

## A Superior System: Single Payer Legislation vs. PPACA

Single-Payer Bill, H.R 676

PPACA

<b>Universal Coverage</b>	<b>Yes.</b> Everyone is covered automatically at birth.	<b>No.</b> More than 23 million remain uninsured and tens of millions remain underinsured.
<b>Full Range of Benefits</b>	<b>Yes.</b> Coverage for all medically necessary services.	<b>No.</b> Insurers continue to strip-down policies and increase patients' co-payments and deductibles.
<b>Savings</b>	<b>Yes.</b> Redirects \$400 billion in administrative waste to care; no net increase in health spending.	<b>No.</b> Increases health spending by about \$1 trillion over 10 years. Adds further layers of administrative bloat to our health system through the introduction of state-based exchanges.
<b>Cost Control / Sustainability</b>	<b>Yes.</b> 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.	<b>No.</b> Uncontrolled costs ensure that any gains in coverage are quickly erased as government is forced to hike spending or slash benefits.
<b>Choice of Doctor and Hospital</b>	<b>Yes.</b> Patients would be allowed free choice of their doctor and hospital.	<b>No.</b> Insurance companies continue to deny and limit care and to maintain restrictive networks.
<b>Progressive Financing</b>	<b>Yes.</b> Premiums and out-of-pocket costs are replaced with a progressive income contribution. 95 percent of Americans pay less.	<b>No.</b> 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.