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Make the Most Out of Your Health Care Dollar: The Highlights of a Single Payer Proposal

Kristen Lee & Heidi Gollogly

I know you've heard this before:

Currently, the United States spends 16% of the GDP on health care, about 1.5 to 2 times more than most other industrialized nations. This staggering national investment does not, however, translate to better health care outcomes. In fact, the US ranks 23rd in life expectancy and 26th in infant mortality: we are doing worse with more funding than many other countries with less means. The key difference between the US and these other countries is that the US lacks some sort of national health insurance program.

Despite the resources we pour into providing health coverage, the extent of uninsured and underinsured is alarming. One in six Americans is annually uninsured and is more likely to drive up health care spending by frequenting the Emergency Department for a progressed condition that could have been addressed, and perhaps even prevented, by a primary care physician. For those who are insured, medical care costs are still outrageously expensive through high premiums and deductibles and other out-of-pocket expenditures from denied claims. It is striking that 50% of bankruptcies are due to health related reasons, among those; three-fourths had insurance when they became sick.

What have we been paying for?

Much of increasing health care spending can be accounted for by increasing administrative costs. Administrative excesses are present in the insurance payer system as dollars are spent denying care. They are also seen in hospitals where ever increasing administrators work to approve payment of needed treatments. Our reliance on these private insurance companies adds no value to our health care system, but rather plagues the system with unnecessary bureaucracy for both providers and patients.

What is Single Payer?

Physicians for a National Health Plan and House bill HR 676 proposes comprehensive health insurance coverage for all United States residents funded by taxes that would not be much more (2%) than the current Medicare tax. Instead of relying on private insurance companies, a single payer system proposes a national health insurance program ensuring comprehensive care for all. Doctor visits, hospitalization, long-term care, prescription drugs and other necessary medical services would be covered under this program. Additionally, patients would have a choice of doctors rather than a choice of health plans, while providers could stop wasting time grappling with payers and regain autonomy over patient care.

But isn't that Socialized Medicine?

Oftentimes in discussing a single payer system, people remain skeptical because the concept of socialized medicine comes to their minds. It is important to recognize that a single payer program is not the same as socialized medicine. While a socialized system, such as the National Health Service of the United Kingdom, is publicly funded and delivered, a single payer

system, although publicly funded, will be privately delivered. Hence, a single payer system supports a public-private partnership, where hospitals remain free of government ownership and the delivery of care will be locally controlled. Furthermore, we have an American Health system that resembles the Single Payer proposal: the Medicare system. Although the current Medicare system certainly has room for improvement, the US has the ability and resources to build a uniquely American system that can better provide for the American people.

Is this change too much to ask for?

This year is a year of change and everywhere you look, people are talking about ways to better the country. In a recent New York Times article, presidential candidate Hillary Clinton was quoted as saying "if you look at most public opinion surveys, even from groups of people who you would think would be pretty positive towards single payer, Americans have a very skeptical attitude. They don't really know that Medicare is a single payer system. They don't really think about that." I say, what are we waiting for? Why not let Americans know that, despite its flaws and continuing annual cuts in funding, Medicare/Medicaid provides health care coverage for 60% of US residents. On top of this feat, it does so with a 3% overhead compared to the average 20% overhead of most private insurance companies. A single payer national health insurance plan would allow for universal health care coverage and through administrative savings of more than \$300 billion annually, it would provide the means to cover the uninsured American population, lower co-payments and deductibles and foster a health care delivery system built on collaboration and coordination.

While it is clear that many solutions exist for the economic question of how to finance health care for the American people, a single payer approach not only addresses the inefficiency and inefficacy of the problem, but also provides physicians with an opportunity to retain sovereignty in navigating their profession.

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