
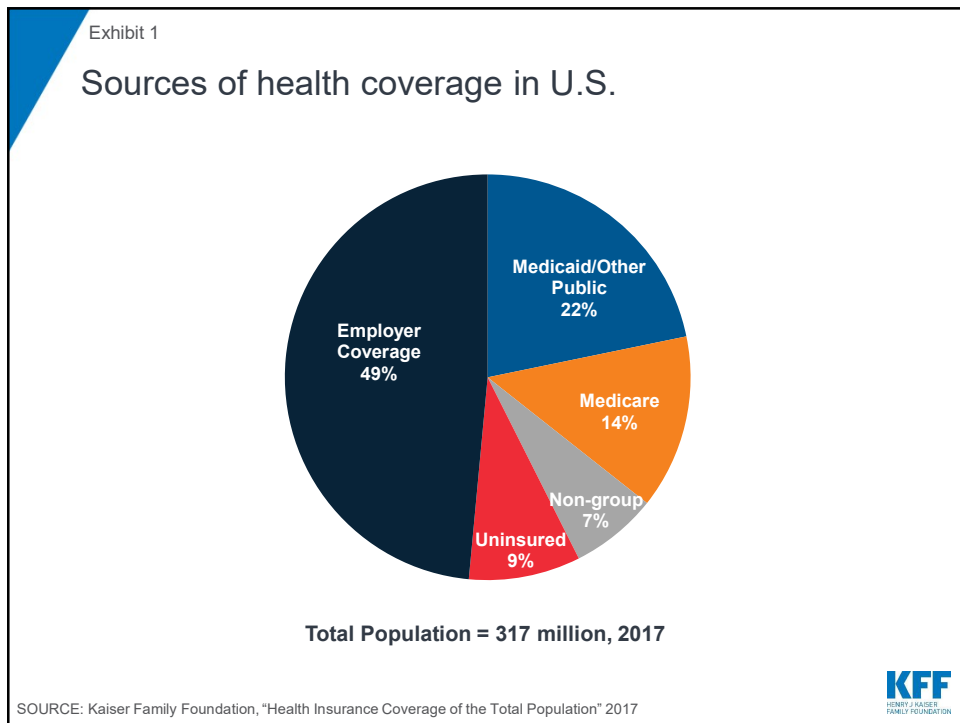


Medicare-for-All and Public Plan Option Proposals

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Alliance for Health Policy
April 25, 2019



Filling the need for trusted information on national health issues.



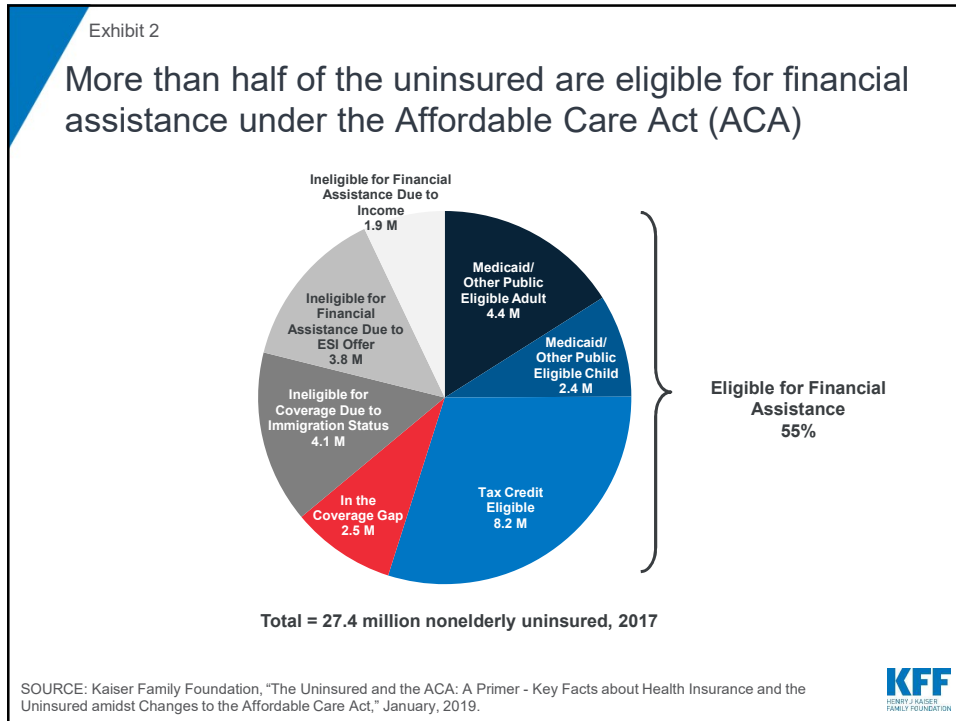


Exhibit 4

Proposals can also involve trade-offs

- Disrupt current coverage
- Revenue changes for hospitals and doctors
- Revenue and job loss in private insurance industry
- Changing role of federal government, state government
- Federal tax increases




Exhibit 5

There are four general approaches involving public plans

(Not counting bills to improve the ACA without a public plan)

Medicare-for-All	Federal Public Plan Option	Medicare Buy-In	Medicaid Buy-In
116th Congress (2019-2020)			
Medicare for All Act of 2019 Rep. Jayapal	Keeping Health Insurance Affordable Act of 2019 Sen. Cardin	The Medicare at 50 Act Sen. Stabenow	State Public Option Act Sen. Schatz/Rep. Luján
Medicare for All Act of 2019 Sen. Sanders	Medicare-X Choice Act Sens. Bennet and Kaine	Medicare Buy-In Act of 2019 Rep. Higgins	
	The Choice Act Rep. Shakowsky/Sen. Whitehouse <i>Stay tuned for more...</i>		
115th Congress (2017-2018)			
Medicare for All Act of 2017 Sen. Sanders	The Choice Act Rep. Schakowsky/Sen. Whitehouse	The Medicare at 55 Act Sen. Stabenow	State Public Option Act Sen. Schatz/Rep. Luján
Expanded and Improved Medicare for All Act Rep. Ellison/Jayapal	Medicare-X Choice Act Sen. Bennet/Rep. Higgins	Medicare Buy-In and Health Care Stabilization Act of 2017 Rep. Higgins	
	The Choose Medicare Act Sen. Merkley/Rep. Richmond		
	Medicare for America Act of 2018 Rep. DeLauro/Schakowsky		

SOURCE: Kaiser Family Foundation Interactive Comparison Tool, <https://www.kff.org/interactive/compare-medicare-for-all-public-plan-proposals>




Exhibit 6

Key Provisions: **Medicare-for-All proposals**

- Universal coverage, cradle to grave
- Private insurance replaced by single federal coverage program
- Most other public coverage replaced
- Comprehensive benefits, including LTSS, scope varies
- No premiums or cost-sharing, with limited exceptions
- All licensed hospitals, doctors, facilities participate, with exceptions
- National system for provider payments, level to be determined
- Global budget for national health expenditures, level to be determined
- Substantial new federal tax financing to be determined
- Substantial offsets for states, employers, families




Exhibit 7

Key Provisions: **Public plan option/Medicare buy-in option**

- “Option” is key
- Role of public plan ranges from narrow to expansive
 - Marketplace only? Older Marketplace participants only?
 - Immigrants? Employers/employees?
- Apply current Marketplace subsidies or expand?
- Is public plan similar to Medicare? Or to QHPs? Or both?
 - Rely on Medicare providers and payments, with exceptions
 - Covered benefits: Medicare A, B, and D? Essential health benefits or more?
 - Public plan premium follows ACA rating rules, with exceptions
 - Differences will impact who enrolls; adverse selection
- Leave current Medicare unchanged or not
 - Add OOP limit on cost sharing
 - Secretary negotiate Rx drug prices




Exhibit 8

Key Provisions: **Medicaid Buy-in bills**

- State option to establish public plan in Marketplace using Medicaid buy-in
- Essential health benefits covered, states can add others
- States can set premiums and cost sharing
 - Premiums can't exceed 9.5% of income
 - Cost sharing can't exceed ACA OOP limit
- State Medicaid participating providers and payment rates apply
 - Medicare rates required for primary care services
- ACA Marketplace subsidies apply to buy-in plan
- Medicaid buy-in plan losses jointly financed by federal government
- States exploring Medicaid buy-in option in advance of federal legislation





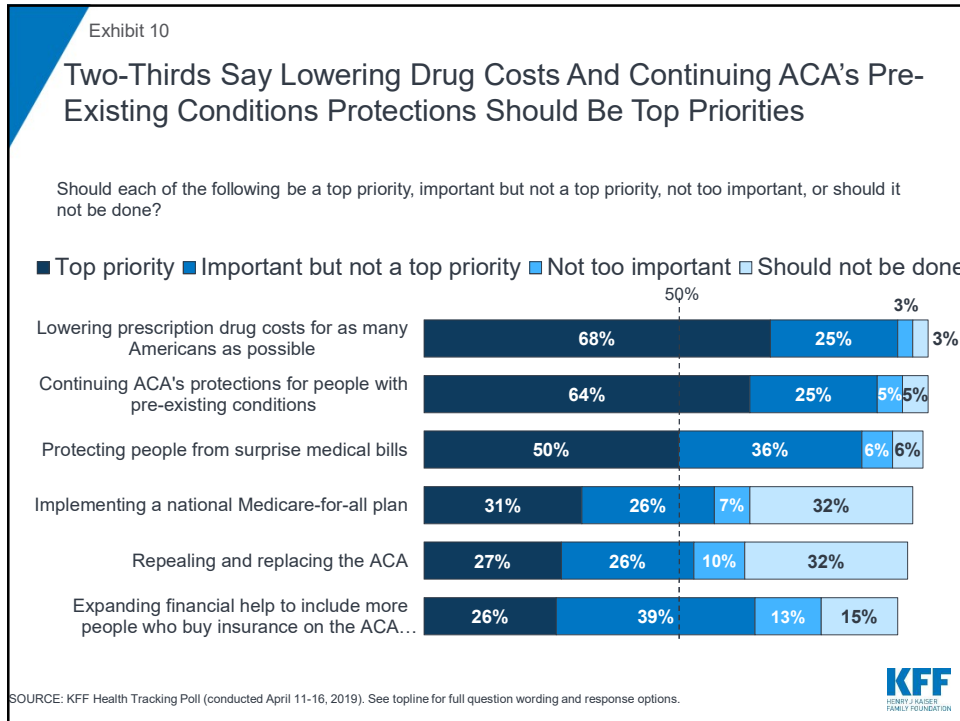
Exhibit 9

Public's attitudes on proposals to broaden role of public programs to expand health insurance coverage:

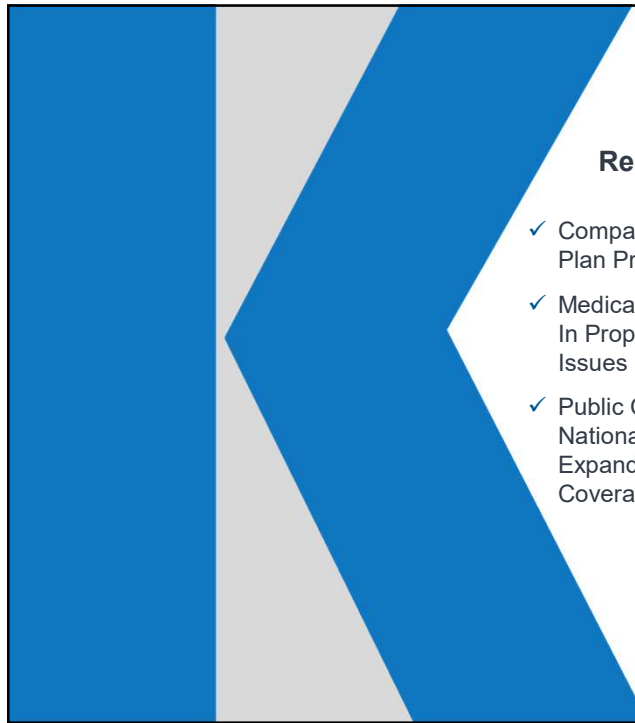
	■ Strongly or somewhat favor	■ Somewhat or strongly oppose
Allowing people between the ages of 50 and 64 to buy health insurance through Medicare	77%	18%
Allowing people who don't get health insurance at work to buy health insurance through their state Medicaid program instead of purchasing a private plan	75%	18%
Creating a national government administered health plan similar to Medicare open to anyone, but would allow people to keep the coverage they have	74%	24%
Having a national health plan, sometimes called Medicare-for-all, in which all Americans would get their insurance from a single government plan	56%	42%

SOURCE: KFF Health Tracking Poll (conducted January 9-14, 2019). See topline for full question wording and response options.





- Exhibit 11
- ### Other things to watch
- Bills and consensus on them are evolving
 - Details added, changed from 115th Congress
 - Substantial overlap among cosponsors
 - Some proposals include new public plan options in Medicare
 - Public Medigap option
 - Public Part D plan option
 - How will voter views on health care evolve?
- KFF**
HENRY J. HAASE II
FAMILY FOUNDATION



Resources on KFF.org

- ✓ Compare Medicare-for-All and Public Plan Proposals
- ✓ Medicare-for-All and Public Plan Buy-In Proposals: Overview and Key Issues
- ✓ Public Opinion on Single-Payer, National Health Plans, and Expanding Access to Medicare Coverage

Thank you.



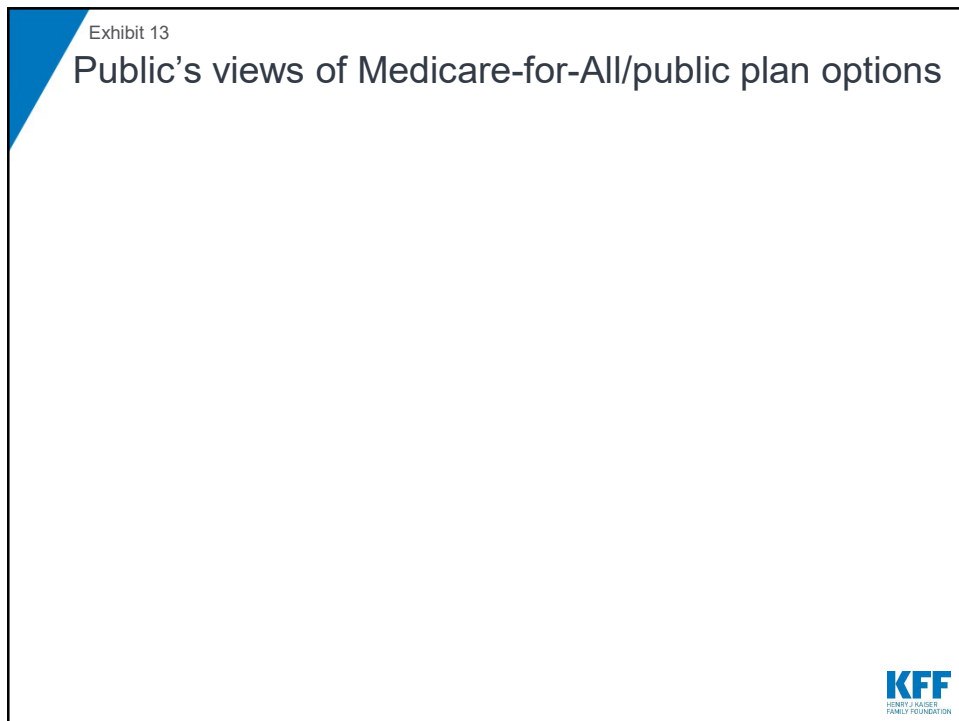
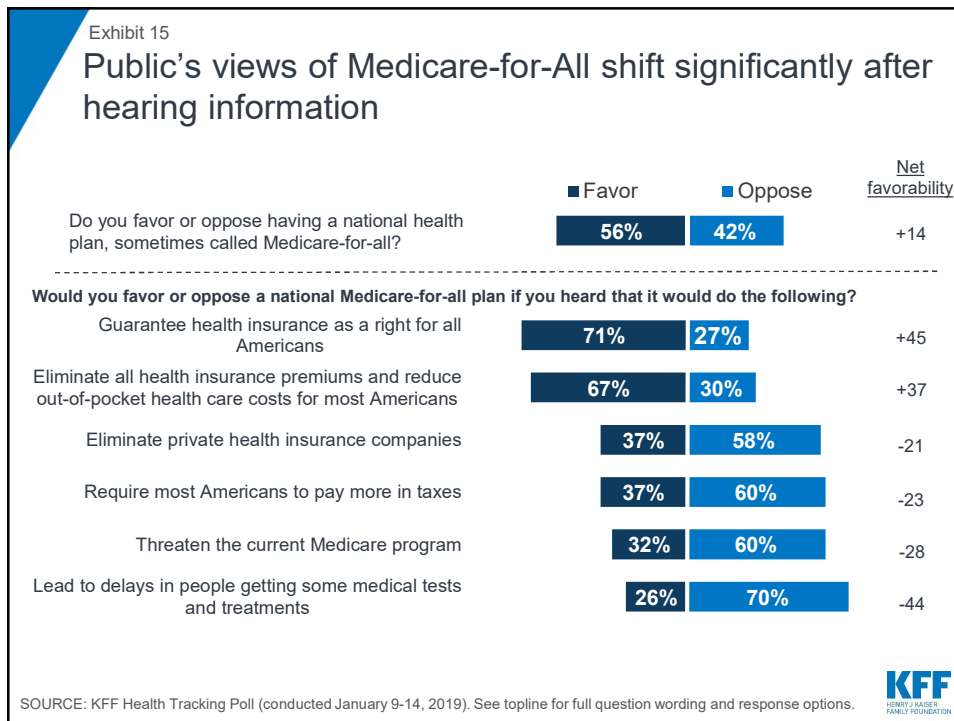
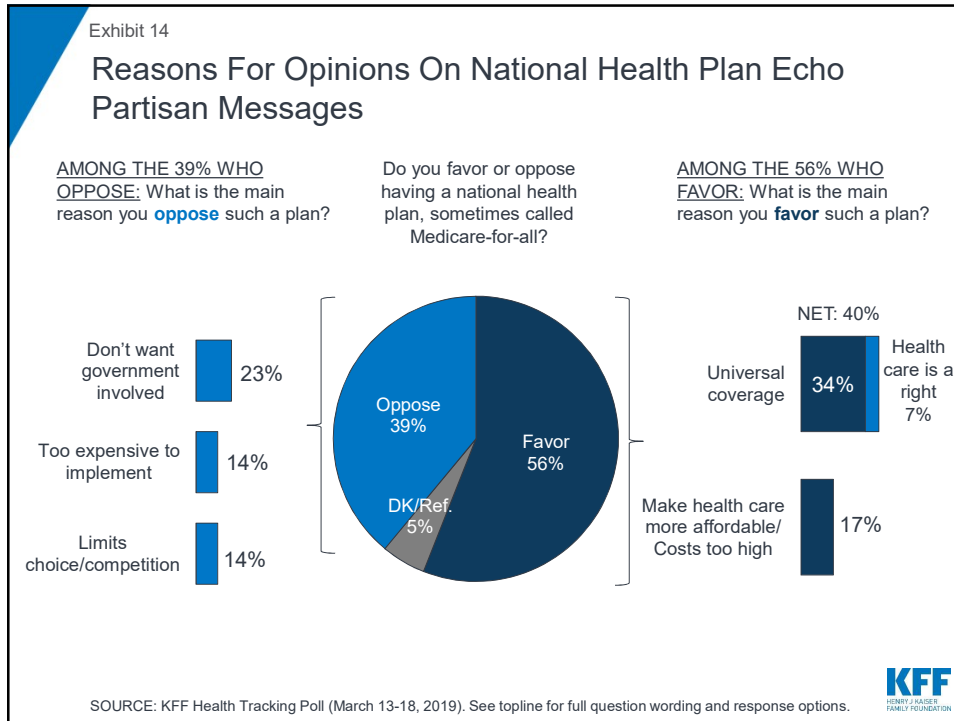


Exhibit 13

Public's views of Medicare-for-All/public plan options





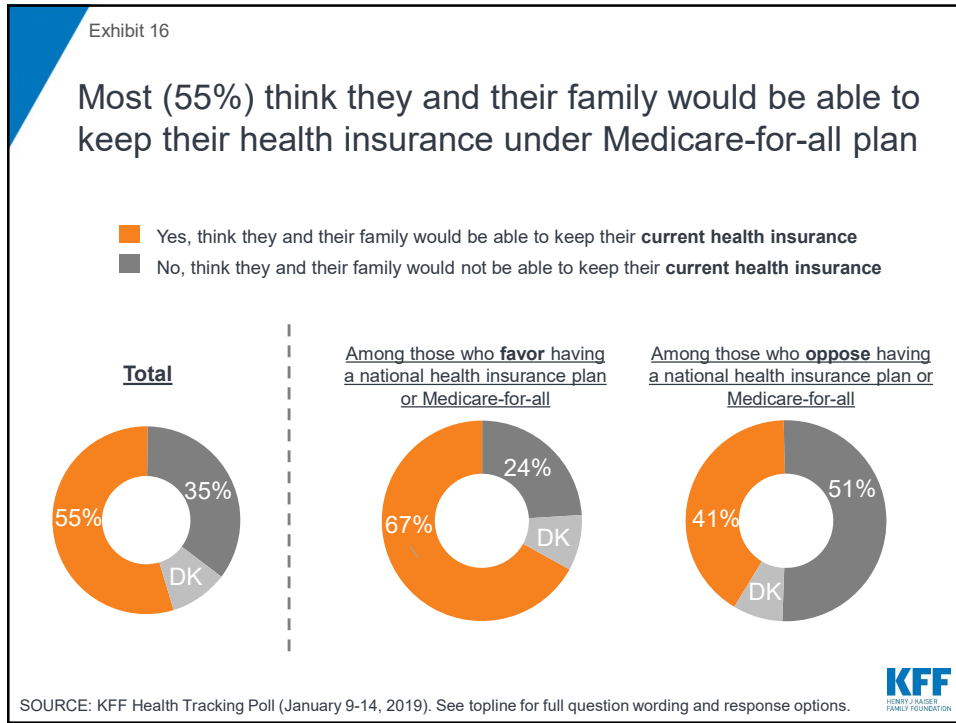

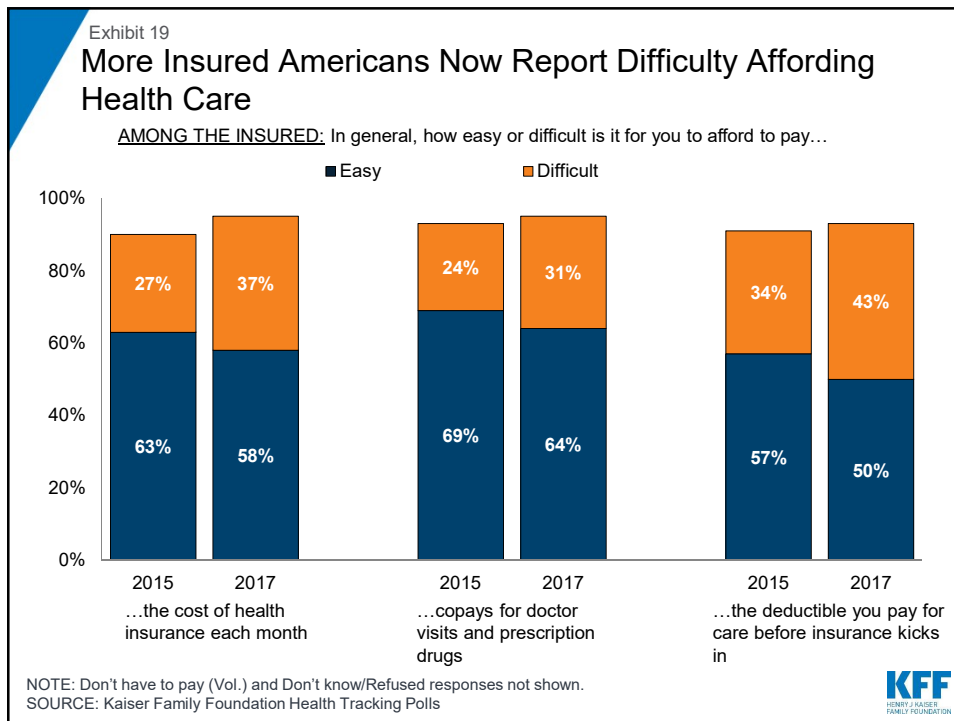
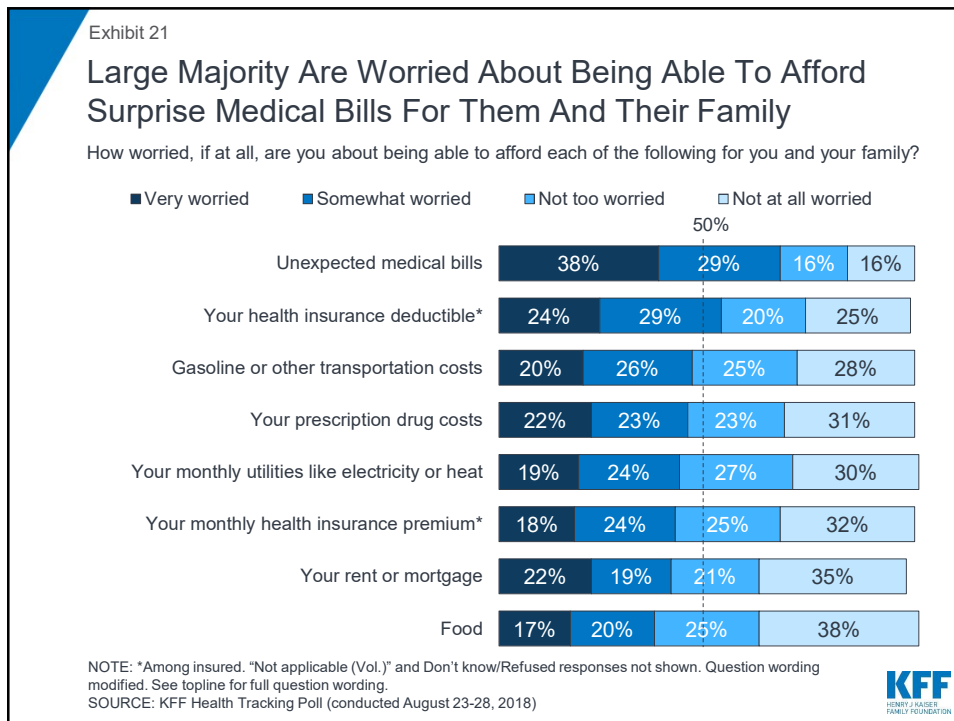
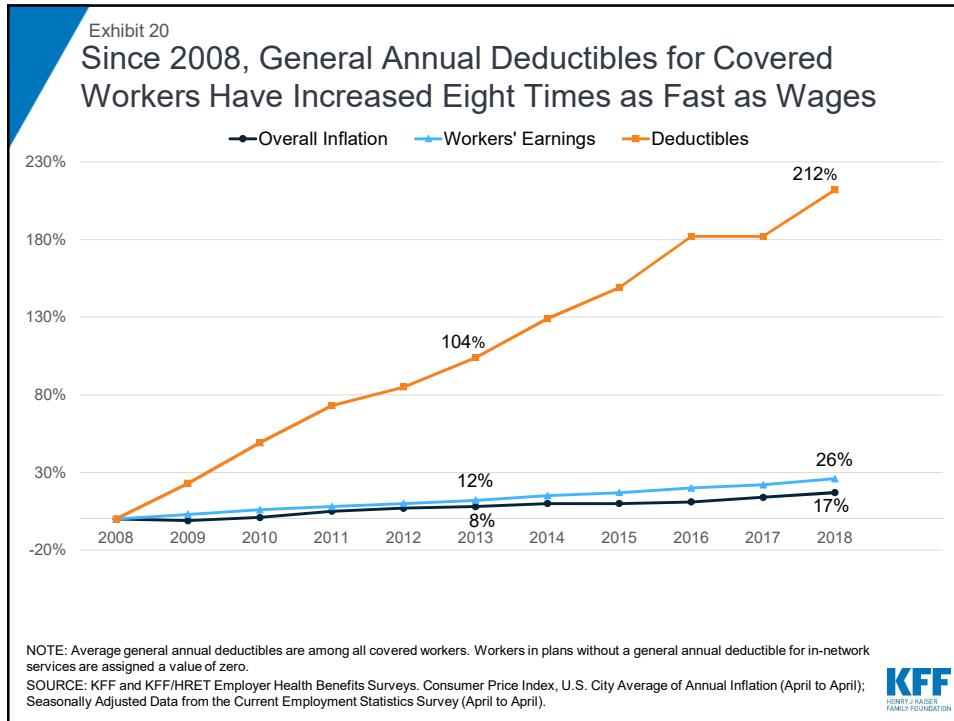


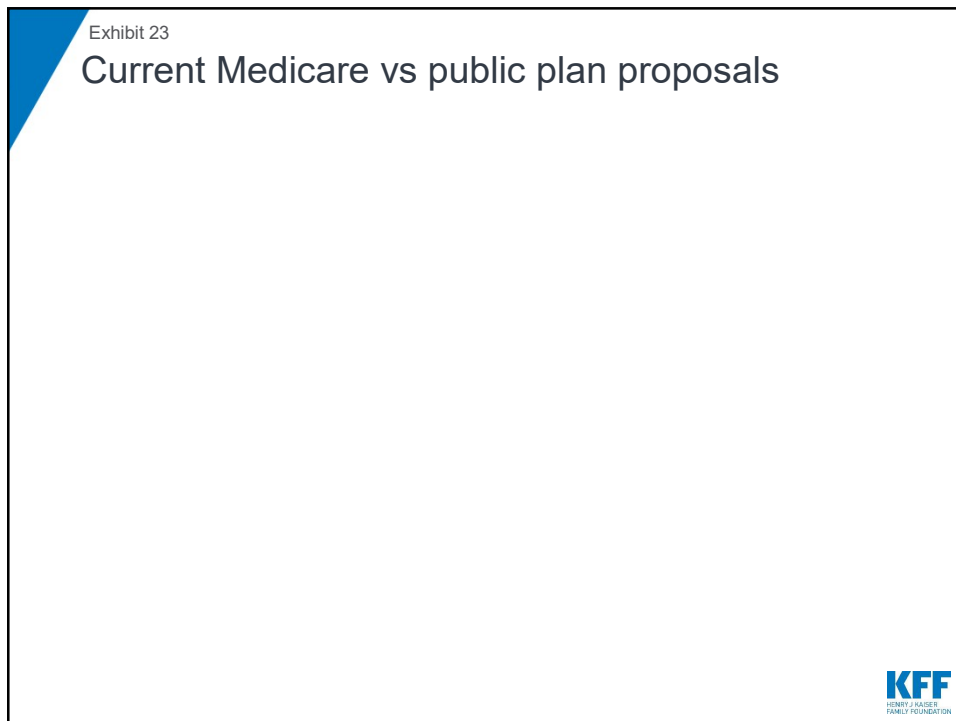
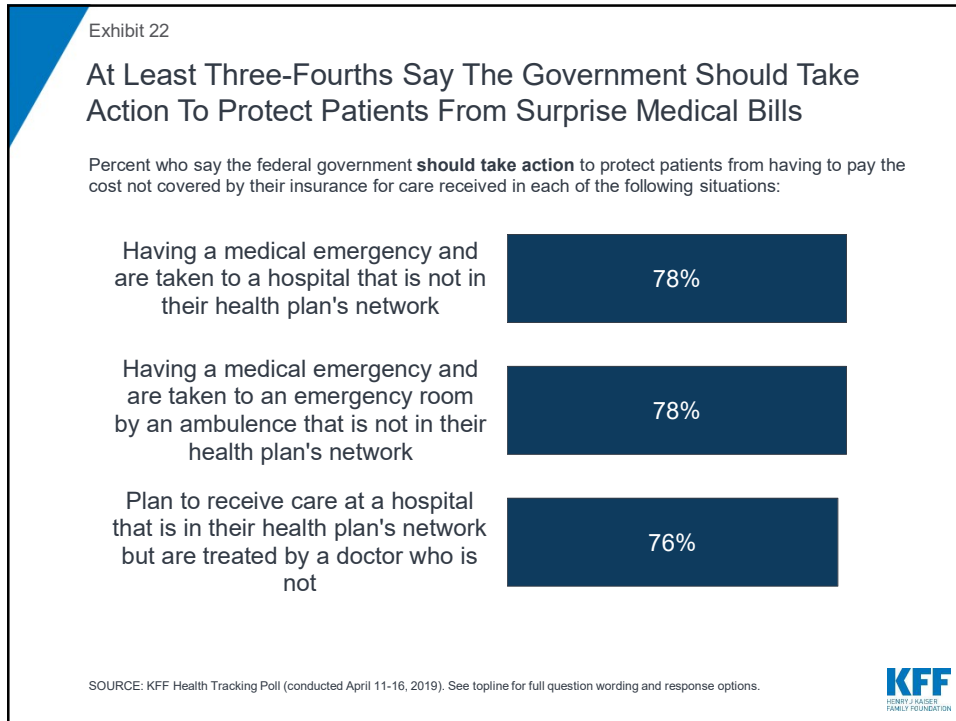
Exhibit 18
Public's Struggles with Health Care Over Time

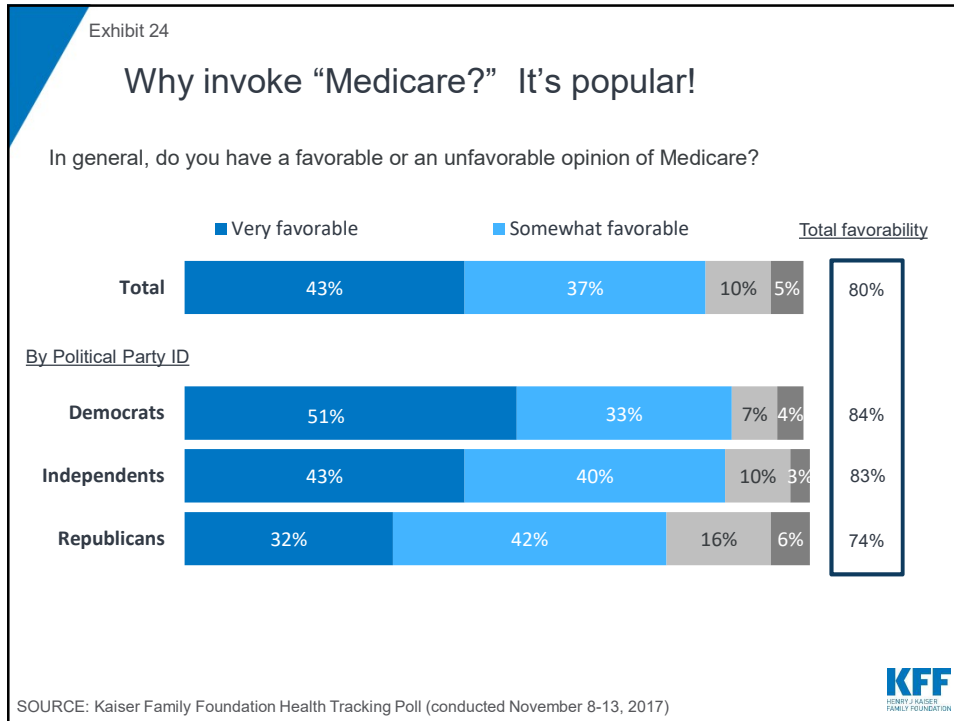
Percent who say they...	March 2010	March 2011	May 2012	September/December 2013	November 2015/January 2016	December 2016/February 2017
...had problems paying medical bills	30%	23%	26%	28%*	23%†	29% ^a
...put off care due to cost	57	52	58	57 [‡]	50 [‡]	51 ^b
...are very or somewhat worried about affording needed care (NET)	58%	52	48	60 [‡]	56 [‡]	50 ^b
...are "very worried" about affording needed care	29	20	25	33 [‡]	28 [‡]	25 ^b

*December †September ‡November 2015 †January 2016 ^aFebruary 2017 ^bDecember 2016
 NOTE: For problems paying health care, the question wording for 2010 through 2013 was, "In the past 12 months, did you or another family member in your household have any problems paying medical bills, or not?" In 2015 and 2017, question wording was, "In the past 12 months, did you or anyone in your household have problems paying or an inability to pay any medical bills, such as bills for doctors, dentists, medication, or home care?"
 Putting off care due to cost includes those who say yes to doing at least one of the following due to costs: skipping dental care or checkups, relying on home remedies or over-the-counter drugs instead of going to see a doctor, putting off or postponing getting health care they needed, skipping a recommended medical test or treatment, not filling a prescription for a medicine, cutting pills in half or skipping doses, or having problems getting mental health care.
 SOURCE: Kaiser Family Foundation Health Tracking Polls (2010-2017)







- Exhibit 25
- ### Similarities Public Plans and Current Medicare Program
- Administered by the Secretary of HHS
 - Defined set of benefits
 - Medicare providers (broad network)
 - Nationally-established provider payment rates
 - Balance billing protections (no surprise medical bills)
-

Exhibit 26

Potential Differences **Public Plans and Current Medicare Program**

✓ Eligibility	✓ Cost sharing
✓ Enrollment	✓ Low-Income Subsidies
✓ Premiums	✓ Role of Private Insurance Plans
✓ Financing	✓ Provider Payment Rates
✓ Benefits	✓ Global Budgets




Exhibit 27

Potential Impact on Current Medicare program?

- None would simply lower the Medicare eligibility age
- Public plan & Medicare buy-in bills create a separate, parallel public plan, aim to have no direct impact on current program (premiums, Trust Fund)
- Some proposals include specific changes to current Medicare program
 - Require Secretary to negotiate drug prices, and other Rx provisions
 - Establish new out-of-pocket limit for Medicare Parts A and B
 - Add public Medigap option to supplement traditional Medicare
 - Add public Part D prescription drug plan option to Medicare
- Medicare-for-all proposals would replace current Medicare program
 - Medicare-for-All would provide substantially richer benefit package, with no premiums or cost sharing for people 65+ and younger adults with disabilities

