



# Single-Payer Proposals

Plan	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?	How many people get covered?	How it works	What program will expand?	Benefits	Costs to enrollees	How is it paid for?
<b>Sen. Bernie Sanders' (I-VT) Medicare-for-all bill</b>	Yes	No	No	Yes	Yes	All	All Americans will transition to one large government health plan	Medicare	Vision, Dental, prescription drugs, long-term care services, women's reproductive health services including abortion, plus ACA essential health benefits	Eliminate cost sharing-- No monthly premiums, no copayments, and no deductible-- minus some charges for prescription drugs capped at \$200 per year	Generally imposes higher taxes on the wealthiest Americans, increased income and estate taxes, establishing a new wealth tax on the top .1%, and imposing new fees on large banks
<b>Rep. Pramila Jayapal (D-WA) Medicare-for-all bill</b>	Yes	No	No	Yes	Yes	All	All Americans will transition to one large government health plan	Medicare	Is currently being revised to look more like the Sanders Medicare for all bill	Eliminate cost sharing-- No monthly premiums, no copayments, and no deductible	Do not currently have a financing plan

<p><b>Rep. Jan Schakowsky (D-IL) and Sen. Sheldon Whitehouse's (D-RI) Medicare buy-in bill</b></p>	<p>No</p>	<p>Yes</p>	<p>Yes</p>	<p>No</p>	<p>Yes</p>	<p>Millions More, but optional programs, so no universal coverage.</p>	<p>Small employers currently eligible to buy insurance through the ACA marketplaces would be allowed to participate in Medicare buy-in</p>	<p>Medicare</p>	<p>ACA essential health benefits</p>	<p>Several versions with varying out-of-pocket costs. Government would cover 60-80% of expected medical expenses.</p>	<p>Don't need a new revenue source, premiums are revenue source</p>
<p><b>Sen. Michael Bennet (D-CO), Rep. Brian Higgins (D-NY) and Sen. Tom Kaine (D-VA) Medicare buy-in</b></p>	<p>No</p>	<p>Yes</p>	<p>Yes</p>	<p>No</p>	<p>Yes</p>	<p>Millions More, but optional programs, so no universal coverage.</p>	<p>Small Employers eligible for ACA coverage could buy into Medicare, but not larger employers. This plan would be limited to customers in ACA marketplaces that had only one insurer or very high costs for a few years, before expanding to the rest of the individual market</p>	<p>Medicare</p>	<p>ACA essential health benefits</p>	<p>2 tiers: one covers 70% of medical costs, one that covers 80%. Health secretary could decide to offer health plans covering 60% or 90% of costs, but it is not required</p>	<p>Don't need a new revenue source, premiums are revenue source</p>

<p><b>Center for American Progress Medicare Extra for All proposal</b></p>	<p>Yes</p>	<p>Yes</p>	<p>Yes</p>	<p>Yes</p>	<p>Yes</p>	<p>All (legal residents)</p>	<p>Employers can continue to offer coverage to their workers as long as it meets certain federal standards, but would also give employers the option to stop offering coverage and pay a payroll tax approximately the same as what they currently spend on health coverage. It also automatically enrolls all newborns into the public program</p>	<p>Medicare</p>	<p>All health insurance would cover benefits including prescription drugs, hospital visits, doctor trips, maternity services, dental, vision, and hearing services</p>	<p>Some Americans would pay premiums tethered to their incomes, which requires a complex system that can calculate each family's premium and collect payment. Low-income Americans would be enrolled without premiums. Higher-income Americans would pay a monthly premium of at most 10% of their income, and pay deductibles and copays</p>	<p>Variety of new taxes on the wealthy, taxes on cigarettes and sugary beverages as a way to raise revenue and improve public health outcomes</p>
<p><b>Sens. Jeff Merkley (D-OR) and Chris Murphy (D-CT) Medicare buy-in bill</b></p>	<p>No</p>	<p>Yes</p>	<p>Yes</p>	<p>No</p>	<p>Yes</p>	<p>Millions More, but optional programs, so no universal coverage.</p>	<p>Workers will be able to leave their company's insurance plan for a new public plan with the permission of their employer</p>	<p>Medicare</p>	<p>ACA essential health benefits, benefits included in Medicare's current inpatient, outpatient, and prescription drug plans. Abortion and other reproductive</p>	<p>The government would cover 80% of healthcare costs, matching "gold" plans on ACA marketplaces. Add out-of-pocket caps for the traditional Medicare population</p>	<p>Don't need a new revenue source, premiums are revenue source</p>

									services would also be covered		
<b>Sen. Brian Schatz and Rep. Ben Ray Lujan's (D-NM) Medicaid buy-in bill</b>	No	Yes	Yes	No	Yes	Millions More, but optional programs, so no universal coverage.		Medicaid	ACA essential health benefits	States would have leeway for setting premiums, copays, and deductibles, with premiums capped at 9.5% of a family's income, or the per-enrollee cost of Medicaid buy-in, whichever is less	Don't need a new revenue source, premiums are revenue source
<b>The Urban Institute's Healthy America Proposal</b>	No	Yes	Yes	Yes	Yes	Cut number of uninsured by 16 mil in first year	Expects lower-wage workers with poor current insurance to move over to a new insurance marketplace set up under this plan. The markets would combine the Medicaid population with people covered by the ACA.	New Program-- Mixture of ACA and Medicaid markets would create a brand new insurance market covering around 100 million people	ACA essential health benefits	Premiums would range from 0%-8.5% of a family's income depending on income. Standard health insurance plan would cover 80% of medical costs, and people with lower incomes would receive additional subsidies, and all consumers would have the option to buy a plan with higher out-of-pocket costs, but lower premiums	Repurposing federal dollars that currently go into Obamacare and Medicaid

<p><b>Third Way's Cost Caps and Coverage for all proposal</b></p>	<p>Yes</p>	<p>Yes</p>	<p>Yes</p>	<p>Unknown</p>	<p>Regulate premium and out-of-pocket costs</p>	<p>All--Through automatic enrollment for those who qualify for free coverage, Automatic application for those who qualify for subsidized coverage, Automatic backstop-- Catastrophic-like coverage through a new program will be provided for those still unenrolled. Medicare-E Option-- option to enroll in expanded Medicare for people aged 55-64</p>	<p>Cost Caps: Overall, out-of-pocket and premiums would be capped for ACA markets, employer markets, Medicare and Medicaid based on income to make it more fair and affordable for all. In ACA exchanges, the middle class specifically will have premium protections, in employment-based coverage employers will have options to adjust the coverage they provide. In Medicare, there will be an overall cap on drug costs</p>	<p>All</p>	<p>ACA essential health benefits, some additional benefits depending on what the individual is enrolled in</p>	<p>Premiums</p>	<p>Unclear, but appears to mainly be through current funding streams</p>
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