

# **Illinois House Bill 311 – The Health Care for All Illinois Act**

## **Frequently Asked Questions**

### **What is Illinois House Bill 311 - The Health Care for All Illinois Act?**

House Bill 311 (HB 311), The Health Care for All Illinois Act, is legislation in the Illinois General Assembly that would establish a statewide single-payer health insurance program to provide comprehensive health benefits to all Illinoisans. HB 311 is the first single-payer bill in Illinois history to pass the Health Care Availability and Access Committee of the Illinois House of Representatives and to be headed for a full floor vote later in 2008. HB 311 currently has over 30 sponsors in the Illinois House. Features of the HB 311 single-payer plan include:

- **Comprehensive coverage for all Illinoisans** including doctor, hospital, long-term, mental health, dental and vision care, as well as prescription drugs and medical supplies.
- **No premiums, co-payments, or deductibles** that inhibit access to care and unfairly burden low-income people.
- **Pays for itself** by eliminating wasteful private insurance administration and profit (which currently accounts for over 24% of every health care dollar, and is on the rise). Modest, progressive taxes (including employer taxes) would replace what is currently paid out-of-pocket.
- **Controls costs so benefits are sustainable** through the bulk power to negotiate fees for physicians, purchasing of prescription drugs and medical supplies, and global budgets for hospitals.

### **Is a single-payer system “socialized medicine”?**

No. Socialized medicine is a system in which doctors and hospitals work for, and draw salaries from the government. HB 311 would create state-sponsored health insurance, not socialized medicine. Under a single-payer system, the government pays for health care that is delivered in the private sector at our hospitals, clinics, and doctors’ offices, similar to Medicare. Doctors are in private practice and are paid on a fee-for-service basis from government funds. The government does not own or manage medical practices or hospitals.

### **How will the health plan work? What will be covered?**

Every Illinoisan would be issued an Illinois Health Services Program (IHSP) card that provides for all necessary medical care, including doctor visits, hospital care, prescriptions, mental health services, vision services, and dental care. The plan essentially improves on traditional Medicare benefits and expands coverage to all Illinoisans. There would be no co-pays or deductibles.

### **Can we afford this program? How will we pay for this program?**

Coverage for all Illinoisans is possible with no increase in total health spending. Private insurance, which duplicates this coverage, would be eliminated, saving tens of billions annually in insurance company profits and overhead. Removing the complex and redundant insurance bureaucracy would greatly simplify paperwork for doctors and hospitals, generating billions of dollars of additional savings. The total savings would be more than \$13 billion annually. The program would be publicly financed (like Medicare) and administered by regional boards. Specifically, the program would be paid for by combining current sources of government health spending into a single fund, along with modest new taxes that would be fully offset by reductions in premiums and out-of-pocket spending. Physicians would be paid based on a simple fee schedule covering all patients and medications would be purchased wholesale.

*The above information was supplied by Health Care For All Illinois ([www.healthcareil.org](http://www.healthcareil.org)).*

**Champaign County Health Care Consumers**

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