



## Statement

As pediatricians, we are asking our fellow pediatricians and our American Academy of Pediatrics to support national health insurance, also known as “single payer” and “expanded and improved Medicare for All.” This is why:

We of course support our American Academy of Pediatrics' current priorities for comprehensive, affordable care for all children, including true equity and parity for mental health services. We hope that our colleagues and the AAP would agree and support policy changes so that every child and their family in America should have effective, lifelong access to comprehensive health care—without the barriers of point of service costs, limited networks of who does or does not take their insurance, and changing eligibility and “churn.” Access needs to be all the time, always, everywhere—regardless of changes in the family's life circumstances, and regardless of income and wealth, zip code of residence, skin color, gender and gender identity, country of origin, or immigration status.

While we also support the AAP's current fight for expanding Medicaid and CHIP, as necessary, we hope that our pediatric colleagues and academy will also recognize that this remains NOT sufficient, because a majority of pediatricians, including pediatric subspecialists, either do not accept at all, or limit, the number of patients they accept with Medicaid and CHIP.<sup>1,2</sup> This means that children with Medicaid/CHIP as their coverage often still lack access to any or timely care.

We also affirm that the whole family matters, even if the child has nominal coverage such as Medicaid/CHIP. If the entire rest of the family does not have access to comprehensive health care, and has to choose whether to pay for health care for a parent or pay for rent or food for the family, then the child is put at higher risk too.

In summary, Medicaid/CHIP leaves gaps in real coverage and access to care, acting as an unreliable, incomplete, stop-gap in an unnecessarily and unsustainably costly, complex, multi-payer, predominantly corporate insurance system.

We affirm that access to coverage and care is a right and not a for-profit commodity. It should be national health insurance: automatic, universal, comprehensive, publicly administered, transparent, and funded by progressive taxes, so that those with less disposable income pay a lower percent.

Studies show that national health insurance is supported by a majority of pediatricians, both general and subspecialists.<sup>3</sup> The AAP should better represent this majority. Active organizational support for national health insurance must not be off the table, effectively being vetoed by a perceived minority view.

To achieve these goals, we support a single-payer system that would alleviate the administrative burdens of our current fragmented, multi-payer, corporate-driven system. National health insurance, with global budgeting of hospital and physician fees, is the only way to assure doctors and hospitals are located, and can provide services, based on community need.<sup>4</sup>

Such a system would also directly benefit us pediatricians and other physicians by reducing the financial and administrative nightmare that is inherent in the current multi-payer, predominantly for-profit, corporate insurance system. Every other wealthy capitalist democracy in the world has something like this. The United States can too.

We also point out that large medical organizations, notably the American College of Physicians and the Society for General Internal Medicine, explicitly endorse either single payer or a strong version of public option as the only paths forward.<sup>5</sup> As pediatricians, we should do at least as much. State AAP affiliates, such as the one in NY, have endorsed state single-payer, in addition to advocating the rest of the pediatricians' agenda. We ask that the national AAP do the same.

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## References

1. Bisgaier and Rhodes; Auditing Access to Specialty Care for Children with Public Insurance; *N Engl J Med*. 2011; 364:2324-2333 | <https://www.nejm.org...>
2. AAP Department of Practice; AAP data shed new light on pediatricians' participation in Medicaid, CHIP; AAP News. July 2012; 33 (7): 21 | <https://publications.aap.org...>
3. Ackermann and Carroll; Support for National Health Insurance among U.S. Physicians: A National Survey; *Ann Intern Med*. 2003;139:795-801 | <https://www.acpjournals.org...>
4. Physicians for a National Health Program "What is Single Payer" | <https://pnhp.org...>
5. American College of Physicians "Better is Possible: ACP's Vision for the U.S. Health Care System" | <https://www.acponline.org...> & <https://www.acpjournals.org...>

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## Take Action!

- Sign and endorse the Pediatricians United for Single Payer photo petition. **Download and print our photo petition [HERE](#) (or our student petition [HERE](#)).** Take a selfie of you holding up your petition, and email the photo to [lori@pnhp.org](mailto:lori@pnhp.org).

***As a pediatrician  
I support  
single payer  
Medicare for All***



***As <sup>future</sup> a pediatrician  
I support  
single payer  
Medicare for All***



- Share this document and ask your colleagues to sign on to these principles and commit to a national single-payer program.
  - Join the PNHP Pediatrician Organizing Team.
  - Participate in community outreach events, town halls, listening sessions, and marches.
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## How to look great in your selfie

Consider your webcam / cell phone camera and the lighting wherever you'll be taking your photo. Minimize background distractions by using a plain background if possible. Adjust your camera to eye-level, so you are looking straight into the camera. If you have any questions or concerns about your setup, please don't hesitate to contact [lori@pnhp.org](mailto:lori@pnhp.org).

We are happy to help!