



WORKING WITH SINGLE-PAYER ADVOCATES

Advocates encounter single-payer supporters within their coalitions and in community settings while working on reform. While supportive of reform, some single-payer-only advocates are strongly critical of any other alternative. And, although they may be organized and passionate, it is important to remember that they represent the views of a minority of the general population (and the voting public).

Unaddressed, this viewpoint could dominate the debate and divert attention from the genuine opportunity to pass significant health reform. If both the left and the right oppose reform, there may not be enough support in the center for passage – as has happened in state reform efforts including Vermont and California.

It is important to both identify common ground but also offer an alternative to the “single-payer or nothing” sentiment. Some people will not be swayed, but taking a practical approach and remembering that we represent real people in need of real reform can have an impact.

Establish Common Ground

Even though some advocates may be passionate about their preferred approach and critical of alternatives it is important to establish common ground:

- **We all want quality affordable health care for everyone.**
- **We all agree that the status quo is unacceptable.**

It is also necessary to recognize the validity of others viewpoints, such as the hostility toward insurers that drives much of the support for a single-payer solution, which leads to another opportunity to identify common ground:

- **We agree that insurers have done many things that are unacceptable, such as charging people more or refusing to cover them because they are sick. These types of practices must not be allowed in a reformed health care system.**
- **We all want a system that is less bureaucratic and more efficient than the one we have today. Reform must address administrative issues.**

Make the case for a public-private approach

- The best plan is a plan that moves us as close to our vision as possible **and can pass**.
 - At this point single-payer simply doesn't have the votes in Congress or in any state legislature for passage and is not politically viable at this time.
 - With advocate input, reform can move us significantly toward the goal of a health care system that provides accessible, affordable health care for everyone.
- We have to move forward on health care reform. We represent people without coverage, people being bankrupted by medical debt, people denied care – **they need help now**.
 - We don't want an ideal solution undermine possible solutions that can provide that help.
- Most people like the insurance they have now and are suspicious of change. We need to promote a system that:
 1. Let's you keep the insurance you have if you want.
 2. Gives you a choice of public and private plans.
 3. Guarantees that you will have coverage that is affordable and will really protect you if you get sick.
 4. Improves quality of care, reduces medical errors, and does a better job of caring for people with chronic illness.

Community Catalyst is a national non-profit advocacy organization building consumer and community leadership to transform the American health care system.

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- Reform can be successful if advocates work with other interest groups
 - There is very strong opposition to a single-payer option by big players in the health care industry
 - Members of these groups are supportive of other health care reform options.
- The United States will have a uniquely American health care system. Our government has checks and balances; our health care system should too. Right now insurers have too much power, but shifting entirely to a government-run system swings the pendulum much farther than the public and our politics will allow. Instead, we should aim for a system of checks and balances in which government provides a competitive alternative and acts as a strong watchdog, but is not an insurance monopoly.

Rebut distortions of fact.

- *The American people want single payer.*
 - ✓ Evidence is mixed. Some polls¹ show support for single-payer compared to the status quo. According to others,² people do not support it or it has less support than other options. There is strong evidence that people prefer a choice of a public or private plan (64%) over having only a public plan available (22%). People dislike the insurance industry, but are wary of a government insurance monopoly. Visit the Herndon Alliance for additional polling and analysis. (www.herndonalliance.org)
- *Every other country has single payer.*
 - ✓ This is simply not true. Every country's national health system reflects their specific history and circumstances. Some countries have a single payer insurance model; some have a national health service; some have a regulated private system or mixed public and private system. A summary of the health systems in several different nations can be found at Frontline's [Sick Around the World](#)³ or National Public Radio's [Health Care: An International Comparison](#)⁴.
- *Single payer is the best system.*
 - ✓ It's not clear what this actually means. For example, does it mean that single payer has the lowest administrative costs, the fewest medical errors, lowest overall costs, highest satisfaction rates, best results per dollar spent? There is no evidence that single payer is consistently better than other ways of organizing a national health system. For a comparison of the latest health system performance data and trends from countries around the world, see *Health at a Glance*⁵ by the Organization for Economic Cooperation and Development (OECD).
- *No services will be denied if there is single payer.*
 - ✓ Any payer will make determinations related to cost as well as quality and efficacy. Currently such decisions are routinely made by public systems.
- *Any incremental solution will make it harder to do more comprehensive reform later.*
 - ✓ We shouldn't hold the people who need help now hostage to ideals. Reform that helps people today will change the dynamic and set the stage for continuing reform in the future.

¹See for example: Associated Press and Yahoo News, <http://news.yahoo.com/page/election-2008-political-pulse-voter-worries>

²http://www.kff.org/spotlight/uninsured/upload/Spotlight_Oct08_Uninsured.pdf

³<http://www.pbs.org/wgbh/pages/frontline/sickaroundtheworld/countries/>

⁴http://www.npr.org/news/specials/healthcare/healthcare_profiles.html

⁵http://www.oecd.org/document/11/0,3343,en_2649_33929_16502667_1_1_1_37407,00.html