

Single-payer health care

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Single-payer health care is a public service financing the delivery of near-universal or universal health care to a given population as defined by age, citizenship, residency, or any other demographic.

Single-payer health insurance collects all medical fees and then pays for all services through a single government (or government-related) source.^[1] In wealthy nations, this kind of publicly-managed health insurance is typically extended to all citizens and legal residents.

Australia's Medicare, Canada's Medicare, the United Kingdom's National Health Service, and Taiwan's National Health Insurance are examples of single-payer universal health care systems. Medicare in the United States is an example of a single-payer system for a specified, limited group of persons within a country.

Single-payer systems may contract for healthcare services from private organizations (as is the case in Canada) or may own and employ healthcare resources and personnel (as is the case in the United Kingdom). The term single-payer thus only describes the funding mechanism—referring to health care being paid for by a single public body from a single fund—and does not specify the type of delivery, or who doctors work for. Although the fund holder is usually the government, some forms of single-payer employ a public-private system.

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- America's Healthy Future Act (Senate Finance Cmte. / Baucus Bill - S. 1796)
- Healthy Americans Act (Wyden-Bennett Bill - S. 391)
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 - Physicians for a National Health Program

Health care in the United States

Types and variations

The United States, Canada and Australia have single-payer health insurance programs named *Medicare*; however, Australia's and Canada's programs provide universal health care, while U.S. Medicare is only for senior citizens and some of the disabled.^[2] Government is increasingly involved in U.S. health care spending, paying about 45% of the \$2.2 trillion the nation spent on individuals' medical care in 2004.^[3] However, studies have shown that the publicly-administered share of health spending in the U.S. is closer to 60%.^[4]

Single-payer healthcare may be operated in a number of ways. In some cases doctors may be employed, and hospitals run by, the government. This is the case in the United Kingdom, and is referred to in the US as socialized medicine. Alternatively the government may purchase healthcare services from outside organizations. This is the approach taken in Canada.

According to Princeton University health economist Uwe E. Reinhardt, U.S. Medicare, Medicaid, and SCHIP represent "forms of 'social insurance' coupled with a largely private health-care delivery system" rather than forms of "socialized medicine." In contrast, he describes the Veterans Administration healthcare system as a pure form of socialized medicine because it is "owned, operated and financed by government."^[5]

The Veterans Administration is a single-payer system and provides excellent quality, said Reinhardt. In a peer-reviewed paper published in the *Annals of Internal Medicine*, researchers of the RAND Corp. reported that the quality of care received by Veterans Administration patients scored significantly higher overall than did comparable metrics for patients currently using U.S. Medicare.^[6]

Some writers describe publicly administered health care systems as "single-payer plans." Some writers have described any system of health care which intends to cover the entire population, such as voucher plans, as "single-payer plans,"^[7] although this is an uncommon usage. The standard usage refers to health insurance, as opposed to healthcare delivery, operating as a public service, like fire departments, community libraries, and other publicly-funded services, offered to citizens and legal residents towards providing near-universal or universal health care. The fund can be managed by the government directly or as a publicly owned and regulated agency.^[8]

Canada

Main article: Medicare (Canada)

See also: Canadian and American health care systems compared

Health care in Canada is an example of single-payer health care.^[2] The national government provides part of the funding, provincial governments manage the hospitals and provide the bulk of the funding, and doctors in private practice contract with the government for fee-for-service payments. Although many Canadian citizens have supplemental private insurance from their employers, this covers non-medically necessary expenses not covered by Canadian Medicare, and accounts for only 12% of national health care spending.^[9]

Fees for doctors, hospitals and other providers are set by negotiations among doctors' associations, provincial or regional governments, and the national government. Global budgets eliminate the high potential costs (as is the case in the U.S.) of billing individually for huge numbers of products and services.

Health care provision in Canada is a mix of private and public services, although most hospitals are public.^[10] Patients may go to any doctor or hospital in the country.^[11]

Canadians do wait for some treatments and diagnostic services. Survey data shows that the median wait time to see a special physician is a little over four weeks with 89.5% waiting less than 3 months. The median wait time for diagnostic services such as MRI and CAT scans^[12] is two weeks with 86.4% waiting less than 3 months.^[13] The median wait time for surgery is four weeks with 82.2% waiting less than 3 months. In addition there is concern of a "brain drain" as high quality medical graduates leave Canada for better-paying careers in the U.S.^[14].

Taiwan

Main article: Healthcare in Taiwan

Taiwan instituted a single payer system, called the National Health Insurance (NHI), in 1995. In a 2009 interview, Dr. Michael Chen, Vice President and CFO of Taiwan's National Health Insurance Bureau explained that before NHI was instituted, Taiwan "sent our people around the world to learn their programs, including the United States" to compare models. Dr. Chen indicated that Taiwan's single-payer NHI program "is modeled after (U.S.) Medicare. And there are so many similarities - other than that our program covers all of the population, and Medicare covers only the elderly."^{[15][16]}

Proposals for a single-payer system in the United States

Main article: History of health care reform in the United States

See also: Health care reform in the United States, Health care in the United States, Public opinion on health care reform in the United States, and Medicare for All

Medicare in the United States is a single-payer healthcare system, but is restricted to only senior citizens and certain other

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classes of people.

A number of proposals have been made for a universal single-payer healthcare system in the United States, none of which has achieved significant political support. Proposers include Physicians for a National Health Program^[17], The American College of Physicians^[18] and the American Medical Student Association.^[19]

In Congress, Rep. John Conyers, Jr. (D-MI), and Rep. Dennis Kucinich (D-OH) have introduced the United States National Health Care Act (HR 676). The bill has been introduced in every term of Congress under the same name since it was first introduced in 2003 in the 108th Congress with 38 cosponsors.^[20]

State proposals

California's Legislature has twice passed a state-level single payer bill, SB 840, "The California Universal Healthcare Act" (authored by Sheila Kuehl), in 2006 and again in 2008.^{[21][22][23]} Both times, Governor Arnold Schwarzenegger vetoed the bill.^[24] State Senator Mark Leno re-introduced "The California Universal Healthcare Act" again in March 2009, newly renumbered as SB 810.^[25] SB 810 was set for its first legislative hearing on April 15, 2009.

In April 2008, the Illinois House of Representatives' Health Availability Access Committee passed the single-payer bill HB 311, "The Health Care for All Illinois Act,"^[26] favorably out of committee by an 8-4 vote.^[27]

Several single-payer state referendums and bills from state legislatures have been proposed, but so far all have failed to pass, including (states where the debate is also current) California as early as 1994,^[28] Massachusetts in 2000, and Oregon in 2002.^[29]

In 2009 the House of Representatives Education and Labor Committee approved an amendment to the House health care bill, which would allow individual states to adopt a single-payer Medicare-for-all-style health plan. The amendment was proposed by Democratic Congress member Dennis Kucinich of Ohio. The Kucinich Amendment received support from some conservatives supporting states rights as it would allow states more freedom to explore various models including, but not limited to, single payer.^[30]

Public health care

- Federal Employees Health Benefits Program
- Indian Health Service
- Medicaid
- Medicare
- Military Health System / TRICARE
- State Children's Health Insurance Program (SCHIP)
- Veterans Health Administration

Private health coverage

- Consumer-driven health care
 - Flexible spending account (FSA)
 - Health reimbursement account
 - Health savings account
 - High-deductible health plan (HDHP)
 - Medical savings account
- Health maintenance organization (HMO)
- Managed care
- Medical underwriting
- Preferred provider organization (PPO)

Health care law

- Emergency Medical Treatment and Active Labor Act (1986)
- Health Insurance Portability and Accountability Act (1996)
- Medicare Prescription Drug, Improvement, and Modernization Act (2003)
- Patient Safety and Quality Improvement Act (2005)

State/municipal level reform

- Healthy Howard
- Healthy San Francisco
- Massachusetts health care reform
- Oregon Health Plan

Other proposals

Physicians for a National Health Program^[31] the American Medical Student Association^[2] and the California Nurses Association^[32] are among those that have called for the introduction of a single payer health care program. In Congress, Rep. John Conyers, Jr. (D-MI) has repeatedly introduced The United States National Health Care Act (HR 676). As of August 2008, HR 676 had 91 co-sponsors.^[33]

The issue has often been debated---most recently in the 2008 presidential elections---and there are signs that the American public has warmed to the idea. A CBS News/*New York Times* poll published in February 2009 reported that 59% say the government should provide national health insurance (up from 40% thirty years earlier)^[34] A study published in the *Annals of Internal Medicine* concluded that 59% of physicians "supported legislation to establish national health insurance" while 9% were neutral on the topic, and 32% opposed it.^[35]



Costumed supporter of single-payer at an April 2009 protest in New York City.

See also

- Health care compared - tabular comparisons of the US, Canada, and other countries not shown above.
- Health care reform debate in the United States
- Kucinich Amendment to Health Care Bill HR 3200 grants states rights to single payer health care at the state level.
- National health insurance
- Publicly-funded health care
- Public opinion on health care reform in the United States

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- /141/12/938.
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 10. ^ Lance, Roberts (2005). *Recent Social Trends in Canada, 1960-2000* (<http://books.google.com/books?id=qnPOqwsR5UsC&pg=PA317&vq=private+hospitals&dq=private+hospitals+in+canada&sig=bm0gw6tOQ9osAyHPrh1JFGd-4cQ>) . McGill Queen's University Press. p. 317. ISBN 0773529551. <http://books.google.com/books?id=qnPOqwsR5UsC&pg=PA317&vq=private+hospitals&dq=private+hospitals+in+canada&sig=bm0gw6tOQ9osAyHPrh1JFGd-4cQ>.
 11. ^ "Single Payer Health Care System (<http://bcn.boulder.co.us/health/healthwatch/canada.html>) ". <http://bcn.boulder.co.us/health/healthwatch/canada.html>.
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External links

Citizen action or resource groups

- Healthcare-NOW! (<http://www.healthcare-now.org/>) . A nonprofit advocacy group for single-payer healthcare.
- Physicians for a National Health Program (<http://pnhp.org/>) . Advocates for single-payer system. Extensive source material from peer-reviewed journals.
- Progressive Democrats of America (<http://www.pdamerica.org/>) Advocates for single-payer system.
- Single Payer Action (<http://singlepayeraction.org/>) . Activist nonprofit organization supporting single-payer universal healthcare.
- Single Payer Central (<http://www.singlepayercentral.com>) . An independent/unaffiliated central clearing house of information (groups, legislation, etc.), for single-payer.

Articles, books, and broadcast programs

- Five myths about health care around the world (<http://www.oregonlive.com/opinion/index.ssf>

/2009/08/five_myths_about_health_care_a.html) "For people over 65, we're Canada..for the tens of millions without insurance coverage, we're Burundi or Burma" by T.R. Reid, a former Washington Post reporter.

- Institute of Medicine Committee on the Consequences of Uninsurance (<http://www.nap.edu/catalog/10719.html>) . Hidden costs, value lost: uninsurance in America. Washington, DC: National Academies Press, 2003. Frequently-cited monograph.
- Sick Around the World: Can the U.S. learn anything from the rest of the world about how to run a health care system? (<http://www.pbs.org/wgbh/pages/frontline/sickaroundtheworld/>) from Frontline, PBS.
- Single Payer Healthcare Now (<http://www.singlepayerhealthcarenow.com>) . An activist blog supporting single payer healthcare
- States Moving Towards Comprehensive Health Care Reform in the U.S. (http://www.kff.org/uninsured/kcmu_statehealthreform.cfm) , The Henry J. Kaiser Family Foundation.
- The Case For Single Payer, Universal Health Care For The United States (http://cthealth.server101.com/the_case_for_universal_health_care_in_the_united_states.htm)
- *The Socialists Are Coming! The Socialists Are Coming!* (http://www.nytimes.com/2007/09/28/opinion/28fri4.html?_r=2&oref=slogin&oref=slogin) by Phillip Boffey. Editorial on U.S. "socialized medicine" in the military, the Veterans Health Administration, and Medicare, The New York Times, September 28, 2007.
- *Whither a health-care solution? Oh Canada* (<http://www.businessweek.com/archives/1994/b336351.arc.htm>) BusinessWeek, March 21, 1994 by William C. Symonds, article in a business journal writing favorably about single payer.

FAQ and summaries by NGO's favoring single payer

- Get the Facts on Health Care Reform (http://action.citizen.org/t/6693/content.jsp?content_KEY=5722) Single-payer solution myths and facts from Public Citizen.
- Report Card on Single-Payer and Public Option (<http://www.healthcare-now.org/docs/spreport.pdf>) from PDA and Healthcare-now comparing, contrasting, and grading the two proposals.
- Single-Payer Myths; Single-Payer Facts (http://www.pnhp.org/facts/singlepayer_myths_singlepayer_facts.php) summary from PNHP.
- What is Single-Payer Healthcare? (<http://www.healthcare-now.org/hr-676/whats-single-payer/>) from Healthcare-Now.org (expanded from PNHP with additional information)

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Categories: Health economics | Healthcare reform | Healthcare reform in the United States | Universal healthcare

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