

## 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 citizens, 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.

**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.

**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 other industrialized countries. Because we pay for health care through a patchwork of private insurance companies, one-third (31 percent) 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.

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

The U.S. health system rations care based on ability to pay: more than 18,000 Americans die annually due to a lack of insurance. Sixty percent of uninsured and 28 percent of insured Americans go without needed care due to costs.

Waits for care in Canada are often shorter than commonly believed (the median wait for elective specialist and surgical treatments were 4 weeks in 2005). Through improved management, Canadian

### Few Canadians Seek Care in the United States



80 percent of U.S. ambulatory care facilities near the border treat less than one Canadian per month.



Of "America's Best Hospitals," only one reported treating more than 60 Canadians per year.



In a survey of 18,000 Canadians, only 20 sought care in the U.S.

health experts have been able to cut many of the longer waiting times drastically. And Canadians live longer and are more satisfied with their care than Americans.

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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, 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. The CT scan was invented in England. Laparoscopic gallbladder surgery came from Canada. 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. Negotiating lower prices will allow Americans to afford drugs without hurting research.

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

Europe and Japan have a far higher percentage 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 con-

trol. 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 hospitalization.

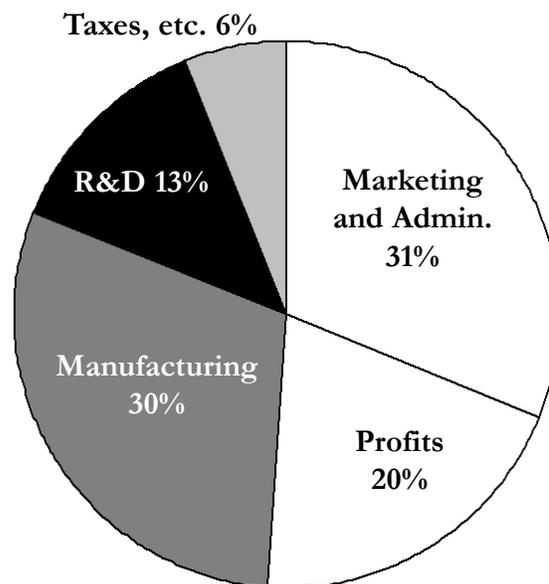
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### Lots of People Have Good Coverage, So Shouldn't We Build On the Existing System?

Our existing system is structurally flawed, so 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 each year 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



For answers to more questions, and a full list of sources and references, visit:

[www.SickoCure.org/FAQ](http://www.SickoCure.org/FAQ)