



The Illinois Universal Health Care Act: Why We Need It, How It Works, and Why It's Good for Illinois

Our basic premise: Health care is a human right. Everyone in Illinois should have access to the health care they need without financial, administrative, or other barriers.

The need: Even when the recent health care reform is fully implemented:

- More than 800,000 people in Illinois will have no health insurance.
- Many people will still be unable to afford the care they need.
- Millions will remain in plans that don't allow them free choice of providers.
- Insurance companies will continue to consume at least 20 percent of our health care dollars.

The solution: The Illinois Universal Health Care Act, establishing a system of publicly financed, privately delivered health care for all residents of Illinois.

What is the purpose of the Illinois Universal Health Care Act?

- To improve the health of everyone living in Illinois through comprehensive care.
- To make health care affordable to all.
- To contain health care costs.

What are the major benefits of the plan?

A single-payer system offers the greatest value for the money we spend on health care. It dramatically cuts administrative costs and overhead, eliminates insurance company profits, and allows us to cover everyone – and expand benefits – without increasing total health care costs.

For families and individuals

- No one will have to choose between getting the medical care they need and other necessities like food and shelter.
- No one will go bankrupt or be made homeless by medical costs, nor harassed by collection agencies.
- Patients will be able to follow the treatments their providers recommend.

For businesses and the Illinois economy

- Businesses will be attracted to Illinois because of lower health care costs and freedom from administering health care benefits.
- Small businesses, which now are charged disproportionately high health care costs, will be better able to compete for the best employees.
- Individual entrepreneurs and freelance workers will be free to start businesses without losing health care coverage.
- All Illinois businesses will be better positioned to compete in the global marketplace.
- Health care will no longer be a contentious issue between management and labor during contract negotiations.

For providers

- Medical providers will know how much and when they will be paid, and can plan ahead. They will be paid as much for serving poor patients as rich ones.

- Primary care will be a priority, attracting more primary care providers to areas with unmet needs.
- Providers won't have to deal with the paperwork and rules of hundreds of different types of insurance coverage, fight with insurers to get their patients the care they need, bill their patients, and collect co-pays. Instead, they can devote themselves to medical care.

How does the single-payer program work?

- Every Illinois resident is covered by a single, publicly financed plan. This plan replaces all other health insurance, both private and government-run, for the covered benefits.
- The plan covers all medically necessary services, including primary and preventive care, specialty care, inpatient and outpatient care, emergency care, prescription drugs, durable medical equipment, long-term care, mental health services, dental services, substance abuse treatment, chiropractic services, vision care and correction. (Medically necessary services that are not specifically mentioned will still be covered.)
- Members can obtain these services from any licensed provider in the state. Consumers have free choice of doctors, hospitals, and other providers.
- There are no deductibles or co-pays.
- All groups and facilities providing health care under the plan will be not-for-profit. Investor-owned providers will convert to non-profit status.

How are providers paid?

- All benefits are paid for from a single fund (hence the term "single-payer").
- Individual providers may be fee-for-service, salaried, or capitated (a set per-patient fee).
- Hospitals, nursing homes, and other facilities will receive a negotiated monthly sum for operating expenses, plus capital expenses determined by regional boards.
- Prescription drugs will be paid for according to negotiated fees.

Who makes the decisions?

- Within the program, providers and patients make all medical decisions.
- An independent Governing Board of consumers, health care providers, and other experts makes administrative decisions and negotiates fees. The Board also oversees health care planning and will develop programs to improve care in underserved communities.

Where will the money come from?

- 20% from individuals. A graduated income tax replaces insurance premiums, co-pays, and all other out-of-pocket expenses. Most people will pay less than they now pay for health care expenses.
- 20% from businesses, assessed on a graduated basis. Most businesses that currently provide insurance for their employees will pay less than they are currently paying.
- 60% from federal, state, and local government health-care programs that, with the help of waivers, will be rolled into the Illinois Universal Health Care program.

What will happen to insurance company employees and health care administrators who are no longer needed?

Funds will be provided for re-education and job placement. Many of these workers will be able to find productive employment providing real health care for the people of Illinois.

Learn more. Get involved!
Contact the Illinois Single-Payer Coalition
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