

Myth #15 “The system would result in over-testing.”

Reality: The system would decrease the amount of over-testing, since there would be greater focus on the practice of preventive medicine and less need to practice defensive medicine for fear of malpractice suits.

Myth #16 “Displaced workers would be left high and dry.”

Reality: Insurance workers and others displaced from employment by the change to a new health care system would be eligible to receive, at public expense, retraining and financial assistance up to \$60,000 per year for up to two years. Many of these workers would very likely find immediate employment administering the new plan.

Myth #17 “Canada has a single-payer system, yet Canadians flock to the U.S. for medical care.”

Reality: The number of Canadians who come to the U.S. for care is grossly overstated. The Canadian government reports that less than 1% of their health care dollars are spent on care rendered in the U.S. A recent survey showed that the overwhelming majority of the Canadian people prefer their publicly funded system over the private insurance system they had before.

**Single-Payer Action Network Ohio
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WE NEED YOUR HELP!

If we are to succeed in placing the issue of health care for all on the Ohio ballot, we need your help. You can be sure that the defenders of the present system — the insurance companies and others who profit from it at the expense of patient care — will spend millions to prevent change. But we are the many and they are the few. We can succeed in establishing universal health care in Ohio if enough people become part of this great effort.

Volunteer your time — We need hundreds of volunteers across the state to collect signatures calling for adoption of the Health Care For All Ohioans Act. A minimum of 125,000 valid signatures is required just for the first round of this process.

Contribute funds — Printing expenses for this campaign will run into many thousands of dollars, and the cost of mailings, phone calls, supplies and travel will add thousands more.

Clip & Mail

I will help gather signatures on the petition to get the Health Care For All Ohioans Act on the ballot in Ohio.

Name: _____

Address: _____

City: _____

Zip: _____

County: _____

Phone: _____

Email: _____

Enclosed is my contribution of \$_____

Please make checks payable to SPAN Ohio, 3227 West 25th Street., Cleveland, OH 44109. (Contributions to SPAN are not tax deductible.)

**SINGLE-PAYER ACTION
NETWORK OHIO
(SPAN Ohio)**

WHO WE ARE

SPAN Ohio is a statewide coalition of organizations and individuals seeking fundamental health care reform in our state and country so that every resident is guaranteed full and comprehensive coverage. This includes the full range of medical services: *hospitalization, prescriptions, vision care, dental care, home care, long term care, mental health care, and medically necessary care for all injuries and illnesses.*

We advocate the establishment of a public fund which would pay all health care bills without co-payments or deductibles. The plan we call for is sometimes referred to as a single-payer universal health care system.

SPAN Ohio has initiated a campaign to place on the ballot a measure which would guarantee comprehensive medical coverage as a matter of right for all Ohio residents, regardless of employment status or pre-existing conditions.

Visit our web site at www.spanohio.org for more information.

WHAT IS “SINGLE-PAYER?”

Single-payer means that *one* fund, administered by a non-profit government agency, would make payments for all medical services. The 1500 health care insurance companies—each making profits and each with its own bureaucracy and rules—would no longer be involved as middle men. Medicare is an example of a single-payer plan.

**The Case for a
Single-Payer
Health Care
System:
*Reality vs. Myth***

Myth #1 “We have a good health care system in Ohio and the U.S. Most people have coverage and are well taken care of. We don’t need a new system.”

Reality: Forty-seven million people in the U.S. have no coverage, including 1.5 million in Ohio, and the numbers keep rising. Millions more lack adequate insurance, and all but the very affluent worry about losing coverage altogether. Meanwhile, the cost of premiums, prescriptions, hospital stays and medical services continues to skyrocket.

We need single-payer universal health care in Ohio and in the country as a whole. The Health Care For All Ohioans Act will guarantee comprehensive coverage for all Ohioans, regardless of employment status or pre-existing conditions, from birth to end of life. We need to get this Act on the ballot and approved by Ohio voters.

Myth #2 “Universal health care will cost too much.”

Reality: Not so. More money will be available. Here’s why: Billions of dollars that people in the U.S. spend today for health care end up in the pockets of the insurance companies for their profits and wasteful administrative costs. (For example, while the administration of Medicare, a government program which is non-profit, costs 2.9 cents per health care dollar to administer; the insurance companies and the HMOs,

operating in the private sector, take for themselves 25 to 30 cents of every health care dollar.) If those billions were used for patient care instead, that would provide much of the funding required to cover the medical needs of all residents.

Myth #3 “Patients will have to wait in long lines, like they do in Canada.”

Reality: Lines are too long for many patients in the profit-driven health care system we have in the U.S. For the millions of people who have no medical insurance, there is no line to wait in. Nearly 70% of uninsured adults in poor health fail to see a physician in any given year and, as a result, they die earlier than people in other industrialized countries having universal health care systems.

As for waiting to see a physician in Canada, the wait for a routine office visit in that country is much shorter than it is in the U.S. for a busy HMO or most physicians.

Myth #4 “People would not be able to see the physician of their choice.”

Reality: Under the Health Care For All Ohioans Act, all residents would be able to see any physician they want to see who is available to see them.

Myth #5 “Doctors will leave the practice of medicine.”

Reality: Not so! Single-payer would reduce the hassle factor and increase enjoyment of the practice. There would be a marked reduction in physician costs for billing expenses, malpractice insurance, and office overhead. Many doctors have already been forced to leave their practices because of the high cost of getting insurance coverage.

Medical school applications have recently increased in other industrialized nations having universal health care, while they are decreasing in the U.S.

Myth #6 “Providing comprehensive coverage for all residents would bankrupt Ohio.”

Reality: The medical needs of all Ohio residents can be met without bankrupting the state. Changing to a universal health care system will bring gigantic savings — an estimated \$11.6 billion annually in Ohio — by eliminating the profits of health care insurance companies, CEOs’ exorbitant salaries and bonuses, and administrative waste and duplication. The Health Care For All Ohioans Act provides mechanisms — such as utilizing available federal, state and local monies, a payroll tax paid by employers and a gross receipts tax paid by businesses — that will adequately fund the program. To insure that only legitimate residents of Ohio receive benefits under the Act, the plan’s Health Care Board will set standards for determining residency.

Myth #7 “Income taxes will be increased.”

Reality: Ninety-four percent of the Ohio population would not experience any increase in income taxes to pay for the plan. Income tax increases would be limited to those Ohioans whose annual incomes exceed the Social Security tax cap, which in 2010 is \$106,800. There would be no co-payments or deductibles under the new plan.

Myth #8 “Quality of health care will be worse.”

Reality: There is no data to support this assertion. In fact, the U.S. currently ranks 37th in the world in overall health care for its citizens. Quality of health care will improve under the new plan, not get worse.

The data shows that the quality of health care for the population as a whole is better in those industrialized nations with national health insurance than it is in the U.S.

Myth #9 “People would see doctors for frivolous reasons once everything is ‘free’.”

Reality: That has not occurred in other industrialized nations with national health care plans. The number of visits per person per year to physicians in those countries is approximately the same as in the U.S. The vast majority of people don’t call or see doctors for frivolous reasons. Physicians and hospitals can control attempts at over-utilization.

The major benefit would be an increase in prevention and early intervention opportunities for those patients who currently don’t see a physician or delay care because of lack of insurance coverage or inadequate coverage.

Myth #10 “Many people today need to see doctors, dentists and other health care providers but can’t afford it. Under a universal health care plan, they would be able to get the medical services they need, but this would place an impossible financial burden on the system.”

Reality: The facts do not support such a claim. Experience in countries throughout the world with universal health care systems proves that their systems work, with their entire populations having health care coverage. The U.S. is the richest country in the world and can do even better. Data shows that the U.S. spends twice as much on medical costs per person as compared to the largest industrialized countries that have national health care. We spend more but get less for it, because the system we live under puts profits ahead of patients.

Myth #11 “Single-payer would result in even more government bureaucracy.”

Reality: Today’s health care system is run by a bureaucracy controlled by the insurance companies, which is far worse than any so-called government bureaucracy. Nearly all of us have to deal with private health insurers. We know they constantly raise premiums, while they frequently

delay or deny legitimate claims. It is this bureaucracy — the bureaucracy of those profiting from the current system — that makes getting medical bills paid a nightmare for so many people.

Myth #12 “The new plan would be unfair to physicians and other health care providers because the government would be telling them how much they can charge for their services.”

Reality: There’s nothing unfair about it. Health care providers and consumers would have input in setting fair and reasonable fees for medical services. That’s a lot more fair than the current system, where the insurance companies and HMOs regulate the amount that physicians and other health care providers are paid. They limit physician choices, medications covered, and allowance for specialists’ visits and procedures. Under the Health Care For All Ohioans Act, patients, not insurance companies and HMOs, would choose their doctors. And doctors, not insurance companies and HMOs, would decide how best to treat their patients.

Myth #13 “Single-payer would establish socialized medicine.”

Reality: Not true. The government’s role would be to pay the bills, as it does with Medicare. The delivery of health care services would remain in private hands, just as it is today.

Myth #14 “The system would reduce individuals’ responsibility for taking care of themselves.”

Reality: There is no justification for the belief that a change in the health care system would decrease self-responsibility for care. People aren’t going to say, “I think I’ll be sick because I don’t have to pay for my care.”

The system would actually provide more primary prevention than secondary prevention, especially for the 1.5 million Ohioans now without health insurance and the many more who are underinsured.