

A Comparison: Single-Payer Legislation vs. Affordable Care Act vs. American Health Care Act

Single-Payer Bill, H.R. 676

Affordable Care Act (ACA)

American Health Care Act

	Single-Payer Bill, H.R. 676	Affordable Care Act (ACA)	American Health Care Act
Universal Coverage	Yes. Everyone is covered automatically at birth.	No. About 28 million will still be uninsured in 2022 and tens of millions will remain underinsured, i.e. facing obstacles to access and at risk of financial hardship if they get seriously ill.	No. The Congressional Budget Office estimates 14 million (additional) people would lose insurance in the first year alone. By 2026, 24 million would lose coverage, leading to a total of 52 million uninsured in that year.
Full Range of Benefits	Yes. Coverage for all medically necessary care, including inpatient and outpatient services, prescription drugs, dental, vision, and long-term care.	No. Insurers continue to strip down policies (leaving many services uncovered) and increase patients' premiums, co-payments and deductibles.	No. Insurers continue to strip down policies (leaving even more services uncovered in "catastrophic" plans, e.g.) and increase patients' premiums, co-payments and deductibles.
Savings	Yes. Redirects \$500 billion in administrative waste to care, resulting in first-dollar coverage and no net increase in U.S. 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.	Some, but mainly for wealthy taxpayers. The CBO says the AHCA would reduce the federal deficit by \$150 billion over nine years, largely by eliminating federal payouts to Medicaid and subsidies. Taxes on the wealthy that help fund health services would decrease.
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.	No. Preserves a fragmented system incapable of controlling costs. Out-of-pocket expenses will continue to rise, as will bureaucratic waste and profiteering by private insurers and Big Pharma.
Choice of Doctor & Hospital	Yes. Patients are allowed free choice of their doctor and hospital.	No. Insurance companies continue to deny and limit care and to maintain restrictive networks.	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 American households 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.	No. Continues and aggravates, via new, inequitable tax credits, the unfair financing of health care whereby costs are disproportionately paid by middle- and lower-income Americans and families facing acute or chronic illness.