



A Superior System: Single Payer Legislation vs. Affordable Care Act

	Single-Payer Bill, H.R 676	Affordable Care Act
Universal Coverage	Yes. Everyone is covered automatically at birth.	No. About 30 million will still be uninsured in 2022 and tens of millions will remain underinsured.
Full Range of Benefits	Yes. Coverage for all medically necessary services.	No. Insurers continue to strip down policies and increase patients' co-payments and deductibles.
Savings	Yes. Redirects \$400 billion in administrative waste to care; no net increase in health spending.	No. Increases health spending by about \$1.1 trillion over 10 years. Adds further layers of administrative bloat to our health system through the introduction of state-based exchanges.
Cost Control/Sustainability	Yes. Large-scale cost controls (negotiated fee schedule with physicians, bulk purchasing of drugs, hospital budgeting, capital planning, etc.) ensure that benefits are sustainable over the long term.	No. Preserves a fragmented system incapable of controlling costs. Gains in coverage are erased by rising out-of-pocket expenses, bureaucratic waste and profiteering by private insurers and Big Pharma.
Choice of Doctor and Hospital	Yes. Patients will be allowed free choice of their doctor and hospital.	No. Insurance companies continue to deny and limit care and to maintain restrictive networks.
Progressive Financing	Yes. Premiums and out-of-pocket costs are replaced with progressive income and wealth taxes. 95 percent of Americans will pay less for care than they do now.	No. Continues the unfair financing of health care whereby costs are disproportionately paid by middle- and lower-income Americans and those families facing acute or chronic illness.