Updated as of 4/2/2019

Side-by-Side Comparison of Medicare-for-all and Public Plan Proposals Introduced in the 116th Congress

	Single Payer (Medicare-for-all)	Public Plan Option (Federal/Medicare)	Medicare Buy-In for Older Adults		Medicaid Buy-In
	Jayapal	**Cardin**	**Stabenow**	**Higgins**	**Schatz/Luján**
Title & Bill Number	H.R. 1384, Medicare for All Act of 2019	S. 3, Keeping Health Insurance Affordable Act of 2019	S. 470, Medicare at 50 Act	H.R. 1346, Medicare Buy-In and Health Care Stabilization Act of 2019	S. 489 / H.R. 1277, State Public Option Act
ELIGIBILITY					
Individuals	All US residents, as defined by the Secretary	All individuals eligible to participate in the marketplace	Individuals ages 50 to 64 who are U.S. citizens or nationals residing in the U.S. or lawfully admitted for permanent residence in the U.S., and who are not otherwise entitled to/eligible for benefits under Medicare Parts A or B States are prohibited from purchasing Medicare buy-in coverage on behalf of full-benefit Medicaid enrollees ages 50-64	Individuals ages 50 to 64 who are U.S. citizens or nationals residing in the U.S. or lawfully admitted for permanent residence in the U.S., and who are not otherwise entitled to/eligible for benefits under Medicare Parts A or B States are prohibited from purchasing Medicare buy-in coverage on behalf of full-benefit Medicaid enrollees ages 50-64	Individuals who are residents of states electing to establish the Medicaid buy-in option, who are eligible to participate in the marketplace, and who are not concurrently enrolled in other health coverage
Employers	Not applicable	No provision	No provision	No provision	No provision
ENROLLMENT					
Duration	Lifetime enrollment	Enrollment generally for one year at a time	Enrollment generally for one year at a time. The Secretary shall establish enrollment and coverage periods in coordination with the marketplace and with Medicare Advantage and Medicare Part D plans	Enrollment generally for one year at a time	Enrollment generally for one year at a time
Enrollment Process	Auto-enrollment at birth or upon establishment of US residency Enrollment at site-of-service for other individuals Enrollment for all individuals begins two years after date of enactment. Children under age 19 and adults age 55 and older have option to enroll earlier, beginning one year after date of enactment	Public health insurance option offered exclusively through the marketplaces Follows ACA marketplace enrollment procedures and rules	Enrollment will be coordinated with marketplace and Medicare enrollment periods. Secretary may expand enrollment period, if appropriate Eligible individuals can enroll in Medicare buy-in option for people 50-64 (Parts A, B and D, similar to traditional Medicare) or in Medicare Advantage plans	ACA enrollment periods, marketplace procedures and rules apply for Medicare buy-in option Eligible individuals can enroll in Medicare buy-in option for people 50-64 (Parts A, B and D, similar to traditional Medicare) or in Medicare Advantage Prescription Drug plans (MA-PD) The Medicare buy-in plan and Medigap policies for the Medicare buy-in population would be offered on the marketplace website	Medicaid buy-in plan offered through the ACA marketplace in states electing the option States may limit enrollment to the ACA marketplace enrollment periods

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			Eligible individuals continue to have option to enroll in private coverage and could do so during the marketplace open enrollment period	Eligible individuals continue to have option to enroll in private coverage and could do so during the marketplace open enrollment period	
Supplemental Insurance and Medigap	No restrictions on the sale of health insurance for any non-covered benefits	No provision	Eligible individuals can buy Medigap on a guaranteed issue basis each time they enroll in the Medicare buy-in plan	Eligible individuals can buy Medigap on a guaranteed issue basis each time they enroll in the Medicare buy-in plan A new public Medigap option is established for Medicare buy-in enrollees and for current Medicare beneficiaries	No provision
BENEFITS AND COST SHARING					
Benefits	All medically necessary or appropriate services in 14 benefit categories including institutional and community-based long-term services and supports, dental, hearing, vision, comprehensive reproductive services (Hyde limits repealed), EPSDT, and transportation to receive health care services for people with low incomes and people with disabilities Secretary reviews benefits at least annually and makes recommendations to Congress regarding improvements Secretary makes national coverage determinations for experimental items, services and drugs Items and services not provided in accordance with practice guidelines will be deemed to be in accordance if the health care provider demonstrates appropriate professional judgement, provided in the best interest of patients, and consistent with patient wishes States may provide additional benefits at state expense	ACA 10 essential health benefits	Medicare Parts A, B and D benefits	Medicare Parts A, B and D benefits	Medicaid alternative benefit plan, which must include ACA 10 essential health benefits
Cost Sharing	No cost sharing	Cost sharing follows ACA marketplace rules Annual out-of-pocket limit applies ($7,900 in 2019) Public health insurance option shall be offered at Bronze, Silver and Gold levels; may also be offered at Platinum level	Cost sharing same as under current Medicare for covered benefits No annual limit on out-of-pocket cost sharing, unless enrolled in Medicare Advantage plan, or if ACA cost-sharing subsidies apply (see below) Individuals who voluntarily enroll in Medigap would have limited exposure to out-of-pocket costs for covered benefits	Cost sharing same as under current Medicare for covered benefits No annual limit on out-of-pocket cost sharing, unless enrolled in Medicare Advantage plan, or if ACA cost-sharing subsidies apply (see below) Individuals who voluntarily enroll in Medigap would have limited exposure to out-of-pocket costs for covered benefits	Cost sharing set by state to be actuarially fair Annual out-of-pocket limit cannot exceed the ACA limit ($7,900 in 2019)

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PREMIUMS AND PREMIUM SUBSIDIES/TAX CREDITS					
Premiums	No premiums	Premium for public health insurance option set by Secretary to cover 100% of benefits and administrative costs plus contingency margin Premium can vary only by factors allowed by ACA rating rules (age up to 3:1, family size, geography, tobacco use)	Single, national premium set at average annual per capita amount for benefits and administrative costs for the buy-in population, based on average per capita costs for expenses under Parts A, B and D No adjustment for age, geography, family status or tobacco use Buy-in enrollees who select Medicare Advantage or Part D prescription drug plans with premiums above the average would be required to pay additional amount	Premium set to cover 100% of benefits and administrative costs for the buy-in population, based on average per capita costs for expenses under Parts A, B and D No adjustment for family status or tobacco use Premium for buy-in plan shall be adjusted for geography. Secretary may adjust premiums by age Buy-in enrollees who select Medicare Advantage or Part D prescription drug plans with premiums above the average would be required to pay additional amount	Premiums set by states to be actuarially fair States may vary premiums by factors allowed by ACA rating rules (age, up to 3:1, geography, family size, tobacco use) Annual premiums limited to no more than 9.5% of household income
Applicability of Premium Subsidies/Tax Credits to Public Plan	Not applicable	ACA premium subsidies apply	ACA premium subsidies generally apply to the Medicare buy-in plan Secretary shall determine amount of marketplace subsidies that would have been made on behalf of an individual Amounts will be transferred to a new Medicare Buy-In Trust Fund, and used to provide financial assistance that is substantially similar to what enrollees would have received in the marketplace Secretary shall determine the applicable second-lowest-cost Silver plan for purposes of determining premium tax credit amounts for buy-in individuals. Coverage under the Medicare buy-in shall not be taken into account as a Silver marketplace plan in determining the applicable second-lowest-cost Silver plan	ACA premium subsidies generally apply to the Medicare buy-in plan Secretary shall determine amount of marketplace subsidies that would have been made on behalf of an individual Amounts will be transferred to a new Medicare Buy-In Trust Fund, and used to provide financial assistance that is substantially similar to what enrollees would have received in the marketplace	ACA premium subsidies apply Deems Medicaid buy-in plan as the second-lowest-cost Silver plan in areas where no other Silver plan is offered
Changes to ACA Premium Subsidies	Not applicable	Expands premium tax credit eligibility to income 100%-600% FPL and extends cap on tax credit reconciliation/repayment to all income levels	No provision	No provision	No provision Caps premiums for Medicaid buy-in plan at 9.5% of income for individuals who are not eligible for ACA premium tax credits
COST-SHARING REDUCTION (CSR) SUBSIDIES					
Applicability of CSR Subsidies to Public Plan	Not applicable	CSR subsidies apply to Silver-level plan options	CSR subsidies generally apply to Medicare buy-in plan Secretary shall determine amount of marketplace subsidies that would have been	CSR subsidies generally apply to Medicare buy-in plan Secretary shall determine amount of marketplace subsidies that would have been	CSR subsidies apply to Medicaid buy-in plan

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			provided to each buy-in enrollee (see applicability of APTC subsidies, above) and provide financial assistance that is substantially similar to what enrollees would have received in the marketplace	provided to each buy-in enrollee (see applicability of APTC subsidies, above) and provide financial assistance that is substantially similar to what enrollees would have received in the marketplace	Buy-in plan is considered to be a Silver-level marketplace health plan in determining an individual's eligibility for CSR subsidies
Changes to ACA CSR Subsidies	Not applicable	No provision	No provision	Enhances CSR subsidies for all marketplace participants by increasing actuarial values for CSR Silver plans as follows: • 100-200% FPL: 95% AV • 200-300% FPL: 90% AV • 300-400% FPL: 85% AV • Above 400% FPL: AV remains at 70% (Current law sets AV for CSR Silver plan at 94% for income 100-150% FPL; 87% for income 150-200% FPL, 73% for income 200-250% FPL, and 70% for all others)	No provision
PROVIDER PARTICIPATION, PROVIDER PAYMENTS, AND BALANCE BILLING					
Provider Participation	All state-licensed and certified providers who meet applicable provider standards and file a participation agreement can participate Federal standards that apply under the current Medicare program and those pertaining to non-discrimination, quality, and ethics, and requirements to submit data and other information also apply Entities or providers that do not provide items and services directly to individuals may not participate Private contracting between participating providers and individuals only permitted for non-covered services or for ineligible individuals Private contracting between non-participating institutions or individual providers for covered services is permitted, subject to specified requirements and limitations States may set additional standards	Medicare participating providers and facilities also participate in the public health insurance option; Secretary shall establish a process to allow health care providers to opt out of the public plan Secretary shall develop process to allow additional providers to participate in public health insurance option	Medicare participating providers and facilities also participate in the buy-in plan	Medicare participating providers and facilities also participate in the buy-in plan	Medicaid providers, including Medicaid managed care organizations (MCOs) also participate in the buy-in
Balance Billing	Balance billing is prohibited	Medicare balance billing limits apply	To the extent proposal adopts same protections as are applied to current	To the extent proposal adopts same protections as are applied to current Medicare	Not specified

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			Medicare program with respect to benefits and payment rules, Medicare limits on balance billing would apply	program with respect to benefits and payment rules, Medicare limits on balance billing would apply	To the extent proposal adopts Medicaid payment rules, balance billing would be prohibited
Provider Payment Rates	Payments established through global budget process and negotiations Hospitals/facilities paid quarterly lump sum to cover operating expenses under a global budget; amount of payments determined by annual negotiation between institutions and regional office director, taking into account multiple factors, including historical expenditures, data on costs, changes in volume, other factors Physicians/clinicians in general paid fee-for-service based on a fee schedule determined by the Secretary, taking into account current Medicare fee schedule, expertise of providers, information from national data/tracking program and subject to annual review	For years 2020-2022, Medicare payment rates for services covered under Parts A and B will be used in public health insurance option Secretary may make adjustments for new providers/services not currently in Medicare, and for graduate medical education and disproportionate share hospital (DSH) payments Starting in 2023 and subsequently, Secretary shall set payment rates, and can establish process to adjust rates to ensure payment accuracy, efficiency, access to care, and affordability; subject to limit that overall payments should not exceed what would have been spent under current law payments Secretary may use innovative payment mechanisms to determine payments for services covered under the public health insurance option to promote care that is integrated, efficient and affordable among other outcomes	Medicare payment rates used in the buy-in plan	Medicare payment rates used in the buy-in plan	All states required to pay primary care providers at least Medicare rates for the buy-in plan and the current Medicaid program Medicaid rate used for other providers
PRESCRIPTION DRUG PRICES AND OTHER COST CONTAINMENT MEASURES					
Prescription Drug Prices	Secretary negotiates prices with drug manufacturers for covered drugs taking into account comparative clinical effectiveness, budgetary impact, number of similar or alternative treatments, total revenue from global sales for such drug, and associated investment in research and development If negotiations are not successful, the Secretary shall authorize the use of any patents, data or exclusivity granted by the federal government for the manufacture of the drug, providing reasonable compensation to manufacturer holding the license Secretary is authorized to procure drugs directly During an interim period, the Program shall not pay more than the average of prices from the manufacturer to any wholesaler, retailer, provider, and others, including government entities in the 10 OECD countries that meet GDP and per capita income threshold levels Drug manufacturers are prohibited from engaging in anti-competitive behaviors	Secretary is authorized to negotiate drug prices for the Medicare program and the public health insurance option, but is prohibited from requiring a particular formulary or price structure Medicare beneficiaries would be guaranteed at least three Part D plans, including a national prescription drug plan sponsored by the Secretary and at least two qualifying plans (one of which must be a PDP) offered by at least two different entities. Establishes a base premium of $37 in 2021 for the national plan, indexed to growth in per capita Medicare drug spending Payments from qualified retiree health plans would count toward the true out-of-pocket limit (TrOOP) on Medicare enrollee drug spending, with conforming subsidy payments to sponsors of qualified health plans Requires drug manufacturers to provide rebates for drugs dispensed to Medicare beneficiaries also covered under Medicaid (dual eligible) and individuals eligible for Part D low-income subsidies. Rebate amounts would be excluded from Medicaid best price determination and AMP	Secretary is authorized to negotiate drug prices, by striking the “non-interference clause” in Title XVIII, for Medicare and the buy-in plan	Secretary shall negotiate drug prices for Medicare and the buy-in plan Part D sponsors would be permitted to obtain discounts or price reductions below the rate negotiated by the Secretary No authorization for the Secretary to establish a formulary, and no change in current law provisions that assure appropriate and adequate access to drugs	No provision

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		determination. Changes definition of covered Part D drug to include only those drugs from a manufacturer that enters into a rebate agreement			
Other Cost Containment	Secretary annually establishes a global budget for all health expenditures, consisting of 8 components: program operations; capital expenditures; capital expenditures for rural/underserved areas; quality assessment activities; health professions education; administrative costs; reserve fund for disasters, epidemics; and prevention/public health activities	No provision	No provision	No provision	No provision
CONSUMER ASSISTANCE					
Consumer Assistance	Establishes Office of Beneficiary Ombudsman to receive complaints, grievances, provide help filing appeals, submit recommendations on improvements to administration of program	Secretary shall establish Office of the Ombudsman for the public health insurance option. Duties similar to Office of Medicare Ombudsman	Appropriates $500 million per calendar year 2019 through 2021 for enrollment assistance for buy-in eligible individuals. Grants can also be used to help individuals apply for tax credits and CSR through the marketplace Buy-in enrollees also have access to the Medicare Beneficiary Ombudsman	Appropriates $500 million per calendar year 2019 through 2021 for enrollment assistance for buy-in eligible individuals. Grants can also be used to help individuals apply for tax credits and CSR through the marketplace Buy-in enrollees also have access to the Medicare Beneficiary Ombudsman	No provision
CHANGES TO OTHER COVERAGE (MEDICARE, MARKETPLACE, MEDICAID AND VA/IHS)					
Changes to Current Medicare Program	Replaces current Medicare program. No benefits furnished under current Medicare program two years after the date of enactment, with provisions for continuation of benefits for persons receiving inpatient and other services Eliminates 24-month waiting period for Medicare coverage for individuals with disabilities (see below)	Authorizes Secretary to negotiate drug prices for Medicare Establishes a national prescription drug plan under Medicare Part D Applies Medicaid drug rebates for dual eligible and Medicare Part D low-income subsidy recipients	Authorizes Secretary to negotiate drug prices for Medicare The Medicare buy-in plan will not affect benefits under the current Medicare program or negatively affect the Federal HI and SMI Trust Funds	Secretary shall negotiate drug prices for Medicare, with no authorization to establish a formulary. Part D plans permitted to obtain discounts below negotiated price Nothing in this proposal would adversely affect eligibility or benefits for the current Medicare program, or the Medicare HI Trust Fund. The Secretary may adjust premiums for the buy-in population so that expenditures under Medicare do not rise due to the new buy-in option A new voluntary public Medigap option is established for beneficiaries in current Medicare program (and new Medicare buy-in program), to be administered by the Secretary Current Medicare beneficiaries would have a one-time initial enrollment period; individuals who subsequently become eligible for Medicare would have an individual enrollment period during their first 6 months of Medicare eligibility Enrollment in the public Medigap plan would be permitted at other times, subject to a late enrollment premium penalty. Penalty does not	No provision

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				apply to periods of time covered under a retiree health benefit plan, a Medicare Advantage plan, or a PACE program Benefits shall not be medically underwritten or subject to pre-existing condition exclusion period Premiums for the public Medigap option will be set to cover costs, and community rated (not adjusted by age, geography or any other factor, other than a late enrollment penalty, if applicable)	
Changes to Other Marketplace Plans/Private Plans	Replaces private insurance (marketplace, employer, FEHBP, TRICARE) Insurers may not sell policies, and employers may not provide benefits that duplicate covered benefits For first 5 years, 1% of global budget amount set aside to offset economic dislocation of workers in private health insurance system	No provision	No provision	Enhances cost-sharing subsidies for marketplace plans Establishes reinsurance program for entire individual market The temporary ACA risk corridor program is reestablished for calendar years 2019-2021	No provision
Changes to Medicaid	Replaces Medicaid No state maintenance of effort specified	No provision	No provision	No provision Bill specifies this will not affect benefits or eligibility of individuals otherwise entitled to Medicaid	New state option to offer Medicaid buy-in Requires states to pay at least Medicare rates to primary care providers Requires the development of state-level metrics of access to and satisfaction with Medicaid providers and appropriates $200 million to support state implementation of the metrics Extends 100% federal matching funds for three years to any state newly adopting the Medicaid expansion Adds comprehensive reproductive health services, including abortion services, as a mandatory Medicaid benefit
Changes to VA and Indian Health Service	Retains VA and the IHS	No provision	No provision	No provision	No provision
COVERAGE DURING TRANSITION					
Transitional Coverage Program	For the year beginning one year after the date of enactment, a transitional Medicare buy-in plan will be offered through the marketplaces Covered benefits will be the same benefits available under Medicare-for-all; cost sharing for covered benefits will be set to achieve an	Not applicable	Not applicable	Not applicable	Not applicable

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	actuarial value of 90% (similar to platinum marketplace plan) Secretary will determine a premium for the transitional program; can vary by age, family status, and tobacco use but not geographically During transition, marketplace premium and cost sharing subsidies available for transitional Medicare buy-in plan; premium tax credits for transitional buy-in plan would be more generous than otherwise applied in the marketplace and available to individuals with income above 400% FPL and to those with income below 100% FPL in states that have not expanded Medicaid				
FINANCING					
Financing	Appropriates to new Universal Medicare Trust Fund current federal health spending offsets (e.g., for Medicare, Medicaid, FEHB, TRICARE, ACA marketplace subsidies, other federal health programs), with amounts indexed to inflation in future years No provision for other financing sources	Premiums for public health insurance option set to cover benefit and administrative costs Appropriates $2 billion in start-up costs, to be repaid over 10 years No provision for other financing sources	Premium for the Medicare buy-in plan set to cover benefit and administrative costs, and deposited into the Medicare Buy-In Trust Fund No provision for other financing sources	Premium for the Medicare buy-in plan set to cover benefit and administrative costs, and deposited into a new, separate, Medicare Buy-In Trust Fund for the sole purpose of financing benefits for the buy-in population No provision for other financing sources	Program costs partially financed through premiums Costs for the Medicaid buy-in not covered by premiums would be financed with federal matching payments in the same way as the current Medicaid program Any excess revenues would be shared with federal government at 50% matching rate Administrative costs for the Medicaid buy-in receive 90% federal matching payments No provision for other financing sources