NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL

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What is Single Payer Health Care?

Single payer—or Medicare for All—is simply a streamlined financing mechanism where one entity administers the health care funding and payments. It expands the cost-effective and administratively efficient Medicare program to cover everyone in the United States. Health care delivery (such as hospitals and doctors) remains private and patients are guaranteed choice of care from providers.

Myths	Facts
Single Payer health care would create a government-run health care system or "socialized medicine."	Single payer creates a national insurance system by collecting and administering funds through a single public agency. Hospitals and doctors remain private providers but get reimbursed directly from this public system.
Greater government involvement in health care would lead to rationing—with a bureaucrat making your health care decisions.	Currently, most private insurance companies restrict your choice and ration your care. With a single payer system, patients have a choice of provider, decisions are made between provider and patient, and the provider is assured fair and prompt payment.
Moving toward a single payer health care system would disrupt patient care.	Extending Medicare insurance to the entire population would be relatively simple because the system is already established and nearly all providers are existing Medicare providers.

Why Single Payer?

The Council supports the insurance expansions included in the Affordable Care Act, but while this reform is welcome, it does not address many inequities of the health care system. For-profit insurance companies still control much of the health insurance system, devoting billions to marketing and shareholder dividends. Limited provider networks and excessive cost sharing will continue to reduce access and choice. Managed care and prior authorizations will still limit the treatments a provider can prescribe. The system will still be fragmented, causing confusion for patients, complications for providers, and limiting the negotiating power of payers. Over 30 million Americans are projected to remain uninsured. We can do better.