



## **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?**

Everyone, throughout life. No one would be denied coverage.

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

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?**

Yes. 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, recapturing their administrative waste, and adding it to current national expenditures. 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 people.

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

Yes. If you currently have 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. And 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. There will be one class of high quality care for everyone.

### **How would my physician and other providers be paid?**

Physicians would be paid fee-for-service according to a negotiated formula 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?**

Yes - a lot. 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 (about one-tenth as much as in private health insurance).

### **Will people who work for private insurance companies lose their jobs?**

Many billing, advertising, eligibility determination, and other jobs will be unnecessary under the new system. 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 and bring lifetime health security to all.



## Key Features of Single-Payer

- **Universal, Comprehensive Coverage**  
Only such coverage ensures access, avoids a two-class system, and minimizes expense
- **No out-of-pocket payments**  
Co-payments and deductibles are barriers to access, administratively unwieldy, and unnecessary for cost containment
- **A single insurance plan in each region, administered by a public or quasi-public agency**  
A fragmentary payment system that entrusts private firms with administration ensures the waste of billions of dollars on useless paper pushing and profits. Private insurance duplicating public coverage fosters two-class care and drives up costs; such duplication should be prohibited
- **Global operating budgets for hospitals, nursing homes, allowed group and staff model HMOs and other providers with separate allocation of capital funds**  
Billing on a per-patient basis creates unnecessary administrative complexity and expense. A budget separate from operating expenses will be allowed for capital improvements
- **Free Choice of Providers**  
Patients should be free to seek care from any licensed health care provider, without financial incentives or penalties
- **Public Accountability, Not Corporate Dictates**  
The public has an absolute right to democratically set overall health policies and priorities, but medical decisions must be made by patients and providers rather than dictated from afar. Market mechanisms principally empower employers and insurance bureaucrats pursuing narrow financial interests
- **Ban on For-Profit Health Care Providers**  
Profit seeking inevitably distorts care and diverts resources from patients to investors
- **Protection of the rights of health care and insurance workers**  
A single-payer national health program would eliminate the jobs of hundreds of thousands of people who currently perform billing, advertising, eligibility determination, and other superfluous tasks. These workers must be guaranteed retraining and placement in meaningful jobs.

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