

Will California turn into a revolving door, with doctors leaving as sick people arrive?

This is highly unlikely. A doctor who owns a house on a hill in Malibu is not going to move to Phoenix or Las Vegas just because they don't like California's health care system.



Nor is a family going to pack up and leave their jobs in another state to move to one of the most expensive housing markets in the country just to get health insurance. If both parents are working, chances are one of them has insurance, even if it is a substandard plan. People move for better jobs and affordable housing.

Besides, the single-payer plan CSEA is supporting is not open-ended. No one could just land in California and take advantage of it. They would be required to establish residency to get health insurance.

DOCTORS IN THE UNITED STATES ARE WELL COMPENSATED.

With average incomes of \$425,000 for anesthesiologists, \$274,000 for specialists and \$173,000 for general practitioners, American doctors make a lot more money than doctors elsewhere—roughly twice as much. And that's after adjusting for the differences in the nations' economies. In the U.S., the average doctor's income is up to 6.6 times that of the average patient's. The rate in other developed countries is between 3 and 4 times the average patient's income.¹

Some would argue that American doctors need to make more because they have to pay off all those medical school loans and also pay for malpractice insurance. But a recent study that exposed \$58 billion in "excess physician income" stated the excess amount was calculated *after* those expenses are paid.²

Included in the income figures is \$8 billion physicians earn as investors in diagnostic labs and outpatient surgical clinics. More of a problem than how much doctors charge per procedure, is how many procedures they perform—60 percent higher here than elsewhere. Doctors who invest in these facilities order more tests and surgeries than doctors who don't—in the case of tests, two to eight times more.³

A NON-PROFIT INSURANCE PLAN WILL PUT THE FOCUS BACK ON PATIENT CARE.

Doctors now have to negotiate with insurance companies for compensation. Wouldn't we all be better off if they negotiated with a not-for-profit entity whose only interest is getting the best medical care for the residents of California?

A single-payer system would offer a genuinely competitive medical marketplace, because all healthcare providers will be in competition for patients based on the quality and efficiency of their service.

^{1, 2, 3} Source: "Accounting for the Cost of Health Care in the United States," McKinsey Global Institute, January 2007

