Single-payer controls costs by 1. negotiating price with providers, hospitals, and the drug industry, 2. making sure everyone has access to good health care, thereby reducing the need for *expensive rescue care* for neglected chronic diseases like heart disease, cancer, and diabetes. A blood pressure medication that costs less than 50¢/day, can prevent a $100,000 stroke due to high blood pressure. 3. Simplifying administration. A unified (single) payer system eliminates unnecessary administrative, marketing, and profit overhead now incurred by private insurance and directs that money to where it is intended, health care for all. Current administrative overhead is 31%. Single payer can cut that to 15% or lower.

Socialized medicine, in which medical care is provided by government doctors and hospitals, works well for our armed forces and our veterans and for countries such as the U.K., Scandinavian countries, Italy, and Spain. But single-payer is *not* "socialized medicine". A single payer system organizes the funding of health care under a single publicly chosen agency and board of directors for the financing and payment of medical services. The inclusion of all physicians and hospitals means your choices are increased. Our current private system lets proprietary insurance companies decide which doctors, hospitals, and drug formularies profit them most and therefore will available to you.

Doctors do support single payer. A 2008 survey published in the Annals of Internal Medicine showed 59% of American physicians supported changing to a single-payer system of healthcare financing. A 2012 survey by the Massachusetts Medial Society showed that 60% of doctors in the state favored single payer or public option (a policy like single payer). These doctors have worked under the Massachusetts equivalent of Obamacare since 2006.

Rationing of a cruel nature is central to our current system. Some people get too much care and a third of us get too little or none at all. We now ration care based on ability to pay, which results in people being less healthy and productive and more dependent on government and charity.
With single-payer, access to health care is based on medical necessity rather than income. Citizens can pressure their legislators to allow sufficient funding to support services and reduce wait times.

When hospitals compete they duplicate expensive equipment for market-share of lucrative, procedure-oriented care. This drives up medical charges to pay for the equipment and encourages overtreatment.

Drug companies and medical device companies charge exorbitant prices because they can. A single payer system allows the public to negotiate price.

Competition among insurers (health plans) is not effective in containing costs. In addition to wasteful marketing, it results in practices such as selecting the healthiest patients to avoiding insuring the sick and denying payment for costly procedures.

The idea that **private systems** are more efficient than government systems is a **myth.** We hear about waste or fraud in governmental programs because of public disclosure laws. Private companies can protect such information as "proprietary."
In fact, overhead costs of private insurers run around 15 to 25% compared to about 3% for Medicare. Provincial single-payer plans in Canada operate on about a 1% overhead.
Single-payer financing would cut our bureaucratic burden in half.

All necessary medical care would be covered including doctor visits, hospital care, prescriptions, mental health, nursing home care, rehab, home care, vision and dental care. Alternative care proven in clinical trials to be effective would also be covered.

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Taxes for health care in countries with single payer systems are **less than in the U.S**. Elimination of individual and employer premiums more than offsets the taxes to fund a single-payer system. Elimination of deductibles and co-payments further reduces costs. Costs of auto insurance, workers comp, malpractice, and home owner's policy are also reduced.