

Where Do Federal Health Proposals Fall in the Coverage Continuum?

Federal Health Proposals

International Health Systems

As we head into the 2020 presidential election, here is a continuum of health care proposals, from those that aim to offer universal coverage with little or no cost to consumers and a larger federal role to proposals calling for less-regulated private health plans with lower premiums but greater cost-sharing and larger role for states.

Public Plan Features Added to Private Insurance

More Private Health Plan and Provider Regulation

A Choice of Public and Private Plans

Medicare-Like Plan in the Marketplaces

Medicare-Like Plan for People with Employer Coverage

Medicare Buy-In for Americans Over 50

Medicaid Buy-In for All

Single Public Plan for All

National Health Insurance Program

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Consumer Health Insurance Protection Act (S. 2582)

Sponsor

Elizabeth Warren (D-Mass.), 2018

New Coverage Enhancement or Option

Extends and enhances premium subsidies for marketplace plans and makes it easier for people with unaffordable employer plans to become eligible for marketplace subsidies. Reduces cost-sharing in marketplace plans for those with incomes under 400 percent of the poverty level (or up to \$48,560 for an individual), including a monthly cap on prescription drug spending. Insurers that offer Medicare Advantage or Medicaid in a region must also offer marketplace plans.

Who Is Eligible?

All not eligible for employer coverage, Medicaid, or Medicare.

How Do People Pay for Coverage and Health Care?

Premiums and any deductibles and copays or coinsurance that are part of their plan.

How Are Health Care Costs Managed?

Decreases the share of premium dollars insurers can pocket as profits or use for administrative expenses. Federal or state governments may prohibit premium increases in the individual market they deem unreasonable.

[Read the bill](#)

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Medicare Buy-In and Health Care Stabilization Act (HR 3748)

Sponsors

Rep. Brian Higgins (D-N.Y.) 2019

New Coverage Enhancement or Option

People ages 50 to 64 may buy a plan with Medicare benefits for an annual premium. Those eligible for marketplace premium and cost-sharing subsidies could apply them to the plan. Extends and enhances cost-sharing reduction subsidies. Employers may pay premiums for eligible employees.

Who Is Eligible?

People ages 50-64 not eligible for Medicare.

How Do People Pay for Coverage and Health Care?

Premiums, as well as any deductibles and copays or coinsurance that are part of the plan.

How Are Health Care Costs Managed?

The U.S. Department of Health and Human Services (HHS) would set the premium. Would establish the Medicare Buy-in Trust Fund, separate from the Medicare Trust Fund. Providers are paid at Medicare rates. HHS would negotiate Medicare Part D prescription drug prices. Reinstates the Affordable Care Act's cost-sharing reduction payments to insurers and reinsurance program. Extends risk corridor program to offset insurer losses through 2020.

[Read the bill](#)

Medicare at 50 Act (S. 1742)

Sponsor

Sen. Stabenow (D-Mich.), 2019

New Coverage Enhancement or Option

People ages 50 to 64 may buy a plan with Medicare benefits for an annual premium. Those eligible for marketplace premium and cost-sharing subsidies could apply them to the plan. The plan would be offered at the silver level through the marketplaces.

Who Is Eligible

People ages 50-64 not eligible for Medicare (or Medicaid?)

How Do People Pay for Coverage and Health Care?

Premiums, as well as any deductibles and copays or coinsurance that are part of the plan.

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The U.S. Department of Health and Human Services would set the premium. Would establish the Medicare Buy-in Trust Fund, separate from the Medicare Trust Fund. Providers are paid at Medicare rates.

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