

Universal Healthcare Access Act (UHAA) — Hill Summary

A fiscally balanced hybrid single-payer: universal essential coverage, stronger price discipline, and Core-CPI growth caps

What UHAA Does

- Universal coverage for essential services (modeled on Medicare) for citizens and lawful residents; non-residents billed at cost + admin.
- Hybrid design preserves supplemental private insurance and HSAs for non-essential services.
- Free choice of qualified providers; no prior authorization for essentials; telemedicine reimbursed at 80%.

2026 Fiscal Snapshot

HTF Outlays (reformed):	\$5,089B
Inflows (central case):	\$5,783B
Annual Balance:	\$694B

How It's Paid For

- Four pillars: UHAA payroll (employer doubled; employee 5%–9.5%), Medicare realignment (HI + Parts B/D), Medicaid MOE, Employer MOE ($\geq 7.5\%$ of payroll or prior-year spend).
- All payment caps, thresholds, and hospital budget growth indexed to Core CPI; hospital global budgets capped at Core CPI + 0.5pp.

Why It Saves Money

- Administrative simplification, site-neutral payments, and all-payer global hospital budgets restrain unit prices and volume growth.
- Expanded drug negotiation (class-based, cost-plus, reference pricing) lowers essential drug spend.
- Wellness-first: preventive care and mental health parity reduce avoidable ER/inpatient use over time.

10-Year Outlook (Illustrative)

HTF inflows (10y):	\$69,500B
HTF outlays (10y):	\$58,072B
HTF balance (10y):	\$11,429B

Notes: Core CPI indexation across payments and caps; hospital global budgets at Core CPI + 0.5pp; receipts include UHAA payroll, Employer MOE, HI payroll, and program co-p

UHAA — Visual Summary

Funding Waterfall (2026, central case)

Inflows vs Outlays (Projection, core-CPI caps)

How to read the Federal Δ Deficit chart

- Bars show the annual change in the federal deficit with UHAA vs. baseline (Medicare + Medicaid + ACA, current law)
- Sign convention: above zero = deficit improves vs baseline.

Formula (per year):

$$\Delta \text{ Deficit} = \text{UHAA Receipts} - \text{UHAA Outlays} + \text{Baseline Fed Outlays}$$

2026 Example:

Receipts = \$4,083B (UHAA payroll + Employer MOE + HI + co-pays)

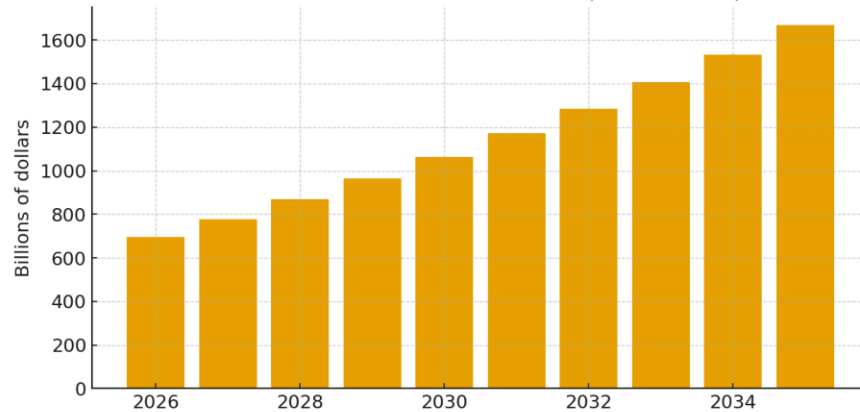
Outlays = \$5,089B (HTF outlays)

Baseline = \$2,306B (Medicare + Medicaid + ACA, current law)

Δ Deficit = \$1,300B → deficit improves

Annual HTF Balance (2026-2035)

UHAA — Annual HTF Balance (2026-2035)



Federal Deficit Impact vs Baseline (2026-2035)

UHAA — Federal Deficit Impact vs Baseline (2026-2035)

