

Single-Payer Health Insurance:

Key Features

Universal, Comprehensive Coverage

Only such coverage ensures access, avoids a two-class system, and minimizes expense.

No out-of-pocket payments

Co-payments and deductibles are barriers to access, administratively unwieldy, and unnecessary for cost containment.

A single insurance plan in each region, administered by a public or quasi-public agency

A fragmentary payment system that entrusts private firms with administration ensures the waste of billions of dollars on useless paper pushing and profits. Private insurance duplicating public coverage fosters two-class care and drives up costs; such duplication should be prohibited.

Free Choice of Providers

Patients should be free to seek care from any licensed health care provider, without financial incentives or penalties.

Public Accountability, Not Corporate Dictates

The public has an absolute right to democratically set overall health policies and priorities, but medical decisions must be made by patients and providers rather than dictated from afar. Market mechanisms principally empower employers and insurance bureaucrats pursuing narrow financial interests.

Protection of the rights of health care and insurance workers

A single-payer health program would eliminate the jobs of thousands of people who currently perform billing, advertising, eligibility determination, and other superfluous tasks. These workers must be guaranteed retraining and placement in meaningful jobs.