Single Payer

Comprehensive coverage with little or no cost sharing

Government bargaining power is essential to control costs

Building on the Affordable Care Act

Competitive, regulated markets

State flexibility with a federal floor

Mixed public and private insurance

Individual Responsibility

Lower premiums through greater cost-sharing

Considerable state flexibility

Less regulated plan choices

Medicare for All (Sen. Sanders)

- Replaces the ACA
- Creates a national health insurance program; all residents eligible; employer benefit plans are not allowed.
- Comprehensive benefits with no cost sharing.
- Creates a Universal Medicare Trust Fund that absorbs Medicare, Medicaid, FEHBP, TRICARE.
- Secretary negotiates Rx prices; provider rates set at Medicare rates.
- Long-term care services through Medicaid.

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New York Health Act (Rep. Gottfried)

- Creates a state-sponsored single-payer health program called New York Health that would provide coverage to all residents of New York State
- Offers comprehensive health benefits, including all benefits covered by Medicare, Medicaid, Child Health Plus, and those mandated under the Affordable Care Act; long-term care benefits could be added later.
- Prohibits deductibles, copayments, or other out-of-pocket payments at the point of service for covered benefits.
- Tax payments would replace premiums and out-of-pocket payments for covered services.

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The Healthy California Act (Sens. Galgiani and Wiener)

- Creates a single-payer health care system called Healthy California available to every resident and run by an appointed board
- Prohibits health insurers or health care service plans from providing coverage for any service offered through the single-payer program
- Requires collection of certain information from hospitals (but not other providers)
- Prohibits any cost sharing for enrollees such as premiums, copayments, or deductibles
- Requires coverage for "all medical care determined to be medically appropriate by the member's health care provider"
- Requires the board to apply to the federal government for permission to include the participants and funding streams for Medicare, Medi-Cal, and Covered California in the program
- Authorizes unspecified funding for retraining of workers in the health insurance industry who would no longer be employed under the bill
- Authorizes providers to collectively negotiate payment rates with the board.

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Choose Medicare Act (Sens. Merkley and Murphy)

- Creates a public health plan, Medicare Part E, that meets marketplace plan standards.
- Offered through marketplaces; small business marketplaces; fully insured employers may offer; portable.
- Enhances subsidies; sets gold plan as marketplace benchmark.
- Provides funding for states to establish reinsurance programs.
- Secretary sets premiums.
 Secretary negotiates Rx prices and provider rates between
 Medicare and local private rates.

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Medicare Buy-In and Health Care Stabilization Act (Reps. Higgins, Larson, Courtney)

- Creates options for Americans ages 50-64 to buy-in to Medicare for an annual premium
- Buy-in options would be available in the exchanges and to those with employer coverage
- Reinstates cost-sharing reduction payments and reinsurance. Extends risk corridors through 2020.

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Medicare X Choice Act: (Sens. Bennet and Kaine)

- Creates a marketplace public plan option, the Medicare Exchange plan that meets qualified health plan (QHP) standards.
- Secretary sets premiums and negotiates Rx prices; VA price is fallback if negotiations fail.
- Providers participating in Medicare or Medicaid must participate.
- Providers are reimbursed at Medicare rates; higher in rural areas.

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Nevada: Medicaid for All

- A bill introduced by Assemblyman Sprinkle proposed allowing any resident to buy into Medicaid regardless of income or health status
- The bill was vetoed but the state is now conducting a study of buy-in options

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State Public Option Act (Medicaid Buy-in) (Sen. Schatz)

- Allows states to offer Medicaid through the marketplaces as a public plan option.
- Gives states the option to allow people with incomes> 400% FPL to buy-in to state Medicaid programs with tax credits (9.5% of income) with state/federal match.
- Eligibility: people without employer coverage or Medicare.
- Would potentially affect people only in Medicaid expansion states, 19 have yet to expand.

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Consumer Health Insurance Protection Act (Sen. Warren)

- Enhances marketplace subsidies; sets gold plan as marketplace benchmark.
- Sets cap on Rx cost-sharing.
- Standardized plan options set by states; or Secretary in the absence of states.
- Fixes family coverage glitch.
- Requires insurers that offer Medicare
 Advantage or Medicaid managed care plans
 in a region, to also offer marketplace plans.

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Graham-Cassidy Proposal

- Repeals the ACA marketplace subsidies and federal funding for the Medicaid expansion in 2020.
- Creates temporary block grants for states that end in 2026.
 States can use the funds for a wide range of purposes.
- Repeals the individual and employer mandates. (Tax penalty repealed in 2017 tax bill.)
- Creates a waiver program for states that would allow insurers to charge people more based on their health and cut benefits like maternity care.
- Places per capita spending limits on funding for the traditional Medicaid program.