A single-payer system will still need clerical staff to administer claims but will create many more jobs for care providers for the increased numbers of people accessing care. Retraining and job placement are part of single payer legislative proposals in Oregon and around the nation and will cost little compared to the overall savings achievable by a single-payer system. .	**Most of America's useful medical research is already being funded by tax-payers** at our many universities and medical schools. Procedures like CT scans, mammography, and laparoscopic gallbladder surgery were pioneered in other countries. Denmark and the U.K. together spend 4 times as much as we do on pharmaceutical research.
Sadly, among 19 developed nations America ranks last in preventing death from treatable illness and our life expectancy ranks 28th in the world. American women have twice the risk of dying in pregnancy of women in Canada. During the first year of life our infants die more than twice as often as Swedish babies. And Italians live more than three years longer than we do.	**Decisions about medical treatment will be made by doctors and their patients** rather than by claims reviewers or insurance company physicians. Overall guidelines for best practices will be derived by citizen and physician panels.
In countries where single-payer financing has been established, **physicians in primary care specialties generally earn proportionally more than their counterparts in the U.**S. Regardless of the financing system we chose, we need to increase the incentives for medical students to enter primary care practice. Global budgeting under a single payer system moves us in that direction.	**Doctors will be paid by a single publicly managed fund rather than by hundreds of competing plans**. Bookkeeping will be radically easier and less expensive. Payments to primary physicians will likely go up while highly paid specialists may see a decline in income. This practice has worked well in other countries with single-payer systems and has not resulted in doctors abandoning their practices to move elsewhere. In fact, Canada has seen a net influx of physicians from the U.S. in the past 20 years.
Despite popular beliefs to the contrary, **undocumented workers in the U.S. use very little in the way of medical services** and studies have shown that they are generally healthier than U.S. born residents. Including everyone is administratively much simpler and less expensive than the labor-intensive process of figuring out whom to exclude. Universal single payer health care protects undocumented food handlers and children from illness, which in turn protects others from illness transmitted by food and surface contact in public places such as schools.	A publicly financed universal insurance plan would be designed so that **good care is available and affordable without need for private supplemental policies**. Supplemental private policies for non-essential services could be purchased. Our current system of multiple insurance companies competing with each other creates incentives for companies to “cherry- pick” the healthy leaving the very sick/very costly patients for the public sector or competitors. This is unhealthy competition that conveys harm rather than benefit to society. April 2017