Addressing the issues of a single payer system:
Healthcare for the people by the people
By Sevan Chorluyan

This year, I had the fortune of attending the Physicians for a National Health Program annual conference. It was an all-round enlightening and captivating conference. But the excitement of being amongst like-minded individuals did not blind us to the momentous challenge that lay ahead. The humorous yet cautionary remarks of Doctor Robert Evans, Canadian health economist, warned us of the pending fall out of Canada’s Medicare system. The current single-payer model is not perfect, he said. It is ultimately at the mercy of short-sighted politicians. Luckily, this concern presents a silver lining for the single payer movement in the U.S.

For whatever reason, it seems the quickest way to turn people off single payer in America is to compare the current US health care system to another country’s system—after all the US is the most innovative country in the world. We don’t need to copy a system designed by foreigners. This sentiment can be viewed in two ways—as a barrier to achieving a better US health care system or as an opportunity to do what America does best: take good ideas and make them better.

Just like the American Revolution was sparked by the ideas of the French Revolution, America must take single payer and make it the great American health-care revolution. We have the opportunity to take the issue of single payer and weave it into the story of America’s progression and reawakening to democracy. This formidable challenge will require framing and a mechanism to protect single payer from the whims of politicians.

The Solution: Democratic Budgeting
Democratic budgeting removes the power of the purse from representatives and gives it to the voter. The concept of democratic budgeting stems from the practice of participatory budgeting that is currently being adopted in several United States cities. In such a system, tax revenue would be equally distributed to all voters who then allocate these dollars towards the programs, agencies and departments they feel are valuable. Such a system would engender a more
accountable and transparent government where people are better able to balance their demands and expectations from the government. Government agencies, politicians, family, friends, lobbyists, and the media would vie to influence the individual budgeting decisions of the voter. There could not be a deficit with such a system, as voters would not be able to allocate more money than is collected through taxes. Instead of competing to de-fund opponents’ causes, politics would shift its focus to demonstrating value and appropriateness to the American people. This shift would change the current zero-sum game of politics as one’s preferences would not impede the decision making ability of another. In such a system, if a small but passionate group of people wanted a particular program funded, this support could be enough to meet its budget. This system has serious implications for single payer.

**Implementation: The Magic Number**

In my current home state of Massachusetts I ran some numbers to figure out how many people would be needed to support a single payer system and to what extent. Massachusetts’ magic number is 1.7 million people (33% of voting age population) willing to budget all their tax allocations and current average premiums towards a single payer system. In my calculations, I assumed the single payer system’s budget would equal the $37 billion health expenditures in the state of Massachusetts in 2008. I did not take into consideration any potential cost savings. I also assumed that tax dollars for federal Medicare and Medicaid can be waived and diverted to Massachusetts and that people are capable of moving their premium costs or paying that figure at one time. For a more modest 25% of individual tax dollar allocation, plus an average premium of $9,996, the number of voters required would be 3.1 million people (61%).
### Table 1. Percentage of people required to pass single payer

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health expenditure MA</td>
<td>$37,000,000,000</td>
<td>Mathematica Policy Research analysis of private, Medicare, and MassHealth claims for Massachusetts residents.2008</td>
</tr>
<tr>
<td>MA voters 2008</td>
<td>2,300,000</td>
<td></td>
</tr>
<tr>
<td>MA tax revenue</td>
<td>$20,050,292,000</td>
<td><a href="http://www.census.gov/govs/statetax/1022mastax.html">http://www.census.gov/govs/statetax/1022mastax.html</a></td>
</tr>
<tr>
<td>Federal tax revenue MA</td>
<td>$6,400,000,000</td>
<td></td>
</tr>
<tr>
<td>Percent of fed revenue spent on medicare, medicaid and CHIP</td>
<td>21%</td>
<td></td>
</tr>
<tr>
<td>Federal Revenue spent on Health from MA</td>
<td>$1,344,000,000</td>
<td></td>
</tr>
<tr>
<td>Total Tax Revenue State + Federal Health in MA</td>
<td>$21,394,292,000</td>
<td></td>
</tr>
<tr>
<td>Individual Premium MA</td>
<td>$5,268</td>
<td>2009 Figures</td>
</tr>
<tr>
<td>Average of family-individual premium</td>
<td>$9,996</td>
<td></td>
</tr>
<tr>
<td>Population of MA</td>
<td>6,593,587</td>
<td></td>
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<tr>
<td>Population of MA over 18</td>
<td>5,162,779</td>
<td></td>
</tr>
<tr>
<td>Number of people that would need to give all their tax revenue plus donate the average amount of health insurance</td>
<td>1,695,734</td>
<td></td>
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<tr>
<td>% population for success at 100% funding</td>
<td>33%</td>
<td></td>
</tr>
<tr>
<td>Adjusted tax revenue for 50%</td>
<td>$10,697,146,000</td>
<td></td>
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<tr>
<td>Number of people that would need to give half their tax revenue plus donate the average amount of health insurance</td>
<td>2,631,470</td>
<td></td>
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<tr>
<td>% population for success at 50% funding</td>
<td>51%</td>
<td></td>
</tr>
<tr>
<td>Adjusted tax revenue for 25%</td>
<td>5348573000</td>
<td></td>
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<tr>
<td>Number of people that would need to give a quarter of their tax revenue plus donate the average amount of health insurance</td>
<td>3,166,568</td>
<td></td>
</tr>
<tr>
<td>% population for success at 25% funding</td>
<td>61.33%</td>
<td></td>
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</tbody>
</table>
The End Game
So what does all this mean? In 2010, a MA ballot asked if citizens wanted their representatives to support legislation establishing health care as a human right by creating a single payer system: 62% voted yes. If democratic budgeting was adopted by Massachusetts we would be able to fund and sustain a single payer system only with people that are in favor of it. If at first single payer can only be created through the efforts of a few dedicating large percentages of their tax and premium dollars to the program, this would only be a temporary solution. The following year, having experienced the benefits of a single payer system, the general public will have a better understanding and appreciation of a single payer system. This will result in the burden of tax allocations being shouldered by a larger percentage of the population, providing for a sustainable funding source of the single payer system.