ILLINOIS SINGLE-PAYER COALITION
Organizing for national guaranteed healthcare for all.

Frequently Asked Questions about Single-Payer Health Care (Improved Medicare for All)

What is single-payer health care?

In a single-payer system—also called Improved Medicare for All—all health care services are paid out of one 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.

What benefits are covered?

All medically necessary services are covered, including medical care, medical equipment, prescriptions, long-term care, home care, mental health and substance use treatment, reproductive health, dentistry, vision and hearing.

Are there premiums, co-pays, or deductibles?

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.

Who will be covered?

Everyone in the United States, from birth to death.

Does that mean undocumented immigrants, too?

Yes. There are many reasons why we should cover everyone. a) Health care is a human need.
b) Access to health care is a public health issue. People with infectious diseases who remain untreated spread illness to others. c) It has been shown that undocumented immigrants pay more for healthcare than they receive.[1]

Is this government-run health care?

No, it is government *paid-for* health care. The government serves only to 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.

How are we going to pay for this?

We *already are* paying for it! We have the highest health care spending in the world: we spend twice as much per person on health care as any other country.[2]

Implementing single payer will cut overall health care spending by setting lower prices, reducing waste and inefficiencies, eliminating insurance company profits, and implementing global budgeting.[3]

Why not start with a public option or Medicare buy-in?

Our system is fundamentally broken. We have the highest spending in the world, poor access to care, and subpar outcomes. A public option or Medicare buy-in does not solve any of these problems and creates new ones, including one more layer of administration, while still leaving millions of people without care. Single payer, by contrast, will expand coverage and reduce health care costs.

Some advocate a stepwise approach to universal health care. But let's remember that people have been fighting for universal healthcare for over 100 years. It's time we stop compromising. Let's implement a solution that will work!

Will physicians get paid less? Will they be burdened with government bureaucracy?

How physicians are paid will change, but the amount paid will not change drastically for most physicians. Payments will increase for those who now take Medicaid and for primary care providers. Some high-paid specialists may see a decrease in salary. Financial stability will increase for providers across the board.

56% of physicians support or strongly support single payer.[4] Why? Because they understand how difficult it is to take care of patients today, with prior authorizations, varying drug formularies, and denials of treatment. Physicians will face far less bureaucracy with single payer.

Will wait times increase?

Wait times are caused by too few providers, not too few insurance companies. Wait times can exist in any system that is not properly resourced.

Measured wait times in countries with universal healthcare are comparable to the US, but only in the US do people fail completely to get care for lack of insurance.

Taiwan implemented single payer in the 1990s. Thereafter, they did not report any increase in wait times.[5]

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Won't this reduce competition and stifle innovation?

Providers currently compete to bring in the highest-paying patients, not to improve health care. With single payer, providers will instead compete on the basis of health care quality. In addition, providers can better coordinate and collaborate to meet the nation's needs.

As for innovation, the biggest source of medical research today is the federal government, through the National Institutes of Health.[6] Private companies often use this taxpayer-funded research for their own purposes, taking none of the risk and reaping all the profits. One example: Truvada, an HIV prevention drug, was developed with public funds; in 2018, Gilead made $3 billion selling the drug.[7]

What about lost insurance company jobs?

Yes, there will be billing and administrative jobs lost with single payer. But more important jobs will be created—some to administer the system, and many more to provide actual health care.

The House and Senate bills mandate 1% of their budgets to assist workers affected by the legislation, through wage replacement, retirement benefits, training, and education.

Job losses of course are difficult. But saving bad jobs is no excuse for maintaining an ineffective health care system.

Will conservatives support single payer?

We wouldn't be surprised! Single payer will decrease bureaucracy, increase efficiencies, lower costs, help businesses, and foster competition among providers.

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.

Is there single-payer legislation?

Yes. Expanded and Improved Medicare for All legislation has been introduced in the House of Representatives in every session of Congress beginning in 2003. The first Senate bill was introduced in 2017. These bills provide a solid basis for organizing, while single-payer activists work to make them even better.

Should we work towards an Illinois single-payer plan?

It's not feasible to have a true single-payer system at the state level. States have no jurisdiction over self-insured plans, which account for 60% of the market in Illinois.[8]

States are also limited because they have to balance their budgets, would have to obtain federal waivers, and would have to coordinate with federal programs.

Help make Single Payer Happen!

Join the Illinois Single-Payer Coalition!

Become a member, join our discussion group, and get involved at our website, **ilsinglepayer.org**.

You can find us on social media @ILSinglePayer

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