

# **THE MEDICARE FOR ALL ACT OF 2019**

## **SENATOR BERNIE SANDERS**

### **TITLE I—ESTABLISHMENT OF THE UNIVERSAL MEDICARE PROGRAM**

Establishes a national health insurance program for every resident of the United States, including the District of Columbia and the territories. Provides for patient freedom of choice among providers. Creates an enrollment mechanism and provides for issuance of health insurance cards.

Effective date of benefits: four years after the date of enactment (starting January 1 of that year)

### **TITLE II—COMPREHENSIVE BENEFITS**

Requires coverage of the following benefits: hospital services, including emergency services and inpatient drugs; ambulatory patient services; primary and preventive services, including disease management; prescription drugs, medical devices, and biological products; mental health and substance abuse treatment services, including inpatient care; laboratory and diagnostic services; reproductive, maternity, and newborn care; pediatrics; oral health and vision; rehabilitative and habilitative services and devices; emergency services and transportation; home- and community-based long-term services and supports; other items as deemed necessary.

States may provide additional benefits at their expense.

Institutional long-term care coverage for seniors and people with disabilities will continue as it is currently covered under Medicaid, complete with a maintenance of effort provision; no one receiving benefits through Medicaid or any other federal or state health program will lose support. Separating home-and-community-based services from institutional services will allow us to erase the current institutional bias and ensure people are allowed to choose the setting which suits them best.

### **TITLE III—PROVIDER PARTICIPATION**

Requires all providers to sign a participation agreement, which includes nondiscrimination on the basis of race, color, national origin, income, religion, age, sex or sexual orientation, gender identity, disability, handicapping condition, or illness (subject to the provider's scope of practice). Participation agreements may be terminated by the agency for cause, or by the provider for any reason.

Providers shall be considered qualified if they are properly licensed and certified under State and federal law to provide such services. The agency shall establish and maintain national minimum provider standards.

Allows providers to enter into private contracts with individuals for services otherwise covered by this Act as long as the individual pays fully out of pocket.

#### **TITLE IV—ADMINISTRATION**

Establishes a Universal Medicare Agency to oversee and administer this Act, within the Department of Health and Human Services. The agency shall be headed by the Secretary of HHS and 6 other individuals, subject to Senate confirmation.

Requires the agency to consult with all relevant stakeholders when formulating guidelines and regulations.

Provides for regional and state administration.

Provides for a Beneficiary Ombudsman to assist individuals enrolled in the Act, and an Inspector General for the Board.

Applies all current Medicaid fraud provisions to this Act.

#### **TITLE V—QUALITY ASSESSMENT**

Creates an American Health Quality Council to review and evaluate all practice guidelines, profile practices and patterns of health care, conduct quality reviews, and report to the agency on outcomes research.

Requires the Council to evaluate and address health care disparities.

#### **TITLE VI—BUDGET AND COST CONTAINMENT**

Requires the agency to create an annual budget, which shall include the cost of covered health services; quality assessment activities; health professional education expenditures; administrative costs; innovation; operating and other expenditures; capital expenditures; and public health activities. For the first five years following the date of enactment, the budget may also provide transition assistance to health insurance administration workers who may be displaced because of the implementation of this Act. Provides for a reserve fund to anticipate natural disasters or other such public health emergencies.

Continues current Medicare payment methods, including alternative payment models established under ACA and MACRA.

Requires the agency to negotiate the price of prescription drugs and establish a formulary. Gives patients and providers the right to petition to have drugs placed on or off the formulary. Provides a means of access for patients who need off-formulary medications.

#### **TITLE VII—UNIVERSAL HEALTH INSURANCE TRUST FUND**

Creates a trust fund for this Act. Includes all current federal health insurance program receipts, as well as all extra dollars attributed to changes in the Internal Revenue Code (for example, removing the employer health insurance premium exclusion). Bans the Hyde Amendment.

## **TITLE VIII—ERISA CONFORMING AMENDMENTS**

## **TITLE IX—RELATIONSHIP TO EXISTING FEDERAL HEALTH PROGRAMS**

Provides for a transition from Medicare, Medicaid, FEHB, SCHIP, and any other federal health insurance program into the Universal Medicare Program.

Requires VA and IHS to stay independent for the first ten years of the program, with an evaluation at the end to determine if the systems need to stay independent. Requires HHS to consult with tribal leaders and stakeholders before making any determination with respect to the Indian Health Service.

## **TITLE X—TRANSITION**

Provides for a four-year phase-in. Establishes a Medicare Transition Plan to allow Americans to buy into the Medicare program during the transition. Lowers the Medicare age to 55 in year one, 45 in year two, and 35 in year three. Adds new dental, vision, and hearing benefits to Medicare in year one. Lowers Medicare out-of-pocket costs in year one and eliminates the Part A and Part B deductibles. Eliminates the two-year waiting period for Medicare coverage for individuals with disabilities. Provides for continuity of care for persons with private health coverage to ensure a smooth transition.

## **TITLE XI—MISCELLANEOUS**

Updates the resource limits under Social Security to current dollars and indexes for inflation going forward. Provides definitions of certain terms.