

Charles Gaba



*healthcare policy data,
analysis & snark*

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Sen. Bernie
Sanders's (I-VT)
Medicare-for-all bill



Rep. Pramila Jayapal
(D-WA) and the House
Progressive Caucus's
Medicare-for-all bill



Reps. Rosa DeLauro
(D-CT) and Jan
Schakowsky's (D-IL)
**Medicare-for
America-bill**



Sens. Jeff Merkley
(D-OR) and Chris
Murphy's (D-CT)
Medicare buy-in bill



Rep. Jan
Schakowsky (D-IL)
and Sen. Sheldon
Whitehouse's (D-RI)
**Medicare
buy-in bill**



Sen. Michael Bennet
(D-CO), Rep. Brian
Higgins's (D-NY) and
Sen. Tim Kaine (D-VA)
**Medicare
buy-in bill**



Sen. Brian Schatz
(D-HI) and Rep.
Ben Ray Lujan's
(D-NM) **Medicaid
buy-in bill**



The Urban
Institute's
**Healthy
America
proposal**



Sen. Debbie
Stabenow
(D-MI)
**Medicare-at-
50 bill**



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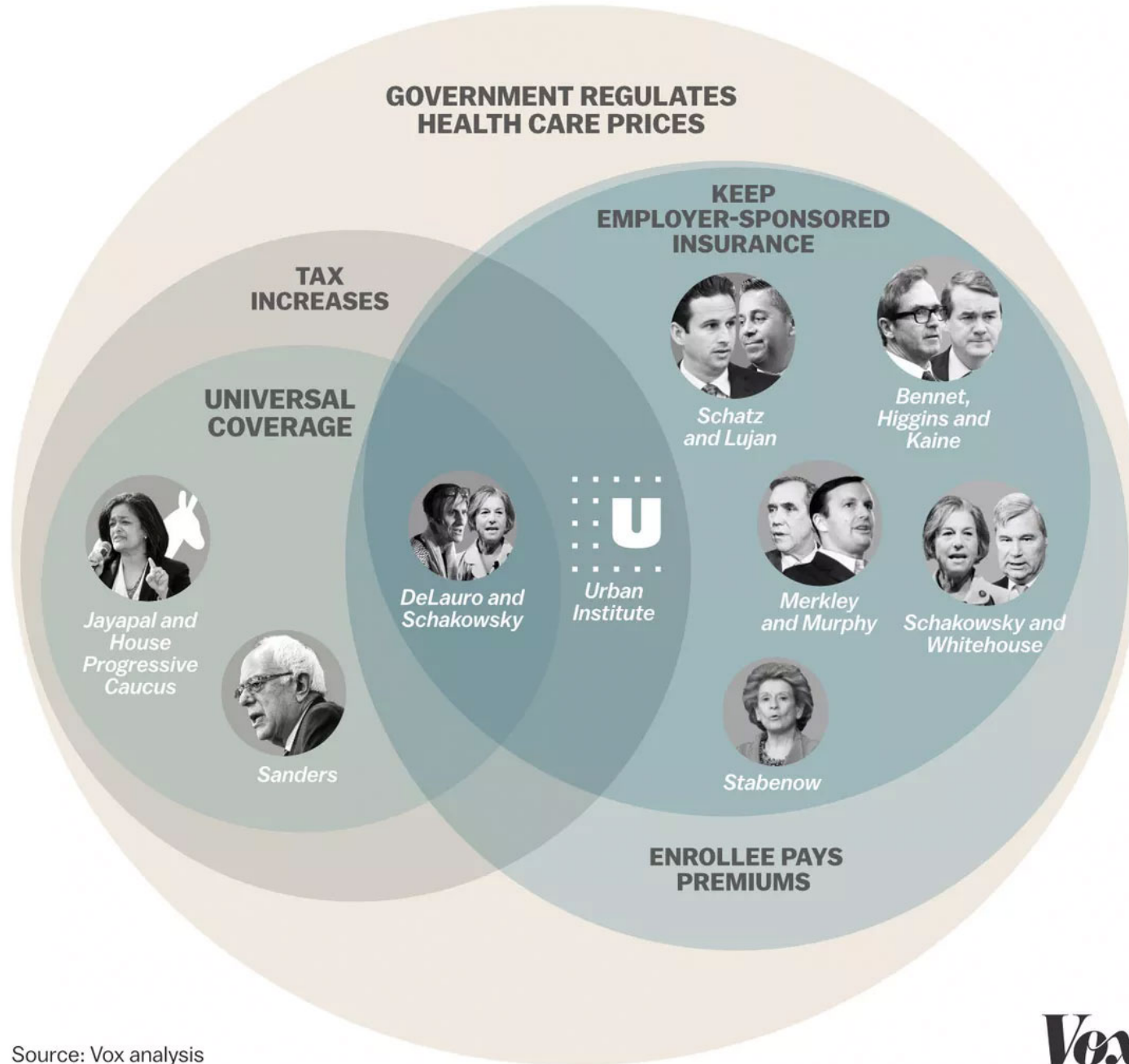


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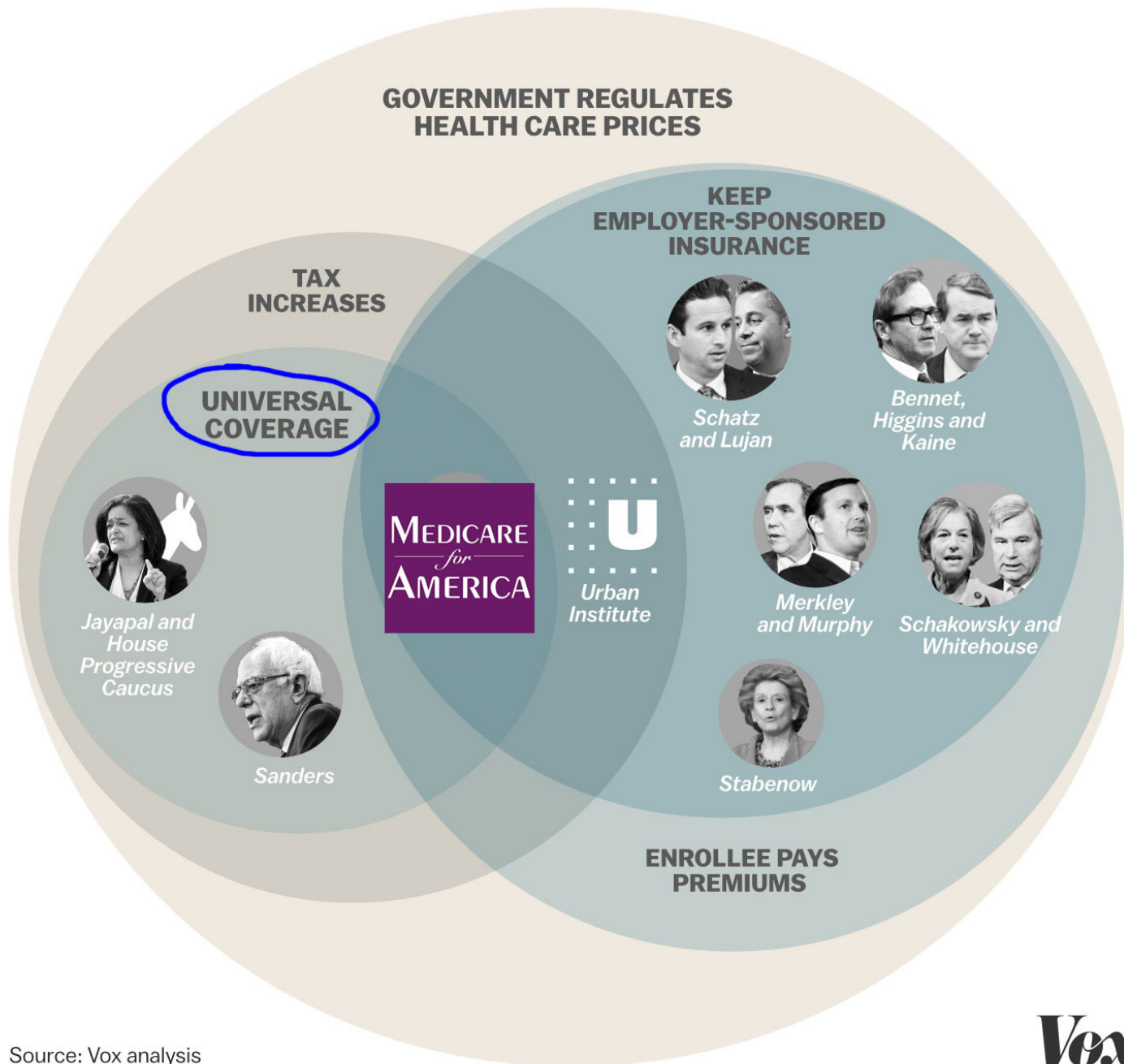


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**Medicare-at-
50 bill**

DEMOCRATIC PLANS FOR UNIVERSAL HEALTH CARE, COMPARED
















































DEMOCRATIC PLANS FOR UNIVERSAL HEALTH CARE, COMPARED



Source: Vox analysis

Vox

	Do ALL AMERICANS gain coverage?	Do Americans still get INSURANCE AT WORK?	Do public plan enrollees pay PREMIUMS?	Does it require a TAX INCREASE?	Does the GOVERNMENT REGULATE health care prices?
Jayapal (D-WA) and the House Progressive Caucus's Medicare-for-all bill					
Sanders's Medicare-for-all bill					
DeLauro (D-CT) and Schakowsky's (D-IL) Medicare for America bill					
Merkley (D-OR) and Murphy's (D-CT) Medicare buy-in bill					
Schakowsky (D-IL) and Whitehouse's (D-RI) Medicare buy-in bill					
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Stabenow (D-MI) Medicare-at-50 bill					
The Urban Institute's Healthy America proposal					

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	Do ALL AMERICANS gain coverage?	Do Americans still get INSURANCE AT WORK?	Do public plan enrollees pay PREMIUMS?	Does it require a TAX INCREASE?	Does the GOVERNMENT REGULATE health care prices?
Jayapal (D-WA) and the House Progressive Caucus's Medicare-for-all bill	✓	✗	✗	✓	✓
Sanders's Medicare-for-all bill	✓	✗	✗	✓	✓
DeLauro (D-CT) and Schakowsky's (D-IL) Medicare for America bill	✓	✓	✓	✓	✓
Merkley (D-OR) and Murphy's (D-CT) Medicare buy-in bill	✗	✓	✓	✗	✓
Schakowsky (D-IL) and Whitehouse's (D-RI) Medicare buy-in bill	✗	✓	✓	✗	✓
Bennet (D-CO), Higgins's (D-NY) and Kaine (D-VA) Medicare buy-in bill	✗	✓	✓	✗	✓
Schatz (D-HI) and Lujan's (D-NM) Medicaid buy-in bill	✗	✓	✓	✗	✓
Stabenow (D-MI) Medicare-at-50 bill	✗	✓	✓	✗	✓
The Urban Institute's Healthy America proposal	✗	✓	✓	✓	✓

Source: Vox analysis

Vox

Figure 4

Public's Attitudes On Proposals To Expand Medicare and Medicaid

■ Strongly favor ■ Somewhat favor ■ Somewhat oppose ■ Strongly oppose

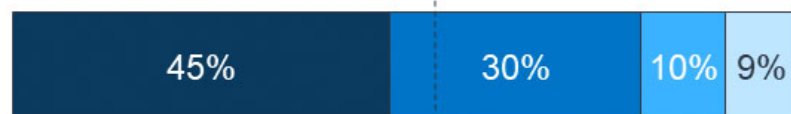
Medicare at 50+ (Sen. Stabenow's plan): 77% approval

Allowing people between the ages of 50 and 64 to buy health insurance through Medicare



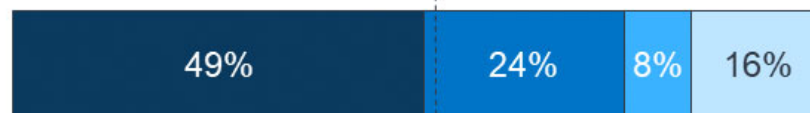
Medicaid buy-in (Sen. Schatz's plan): 75% approval

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



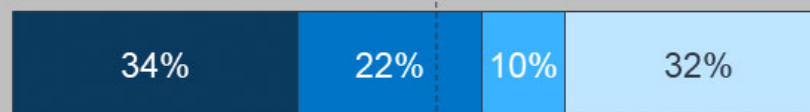
Medicare for America (Reps DeLauro & Schakowsky's plan): 73% approval

Creating a national government administered health plan similar to Medicare open to anyone, but would allow people to keep the coverage they have



Medicare for All ("Pure" Single Payer) (Sen. Sanders/Rep. Jayapal's plan): 56% approval

Having a national health plan, sometimes called Medicare-for-all, in which all Americans would get their insurance from a single government plan



50%

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

(poll is from January, but MfA approval identical as of April)

Figure 5

Majorities Across Partisans Favor Medicare Buy-In And Medicaid Buy-In

Percent who say they **favor** the following health care proposals:

● Republicans

● Independents

● Democrats

Total %

Medicare at 50+ (Sen. Stabenow's plan): 77% approval

Allowing people between the ages of 50 and 64 to buy insurance through Medicare

69% ● 75% ● 85% **77%**

Medicaid buy-in (Sen. Schatz's plan): 75% approval

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

64% ● 75% ● 85% **75%**

Medicare for America (Reps DeLauro & Schakowsky's plan): 73% approval

Creating a national government administered health plan similar to Medicare open to anyone, but would allow people to keep the coverage they have

47% ● 76% ● 91% **74%**

Medicare for All ("Pure" Single Payer) (Sen. Sanders/Rep. Jayapal's plan): 56% approval

Having a national health plan, sometimes called Medicare-for-all, in which all Americans would get their insurance from a single government plan

23% ● 53% ● 81% **56%**

50%

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

KFF
HENRY J. KAISER
FAMILY FOUNDATION

(poll is from January, but MfA approval identical as of April)

“Medicare for America”

introduced by Reps. DeLauro & Schakowsky
both are members of the Congressional Progressive Caucus;
Rep. Schakowsky also a cosponsor of House Medicare for All bill



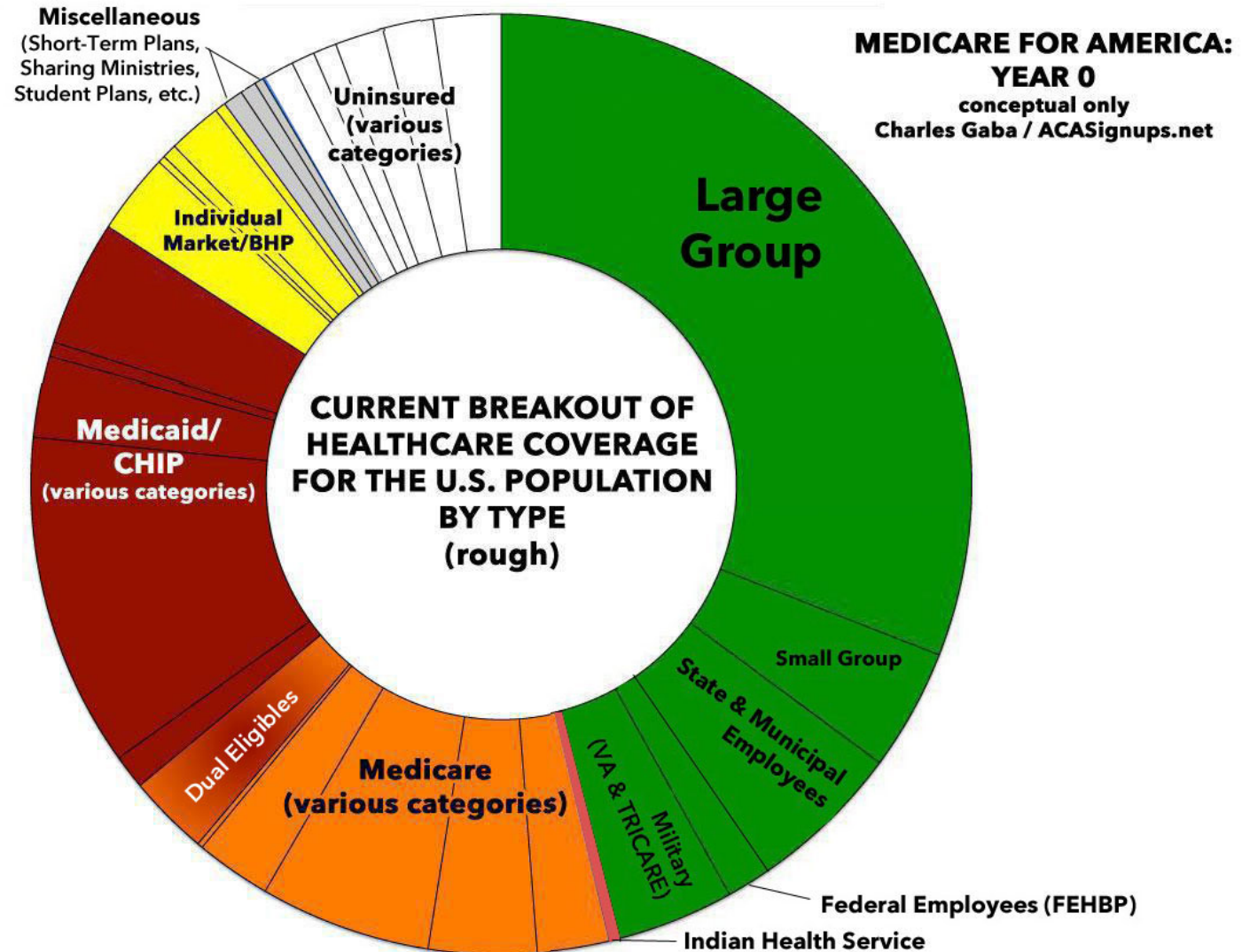
“Medicare for America”

WHO’S COVERED?

- **ENROLLED AUTOMATICALLY: ~50% of the population:**
 - Everyone currently UNINSURED
 - Everyone currently enrolled in the INDIVIDUAL MARKET
 - Everyone currently enrolled in MEDICAID or CHIP
 - Everyone currently enrolled in MEDICARE
 - ALL NEWBORN CHILDREN
 - ALL NEWLY TURNING 65
- **CAN ENROLL IF THEY WANT TO: ~50% of the population:**
 - Anyone with EMPLOYER COVERAGE, including:
 - Employees of LARGE BUSINESSES
 - Employees of SMALL BUSINESSES
 - Federal Employees (FEHBP)
 - State & Municipal Employees
 - Active Military Members (TRICARE)
 - Enrollees in the Indian Health Service

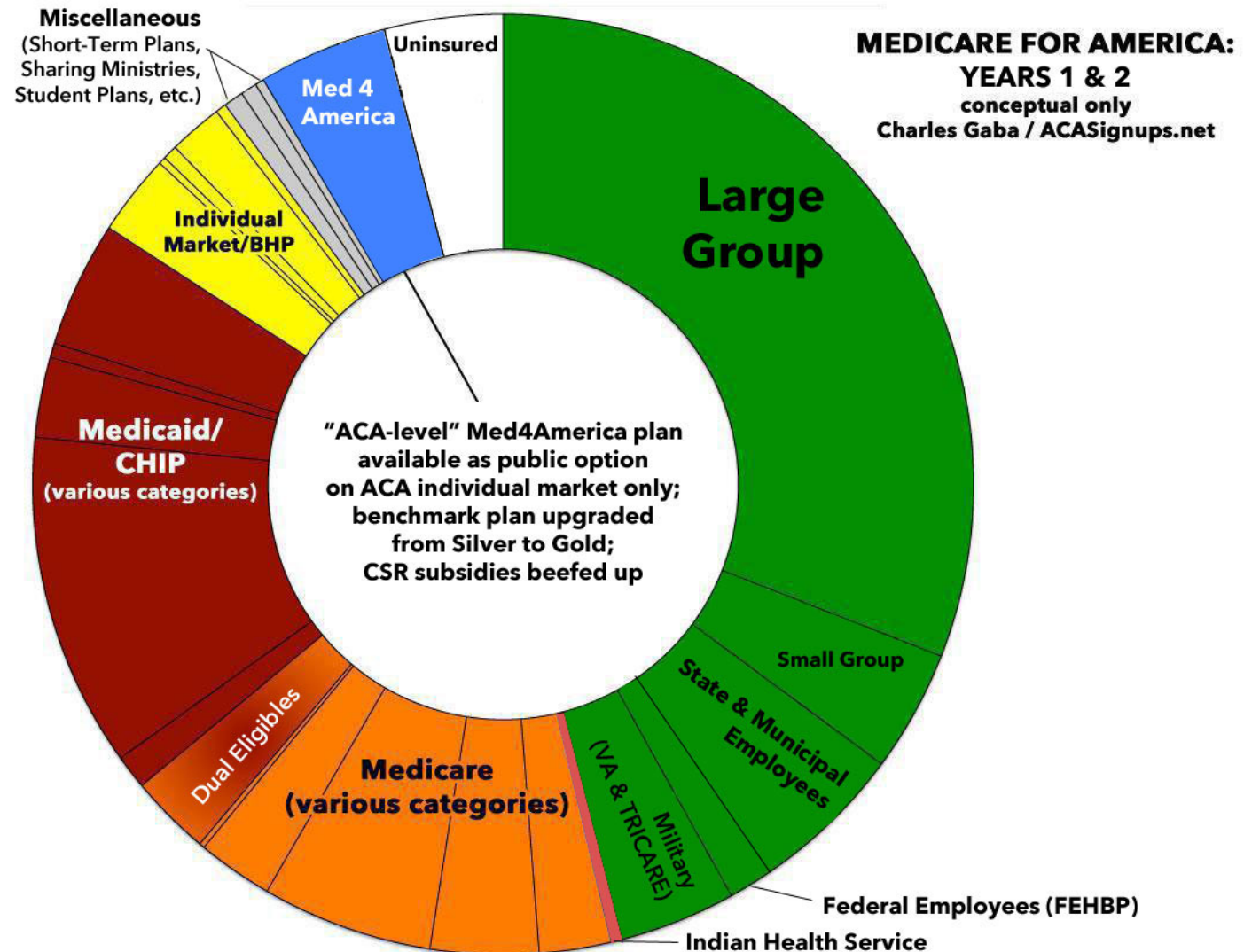
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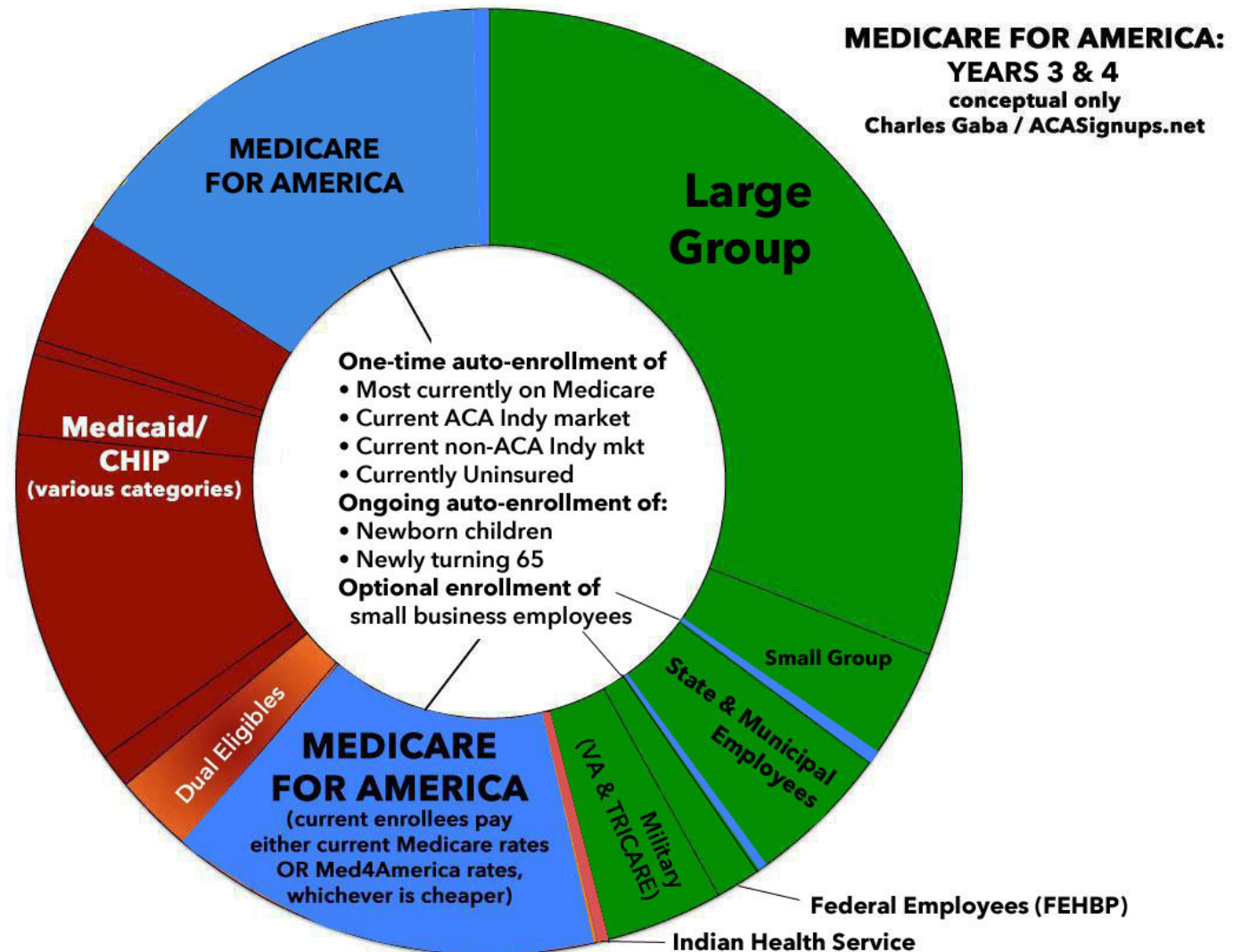
“Medicare for America”

introduced by Reps. DeLauro & Schakowsky



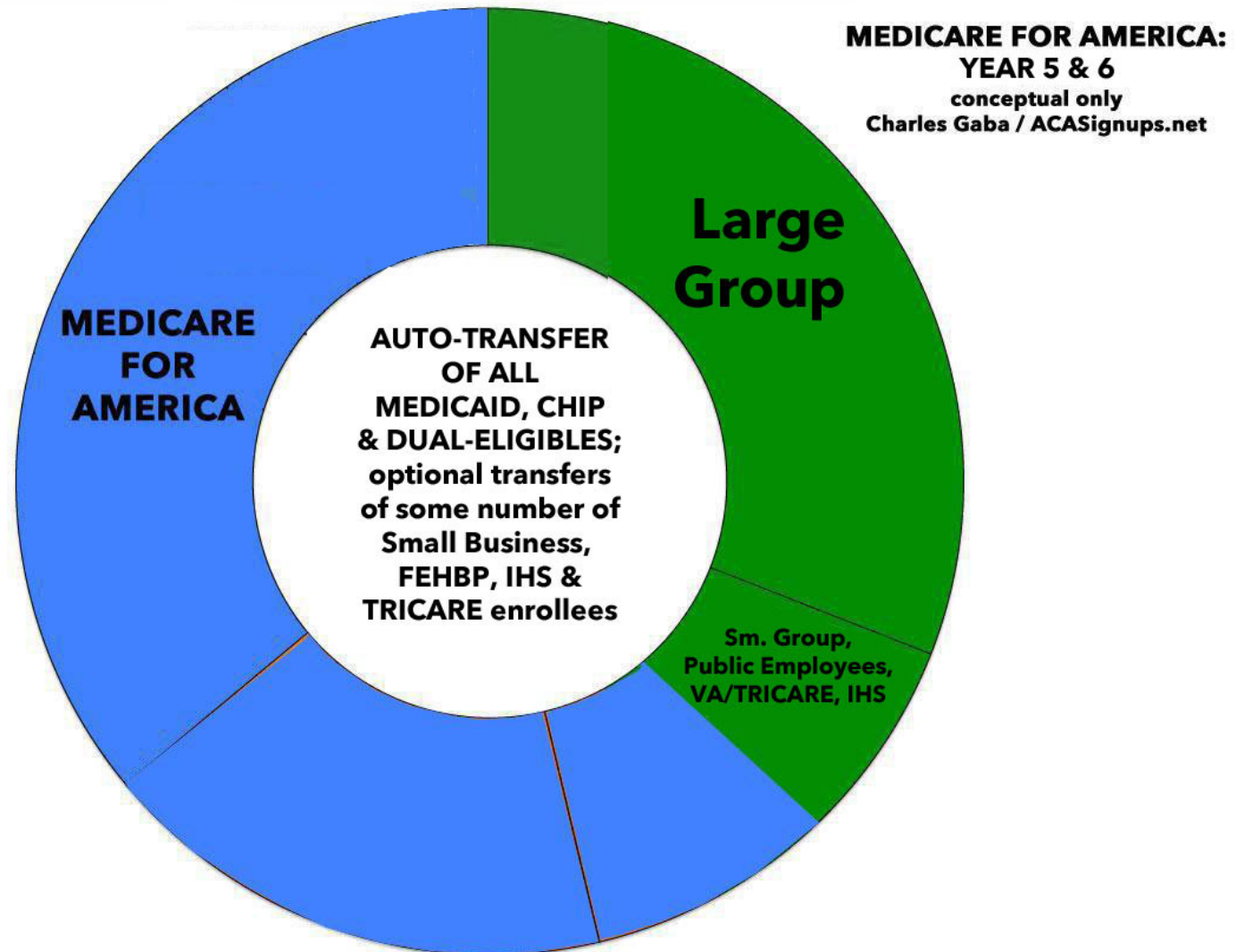
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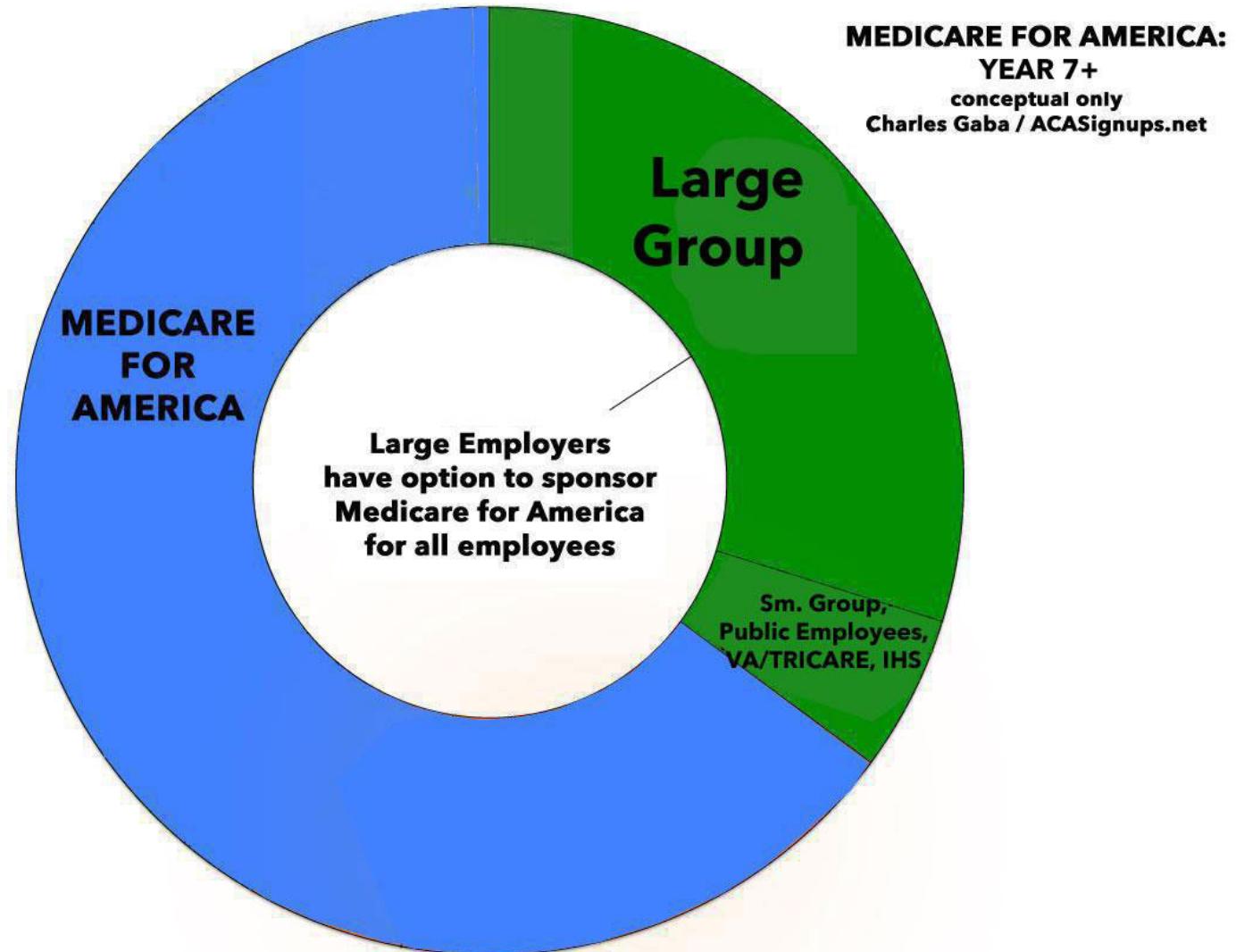
“Medicare for America”

introduced by Reps. DeLauro & Schakowsky



“Medicare for America”

introduced by Reps. DeLauro & Schakowsky



Transition Timeline: #MFA vs. #Med4Am

Population (estimate)	Current Coverage	Medicare for All	Medicare for America
~55 million	Currently on Medicare	Mandatory Transition starting in 1st year	Mandatory Transition in 3rd year; option to keep paying current rates
~65.9 million	Currently on Medicaid	Mandatory Transition over 2 or 4 years	Mandatory Transition in 5th year
~10.8 million*	Currently Dual Eligible	Mandatory Transition over 2 or 4 years	Mandatory Transition in 5th year
~6.6 million	Currently on CHIP	Mandatory Transition over 2 or 4 years	Mandatory Transition in 5th year
~8 million	FEHBP	Mandatory Transition over 2 or 4 years	No Change; Switching optional
~2.2 million	Indian Health Service	No Change	No Change; Switching optional starting in 3rd year
~9.4 million*	TRICARE	Mandatory Transition over 2 or 4 years	No Change; Switching optional starting in 3rd year
~9.1 million*	Veterans Administration	No Change	No Change
~21 million	Small Business/ State & Municipal	Mandatory Transition over 2 or 4 years	Gold+ only starting in 3rd year; Switching optional starting in 3rd year
~105 million	Large Business	Mandatory Transition over 2 or 4 years	Gold+ only starting in 3rd year; Switching optional starting in 7th year
~13 million	ACA Individual Market	Mandatory Transition over 2 or 4 years	Optional ACA-level plans for 2 yrs; Mandatory Transition to full plan in 3rd year
~4 million	Non-ACA Individual Market	Mandatory Transition over 2 or 4 years	Optional ACA-level plans for 2 yrs; Mandatory Transition to full plan in 3rd year
~30 million	Currently Uninsured	Mandatory Transition over 2 or 4 years	Optional ACA-level plans for 2 yrs; Mandatory Transition to full plan in 3rd year
n/a	Newborn Babies	Autoenrolled starting in 1st year	Optional ACA-level plans for 2 yrs; Autoenrolled starting in 3rd yr
n/a	Newly Turned 65	Autoenrolled starting in 1st year	Autoenrolled starting in 3rd yr

(total adds up to more than 327 million due to Dual Eligibles being enrolled in both Medicare/Medicaid & overlap between TRICARE & the VA)

“Medicare for America”

WHAT’S COVERED? (just about everything)

- Ambulatory services
- Emergency care/urgent care
- Hospitalization
- Maternity/newborn care
- Behavioral health services
- Prescription drugs via FDA
- Rehabilitative/habilitative services
- Laboratory services
- Preventative/wellness & chronic disease management
- Pediatric services
- Dental care
- Hearing services/hearing aids
- Vision services
- **Home & Community-based long-term support services**
- Chiropractic services
- Chiropractic services
- Durable medical equipment
- Family Planning (including full maternity & reproductive care)
- Gender-confirming procedures
- STD/HIV screening, testing, treatment & counseling
- Dietary/nutrition counseling
- Medically necessary food/vitamins
- Nursing facilities
- Acupuncture
- Digital health therapeutics
- Telehealth
- Non-emergency medical transportation
- Care coordination
- Palliative care
- Anything else covered by any State plan

“Medicare for America”

LONG-TERM SUPPORT & SERVICES

- **Home health aides & homemakers**
- **Direct support professionals** and personal attendant care services
- **Hospice**
- **Nursing care**
- **Medical Social Services**
- **Care coordination**, including case management, fiscal intermediary, and support brokerage services
- **Short-term inpatient care**, including respite care and care for pain control;
- **Behavioral health home and community based long-term services and supports**, including assertive community treatment; peer support services
- **Intensive care coordination**, including case management; supported employment; and supported housing wraparound
- **Private-duty nursing**
- **Respite services** provided in the individual’s home or broader community
- **Transitional services** to support an individual’s transition from an institutional setting to the community.

“Medicare for America”

introduced by Reps. DeLauro & Schakowsky

**Estimated "Medicare for America" Premiums & Cost Sharing
based on proposed sliding scale via ACASignups.net**

Household Income (FPL)	Premiums (% of income)	Maximum Out of Pocket Costs	
		(individual)	(family)
0 - 200%	0	\$0	\$0
200 - 250%	0 - 1%	\$0 - \$400	\$0 - \$500
250 - 300%	1 - 2%	\$400 - \$800	\$500 - \$1,000
300 - 350%	2 - 3%	\$800 - \$1,200	\$1,000 - \$1,500
350 - 400%	3 - 4%	\$1,200 - \$1,600	\$1,500 - \$2,000
400 - 450%	4 - 5%	\$1,600 - \$2,000	\$2,000 - \$2,500
450 - 500%	5 - 6%	\$2,000 - \$2,400	\$2,500 - \$3,000
500 - 550%	6 - 7%	\$2,400 - \$2,800	\$3,000 - \$3,500
550 - 600%	7 - 8%	\$2,800 - \$3,500	\$3,500 - \$5,000
600% +	8%	\$3.,500	\$5,000

“Medicare for America”

Sample Out of Pocket Expenses under ACA, ACA 2.0 & Med4America

Single 30-Year Old Adult, \$25,000/year income

System	Monthly Premium	Annual Premium	Deductible	Maximum Out of Pocket	Worst-Case Scenario
Current ACA:	\$140	\$1,680	\$3,500	\$5,000	\$6,680
ACA 2.0:	\$85	\$1,020	\$3,500	\$5,000	\$6,020
Medicare for America:	\$5	\$60	n/a	\$100	\$160

Single 40-Year Old Adult, \$40,000/year income

System	Monthly Premium	Annual Premium	Deductible	Maximum Out of Pocket	Worst-Case Scenario
Current ACA:	\$328	\$3,936	\$4,000	\$7,900	\$11,836
ACA 2.0:	\$255	\$3,060	\$4,000	\$7,900	\$10,960
Medicare for America:	\$81	\$972	n/a	\$1,200	\$2,172

Single 50-Year Old Adult, \$60,000/year income

System	Monthly Premium	Annual Premium	Deductible	Maximum Out of Pocket	Worst-Case Scenario
Current ACA:	\$592	\$7,104	\$4,000	\$7,900	\$15,004
ACA 2.0:	\$420	\$5,040	\$4,000	\$7,900	\$12,940
Medicare for America:	\$280	\$3,360	n/a	\$2,800	\$6,160

Single 60-Year Old Adult, \$90,000/year income

System	Monthly Premium	Annual Premium	Deductible	Maximum Out of Pocket	Worst-Case Scenario
Current ACA:	\$898	\$10,776	\$4,000	\$7,900	\$18,676
ACA 2.0:	\$637	\$7,644	\$4,000	\$7,900	\$15,544
Medicare for America:	\$600	\$7,200	n/a	\$3,500	\$10,700

ACA & ACA 2.0 based on avg. 2019 ACA-compliant Individual Market Premiums & Deductibles via HealthPocket data.

“Medicare for America”

WHAT ABOUT EMPLOYER-SPONSORED INSURANCE?

- **LARGE EMPLOYERS (>100 employees) HAVE A CHOICE:**
 - A. Provide **QUALITY** health insurance for their employees (must be Gold-level or higher w/vision, dental & hearing: 80% AV w/employer covering at least 70% of premiums, including for their family); or
 - B. Shift employees over to Medicare for America & pay a flat 8% payroll tax
- **SMALL EMPLOYERS (<100 employees) HAVE A CHOICE:**
 - A. Provide **QUALITY** health insurance for their employees (must be Gold-level or higher w/vision, dental & hearing: 80% AV w/employer covering at least 70% of premiums, including for their family); or
 - B. Shift employees over to Medicare for America
 - *If an individual employee wants to move to Med4America, they can do so & their employer has to continue to pay the same amount they were before; employee pays LESSER of what they were or Med4America rates*

“Medicare for America”

WHAT ABOUT MEDICARE ADVANTAGE?

- Individuals **will have the option to enroll in a Medicare Advantage for America plan**
- These plans **will need to charge a separate premium if they cover additional benefits.**
- Medicare Advantage plans would also pay **Medicare for America rates** for benefits and services.
- Includes **Medicare Advantage Bill of Rights**, which would **prohibit plans from dropping providers during the middle of the plan year** w/out cause & **improves notice to plan enrollees** about annual changes to provider networks
- **Federal gov’t pays MA admin 95% of costs**; it’s up to MA admin to decide what additional benefits to offer & how much more to charge.

“Medicare for America”

OTHER IMPORTANT STUFF

- **ABORTION** (& complete reproductive/maternity care) IS COVERED. The Hyde Amendment “shall not apply”.
- **UNDOCUMENTED IMMIGRANTS** are covered (“a resident of the United States or a territory of the United States”)
- **PROHIBITION AGAINST STEP THERAPY & Prior Authorization**
- **CURRENT MEDICARE ENROLLEES** would be grandfathered in re. premiums (i.e., they pay the lesser of Med4Am rates or existing Medicare rates)
- **MEDICAL STUDENT LOAN FORGIVENESS PROGRAM:** Doctors, nurses, direct care workers, therapists, PAs, pharmacists, dentists etc. will have 10% of their student loan debt forgiven for each year they participate in Medicare for America

“Medicare for America”

OTHER IMPORTANT STUFF

- **HEALTHCARE PROVIDER REIMBURSEMENT RATES:** Based on existing Medicare/Medicaid but higher for some services (at least 110% for hospital inpatient/outpatient; higher for underserved areas; at least 130% for primary care, mental & behavioral health services)
- **ALLOWS HHS TO NEGOTIATE PRESCRIPTION DRUG PRICES**
- **No Balance Billing/Surprise Billing**
- **No Private Contracting**
- **Mental Health Parity Requirement**
- **SAFE STAFFING REQUIREMENTS for hospitals** (must have a strictly-defined adequate number of nurses, orderlies, etc. per patient)
- **Eliminates State Medicaid waiting lists**
- **Eliminates 2-year SSDI Medicare waiting list**

“Medicare for America”

HOW IS IT PAID FOR?

- **Sunset the 2017 Tax Bill**
- **Add a 5% surtax on AGI over \$500K/yr**
- **Increase Medicare payroll tax on income over \$200K (\$250K)/yr (from 0.9% to 4.0% over those amounts)**
- **Increase Net Investment tax on income over \$200K (\$250K)/year (from 3.8% to 6.9% over those amounts)**
- **Increase excise taxes on all tobacco, alcohol & sugary drink products**
- **States would continue to make maintenance of effort payments equal to their existing Medicaid/CHIP funding, adjusted to account for whether they’ve expanded Medicaid under the ACA or not**

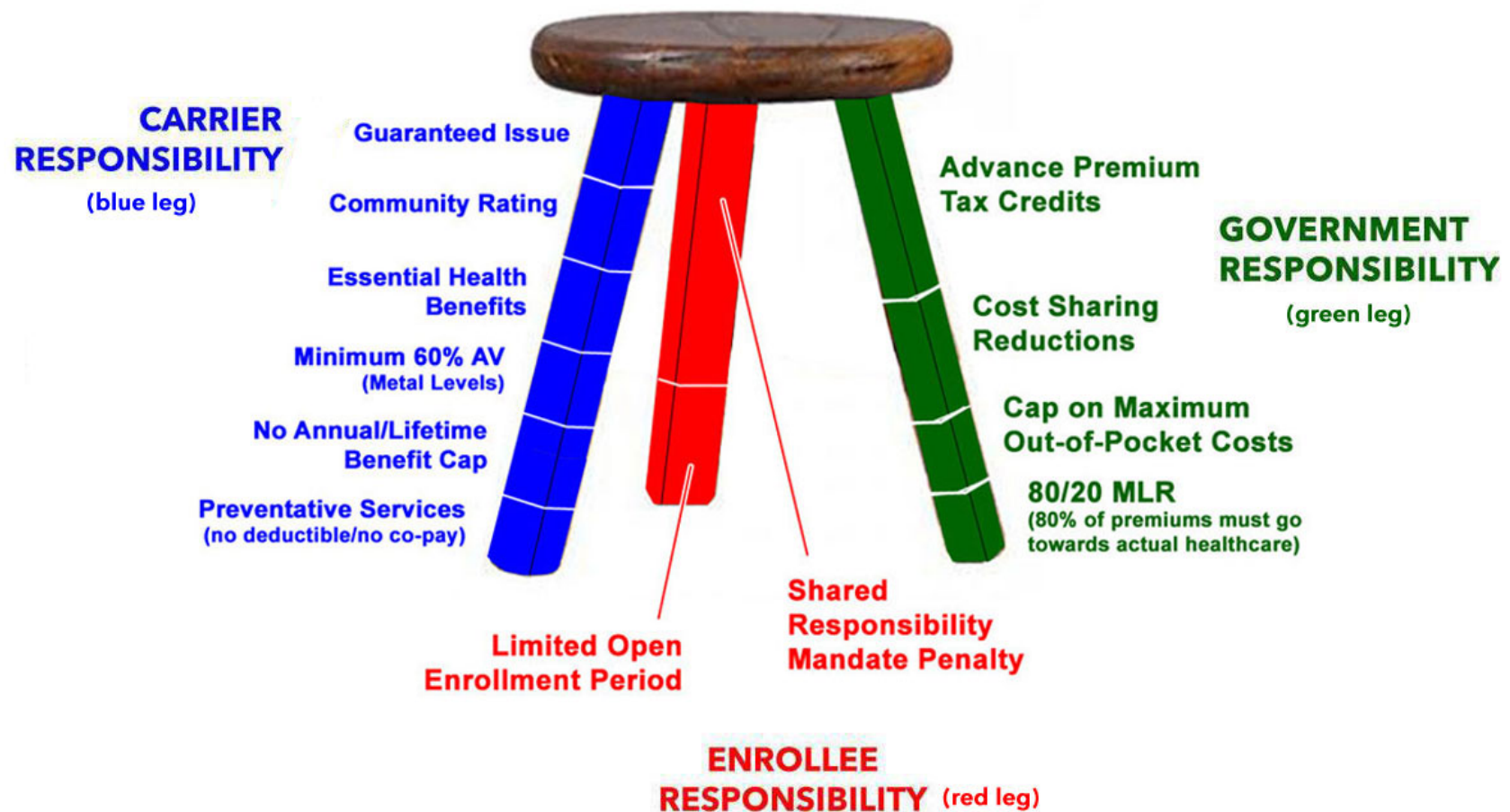
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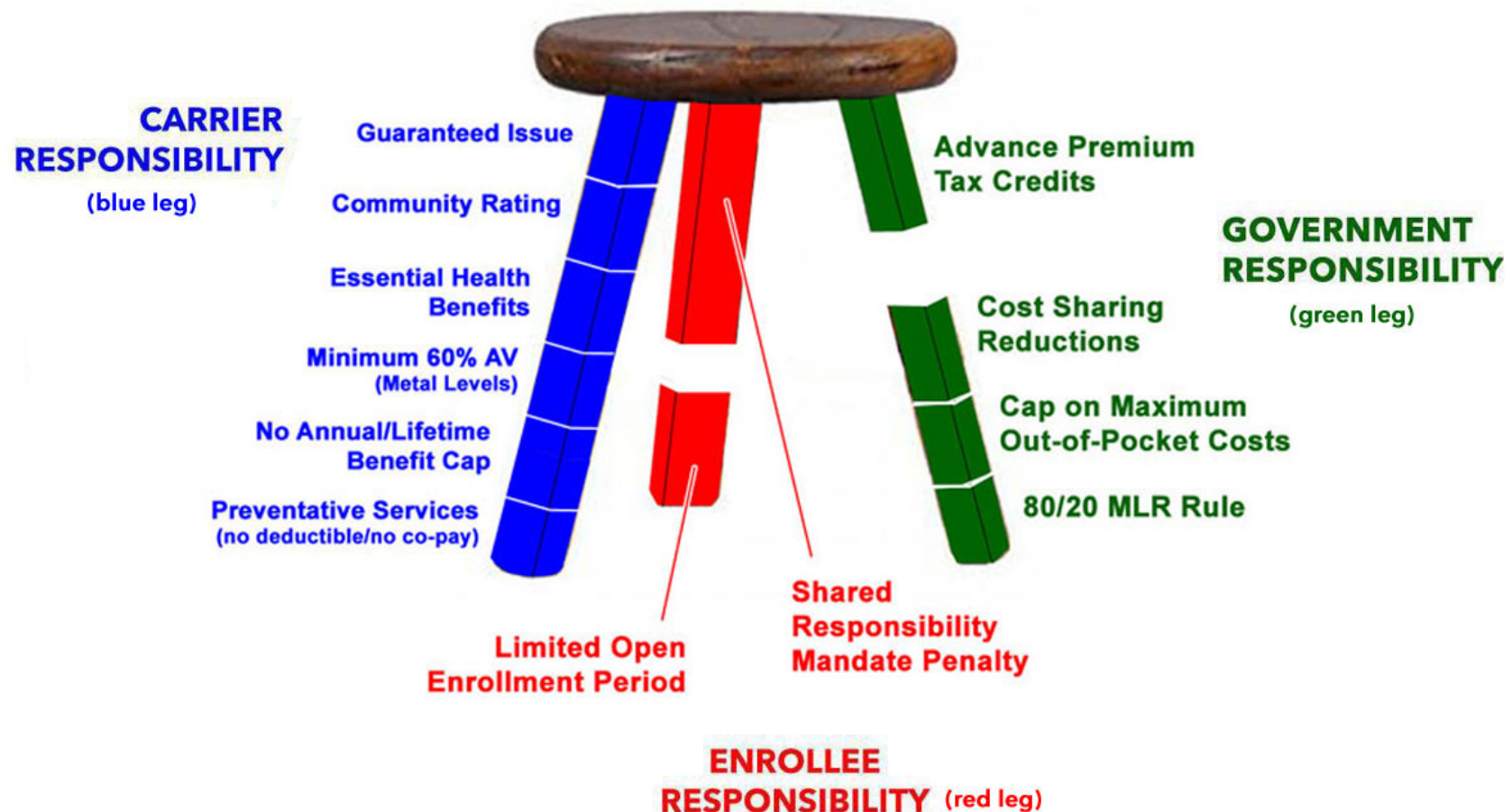
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analysis & snark*

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ACA THREE-LEGGED STOOL ORIGINAL CONCEPT (IDEAL)



ACA THREE-LEGGED STOOL (ACTUAL, thru 2017)

- Subsidies not generous enough & most importantly, cut off at 400% FPL income threshold
- Mandate penalty not stringent enough to be fully effective

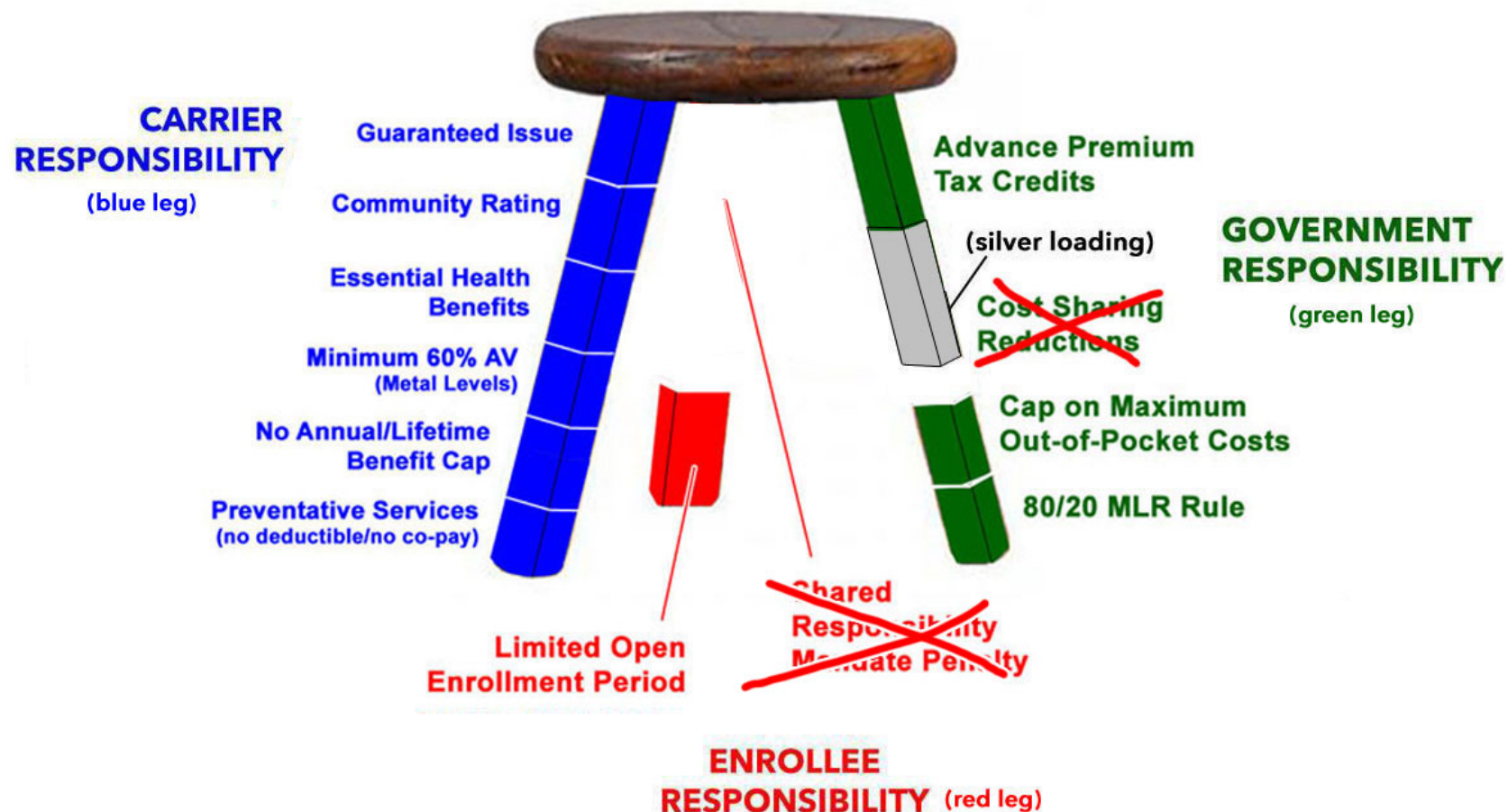


OCTOBER 2017: TRUMP CUTS OFF CSR REIMBURSEMENT PAYMENTS

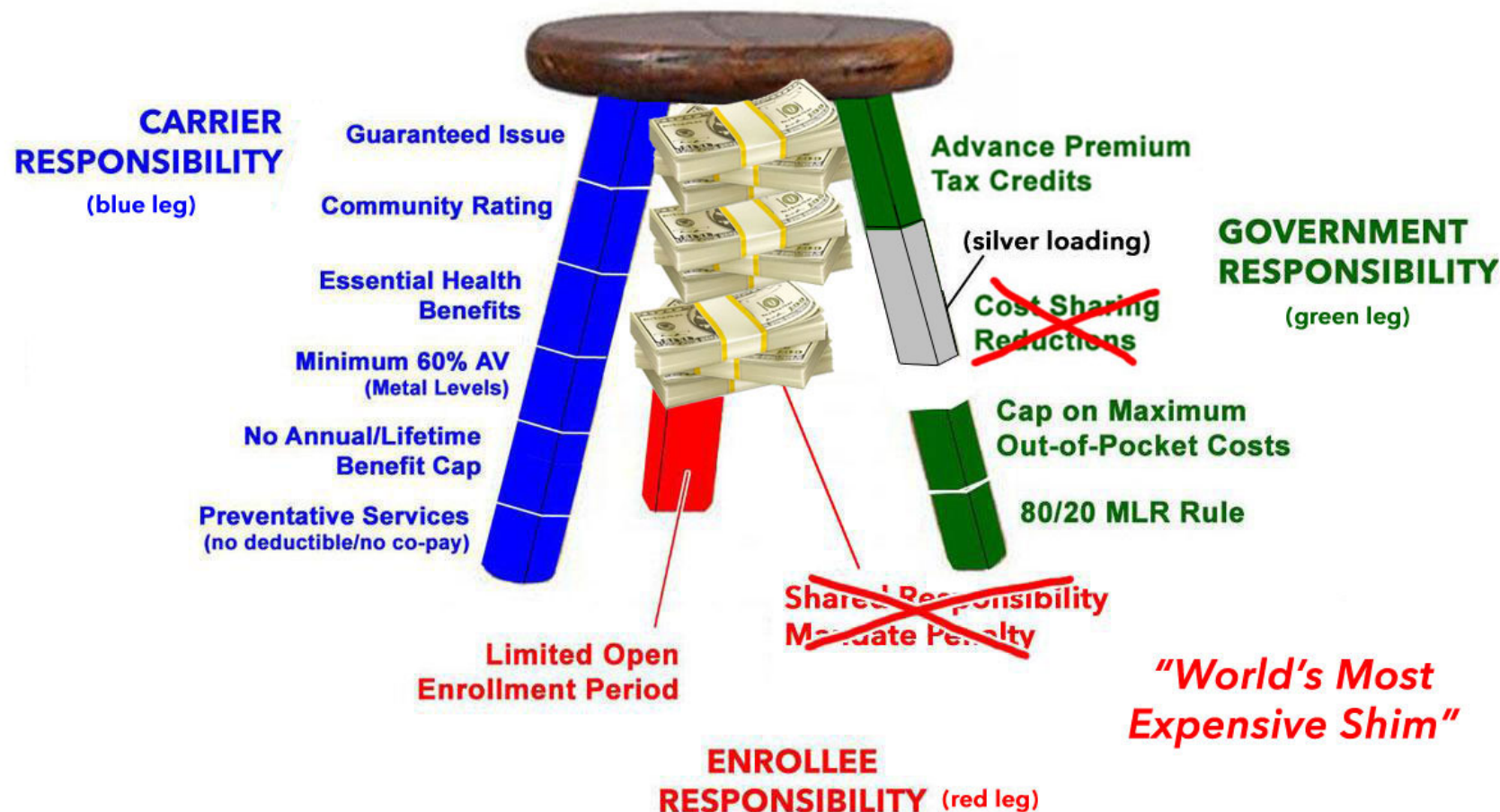


SILVER LOADING/SILVER SWITCHING:

Carriers, Regulators & State Exchanges come up with a clever workaround which **MOSTLY** mitigates CSR cut-off; **SUBSIDIZED** enrollees see either no impact OR are actually **BETTER** off; **UNSUBSIDIZED** enrollees are either the same or **WORSE** off.



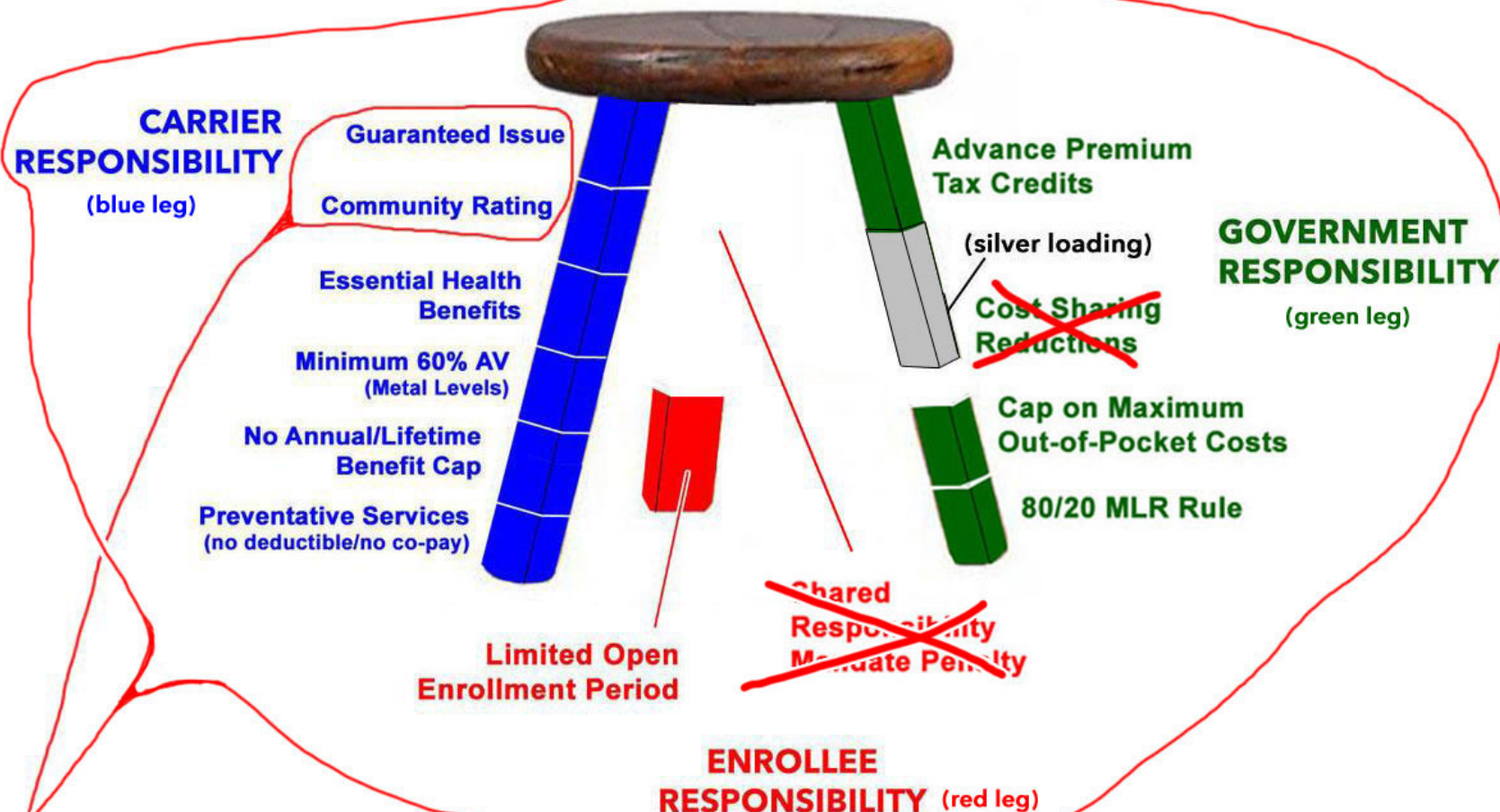
DECEMBER 2017: Congressional Republicans formally REPEAL INDIVIDUAL MANDATE, effective January 2019; Massachusetts, New Jersey & District of Columbia unaffected due to either already having mandate or reinstating it.



CURRENT SITUATION: With Individual Mandate repealed effective 2019, premiums in most states are expected to be roughly 9-10% higher than they would be otherwise, which means:

- UNSUBSIDIZED enrollees will be paying ~\$600 more apiece next year than they otherwise would be*
- SUBSIDIZED enrollees won't be impacted...but fed. spending will INCREASE by billions to cover the diff.

*(~\$300 more apiece in Michigan)



GOP's Insane #TexasFoldEm Argument in a Nutshell:

1. ACA is "only Constitutional" because of the Red Leg.
2. The GOP chopped off the Red Leg.
3. Therefore, GOP gets to chop off the Blue Leg as well. (Trump DOJ argument)
4. Therefore, **entire** ACA needs to be ruled Unconstitutional. (Plaintiff argument)



**IF the #TexasFoldEm plaintiffs win their case
AND they win it at the Supreme Court level as well,
THE ENTIRE ACA WOULD BE DISSOLVED, meaning...**

- **NO** protections for 130 million with pre-existing conditions
- **NO** requirements that plans cover essential health benefits
- **NO** requirements that plans have any minimum coverage
- **NOTHING** preventing maximum annual/lifetime coverage caps
- **NO** financial assistance
- **NO** Medicaid coverage for ~15M
- **NO** cap on out-of-pocket costs
- **NO** parents plan coverage for young adults up to 26
- **NO** limits on price gouging

- ~~Restore CSR reimbursement payments~~ removed from House version; it's complicated
- Fix the ACA's "Family Glitch"
- Remove the 400% FPL income APTC subsidy cap
- Beef up the APTC subsidy formula
- ~~Raise the 250% FPL income CSR cap~~ removed from House version; it's complicated
- Beef up the CSR subsidy formula
- Fix/improve the ACA's "Silver Spam" loophole
- Improve the ACA's "standardized plan" provision
- Restore HealthCare.Gov's slashed marketing/advertising budget to pre-Trump levels
- Restore HealthCare.Gov's slashed navigator/outreach budget to pre-Trump levels
- "Further codify" Essential Health Benefit regulations being weakened by Trump's HHS Dept.
- Restore Short-Term and Association Health Plan regulations to pre-Trump standards

BOTH THE HOUSE & SENATE ACA 2.0 BILLS WOULD...

In addition the House version would...

- **Reinstate the ACA's national reinsurance program**
(it lasted 3 years originally, sunseting at the end of 2016)
- **Add additional funding for state-level innovation programs**
- **Restore federal funding to help states move off of HC.gov onto their own state-based exchanges**
- **Audit HealthCare.Gov to see just how they're using the exchange user fees**

The Senate version would also...

- **Tie Medicare Advantage contracts to ACA exchange participation**
- **Institute a \$250/month cap on prescription drug costs for enrollees**
- **Bump up the Medical Loss Ratio from 80% to 85% for indy/sm grp markets**
- **Stop "bait-n-switch" of drug formularies in the middle of the year**
- **Allow people to switch plans mid-year if their carrier cuts off their treatment**
- **Require ample enrollee notification if a carrier changes their network mid-yr**
- **Grant HHS the authority to veto excessive rate hikes (beyond states)**
- **Tighten up network adequacy requirements**
- **Make it easier for enrollees to opt out of auto-renewal**
- **Eliminate the 50% smoker premium surcharge**
- **Require more prominent insurance policy information**
- **Outlaw "surprise" and "balance billing"**

THE DUNGEONS & DRAGONS CHARACTER ATTRIBUTE GUIDE TO HEALTHCARE COVERAGE TERMINOLOGY:

- **SP (Single Payer): HOW are the doctors/hospitals paid?**
- **UC (Universal Coverage): How MANY people are covered?**
- **AV (Actuarial Value): What PERCENT of expenses are covered?**
- **CC (Comprehensive Care): What's the SCOPE of coverage?**
- **NS (Network Size): WHICH doctors/hospitals are included?**
- **RS (Rate Setting): How is PRICING of services determined?**
- **SM (Socialized Medicine): Who EMPLOYS the docs/hospitals?**

INDIVIDUAL MARKET:

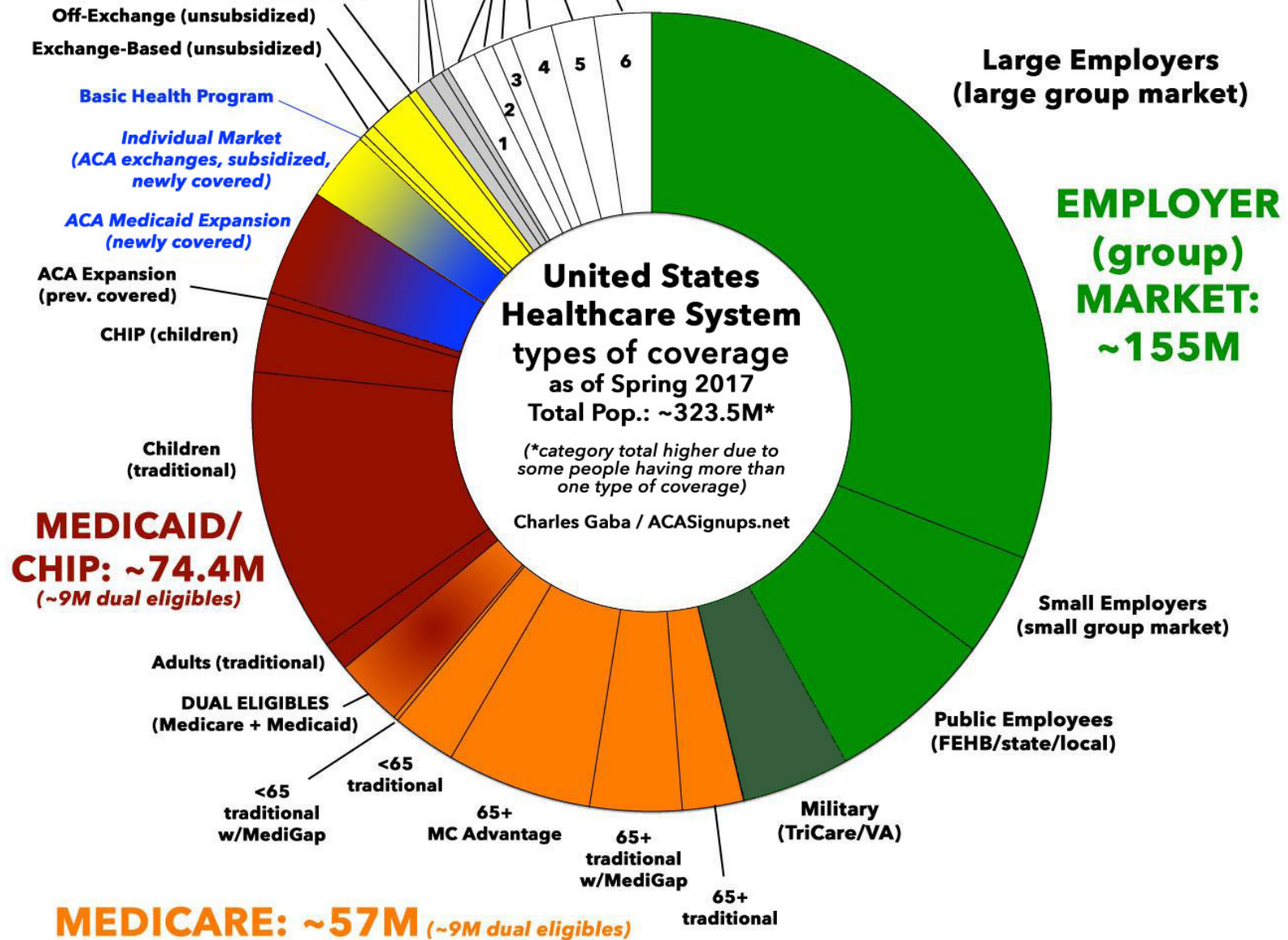
~17.6M
(+ 800K BHPs)

Miscellaneous: ~5M

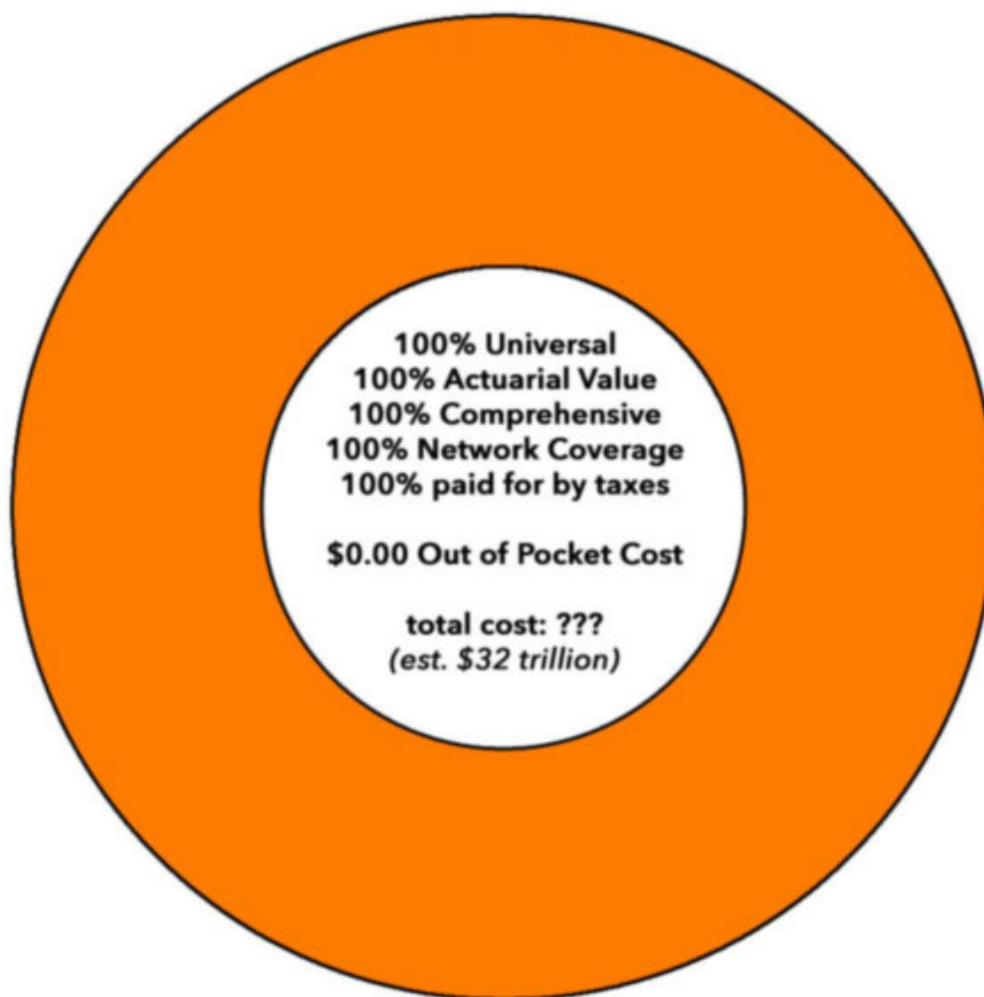
(Indian Health Service,
Student Plans,
Christian Sharing Ministries)

UNINSURED: ~27.5M

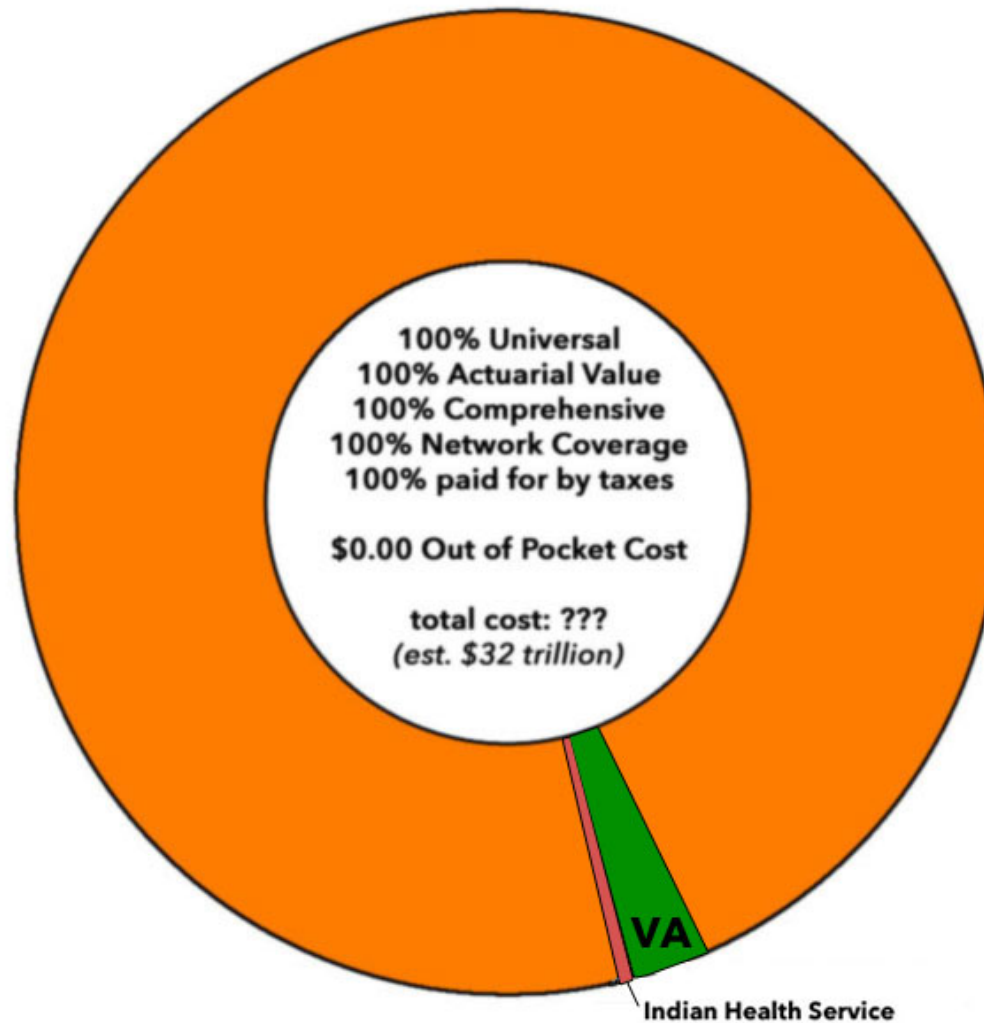
- 1 eligible for Medicaid
- 2 eligible for CHIP
- 3 caught in Medicaid Gap
- 4 undocumented immigrants
- 5 eligible for some tax credits
- 6 ineligible for any tax credits



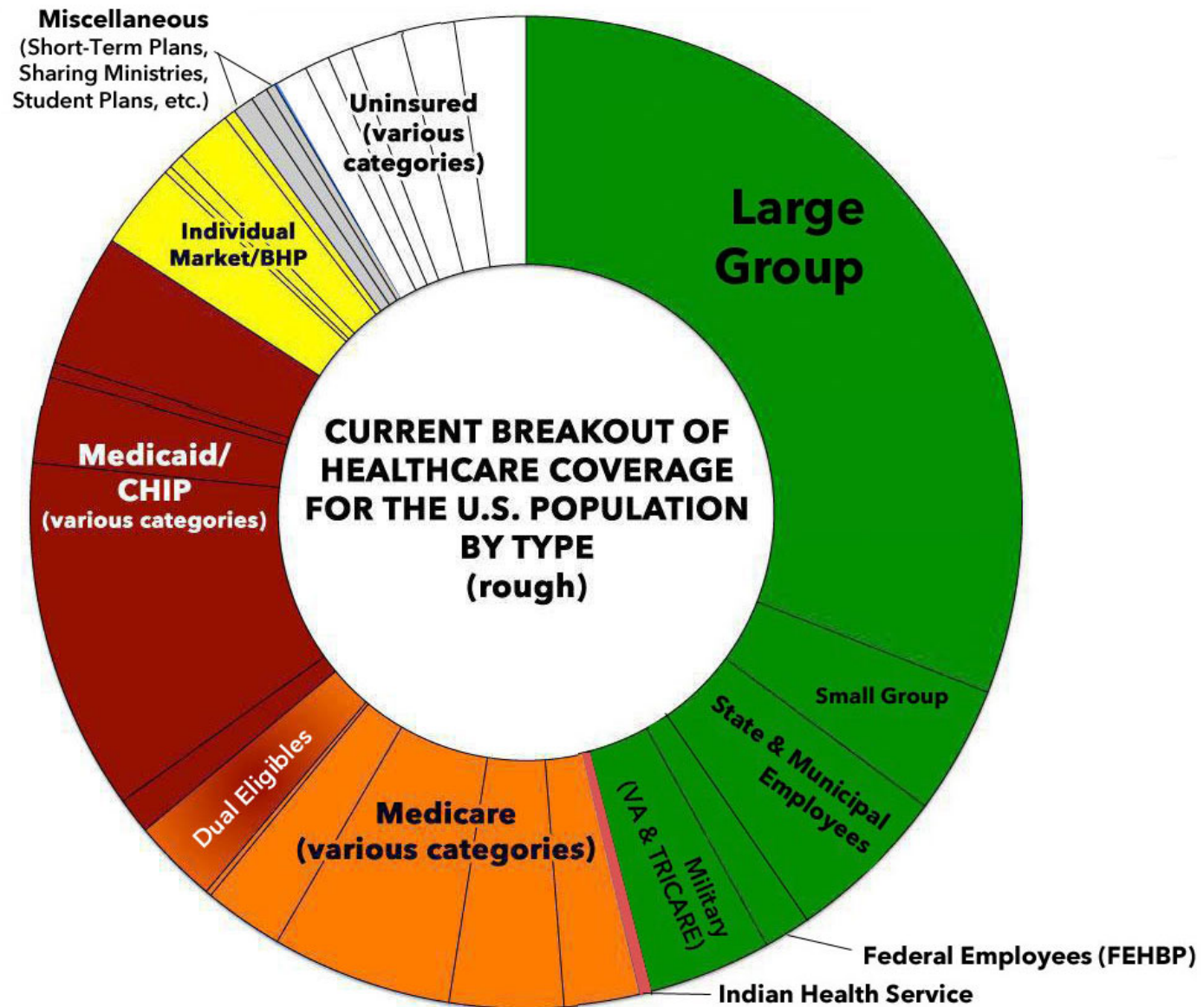
**What people THINK the U.S. Healthcare coverage landscape would look like
under the Bernie Sanders/Pramila Jayapal
"Medicare for All" bill:**



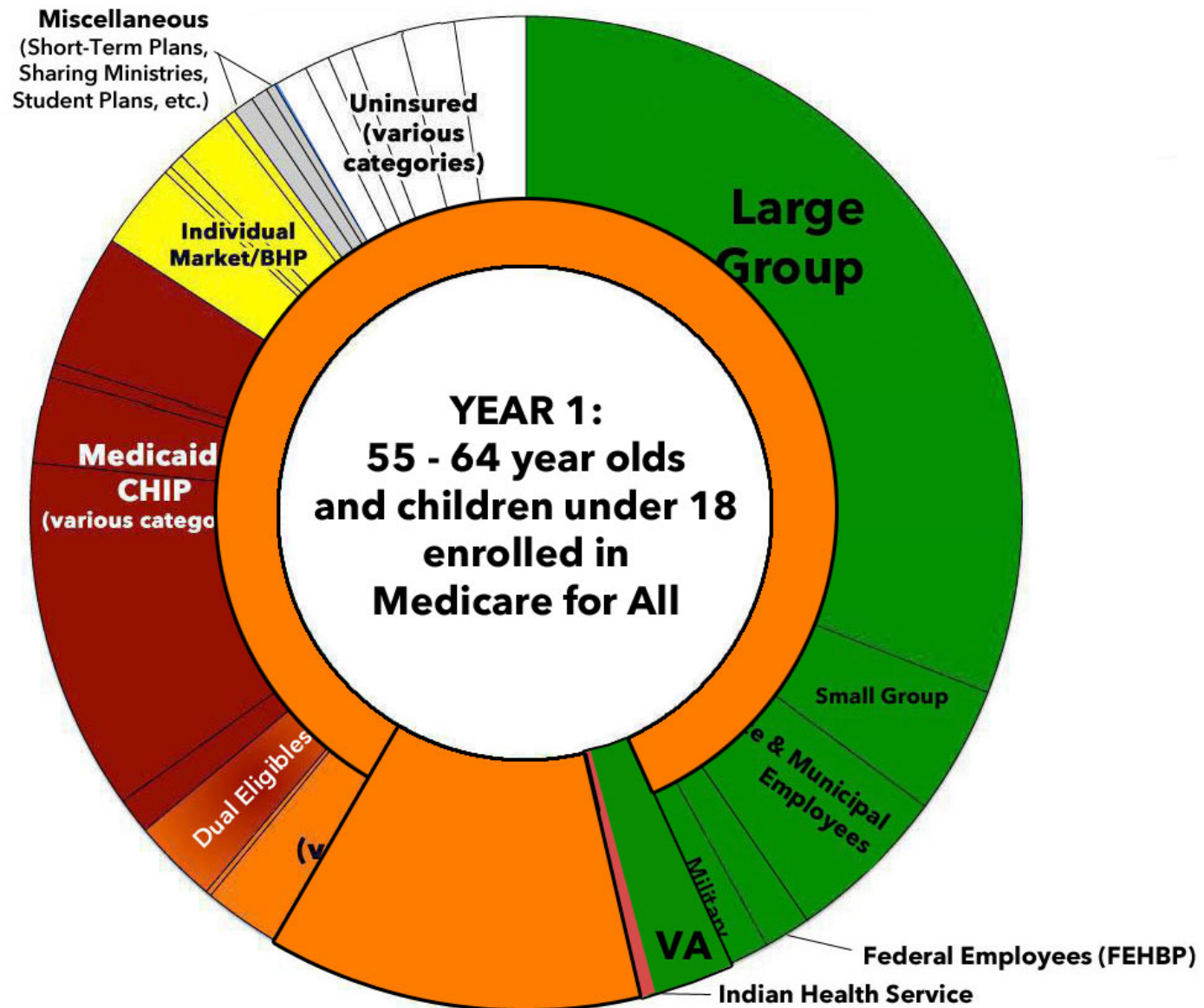
**ACTUAL U.S. Healthcare coverage landscape
under the Bernie Sanders/Pramila Jayapal
"Medicare for All" bill:**



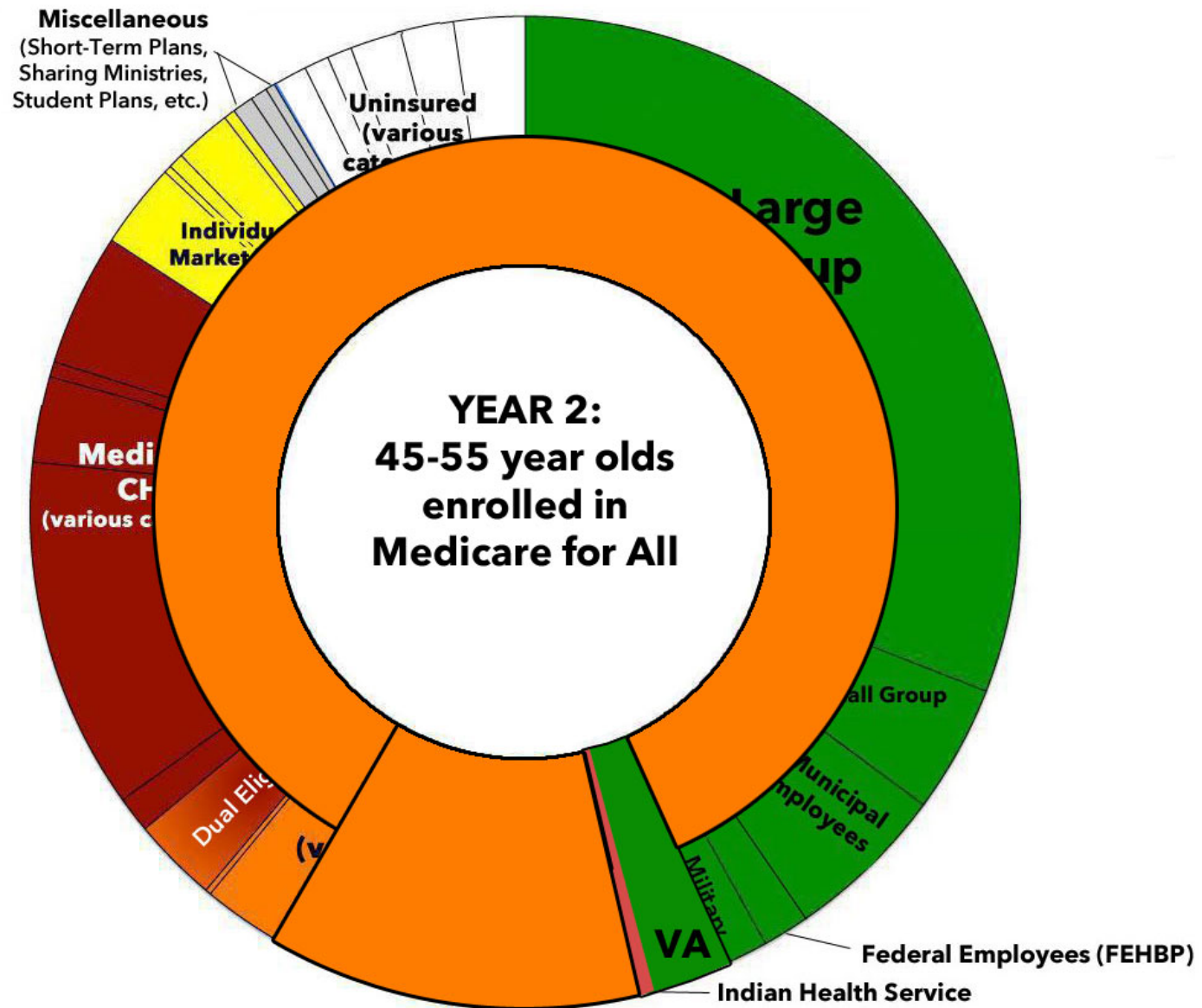
TRANSITION TIMELINE UNDER BERNIE SANDERS' "MEDICARE FOR ALL" PROPOSAL



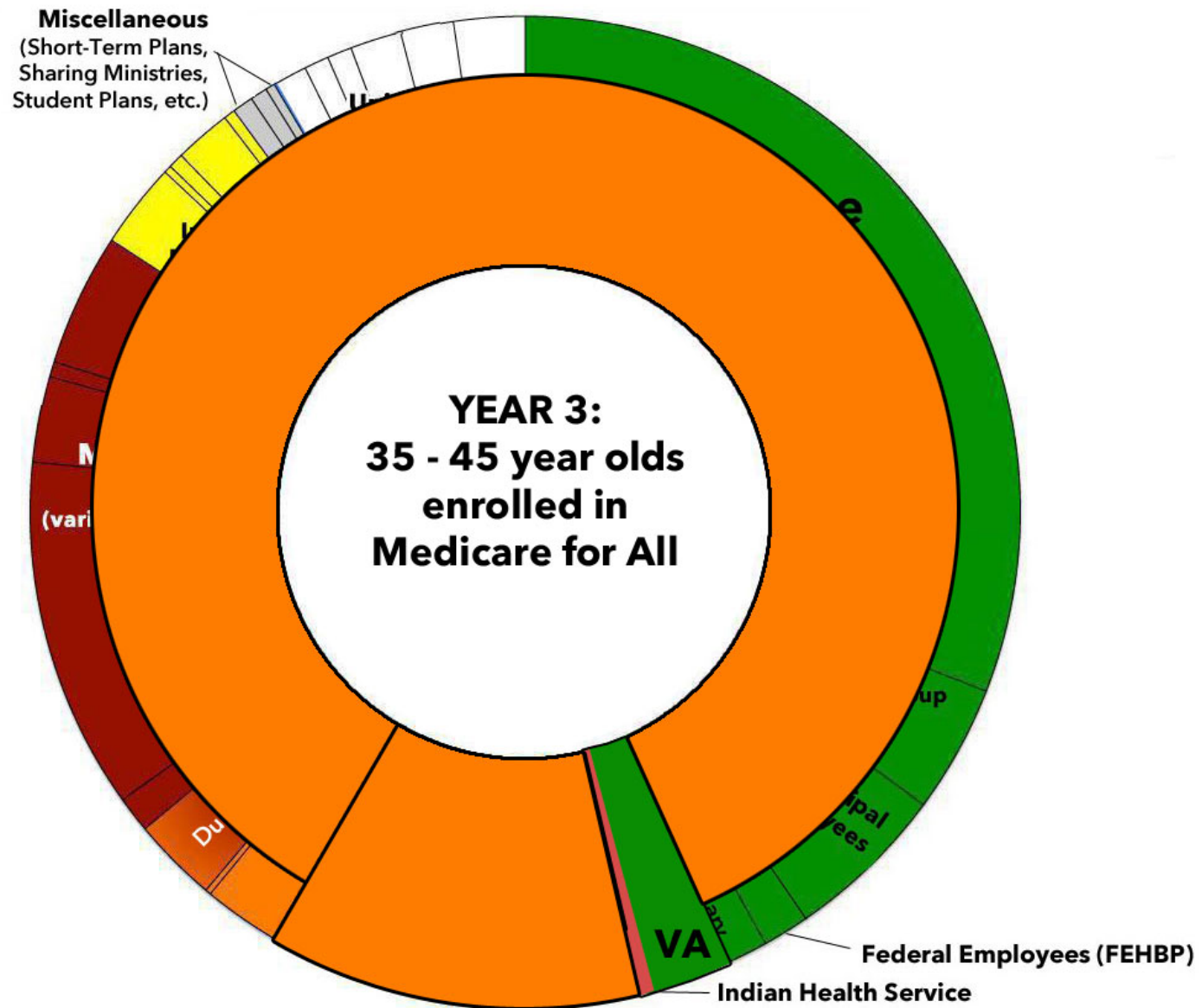
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