

Comparison between Single Payer and the ACA

Medicare for All/Single Payer	The Affordable Care Act
Universal – everyone is covered	Not universal. Even after 9 years, 31 million people will still be uninsured, despite Medicaid expansion in half the states.
Not employment based. Everyone has access to the same coverage and benefits, whether employed or not.	Employment based. Wide variance in costs and covered benefits for those with employer-paid benefits. As insurance costs skyrocket, more employers drop coverage or shift more costs to workers.
Single standard of excellent care for all independent of ability to pay	Multi-tiered plans in the ACA exchanges with big differences in premiums and out-of-pocket costs. Public subsidies available to offset some, but not all costs.
Comprehensive benefits, no restrictions to covered benefits based on insurance company prerogatives	Minimum set of benefits required, but insurers can still design plans to cherry-pick healthier enrollees, have wide latitude in what they cover, and many pretexts for denying claims
Free to use any provider/facility	Limited to provider networks, insurers may still charge much higher fees for going to doctors outside of network, and are excluding some top-tier hospitals
Single government payer facilitates administrative simplicity and cost savings by eliminating complex billing systems	Administrative complexity because of numerous insurers and payers and emphasis on profits, administrative costs far higher than for Medicare
Supports bulk-purchasing of drugs and medical devices	Fragmented purchasing of drugs and medical devices, government barred from negotiating lower drug prices
Cost savings mean more money for care (comprehensive benefits)	Diverts money that could be used for healthcare to insurers and administrative waste