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Two healthcare bills, H.R. 1384, the Medicare for All Act of 2019 and H.R. 2452, the Medicare for America Act of 2019, have been introduced in the United States House of Representatives. The long term goal of these bills is to change the current healthcare system and improve lives by expanding access and reducing costs. As a recent study in The Lancet shows, a universal healthcare approach could save 68,000 lives per year and reduce costs by \$450 billion a year. There are important policy differences to consider between the two approaches to achieve universal coverage!

	<u>Medicare for All</u>	<u>Medicare for America</u>
Bill Number	<u>H.R. 1384</u>	<u>H.R. 2452</u>
Date Introduced	February 27, 2019	May 1, 2019
Sponsor	Rep. Pramila Jayapal	Rep. Rosa L. DeLauro
Leading Co-Sponsor	Rep. Debbie Dingell	Rep. Jan Schakowsky
Committees	House Ways and Means House Energy and Commerce House Education and Labor House Rules House Oversight and Reform House Armed Services	House Ways and Means House Energy and Commerce House Education and Labor House Judiciary House Natural Resources House Administration

Both bills would allow all United States residents to enroll in the new program and have access to comprehensive health benefits including medical, dental, mental health and long term care. Similarly, both plans would allow individuals to automatically enroll in the program at birth. Some key differences include the range of options available to Americans including which doctors they can see.

Medicare for All

Medicare for All covers all United States residents under a single program with comprehensive benefits. Under Medicare for All, all providers would be “in-network,” giving Americans the ability to choose their healthcare provider without interference. It achieves these goals by directly eliminating private insurance. Twenty-two studies have documented that Medicare for All would significantly reduce administrative costs. With a single-payer Medicare for All system, there would only be one plan that would negotiate rates with healthcare providers, compared to the current system we have where thousands of insurance companies individually negotiate with hospitals and doctors.

Medicare for All would eliminate the link between a person’s job and their health care. This would free all businesses from the administrative burden of providing health insurance to employees. Health insurance would become a portable benefit in the economy and people would no longer risk losing insurance if they change jobs or get divorced. The bill does not currently contain a funding source, but a [briefing document](#) released by Senator Sanders last year estimated that a 7.5 percent payroll tax on businesses would be sufficient, with the first \$2 million in payroll exempted to protect small businesses.

Medicare for America

Under the Medicare for America program, a public option is available, allowing Americans to choose between the government-funded program or a private health insurance plan. Unlike Medicare for All which eliminates premiums and deductibles, the government-funded program would include premiums in the amount of no more than eight percent of individuals' or households' monthly income and maximum out of pocket costs of \$3,500 for individuals and \$5,000 for families. The private health insurance plan would include copays and deductibles similar to our current healthcare system.

Employers can continue to provide health insurance as long as it is gold-level coverage with benefits comparable to Medicare for America or they can choose to enroll their employees in Medicare for America by contributing 8 percent of annual payroll to the Medicare Trust Fund. Under this plan, employees can choose to enroll in Medicare for America or in the health plan provided by their employer.

Unlike the single-payer Medicare for All system, under this program, the public plan would compete with thousands of private insurance plans to negotiate rates with healthcare providers. Private insurance companies would potentially diminish the power of the government to negotiate rates with healthcare providers by employing tactics that result in sick people being denied coverage, and thereby limiting the private insurance market's risk pool to healthy people. For example, critics of a public option argue that private insurers would likely offer limited plans that would only appeal to healthy people as a way of deterring high-risk individuals from participating in their plans. As a result, people with significant medical needs would be left to choose the public plan. Costs for the public option would be driven up by corralling people with the most significant medical needs into the public plan. In contrast, Medicare for All puts all Americans -- both sick and healthy -- into one risk pool balancing out the costs of healthier and sicker patients

Critics of a public option also argue that continuing to allow millions of payers in the health insurance marketplace, rather than a single-payer, will result in persistently high administrative costs and make it impossible for the government to effectively negotiate volume discounts on medical equipment and pharmaceuticals.

The table below highlights the main elements of each bill.

	Medicare for All	Medicare for America
Every U.S. Resident is eligible to enroll	✓	✓
Achieves universal coverage	✓	✗
Controls rapid rise of administrative costs	✓	✗
Abolishes co-pays, deductibles, & premiums for medical services	✓	✗
Comprehensive benefits including medical, dental, mental health & long term care	✓	✓
Consumers free to choose any provider and hospital	✓	✗
Automatic enrollment at birth for all individuals	✓	✓
Allows the government to negotiate drug prices directly	✓	✓
Eliminates the 24-month waiting period for medicare coverage for individuals with disabilities	✓	✓
Cuts the link between employment and health care	✓	✗

Both Medicare for All and Medicare for America would make substantial changes to our current healthcare system. There are critical differences in cost and flexibility between the two plans but only Medicare for All would wring waste out of the system and guarantee health care for every person at every hospital and every doctor's office.