriously ill and go to the emergency room, they cannot be turned away. Instead of forcing them into inappropriate health care settings, we should take care of them properly.

What benefits are covered under HR 676?

All medically necessary medical services are covered, including primary and preventive care, specialty care, inpatient and outpatient care, emergency care, prescription drugs, durable medical equipment, long-term care, home care, mental health services, dental services, substance abuse treatment, chiropractic services, and vision and hearing care. (Medically necessary services that are not specifically mentioned will still be covered.)

Are there co-pays and deductibles under this bill?

No, there are no out-of-pocket costs for covered benefits. Studies have shown that cost-sharing discourages people from getting care early, leading to more serious problems.

How will the bill be funded?

Funding for the program would come from a variety of sources

- Existing sources of federal government revenues for health care.
- Increasing personal income taxes on the top 5 percent of income earners.
- A modest, progressive excise tax on payroll and self-employment income.
- A modest tax on unearned income
- A small tax on stock and bond transactions.
- Additional annual appropriations as necessary to maintain maximum quality.

Funds would go into a dedicated health care trust fund. Regional offices will coordinate payments through a state-based distribution system.

How will a single-payer system affect businesses?

By reducing the burden of health care costs on workers and businesses, single-payer will make U.S. businesses more competitive globally and encourage them to grow – especially small businesses and entrepreneurs who are currently held back by the high cost of health insurance.

You can help make single-payer possible! Become a part of the Illinois Single-Payer Coalition.

Join our e-mail discussion group and learn about meetings, special events, single-payer news, and much more. Go to <http://groups.yahoo.com/group/IllinoisSinglePayer>

You can also request a speaker, arrange a movie screening for friends or groups, or volunteer to pass out single-payer flyers or collect petition signatures at events. Email us at info@ilsinglepayer.org, or call **312-380-9357**.

And spread the word: talk to your friends, write letters to your legislators and newspapers. For ideas, resources, and information on single-payer health care, go to ilsinglepayer.org, pnhp.org, or healthcare-now.org