

Single-payer solution Myths and Facts*

Myth: Single-payer would cost too much. **Fact:** Because of our patchwork system of private insurance, more than 30% of every health care dollar is spent on administration rather than on care. This includes underwriting, marketing, billing, denying claims, profit and paper-pushing that is foisted on hospitals and physician offices. By eliminating private insurance, a single-payer system would reduce administrative spending by roughly half (nearly \$400 billion annually). These savings are enough to provide every American with comprehensive health insurance, without increasing total spending. **Myth:** Single-payer would cost businesses too much. **Fact:** Because a single-payer system is more efficient than our current system, health care costs would be lower, and businesses that already provide health care benefits would save money. In Canada, the three major auto manufacturers (Ford, GM and Daimler-Chrysler) have all publicly endorsed Canada's single-payer health system from a business and financial standpoint. In the U.S., Ford pays more for its workers' health insurance than for the steel to make its cars. **Myth:** Lines for care would be extremely long. **Fact:** In countries with single-payer, urgently needed care is always provided immediately. People in these countries may have to wait for some elective procedures like cataract removal or knee replacement for arthritis, but because the U.S. spends double what they do on health care -- and would continue to spend this much under a single-payer system -- access to care here would be better and our waits would be much shorter.

Myth: People would overuse the system. **Fact:** Most estimates do indicate that there would be some increased use of the system, mostly by the nearly 50 million people who currently do not have health insurance. However, the dramatic savings from a single-payer system would easily cover the increased use of some services. Remember, doctors would still control most health care utilization - patients don't typically receive prescriptions or tests just

because they want them, but because their doctors have deemed them appropriate. **Myth:** Government programs are wasteful and inefficient. **Fact:** Some are better than others, just as some businesses are better than others. Just to name a few of the most successful and helpful: the National Institutes of Health, the Centers for Disease Control and Prevention, and Social Security. Consider Medicare, which is national health insurance for the elderly; its overhead is approximately 3% of every health care dollar spent on administration, while overhead and profits for private insurance can add up to more than 15%. **Myth:** The government would make health care decisions for patients and dictate how physicians practice medicine. **Fact:** In countries with a national health insurance system, physicians are rarely questioned about their medical practices, and usually only in cases of suspected fraud. Compare this to our system, where patients and doctors routinely must ask insurance companies for permission for certain procedures, tests and treatments. **Information compiled from Physicians for a National Health Program, part of the Leadership Conference for Guaranteed Health Care Visit Public Citizen for more information about single-payer health care and how you can help:*
<http://www.citizen.org/singlepayersolution>.

