

Ten Hard Questions about Single Payer Health Care

1. Government run health care in Canada has led to long waiting lines, declining quality of care, maddening bureaucracies, shabby facilities, demoralized doctors and nurses, obsolete technology, province-mandated rationing, and ever-higher taxes. How will the proposed Vermont single payer system avoid these unhappy consequences?
2. The proposed single payer system would require tax revenues to replace \$3 billion in private out of pocket spending and premium costs. What effect would \$3 billion in new payroll taxes (at a total rate of 14.5%) have on our family budgets? On our businesses (even after subtracting their insurance premium costs)? On their ability to compete? On their capacity for job creation? On their willingness to stay in Vermont?
3. What happens when the state's "global budget" allocation runs out of tax dollars while people are still in need of essential care? Will they have to wait until the next fiscal year?
4. Under the present State-run Medicaid program doctors and hospitals are significantly underpaid. To survive, they shift the cost of the underpayment to private premium payers. When the single payer plan abolishes private premiums, why won't doctors and dentists be even more underpaid whenever the government runs short of tax dollars? Why will doctors and dentists want to come to or continue to practice in Vermont?
5. If Dartmouth-Hitchcock, Albany Medical Center and other out of state hospitals decline to accept Vermont patients at the reimbursement rates that the single payer system offers them, will Vermonters have to pay the difference out of pocket? Or buy additional private insurance to cover care provided in another state?
6. With the single payer global budget forces medical providers to ration or delay care, will aggrieved patients have any right to sue the state government for damages?
7. Will the single payer system take away the high-value insurance coverage enjoyed by teachers, state and municipal employees, and other organized workers? Or will this plan create a two-tiered system, with the taxpayers financing both the gold-plated health care benefits for government workers, and a poorer system for themselves?
8. How will the single payer system achieve its claimed efficiency benefits, when providers still have to bill Medicare, insurance carriers offering privately-paid supplementary coverage, the insurance plans of non-Vermonters, and perhaps carriers of high-value insurance for teachers and municipal employees?
9. Who will comprise the "independent board" created to make all key decisions about the proposed single payer system? How will this super government of powerful "stakeholders" be held accountable?
10. What will keep chronically sick people from flocking to Vermont to become "residents" to take advantage of our "free" health care? What would an influx of such individuals do to the quality of care and waiting lines here in Vermont, and to the already high tax burden on Vermont taxpayers?

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