Beyond the Affordable Care Act: A Physicians’ Proposal for Single-Payer Health Care Reform

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33.0 million Americans were uninsured in all of 2014, according to the Census Bureau. According to the Congressional Budget Office, 28 million Americans will remain uninsured in 2026. (“Health Insurance Coverage in the United States: 2014,” U.S. Bureau of the Census, September 2015, and “Federal Subsidies for Health Insurance Coverage for People Under Age 65: 2016 to 2026,” Congressional Budget Office).

39 million adults age 19-64 were underinsured in 2014 (21 percent), up from 10 percent in 2003. Underinsurance is defined as having insurance all year but having out-of-pocket medical costs (excluding premiums) of 10 percent or more of income (5 percent when income is below the poverty line) or having an insurance deductible of 5 percent of income or more. (Collins et al., “Too high a price: Out of pocket health care costs in the U.S.,” Commonwealth Fund, November 2014).

Twenty percent of insured Americans reported having trouble paying their medical bills in a recent Kaiser poll. (New York Times/Kaiser poll, 1/5/16).

Over one-third (36 percent) of Americans with private insurance were covered by high-deductible health plans in 2015, up from 25 percent in 2010, according to the CDC. HDHP's are defined as plans with a deductible over $2,600 for a family, but according to Kaiser, the average deductible is much higher, $4,347, and 19 percent of workers have a family deductible of $6,000 or more. (National Center for Health Statistics, February 2016, and 2015 Employer Health Benefits Survey, Kaiser Family Foundation).

After a lull during the great recession, during which health care inflation fell below 5 percent, costs are rising again. Costs are projected to rise 5.8 percent to $3.4 trillion / $10.527 per capita / 18.1 percent of GDP in 2016. At this rate, by 2024, health care costs will top $5.4 trillion, consuming 19.6 percent of GDP. (Keehan, “National health expenditure projections 2014-2024,” Health Affairs, July 2015).

Every other developed nation has some form of national health insurance, yet U.S. health spending is far higher; 47% higher than in Switzerland and 113% higher than in Canada. (Organization for Economic Cooperation and Development, Health Database, 2013).

Taxes funded 64.3 percent of total U.S. health spending in 2013. At present, GOVERNMENT spending on health care in the U.S. ($5,960 per capita, 11.2 percent of GDP) is higher than TOTAL spending on health care in Canada ($4,351, 10.2 percent of GDP) and every other country. (Himmelstein and Woolhandler, “The current and projected taxpayer shares of U.S. health costs,” American Journal of Public Health, 1/21/16).

Single payer national health reform would save nearly $500 billion annually on paperwork and administration, enough to cover all of the uninsured and to eliminate deductibles, co-insurance, and co-pays for everyone. Administration consumes 25.3 percent of hospital costs in the U.S. ($215.4 billion in 2011), compared to 12.4 percent in Canada. Paying hospitals global "lump sum" payments would save $150 billion on hospital overhead alone. (Himmelstein et al., “A Comparison Of Hospital Administrative Costs In Eight Nations: US Costs Exceed All Others By Far," Health Affairs, September 2014).

No other reform can slash overhead or control costs as well as single payer. Allowing private insurers to continue playing a big role in health care guarantees high administrative costs. Payment reform has been hyped, but evidence that reforms short of single payer could achieve substantial administrative savings is lacking.


Surveys show strong, rising support for single-payer national health insurance among physicians. A survey by the Maine Medical Association in 2014 found that nearly two-thirds (64.3 percent) of physicians in that state favored a single-payer approach to reform, up from 52.3 percent in 2008. Similarly, a 2011 survey of physicians in Massachusetts carried out by the AMA affiliate there found the largest share, 41 percent, favored single payer over four other options for reform, including that state's 2006 reform (the model for the ACA), up from 34 percent in 2010. Nationally, a 2008 survey of physicians found that 59 percent supported "legislation to establish national health insurance," up from 49 percent 5 years earlier. Polls have long shown that a majority of the public supports Medicare for All. For instance, a Kaiser poll in December found that 58 percent of Americans support Medicare for All, including 34 percent who say they strongly favor it. (A. Carroll and R. Ackermann, “Support for National Health Insurance among US Physicians: 5 years later,” Annals of Internal Medicine, April 2008, and DiJulio, “Kaiser Health Tracking Poll,” December 2015).

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