

HR-676 (also known as single-payer)

If HR-676 were to become law, Steamfitters Local 475 would most likely pay substantially less money for our welfare coverage. We are currently paying \$9.73 per hour. The following paragraphs support the reasoning for HR-676.

Single-payer is basically a way some countries use to provide its citizens with health insurance. Its name comes from the fact that doctors and hospitals are paid by one organization: a single payer. By having only one payer, you can simplify the health care system enormously.

Single-payer saves lives.

In a single-payer health system, everyone has health insurance. According to the Institute of Medicine, 18,000 people in the United States die every year from a lack of health insurance--that's two people every hour. The US also has higher infant mortality levels (more children under 1 year of age die) compared to most other democratic countries. Babies would be healthier if all pregnant women could get access to a doctor while they're pregnant. Or think of how much less-crowded an emergency room would be if people could see a primary care doctor when they were sick, instead of only going to an ER when they become sicker.

Single-payer saves time.

Imagine if all doctors and all hospitals in the US had just one type of form to fill out. And all patients had one insurance card. **And** all patients had health insurance by virtue of being US citizens. And now think of the savings in time, money, paper-pushing. Doctors would have more time to care for patients; everyone would have fewer headaches waiting to talk to their insurance company to prove their coverage; nurses would be less frustrated with their work.

Single-payer saves money.

By having one organization handle all of the bureaucracy and all of the administration of the health care system (mostly consisting of paperwork and payments) paper-pushing greatly decreases in frequency and cost. More of each of our dollars that go toward health care would actually be used to care for people's health, instead of going toward managers and forms. Single-payer eliminates the bulk of paperwork duplication, and in the process, could potentially save hundreds of BILLIONS (that's 100,000 million) of dollars. As it is right now, American businesses are at an economic disadvantage, because their health costs are so much higher than in other countries. The Canadian branches of Ford, GM, and Daimler-Chrysler all publicly support Canada's health care system, because it saves them an enormous amount of money, compared to their counterparts in the US.

What's more, a single-payer system would mean fewer personal bankruptcies due to medical bills--and an end to patients actually receiving bills. In most countries with a single-payer system, patients never see a bill. The billing process doesn't even involve patients. (This saves money, too--think of how much work goes into itemizing each bill, sending it to each patient, following up on the bill if there's been an error... and on, and on.)

Most single-payer systems save a ton of money by buying prescription drugs for its patients in huge bulk quantities. You know the money you save for buying in bulk at Costco or Sam's Club? Think of applying that concept to buying prescription drugs for America's 290 million people. (Hint: this is what Canada does--it's what makes their drugs much cheaper.)

Single-payer saves choice.

Americans love choices. We love having options. With a single-payer system, patients could go to any doctor they wanted (try doing that with your HMO!). You could see the doctor that's closest to you, the one that your friends all recommend, or pick one that's your same religion, ethnicity, or race. It'd be a much different experience than getting a specific list from your HMO, telling you who you're allowed to see, if you don't want to pay an arm and a leg for it.

Even better, people wouldn't be tied to their current job for the health insurance it provides. People could find jobs they're happier with or even consider starting their own businesses. It would make employers work harder to make employees happy, and employers could be more confident their workers were a good fit for their jobs.

Next: [What *isn't* single-payer?](#)

There's a great deal of incorrect information out there about health care reform. It's time to set the record straight--and if you want more information, you can always dig deeper.

Single-payer *isn't* socialized medicine...

it's socialized insurance. What's the difference? Socialized medicine is the system in the UK--the government owns the hospitals, employs the doctors. Socialized insurance is the system in Canada--the government pays the hospitals, and pays the doctors--but hospitals and doctors are still part of the private sector. Everyone cares who their doctor is, but do you really care who pays your doctor?

Single-payer *is* health care rationing...

but it's a different type of rationing. Right now, we ration care by ability to pay: if you have insurance, you get health care, if you don't have insurance, you generally don't get health care. Single-payer rations care by health care need. There would be no more "pre-existing conditions," no more hassles to see a doctor.

Single-payer *isn't* free care...

but it's certainly less expensive. Money would come from employers and employees, but most of the money is already in the system--it's just currently going to HMOs instead of to a single-payer organization. Studies by the Congressional Budget Office, the General Accounting Office (GAO), the Lewin Group, Boston University, and numerous other reports have done the math and come to the conclusion that single-payer would save enough money to cover the cost of insuring all the 45 million uninsured in the United States today.

Patients

Patients would have access to all medically necessary care, including doctor visits, hospital care, prescriptions, mental health services, nursing home care, rehab, home care, eye care and dental care. (Sorry, "medically-necessary" doesn't cover

cosmetic surgery or botox injections.) Patients would have their complete choice of doctors, cheaper prescription drugs, and no bills for health care.

Doctors

Doctors would have less paperwork and fewer health care headaches, but they'd also be given more freedom and choices, too. Because there would be "one form" for doctors to fill out and less time spent figuring out a patient's insurance status (and therefore more time to spend helping patients), doctors would be able to return to the reason they entered medicine--to help care for patients. Most primary care physician doctors' incomes would stay about the same (when Canada passed its health care reform, salaries actually went up). Specialists' incomes would decrease, but doctors' own costs would be decreased, too: they could spend less on office staff and employees that work on insurance claims, as well as the health insurance for those workers. Doctors would most likely see decreases in malpractice insurance premiums as well, since patients are less likely to sue if they feel like they know their doctors well, and if they know they'll have health insurance if some problem arises later.

Nurses

Nurses' salaries increased greatly in Canada after passage of its health system reform. More nurses would be trained and hired to work in departments where nurses have been cut to save costs (and to work in nursing, where there is already a shortage.) This would decrease stress levels, and give nurses more time to spend caring for each individual patient.

Medical Students

Medical students would graduate with significantly less medical debt, if the single-payer plan mimicked the Canadian system. Many students cite debt (currently averaging around \$90,000) as a reason they do not enter the field they truly want to enter.

Researchers

Researchers would be still have their research funded like it currently is--through the National Institutes of Health, the main entity in the United States that provides research grants to professors and scientists working on science-related research.

Hospitals

Hospitals would all be converted to non-profit status, after a one-time payment to investors (several of the largest for-profit hospital chains have paid billions of dollars to defrauding Medicare recently). Hospital billing would be virtually eliminated. Instead, hospitals would receive an annual lump-sum payment from the single-payer to cover its expenses—a "global budget." A separate budget would cover such expenses as hospital expansion, the purchase of technology, marketing, etc. Hospitals would no longer close because of unpaid bills.

Businesses

Businesses would see the single-payer system decrease their health costs and remove the burden of administering health insurance for their employees. They would gain the competitive advantage that Canada and other countries have from decreased health costs per worker, and wouldn't need to worry about health care cost increases every year--the single-payer system helps control costs much better than the current system does.

Health Insurance Industry

The health insurance industry would be mostly eliminated--only organizations that actually employed doctors (like Kaiser Permanente in California) would be allowed to continue to operate. One single-payer bill would provide one percent of funding for retraining displaced insurance workers during its first few years of implementation.