Business Leader Briefing: The Medicare for All Act of 2019

The Medicare for All Act of 2019, HR 1384 in the House, is the proposed legislation for a Medicare for All program. Pramila Jayapal (D-WA) is the lead sponsor, and there are 119 co-sponsors in the House as of 9/20/2019.

The companion bill in the Senate, SB 1129, is the bill written by Senator Bernie Sanders (I-VT).

The core 5 principles of Medicare for All:
- **A single, public program** — not a patchwork.
- **Provides comprehensive coverage** — that includes dental, vision, hearing, abortion, and all other necessary services.
- **Free at the point of use** — no fees, copays, no deductibles.
- **Universal** — all residents must be guaranteed an equal standard of care, including the undocumented.
- **It includes a jobs transition program** — with severance, jobs training, and retirement assistance for all impacted workers.

Care is truly comprehensive, including:
- Primary Care
- Hospital and outpatient
- Prescription Drugs
- Dental
- Vision and hearing
- Women’s Reproductive Health Services
- Maternity and newborn care
- Long term care services Focus on a home and community based setting (this detail is very important. Home and community based care would be a was a major victory for many disability advocates).
- Lab and diagnostic services
- Ambulatory services
- CHOICE: Eliminates existing “network” structure meaning complete freedom to see providers / use hospitals

Financing:
- Eliminates the administrative waste that is associated with our multi-payer system.
- Hospitals would be financed through global budgeting, and individual providers would be compensated by fee-for-service.

Roll-out: 2-year transition period where after one year, all persons over the age of 55 and under the age of 19 are eligible. Everybody is eligible after 2 years.