PHYSICIANS FOR A NATIONAL HEALTH PROGRAM

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Single Payer vs. Public Option

	Single Payer	'Public Option'
Universal Coverage	**Yes.** Everyone is covered automatically at birth.	**No.** A public option would offer one more choice of insurer, but would not expand coverage. About 28 million people would remain uninsured.
Full Range of Benefits	**Yes.** Coverage for all medically necessary services. Would eliminate co-payments and deductibles.	**No.** A public option would probably offer the same benefits as current private insurers or Medicare (which covers about half of seniors' total medical expenses). Since (as discussed below) a public option would realize only minor administrative savings, a public plan that offered more generous benefits would either have high premiums or require large subsidies.
Choice of Doctor and Hospital	**Yes.** Patients would have a free choice of doctor and hospital.	**No.** The public option would have to mimic the practices of private insurers – e.g. using restrictive networks of providers, and imposing co-payments and deductibles – to successfully "compete" in the marketplace, lest its finances spiral out of control.

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Savings	**Yes.** Would redirect about $500 billion annually in administrative waste to care; no net increase in health spending.	**No .**Would leave intact most of the wasteful bureaucracy and excessive paperwork that stem from our current multiplicity of private and public plans. Would forgo more than 80 percent of administrative savings achievable under a single payer, and add a new layer of administration. Moreover, the collapse of most of the ACA's CO-OP plans cautions that a public plan would face financial failure unless it emulated private insurers' efforts to avoid unprofitable patients and impose burdensome co-payments, deductibles, narrow networks and utilization review requirements.
Cost Control/Sustainability	**Yes.** Large-scale cost controls (negotiated fee schedule with physicians, bulk purchasing of drugs, hospital budgeting, capital planning, etc.) would ensure that benefits are sustainable over the long term.	**No.** As one plan among many, it could not globally budget hospitals or implement rational health planning. It would lack the clout to effectively negotiate drug prices.
Progressive Financing	**Yes.** Premiums and out-of-pocket costs would be replaced by progressive income and wealth taxes.	**No.** Would continue the current regressive financing of health care, with middle- and low-income people paying a far larger share of income than the wealthy.
Like Medicare?	**Better.** Guaranteed lifetime enrollment; more comprehensive benefits; and no out-of-pocket costs.	**No.** No guaranteed enrollment. No guaranteed choice of doctor and hospital.