

SINGLE-PAYER: FOR A HEALTHY STATE

(MOSP legislative committee)

Single-payer is good for patients. Care is equitable, accessible, comprehensive, portable, and the highest quality without discrimination for pre-existing conditions or other criteria.

Single-payer is good for doctors. Billing is simple and payment is prompt on a fee-for-service basis. Malpractice claims are reduced by an estimated 40% by removing the cost of future health care expenses.

Single-payer is good for students in health services careers. Student loans cover tuition costs. Loans are forgiven for those who practice in underserved areas of the state.

Single-payer is good for private hospitals and ambulatory care centers. Global budgets are negotiated fairly without elimination of less profitable services.

Single-payer is good for unions. Without contentious insurance battles, unions are free to do what they do best: negotiate fair pay, safe working conditions, and humane retirement benefits.

Single-payer is good for workers' compensation. It eliminates medical care costs.

Single-payer is good for the state budget. It is the most fiscally conservative system and saves money.

Single-payer is good for the family. It is financed by a fair, progressive income tax. It removes means testing for the working poor, co-pays, deductibles, and other out-of-pocket expenses (health care debt is the most common cause of bankruptcy).

Single payer is good for entrepreneurship. It frees people with ideas to start up a business or an artistic endeavor without being trapped in a job solely for insurance.

Single-payer is good for business and the bottom line. Costs for providing insurance are escalating higher than wages. A healthy workforce can increase productivity.