

Won't this raise my taxes?

The nickel-and-dime system of co-pays, deductibles, and out-of-pocket expenses will be eliminated. This could be replaced by employer payroll tax and individual flat tax similar to the current Medicare system, or the U.S. or state government could sell insurance. For 90% of Americans (both employers and employees), healthcare costs would be decreased.

Is single-payer job-based?

No. A single-payer universal system frees you from job-based insurance and frees employees from spending ever-increasing amounts on healthcare. Coverage is not tied to employment.

Who will run the healthcare system?

There is a myth that with national health insurance the government will make medical decisions. In a publicly financed, universal health care system, healthcare delivery is private, not government owned. Medical decisions are left to patients and doctors, as they should be. This is true in countries like Canada, Germany, France and Spain where financing is public and delivery of care remains private. Cost containment measures are publicly managed. The total budget for healthcare is set through a public, democratic process, while clinical decisions remain a private matter between doctor and patient.

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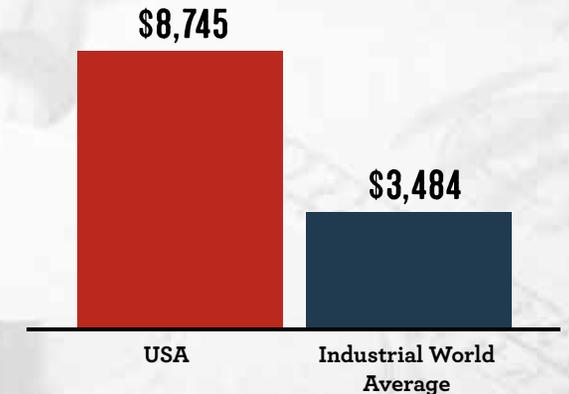
Single-Payer FAQ's

Simply put, single-payer is health insurance. A public agency organizes all healthcare financing. Delivery of care remains private. The confusion of thousands of insurance policies, manuals, and uncertainties about coverage will be ended.

Savings anticipated in the US: \$504 billion a year.

All Americans would be covered for all medically necessary services. Patients would regain choice of doctor and hospital, and doctors would regain autonomy over patient care.

Americans spend over twice as much per capita on health care as the average developed country.



**One Payer – One Policy
One Higher Level of Care**

How will it be funded?

First, recognize that approximately 50% of US healthcare is currently funded through taxes – and 50% through business and household pockets.

A single-payer system would be financed through a transfer of money that Americans and the country's employers currently pay insurance companies. The premiums we and employers now pay insurers would be transferred to a federal program, which would be the single-payer for health care services. The cost to all of us – either through taxes or out-of-pocket expenses goes way down, with savings of over \$700 billion per year, including negotiation for prescription drugs, a unified fee schedule, and greatly reduced administrative expense.

It's important to keep in mind that approximately 50% of U.S. healthcare is currently publicly financed.

How does single-payer affect doctors and hospitals?

Single-payer eliminates the need for hospitals to absorb the cost of charity care for the uninsured because everyone is insured. Single-payer also reduces needless administrative expenses and bureaucracy, substantially lowering costs.

A single-payer system could eliminate deductibles, co-pays, and out-of-pocket expenses (at the point of care), while providing healthcare for all Americans.

Is single-payer socialized medicine?

No. Socialized medicine is a system in which doctors are government employees and hospitals are government owned – the Veteran's Administrations (VA) and the Armed Services hospitals are good examples of this system. In a single-payer system, the financing is public while the delivery of care remains private.

The term "Socialized Medicine" is often used as a scare tactic to conjure up images of government bureaucratic interference in medical care. In fact, with a single-payer system, there will be more individual choice and freedom for both patients and medical professionals.

Won't this just be another bureaucracy?

The United States has the most bureaucratic healthcare system in the world – with 30-35% of every healthcare dollar going to paperwork and overhead. Our current system is extremely complex and fragmented due to the thousands of different insurance plans.

In a single-payer system, the bureaucratic burden would be cut in half, resulting in \$500 billion in net savings for America.

How will we keep drug prices under control?

When all patients are under one payment system, the payer wields a much more clout. The VA gets a 40% discount on drugs because of its buying power.

With a single-payer system, the ability to negotiate drug prices will once again be part of the American healthcare system. These savings will be passed on to consumers.

What will be covered?

All medically necessary care would be funded through the single-payer system, including doctor visits, hospital care, prescriptions, mental health services, nursing home care, rehabilitation services, home care, vision, and dental. Alternative care that is proven effective in clinical trials would also be covered.

Are there advantages for school districts and municipalities?

Many school districts and municipalities would see the cost for healthcare drop substantially. Public employers could save up to 25-50% of current costs, in some cases changing municipal deficits into surplus. These savings could greatly reduce many indirect costs, including property and school taxes.