

BASIC FACTS ABOUT A SINGLE-PAYER HEALTH INSURANCE SYSTEM or “MEDICARE-FOR-ALL”

What does the term “single-payer” mean?

For Americans under the age of 65, a variety of different private health insurance companies offer insurance plans that pay your doctor and other medical providers for the services they provide to you. This is a “multi-payer” system. The government health insurance program Medicare pays for health care services for Americans 65 and older. Private insurers are prohibited from offering policies that duplicate Medicare coverage, so Medicare is the only, or single, payer.

Who would be covered?

All Americans. No one would be denied coverage.

What medical services would be covered under a Medicare-for-All system?

All Americans would be covered for all medically necessary services, including: doctor, hospital, preventive, long-term care, mental health, reproductive health care, dental, vision, prescription drug and medical supply costs.

Would there be co-pays and deductibles?

No. There would be no out-of-pocket payments by patients.

Would I be able to choose my doctor?

Patients would regain free choice of doctors and hospitals, and doctors would regain autonomy over patient care.

How would Medicare-for-All be financed?

Medicare-for-All would be financed by eliminating private insurers and recapturing their administrative waste. Instead of paying hefty premiums, American individuals and businesses would instead pay modest taxes. The elderly and sick would no longer pay more for insurance than younger, healthier Americans.

Will I be able to get the health care I need when I need it?

Yes. If you currently are one of the 45 million Americans who are uninsured, or one of millions more who are underinsured, and currently receive your care in public hospitals, clinics and emergency rooms, you will have faster access to a comprehensive range of medical services in the appropriate setting. If you currently have excellent private insurance coverage, you will continue to get the quality care you need, and will no longer have delays caused by insurance companies requiring prior authorization for referrals or treatment. In Canada, for

instance, which has a single payer system, there are no waits for emergency care, and waits for elective tests and procedures are quite short.

How would my physician and other providers be paid?

Physicians would be paid fee-for-service according to a negotiated formulary or receive salary from a hospital or nonprofit HMO / group practice. Hospitals would receive a global budget for operating expenses. Health facilities and expensive equipment purchases would be managed by regional health planning boards.

Would Medicare-for-All save us money?

Sky-rocketing health care costs over the past decade are threatening to bankrupt our health care system. With single-payer, costs would be controlled through negotiated fees, global budgeting and bulk purchasing. Administrative costs would be limited by law to less than three percent of total health care spending.

Will people who work for private insurance companies loose their jobs?

Many people who currently perform billing, advertising, eligibility determination, and other jobs that would be unnecessary under the new system, would loose their jobs. Although the money saved by eliminating these jobs will allow all Americans to have health insurance, these workers must be guaranteed retraining and placement in new fields.

Is this socialized medicine?

No. With single payer, the health care delivery system, e.g. doctors and hospitals, remains private. Medicare-for-All would simply extend an existing and successful American insurance program to all citizens.