

## A Superior System: The Single-Payer Amendment and HR 3200 As Written

	Single-Payer Amendment	HR 3200 As Written
Universal Coverage	<b>Yes.</b> Everyone is covered automatically at birth.	<b>No.</b> More than 20 million remain uninsured and tens of millions remain underinsured.
Full Range of Benefits	Yes. Coverage for all medically neces- sary services.	<b>No.</b> Insurers continue to strip-down policies and increase patients' co-payments and deductibles.
Savings	<b>Yes.</b> Redirect \$400 billion in administra- tive waste to care; no net increase in health spending.	<b>No.</b> Increase health spending more than \$1 trillion over 10 years. Add further layers of administrative bloat to our health system through the introduction of a regulator / broker "exchange."
Cost Control / Sustainablity	<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.
Choice of Doctor and Hospital	<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.
Progressive Financing	<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.