

WHY SINGLE PAYER FOR HEALTH CARE FACILITIES?

1. FINANCIAL

- a. Raises Medicaid reimbursements to Medicare level or above
- b. Eliminate uncompensated care and surprise billing
- c. Dramatically lowers administrative overhead costs
- d. Provides speedier reimbursement
- e. Relieves burden of providing health care benefits for employees
- f. Negotiates lower prices for pharmaceuticals and medical equipment

2. EQUITY AND ACCESS

- a. Provides same comprehensive coverage to all residents from birth to death
- b. Removes financial barriers to care – free at the point of service
- c. Lowers barriers to access for underserved communities
- d. Eliminates provider tiers, networks, and panels

3. INTEGRATION AND QUALITY OF CARE

- a. Removes insurance industry as middlemen in health care decisions and treatment plans
- b. Lowers provider frustration and burnout
- c. Promotes greater emphasis on preventive and primary care
- d. Promotes global budgeting, integration of care, and teamwork
- e. Statewide database supports research and best practices
- f. In a recent survey sixty-one percent of hospital leaders said the ability to provide value-based care would get better under single-payer healthcare

4. RESOURCE DISTRIBUTION

- a. Statewide coordination of resources and capital expenditures helps avoid unnecessary duplication of services and equipment
- b. Expands facilities in underserved communities
- c. Helps level the playing field between smaller independent facilities and larger organizations and conglomerates

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