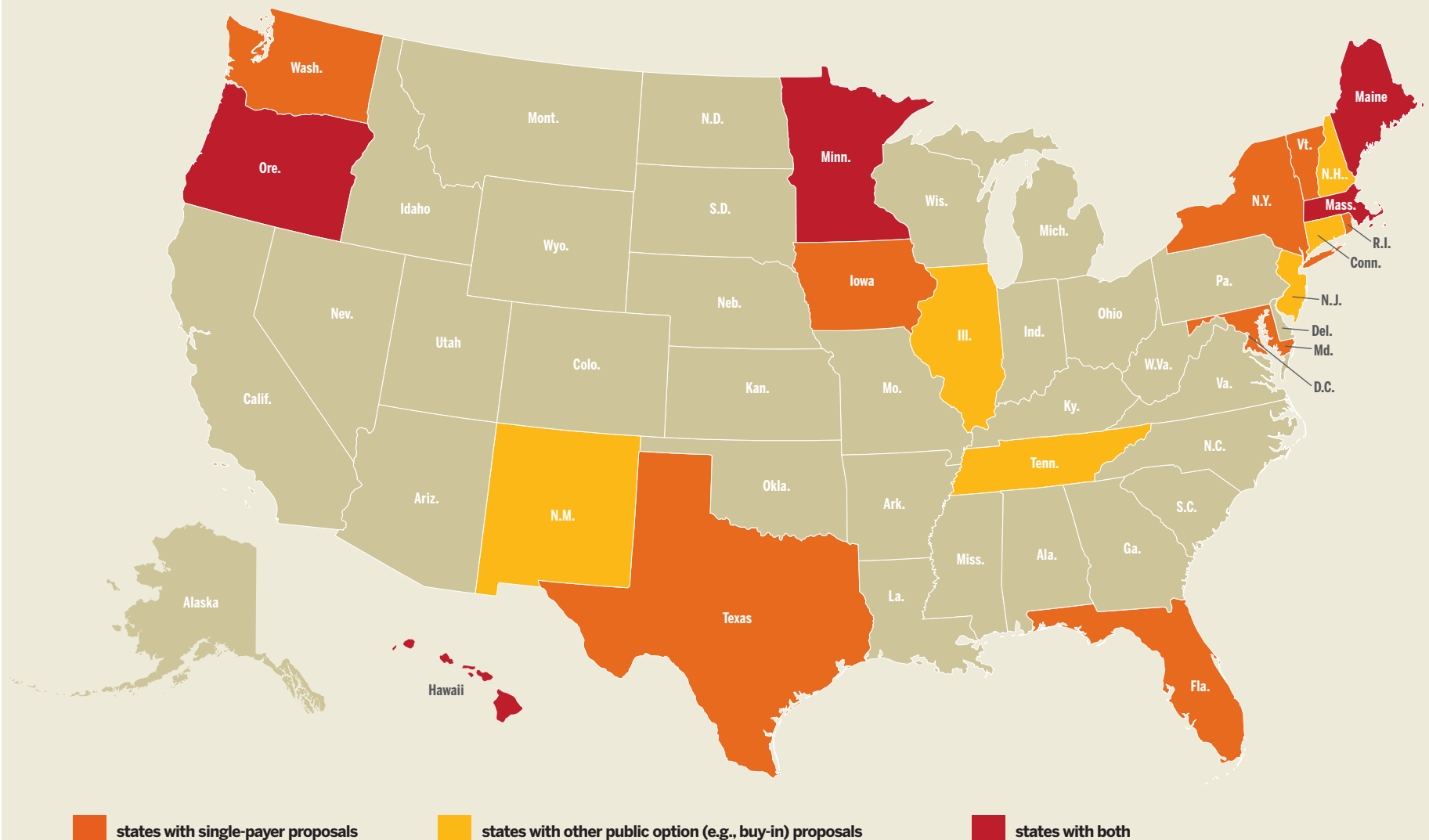


# Healthcare Hot Spots

While there's no shortage of federal legislative proposals to upend the healthcare system, state legislators are also taking it upon themselves to introduce coverage and payment changes.

*Using research from law firm Steptoe & Johnson, we broke down some basics of the federal proposals on the table. We also took a look at the volume of state action and found that, among the varied legislation that has been introduced around the country, more than 25% of states have introduced some kind of single-payer solution. —Editor*

## STATE PROPOSALS



## FEDERAL PROPOSALS

PROPOSAL	TYPE OF LEGISLATION	COVERAGE BASICS	EFFECT ON EMPLOYER-SPONSORED INSURANCE
<p><b>Medicare for All Act of 2019</b> Introduced by Rep. Pramila Jayapal (D-Wash.)</p> <p><b>Universal Medicare Program</b> Introduced by Sen. Bernie Sanders (I-Vt.)</p> <p><i>Note: Provision language in these bills is nearly identical, except in specific instances not outlined in this chart.</i></p>	<p>Single payer</p> <p>Establishes Medicare for All program (<b>House</b>) / Universal Medicare program (<b>Senate</b>)</p>	<ul style="list-style-type: none"> <li>▶ All U.S. residents are eligible; automatic enrollment upon birth</li> <li>▶ Covers essential health benefits plus some additional benefit categories</li> <li>▶ No premiums or cost sharing</li> </ul>	<p>Prohibits employers from offering benefits that duplicate what's provided under Medicare, but they can provide additional benefits</p>
<p><b>Medicare Buy-in and Healthcare Stabilization Act of 2019</b> Introduced by Rep. Brian Higgins (D-N.Y.)</p>	<p>Medicare buy-in for ages 50-64</p>	<ul style="list-style-type: none"> <li>▶ Individuals age 50-64 who are U.S. citizens are eligible, provided they are not otherwise eligible for benefits under (1) Medicare Parts A or B or (2) a state's Medicaid plan</li> <li>▶ Benefits are the same as those under Medicare Parts A or B and D</li> <li>▶ Allows enrollees to choose Medicare Advantage or Part D plans with premiums above average, though they are responsible for any additional amount</li> <li>▶ Authorizes HHS to calculate premiums separately for different ages to avoid adverse selection</li> </ul>	<p>Does not appear to disrupt employer-sponsored coverage</p>
<p><b>Medicare at 50 Act</b> Introduced by Sen. Debbie Stabenow (D-Mich.)</p>	<p>Medicare buy-in for ages 50-64</p>	<ul style="list-style-type: none"> <li>▶ Individuals age 50-64 who are U.S. citizens are eligible, provided they are not otherwise eligible for benefits under (1) Medicare Parts A or B or (2) a state's Medicaid plan</li> <li>▶ Benefits are the same as those under Medicare Parts A or B and D</li> <li>▶ Requires HHS to set premiums based on benefit and administrative costs</li> <li>▶ Allows enrollees to choose Medicare Advantage or Part D plans with premiums above average, though they are responsible for any additional amount</li> </ul>	<p>Does not disrupt employer-sponsored coverage</p>
<p><b>Medicare X Choice Act of 2019</b> Introduced by Sen. Michael Bennet (D-Co.) &amp; Rep. Antonio Delgado (D-N.Y.)</p>	<p>Medicare buy-in</p>	<ul style="list-style-type: none"> <li>▶ Plans offered on the individual and small-group exchanges for people eligible for coverage under the ACA but not currently eligible for Medicare</li> <li>▶ Availability of plans would increase over time, starting with areas where there is only one or no option on the exchange</li> <li>▶ Covers essential health benefits (same requirements as ACA exchange plans)</li> <li>▶ Directs HHS to establish premiums that cover full actuarial cost of plan</li> </ul>	<p>Does not completely address employer participation, but would offer the plan on the small-group market beginning in 2025</p>
<p><b>Choose Medicare Act</b> Introduced by Sen. Jeff Merkley (D-Ore.) &amp; Rep. Cedric Richmond (D-La.)</p>	<p>Medicare buy-in</p>	<ul style="list-style-type: none"> <li>▶ All U.S. residents are eligible, provided they are not entitled to/enrolled in certain federal or state-run plans</li> <li>▶ Covers essential health benefits and all items/services for which benefits are available under Medicare</li> <li>▶ Requires HHS to establish premiums that fully finance the plan</li> </ul>	<p>Offers the plan in the small- and large-group markets alongside private health plans</p> <p>Opens the newly created Medicare Part E plans to employers of all sizes</p>
<p><b>State Public Option Act</b> Introduced by Sen. Brian Schatz (D-Hawaii) &amp; Rep. Ben Ray Lujan (D-N.M.)</p>	<p>Medicaid buy-in</p>	<ul style="list-style-type: none"> <li>▶ States must elect to establish this option</li> <li>▶ Participants must not be eligible for other coverage but are eligible for marketplace participation</li> <li>▶ Covers essential health benefits (same requirements as ACA exchange plans)</li> </ul>	<p>Does not disrupt employer-sponsored coverage</p>
<p><b>Keeping Health Insurance Affordable Act of 2019</b> Introduced by Sen. Ben Cardin (D-Md.)</p> <p><b>Public Option Deficit Reduction Act</b> Introduced by Rep. Peter DeFazio (D-Ore.)</p> <p><b>Consumer Health Options and Insurance Competition Enhancement (CHOICE) Act</b> Introduced by Sen. Sheldon Whitehouse (D-R.I.) &amp; Rep. Jan Schakowsky (D-Ill.)</p> <p><i>Note: Provision language in these bills is nearly identical, except in specific instances not outlined in this chart.</i></p>	<p>Public option offered through exchanges</p>	<ul style="list-style-type: none"> <li>▶ Enrollment exclusively through exchanges alongside private plans</li> <li>▶ Covers essential health benefits (same requirements as ACA exchange plans)</li> <li>▶ Requires HHS to set geographically adjusted premiums to fully fund benefits and administrative costs</li> <li>▶ Requires HHS to set provider payment rates consistent with those under Medicare Parts A and B</li> <li>▶ Authorizes innovative, value-based payment structures</li> </ul>	<p>Does not directly address employer participation</p>