

# Frequently Asked Questions About National Health Insurance

**I believe health care is a human right to which everyone should have access. Will single-payer and HR 676 provide this?**

Yes. Health is the foundation of a full, free and productive life, as well as a prerequisite for democratic citizenship. Health care is a human right that should be afforded to all, not a privilege to be enjoyed by the wealthy.

A single-payer national health insurance program would assure access to high-quality, comprehensive health care for all Americans.

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**Is this “Socialized Medicine?”**

No. In socialized medicine systems hospitals are owned by the government and doctors are salaried public employees. Although socialized medicine works well for our Veterans’ Administration and Defense Department health systems, as well as for some countries like England and Cuba, this is not the same as single-payer.

A single-payer national health program, in contrast, is social insurance, like our Social Security Program. Doctors and hospitals remain private. The Medicare program for seniors is an example of a social insurance program.

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**Can We Afford Universal Coverage?**

We already pay enough for health care for all- we just don’t get it. Americans already have the highest health spending in the world, but we get less care (doctor, hospital, etc.) than people in many other industrialized countries. Because we pay for health care through a patchwork of private insurance companies, one-third (31%) of our health spending goes to administration.

Replacing private insurers with a national health program would recover money currently squandered on billing, marketing, underwriting and other activities that sustain insurers’ profits but divert resources from care. Potential savings from eliminating this waste have been estimated at \$350 billion per year. Combined with what we’re already spending, this is more than enough to provide comprehensive coverage for everyone.

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**Won’t Universal Coverage Result in Waiting Lines and Rationing?**

The U.S. Supreme Court recently established that rationing is fundamental to the way managed care conducts business. Rationing in U.S. health care is based on income: if you can afford care you get it, if you can’t, you don’t. A recent study by the prestigious Institute of Medicine found that 18,000 Americans die every year because they don’t have health insurance.

Waits for care in single-payer countries like Canada are often shorter than commonly believed. The median wait for elective specialist and surgical treatments, according to Canada’s National Statistical agency, was 4 weeks, or 28 days, in 2005. In the U.S., according to statistics from the Institute for Healthcare Improvement, for non-emergency generalist care people are waiting an average of about 70 days [10 weeks] to see a provider. Since many HMOs in the U.S. require you to visit a general practitioner in order to receive a referral to a specialist, the entire wait to see a specialist could be even longer.

Limited funding for MRIs means that Canadians do experience long wait times for these scans. However, the U.S. spends almost twice as much on health care per capita as Canada does - \$6401 vs. \$3326 in 2007, according to the OECD — and if we were to maintain these levels of spending, which a

single-payer plan allows for, wait times for MRIs would be much shorter, and in many cases non-existent.

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### **Won't We Be Letting Politicians Run the Health System?**

No. Right now, many health decisions are made by corporate executives behind closed doors. Their interest is in profit, not providing care. The result is a dysfunctional health system where 45 million have no insurance, millions more go without needed care, and most are in danger of financial disaster should they become seriously ill.

In a single-payer system, medical decisions are made by doctors and patients together, without insurance company interference — they way they should be.

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### **Won't a Public System Stifle Medical Research and Innovation?**

Most breakthrough research is already publicly financed through the National Institutes of Health (NIH). In fact, according to the NIH website of the last 30 Americans to win the Nobel Prize in Medicine, 28 were funded directly by the NIH. (The other two were funded by a nonprofit research center in England — a single-payer country).

Many of the most important advances in medicine have come from single-payer nations. Often, private firms enter the picture only after the public has paid for the development and clinical trials of new treatments. The HIV drug AZT is one example.

On average, drug companies spend more than half of their revenue on marketing, administration and profits, compared with 13 percent on research and development. Negotiation lower prices will allow Americans to afford drugs without hurting research.

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### **Won't Our Aging Population Bankrupt the System?**

European nations and Japan have higher percentages of elderly citizens than the U.S. does, yet their health systems remain stable with much lower health spending. The lesson is that national health insurance is a critical component of long-term cost control. In addition to freeing up resources by eliminating private insurance waste, single-payer encourages prevention through universal access and supporting less costly home-based long-term care rather than institutionalization.

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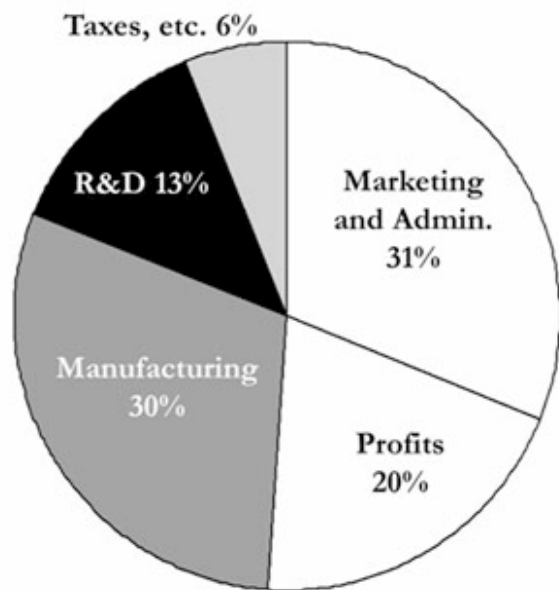
### **Lots of People Have Good Coverage, So Shouldn't We Build On the Existing System?**

Our existing system is structurally flawed; patching it up is not a real solution. The insurance industry sells defective products. So like a car with faulty brakes, lots of people who think they have good insurance find that their “coverage” fails when they get sick: three-quarters of the one million American families experiencing medical bankruptcy in 2001 had coverage when they got sick. And all insured Americans continually face premium hikes, rising out-of-pocket costs and cutbacks in covered services as costs rise. Even those who used to have very good coverage — like auto workers — are being forced to give up benefits because of costs. Until we fix the system, things are only going to get worse.

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### **Drug Companies Spend Little On Research**

51 Percent Goes to Marketing and Profits




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**The average medical student graduates with \$140,000 in debt. How will a single-payer system affect my future income?**

Gross incomes will change little with the introduction of a single-payer plan, and the direction of change will depend upon the specialty. However, the take-home percentage of income will increase across all specialties as a result of a drastic reduction in administrative costs that would accompany a simplified billing process. For an overview of how your income might change, [click here](http://student.pnhp.org/content/what_about_physician_salaries.php) ([http://student.pnhp.org/content/what\\_about\\_physician\\_salaries.php](http://student.pnhp.org/content/what_about_physician_salaries.php)).

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**What role can students play in PNHP?**

Students have a major stake in the future of our health care system, and we encourage student involvement in the reform movement. Students can begin by educating themselves and other about the different reform options, and this is often best done by listening to and asking questions of an expert on the topic. PNHP can provide a speaker for your school by [clicking here](http://student.pnhp.org/speaker/) (<http://student.pnhp.org/speaker/>). Students can hold rallies, send in op-eds to their local newspapers, and even lobby their state and federal lawmakers. PNHP also accepts student interns on an ongoing basis. Visit the [get active section](http://student.pnhp.org/content/get_active_links.php) ([http://student.pnhp.org/content/get\\_active\\_links.php](http://student.pnhp.org/content/get_active_links.php)) of our website to find out how you can get involved.

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For answers to more questions, and a full list of sources and references, visit PNHP's [expanded FAQ](http://www.pnhp.org/facts/singlepayer_faq.php) ([http://www.pnhp.org/facts/singlepayer\\_faq.php](http://www.pnhp.org/facts/singlepayer_faq.php)).

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