Medicare for All Act
(H.R.3421)

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Overview

Type of Reform: Expanding Medicare Coverage

Description: Establish a national, single-payer health insurance program to provide comprehensive protection against the costs of health care and health-related services, including a home and community-based LTSS benefit.

Sponsoring Organization and Key Author(s):

Sponsoring Organization:

- The Introduced by Rep. Pramila Jayapal (D-WA) on May 17, 2023.
- 113 Democratic co-sponsors.
- Companion bill S. 1655 Medicare for All Act was introduced by Senator Bernie Sanders (B-VT) on May 17, 2023.

Impact and Action:

House Committee Referrals: Energy and Commerce, Ways and Means, Education and the Workforce, Rules, Oversight and Accountability, Armed Services, Judiciary.

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Program Details

Participation Criteria:

Automatic enrollment for all U.S. residents upon birth. Phased enrollment approach each year after implementation for individuals currently ages 35 through 64 years.

Conditions for Receiving Benefits Scope of Services:

Enrolled individuals who meet one of the following criteria:

- Have a functional limitation in performing one or more activity of daily living (ADL).
- Require a similar need of assistance in performing instrumental activities of daily living (IADLs).

Scope of Services

- Long-term nursing services, regardless of service setting.
- LTSS, including home and community-based services (HCBS) and other non-institutional settings.

Amount of Services

Not specified.

Participant Financial Responsibility

- Co-payments, deductibles, and cost-sharing for LTSS benefits prohibited.
- Balance-billing by providers prohibited.

Elimination Period:

Not applicable.

Provider Requirements:

- Any provider that is licensed or certified to provide the service can participate.
- Participating providers enter into participation agreements with the program, which outlines responsibilities regarding billing, reporting, duty of ethics and more.
- The program may establish provider minimum standards (e.g., wait times, minimum staffing ratios, etc.).

Provider Payment Levels:

Payment schedules to be developed by the Department of Health and Human Services (HHS).

Inflation Adjustments :

Provider payments will take inflation into account, among other factors.

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Financing & Implementation

Revenue Source(s)

Not specified.

Total Program Costs

No cost estimate available.

Program Administration

- Conducted in collaboration with HHS and regional Medicare for All offices (established by the program).
- Standards and quality measures implemented and evaluated by the Center for Clinical Standards and Quality of the Centers for Medicare and Medicaid Services (CMS) or such other agencies determined appropriate by the Secretary, in coordination with the Agency for Healthcare Research and Quality and other offices of the HHS.
- State Medicaid programs maintain responsibility for nursing facility and other facility care coverage.
- Prohibits private insurance that duplicates coverage provided.

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