Common Goals
Single-Payer Activists and Community Clinics share common goals for healthcare in America: high-quality care that is guaranteed, comprehensive, equitable, continuous, affordable, and sustainable.

What is Single Payer Health Care?
Single Payer, also known as “Improved Medicare for All,” means that everyone, including undocumented workers, would automatically be covered by a single, comprehensive, non-profit, healthcare program. This program would replace all other health insurance programs and companies, while care delivery would remain largely the same. All Californians would pay their fair share into a single non-profit fund, which would cover all needed health care. This guaranteed public health insurance requires no out-of-pocket payments from patients to use health care services. It cuts out administrative waste and profits, lowering the costs that most individuals, families, businesses, and the government currently pay for healthcare.

Benefits for Patients
- Healthcare for ALL Californians, including undocumented immigrants
- Everyone is automatically covered by the same comprehensive plan
- All necessary medical, dental, vision, and mental health care, and prescription drugs, are covered
- No more co-pays or deductibles to use health services
- Choose any doctor or provider – stay at your clinic if you want

Benefits for Providers
- Eliminate insurance barriers to specialist referrals
- Timely access to treatment would improve patient outcomes
- Patients’ finances will be irrelevant to the provision or continuity of their care
- Spend less time on paperwork and more time treating your patient
- The system will prioritize primary and preventive care

Benefits for Clinics
- Clinics will be reimbursed at the same rate for every patient regardless of income, employment, or residency status
- Clinics will be fully funded and able to maintain established relationships
- Clinics will not need a large billing staff – employees can focus on providing meaningful services to patients
- By removing financial barriers to care, more focus can be placed on other socio-cultural factors that determine health status