

Universal Health Care

In a general sense, refers to providing every citizen of a country with health insurance.

Single Payer System refers to a way of financing health care, which includes both the collection of money for health care and reimbursement of providers for health care costs.

It does not specify a health care delivery mechanism; it specifies a health care financing mechanism.

The government collects funds from individuals and businesses, mainly in the form of taxes, and the government reimburses providers for health care services delivered to individuals enrolled in the public health insurance program.

Medicare, as an example of a single payer system, is health insurance for almost every American aged 65 and over. The provider taking care of a Medicare patient has only one entity to bill, the federal government.

Socialized medicine refers to a system like the National Health Service of the United Kingdom in which the mechanisms of delivery of health care are owned by the government.

Features of Single Payer Systems (Modeled on the proposal of the Physicians' Working Group for Single Payer National Health Insurance)

Eligibility and Benefits:

Every resident would be enrolled in a public insurance system.

Coverage would include all necessary medical care, including mental health, long-term illness, dental services, and prescription drugs.

Coverage decisions would be determined by a national board of experts and community representatives; unnecessary or ineffective interventions would not be covered

Patients would not be billed; all costs for covered services would be paid by the insurance program.

Financing:

Funded by combining current sources of government health spending (Medicare, Medicaid, CHIP, etc.) into a single fund with modest new taxes, such as a small payroll tax or earmarked income taxes.

Taxes will increase for individual citizens but offset by reductions in premiums and out-of-pocket costs.

Hospitals:

Hospitals would receive a global budget from the insurance programs. This means that they would receive a lump sum to cover all operating expenses every month.

Hospitals would need to find a way to stay within their global budget while still providing all necessary medical care.

Global budget for hospitals would not cover “capital expenditures” (facilities and new equipment)

Such expenditures would be based on community needs to prevent over concentration of technology and facilities in one area.

Physicians

Physicians would remain in private practice or continue to work for private hospitals. They would have the choice of three methods of payment.

- a. *Fee-for-service*: A national fee schedule will be negotiated each year between the insurance program and the provider organizations (e.g. medical associations)
- b. *Salary at health care facility*: Physicians who work for hospitals and other health care facilities would receive an annual salary.
- c. *Salary within a capitated group*: A group practice or nonprofit HMO that employs physicians would receive payments to pay their physicians. These payments would be capitated, that is, a payment would be made very month for each patient enrolled with a physician to cover the cost of taking care of patients.

Medications and supplies

An expert panel would create and maintain a national formulary of prescription drugs covered by the program. Prices for drugs and supplies would be negotiated with the insurance program, which would get a good price from manufacturers due to its bulk purchasing power.

ADVANTAGES OF SINGLE PAYER TO VARIOUS GROUPS OF PEOPLE

Advantages to patients

Improved health. Patients will be able to access health care with minimal financial barriers.

Free Choice of provider: Patients will have free choice to choose their doctor.

Portability of coverage: Person can go from job to job with experiencing interruptions in health insurance coverage.

Advantages to physicians

Restoration of clinical autonomy.

Lower malpractice premiums

Improved patient care; Physicians will be able to make clinical decisions based on best practices

Advantages to businesses

Decreased health care costs.

Equal playing field

Improve global competitiveness

THE POTENTIAL DISADVANTAGES OF SINGLE PAYER

Insurance companies will have their role dramatically decreased.

Pharmaceutical industry will face price controls and bulk purchasing

Underfunding by a hostile government

Mismanagement

Recession: Loss of tax dollars

Technology-hungry Americans will have to accept limits on ineffective, questionable, or medically unnecessary interventions that would not be covered

Would not have an insurance plan tailored to needs. Everyone has the same plan.

More government control..

Who do the people trust? Private insurance industry or the government.

SHOULD THE GOVERNMENT PROVIDE FREE UNIVERSAL HEALTH CARE FOR ALL AMERICANS?

Yes

1. The number of uninsured citizens has grown to over 40 million.
2. Health care has become increasingly unaffordable for businesses and individuals.
3. We can eliminate wasteful inefficiencies such as duplicate paper work, claim approval, insurance submission, etc.
4. We can develop a centralized national database which makes diagnosis and treatment easier for doctors.
5. Medical professionals can concentrate on healing the patients rather than on insurance procedures, malpractice liability, etc.
6. Free medical services would encourage patients to practice preventive medicine and inquire about problems early when treatment will be light: currently, patients often avoid physicals and other preventive measures because of the costs.

No

1. There isn't a single government agency or division that runs efficiently: do we really want an organization that developed the US Tax Code handling something as complex as health care?
2. "Free" health care isn't really free since we must pay for it with taxes; expenses for health care would have to be paid with higher taxes or spending cuts in other areas such as defense, education, etc.
3. Profit motives, competition, and individual ingenuity have always led to greater cost control and effectiveness.
4. Government-controlled health care would lead to a decrease in patient flexibility.
5. Patients aren't likely to curb their drug costs and doctor visits if health care is free; thus, total costs will be several times what they are now.
6. Just because American's are uninsured doesn't mean they can't receive health care. Nonprofits and government-run hospitals provide services to those who

don't have insurance, and it is illegal to refuse emergency medical services because of a lack of insurance.

7. Government-mandated procedures will likely reduce doctor flexibility and lead to poor patient care.
8. Healthy people who take care of themselves will have to pay for the burden of those who smoke, are obese, etc.
9. A long, painful transition will have to take place involving lost insurance industry jobs, business closures, and new patient record creation.
10. Loss of private practice options and possible reduced pay may dissuade many would-be doctors from pursuing the profession.
11. Malpractice lawsuit costs, which are already sky-high, could further explode since universal care may expose the government to legal liability, and the possibility to sue someone with deep pockets usually invites more lawsuits.
12. Government is more likely to pass additional restrictions or increase taxes on smoking, fast food, etc., leading to a further loss of personal freedoms.
13. Like social security, any government benefit eventually is taken as a "right" by the public, meaning that it's politically near impossible to remove or curtail it later on when costs get out of control.

KEY FEATURES OF SINGLE-PAYER

1. Universal Comprehensive Coverage

Only such coverage ensures access, avoids a two-class system, and minimizes expenses

2. No out-of-pocket payments

Co-payments and deductibles are barriers to access, administratively unwieldy, and unnecessary for cost containment.

3. 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.

4. Global operating budgets for hospitals, nursing homes, allowed group and staff model HMOs and other providers with separate allocation of capital funds.
5. Free Choice of Providers
6. Public Accountability, Not Corporate Dictates
7. Ban on For-Profit Health Care Providers
8. 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 job.