SINGLE PAYER MYTH BUSTER

THE MYTH

"The rationing of medical care and overutilization will increase. Wait times will increase."

THE FACT

Care is already rationed today, by your wallet. Insurers decide who gets care based on who can pay, what a plan covers, and how much paperwork stands in the way. National Improved Medicare for All (bill H.R. 3069 in the United States House of Representatives) ends rationing by ability to pay and moves the money now lost to paperwork and profit into more doctors, nurses, and clinics.

HOW INSURERS DELAY AND DENY CARE TODAY

The longer an insurer holds your premium before paying your doctor, the more interest it earns on that money. Delay is not a glitch. It is the business model.

1. **Rush denials.** Company doctors are rewarded for closing cases fast, so claims get a quick "no" with little real review.
2. **"Fail first."** You must try cheaper, weaker treatments and prove they failed before the insurer pays for what your doctor prescribed.
3. **One-second rejections.** Software rejects claims automatically when billing codes do not match a list. In 2022, one insurer, Cigna, denied more than 300,000 claims this way in two months.
4. **Ghost networks.** Doctors listed as "in-network" turn out to be retired, unreachable, or not taking new patients, leaving you with delays and surprise bills.
5. **Computer cutoffs.** Artificial intelligence programs guess how long an older patient "should" need nursing home or rehab care, then end coverage early.

WHAT CHANGES UNDER NATIONAL IMPROVED MEDICARE FOR ALL

- ✓ **No copays, no deductibles, no networks.** No one is turned away because they cannot pay.
- ✓ **Care is based on medical need** and available doctors, not on your wallet.
- ✓ **A new Office of Primary Care** trains and places more doctors, nurses, and dentists where they are needed most.
- ✓ **Money now spent on paperwork and profit** goes to patient care instead.

THE BOTTOM LINE

Every health system decides how to share care. The question is not whether, but how. Today the answer is price and paperwork. Under National Improved Medicare for All, the answer is medical need.

CONTACT US

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Questions, comments, or ready to get involved: email us.