

## Learn more about a better healthcare system for all Californians.

**CSEA believes the best solution to the problems with our current healthcare system—including access, quality and cost—is a single-payer plan that would streamline administration and redirect our healthcare dollars to providing quality care for all Californians.**



CSEA is supporting legislative efforts by state Sen. Sheila Kuehl and other lawmakers to switch to a single-payer plan here in California. Many consumer groups are calling this proposed system “OneCare.” You have probably heard a lot of conflicting views and information about single-payer healthcare. We hope this list of frequently asked questions will help you sort out the facts from the fallacies.

### **Q. HOW DOES A SINGLE-PAYER PLAN LIKE ONECARE WORK?**

**A.** A single-payer healthcare system creates one benefit-rich health plan for all Californians. It streamlines administration and uses California’s tremendous purchasing power to negotiate discounts on prescription drugs and medical equipment like wheelchairs and hospital beds. It also creates an independent agency to perform health planning and provides incentives for the delivery of high-quality healthcare.

You get a lot more healthcare for your money in a single-payer system than from insurance companies. California currently has more than 6,000 public and private health insurance plans. It costs us 25 to 30 cents of every health-care dollar to pay for insurance and drug company marketing, administration and profit. By eliminating waste and duplication, more money can be spent to provide actual medical care.

In the U.S., we have a publicly financed military to protect us. We have publicly financed police and firefighters to keep us safe. We have publicly financed education to educate all of our children. And by doing the same thing with healthcare—pooling all of our healthcare spending together—we can provide quality healthcare for all Californians.

### **Q. I HAVE HEALTH INSURANCE, SO WHY WOULD I WANT TO CHANGE A SYSTEM THAT WORKS FOR ME?**

**A.** The growing crisis in healthcare affects all of us. Last year, 2 million Americans went bankrupt because of medical bills—and most of those people had health insurance. The price of health insurance is rising many times faster than wages and overall inflation—as much as 58 percent over the last five years—and most experts expect it to continue to rise. In 2005, the average annual cost to insure a family of four was \$12,000. If healthcare inflation increases at 8 percent annually, in 2014 it will cost \$23,000 to cover the family of four. If healthcare inflation increases 10 percent annually, it will cost \$27,000—and only the wealthy will be able to afford healthcare.

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Employment is also adversely affected, because employers avoid creating jobs with benefits, and expensive health insurance plans for existing employees are a drag on the bottom line. American corporations are finding it harder to compete in the global economy because health insurance is twice as expensive in the U.S. as it is in the other industrialized nations.

**Q. IS A SINGLE-PAYER SYSTEM “GOVERNMENT-RUN HEALTHCARE” OR “SOCIALIZED MEDICINE”?**

**A.** No. While it would be publicly financed, delivery of health services would remain just like it is now—a market-based system in which patients get to choose their own doctors, hospitals and pharmacies. A single-payer system for healthcare will put medical decision-making back in the hands of medical professionals and their patients—unlike today’s system where an insurance company “bean counter” with little or no medical training decides what treatment a patient can get.

The main benefit of a single-payer system is in combining all of our financial resources together to get better control over healthcare spending and quality. By pooling together all of our current healthcare spending (public health programs and employer/employee premiums), we would have incredible purchasing power to negotiate with providers on cost and quality, and we could streamline administrative tasks. Doctors, hospitals and pharmacies currently have to navigate more than 6,000 insurance plans and 69 different government programs. With one independent agency to process and pay claims, providers will free up substantial time and resources to devote to medical care.

**Q. DO I GET TO CHOOSE MY OWN DOCTOR UNDER A SINGLE-PAYER SYSTEM?**

**A.** Yes. Consumers would have total freedom to choose primary care providers, including doctors.

**Q. DOES SINGLE-PAYER COVER UNDOCUMENTED WORKERS?**

**A.** Yes. For one thing, regardless of how they got here, they are here—so it’s prudent in terms of public health policy to insure the entire population. It helps to control epidemics or outbreaks that could expose everyone to disease. Immigration issues should be dealt with through changes in our immigration policies, not by risking our public health and safety. And besides, most undocumented immigrants are employed in essential jobs that we need performed, and they pay an average of \$80,000 more in taxes and government fees over a lifetime than they receive in local, state and federal benefits.

And think about this: It also costs less in the long run to include undocumented immigrants rather than exclude them. It is estimated that if everyone in California got preventive care, we could save \$3.4 billion dollars a year. People without health insurance don’t get preventive care and, consequently, end up using expensive emergency rooms and hospital care when they get very sick. That costs us all more in the long run in both our taxes and health insurance premiums—yet it would be inhumane to deny treatment to the very sick. Single-payer is the perfect solution, because we could cover everyone and still save money compared to what we’re spending today.



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## **Q. WHAT IF I LOSE MY JOB OR TRAVEL OUT OF THE STATE?**

**A.** The single-payer plan CSEA is supporting bases coverage on California residency, not on employment or age. As long as you are a resident, you are covered. You do not lose coverage if you lose or change jobs, have a “pre-existing condition,” graduate from college or travel out of California.

## **Q. WHAT IF I AM ON MEDICARE?**

**A.** The single-payer plan CSEA is supporting would draw down the Medicare dollars that are currently being paid for California residents (the system will act much like when you assign your Medicare coverage to an HMO). The significant difference is that all your prescription drugs would be covered under California’s single-payer plan. There would no longer be a need to purchase any Medicare supplemental insurance.

**For more information about single-payer healthcare and to compare it to other proposals the state Legislature is considering, visit [www.csea.com/healthcare](http://www.csea.com/healthcare).**

