Bernie Sanders
Medicare for All

Key Policy Messages----What & Why?

Private Healthcare Insurance Industry Puts Profits Over People	■ While thousands of Americans die each year because they cannot get the health care they desperately need, the top 5 health insurance companies last year made nearly $21 billion in profits (1) ■ Medical bills are the leading cause of bankruptcy in the U.S. (2)
Health Spending is Out of Control	■ The US spends more than twice as much per capita on health care as the average developed country (1)
Coverage for All	■ The U.S. is the only major country not to guarantee health care for all: – 34 million Americans are uninsured and even more are underinsured-- 'Medicare for All' aims to remedy this (1)
Why Medicare	■ Medicare is popular and successful ■ $500 billion could be saved annually in simplified administrative and billing costs (1)

Process ----How & When?

How?	■ All Americans would transition or be enrolled in a single-government health plan that would expand current Medicare to include vision, dental, prescription drugs, long-term care services, and a wide array of women's health services, including abortion (3) ■ The federal government would use current Medicare rates for all medical services and would allow the government to negotiate with drug companies on prices ■ Current Medicare and Medicaid programs would sunset and be replaced by the new single government plan ■ The government would be the sole payer for all healthcare in the US; in lieu of individual or employer-paid premiums, current funding plan is a proposed new tax on extreme wealth, which could take the form of: – Creating a 4% income-based premium paid by households, exempting the first $29,000 in income for a family of 4 (1)

		– Closing the "Gingrich-Edwards Loophole" ([5])
When?		■ Those who qualify for the new plan are given 4 years to transition to the new coverage

Potential Results----Who & What?

Patients	Overall	■ No more out-of-pocket costs: no premiums, deductibles, or co-pays ■ Patients would only pay for some prescription drugs, with payment capped at $200/year ([3])
Providers		■ No more negotiating rates with insurers ■ Providers receive the same reimbursement rate for every patient, which would result in generally lower reimbursement for former private-insured patients and higher reimbursement for former Medicaid patients ■ Veterans Affairs health system and Indian Health Services would be unaffected ([4])
Payers	Government	■ CMS would be responsible for administering the nation-wide health plan for all Americans
	Private	■ Private insurers would be banned from providing duplicative coverage of what is included in the public benefits package
Employers		■ Employers would no longer responsible for providing insurance to beneficiaries – New income tax to help pay for the insurance plan
Manufacturers		■ Manufacturers would negotiate drug prices with only one payer, the government ■ Additional legislation would peg drug prices to median prices in 5 major countries- Canada, UK, France, Germany, and Japan ([2])

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TheZetemaProject

Kamala Harris
Private Insurance + 'Medicare for All'

Key Policy Messages----What & Why?

End Cuts to Care	▪ Millions have lost their health insurance under this presidency, and 21 million risk losing coverage as this administration and their Republican allies try to overturn the Affordable Care Act in the courts ([1](#))
Current System Unsustainable	▪ The US spends $3.5 trillion a year on health care. If we do nothing over the next decade, that number will skyrocket to an estimated $6 trillion a year. Action is necessary to ensure the survival of the US healthcare system ([1](#))
Soaring Drug Prices Must be Halted	▪ A Kaiser Family Foundation study released in February found that 3 in 10 Americans do not take their prescribed medications due to cost ([4](#)) ▪ Harris plans to sue pharmaceutical companies for their role in fostering opioid addiction – Harris won settlements from GlaxoSmithKline, Johnson & Johnson, and other pharmaceutical companies for questionable pricing and marketing practices during her time as California attorney general ([4](#))

Process ----How & When?

How?	**The Three Phases**
	▪ All Americans can buy into 'Medicare Transition Plan' once the bill passes
	  – Immediate buy-in possible ([1](#))
	  – Automatic enrollment for newborns and uninsured
	▪ Administration would establish an expanded Medicare system with a 10-year phase in period ([1](#))
	▪ Gives providers enough time to incorporate themselves into the new system
	▪ Allow private insurers to offer plans within this new system, not as private plans but as Medicare plans ([1](#))
	▪ CMS would be the arbiter of the guidelines and regulations that would allow private insurers to offer Medicare plans
	  – Benchmarks, price, quality are all elements that would be standardized by CMS
	  – Stricter consumer protections are enforced in this plan

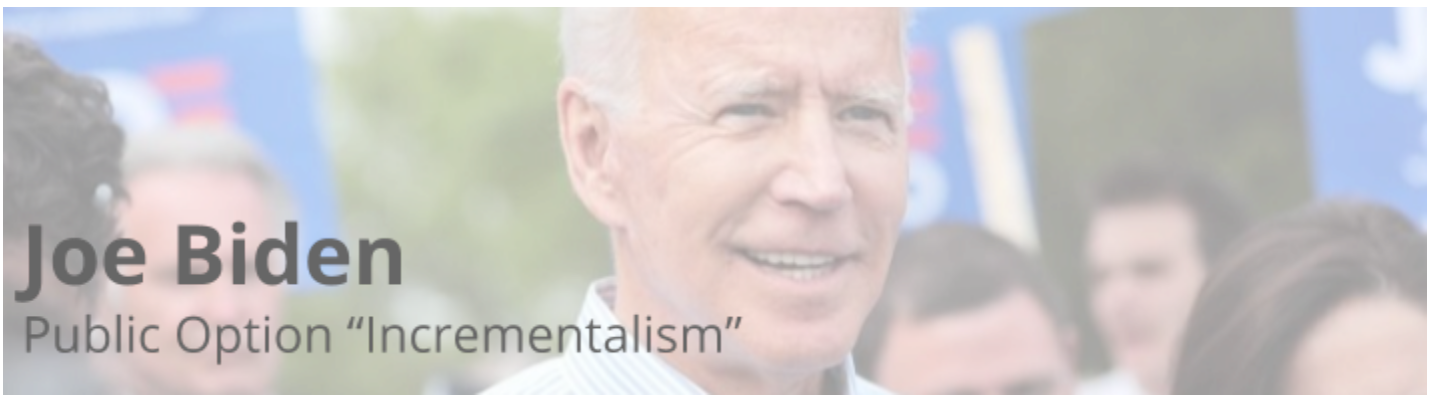|	
	Financing Medicare for All ■ Tax Wall Street over 10 years to generate $2 trillion: ([3](#)) – Stock trades:0.2% – Bond trades at 0.1% – Derivative transactions: 0.002% – Impose higher capital gains taxes on households making ≥ $100,000 (along with a higher income threshold for middle-class families living in high-cost areas)
When?	■ The Harris campaign argues that an extended transition period would help reduce the costs of this change ([3](#)) – First buy-in to 'Medicare for All' would happen immediately – Then a 10 year transition period kicks in where providers and private insurers can phase themselves into providing care and coverage within the new 'Medicare for All' framework

Potential Results----Who & What?

Patients		Overall	■ Out of pocket costs capped at $200 annually ([3](#))
		Special Populations	**Children** ■ Newborns auto-enrolled into the 'Medicare Transition Plan' with an opt-out provision for parents who have employer-sponsored coverage ■ Kids covered under CHIP will have a pathway to transition onto the 'Medicare Transition Plan' and eventually into the 'Medicare for All' system – Coverage: prevention, wellness, and services to assist children with developmental delays will be included. Also included are all currently available Medicaid supplemental benefits to children ([2](#)) **Elderly** ■ Seniors will be able to keep their Medicare with immediate coverage of additional benefits such as dental, vision, and hearing aids ■ The HHS Secretary will have the authority to use market leverage to secure the best prices for these products and services. ■ Medicare Advantage plans would continue uninterrupted during the transition. ■ Employer-sponsored health insurance for the elderly would continue to be an option until these plans either become 'Medicare Transition Plans' or during the 10 year transition period these plans become part of the 'Medicare for All' ■ 'Medicare for All' plan would also phase-in coverage of comprehensive long-term services and supports, with a focus on consumer-directed home and community-based services ([2](#))

			Disabled ■ The disabled would all transition to the 'Medicare for All' System either through a 'Medicare Transition Plan' or enrolling in the 'Medicare for All' plans ■ Medicaid Beneficiaries − Medicaid beneficiaries will immediately transfer over to the 'Medicare for All' system
⚕	Providers		■ Have a 10 year period to phase into 'Medicare for All' system ■ Long-term providers potentially face lowered reimbursement rates once 'Medicare for All 'system is in place and can negotiate on a large scale
⊞	Payers	Government	■ State government will continue to have to pay the same amounts to the Medicare program as they did for Medicaid and CHIP ([2])
		Private	■ Private plans will still be able to operate but they can only offer coverage as Medicare plans as seen in the Medicare Advantage space now ([2]) ■ Private plans will exist untouched for services not covered under 'Medicare for All' like medical insurance for travel abroad, cosmetic surgery, alternative medicine ([2]) ■ Employers will still be able to offer their employees retiree supplemental coverage through a private insurance plan ([2]) ■ HarrisCare would expand Medicare Advantage, which is used by a third of seniors, by encouraging private insurers from entering the space with plan offerings ([3])

💼	Employers		■ Have the opportunity to provide a 'Medicare Transition Plan' to their employees immediately by paying a shared responsibility payment or they will be able to opt-in during the 10 year transition period ([2])
			■ Employers could get their Medicare private plan certified by the Medicare program, after the phase-in is completed, meaning that individuals could theoretically maintain a version of their employer-sponsored insurance ([3])
			■ Employees will then have 3 choices to be in: ([2])
			  1. That employer's Medicare plan
			  2. A different private Medicare plan
			  3. The public Medicare plan

⬦	Manufacturers		■ HHS would set a "fair price" for every drug that costs more in the United States than elsewhere, or whose price has increased more than inflation in a given year ([4]) − "Fair price" could not exceed the cost of the drug in member countries of the Organization for Economic Cooperation and Development ([4]) ■ Pharmaceutical companies whose prices are too high would have to send customers a rebate.

		– If they do not comply, Harris says she would direct HHS to import the drugs ([4](#))

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TheZetemaProject

Joe Biden
Public Option "Incrementalism"

Key Policy Messages----What & Why?

Defend & Build on the ACA	■ "Every American has a right to the peace of mind that comes with knowing they have access to affordable, quality health care." (1) ■ Under the ACA, 20 million more Americans have health insurance and 100 million no longer can be denied on the basis of a pre-existing condition (2, 3) ■ Opposes Republican and Democratic efforts to strike down the ACA as the law of the land ■ Give Americans more choice, reduce health care costs, and make the system less complex to navigate WITHOUT starting from scratch and getting rid of private insurance ■ Emphasis on immediate action to achieve universal coverage as soon as possible (4)
Tackle Public Health Challenges	■ Proposals to reduce cancer, Alzheimer's, opioid addiction, mental health, gun violence

Process ----How & When?

How?	**Expand coverage**
	■ Expand health care coverage to 97% of Americans
	 – Provide choice of a public insurance option like Medicare to all Americans, not only those on the exchange (5)
	  » Reduce costs by negotiating lower prices with providers and hospitals
	  » Improve quality of care by better coordinating among patient's doctors and covering primary care w/o copay
	  » Bring relief to small businesses
	 – Increase tax credits for more working Americans to lower premiums and extend coverage
	  » Eliminate 400% income cap on tax credit eligibility and lower limit on cost of coverage from 9.86% to 8.5% of income for all Americans (6, 7)
	  » Calculate tax credits based on cost of gold vs. silver plan (lower deductibles and out-of-pocket costs) (8)

» Pay for it by increasing capital gains taxes on the rich (estimated $127 billion FY2019) (9)
  – Expand coverage to low-income Americans
    » Provide premium-free access to public option for 4.9 million individuals who would be eligible for Medicaid in states that have chosen not to expand eligibility - covering the full scope of Medicaid benefits (10)
    » States that have expanded Medicaid can also move expansion population to premium-free public option if continue paying share of cost to cover them
    » Automatically enroll individuals below 138% of federal poverty level through public schools or low-income programs like SNAP

Reduce complexity and increase affordability
- Provide peace of mind for affordable, quality health care and less complex system
  – Public option will be more affordable
  – Middle class families get premium tax credit, saving $750 per month on insurance, for better coverage with lower deductibles (11)
  – Stop surprise medical billing by barring providers from charging patients out-of-network rates when patient has no control over which provider they see (12)
  – Tackle market concentration in health industry through antitrust authority
  – Partner with health care workforce to test new models to lower costs and improve outcomes for low-wage workers

Fight Pharma
- Stand up to prescription drug corporations
  – Repeal rule preventing Medicare drug price negotiation
  – Limit launch price for drugs with no competition through independent review board to assess value and recommend price through external reference pricing (13)
  – Limit price increases for brand, biotech, and generic drugs to inflation through tax penalty on manufacturers
  – Allow consumers to buy prescription drugs from other countries with HHS certification of safety
  – Terminate pharmaceutical tax break for advertisement spending (estimated $6B in 2016) (14,15)
  – Improve and accelerate supply of quality generics

Protect health care for all
- Ensure health care is a right for all, not just the few
  – Expand access to contraception and protect consitutional right to abortion
    » Repeal the Hyde Amendment
    » Public option will cover contraception and woman's right to choose
    » Codify Roe v. Wade and stop state laws violating right to choose
    » Restore Title X funding for Planned Parenthood and other

| | | providers that refer for abortions
» Rescind Mexico City Policy to allow government to support global health efforts in developing countries by organizations that offer information on abortion services
– Reduce maternal mortality rate, especially for women of color, by expanding California's strategy nationwide
– Defend health care protections for all, regardless of gender, identity, or sexual orientation
– Double federal investment in community health centers for underserved populations
– Achieve mental health parity and expand access and funding for mental health services |
| **When?** | ■ Overall cost of plan estimated at $750B over a decade (4) |

Potential Results----Who & What?

■ Patients		Overall	■ Choice of buying into new public option or keeping employer-provided plans ■ Within public option, potentially lowered premiums, deductibles, and out-of-pocket costs ■ No tax increases for middle class ■ Increased subsidies/tax credits if health care costs exceed 8.5% of family income relative to "gold" plan benchmark ■ Consumer protections: no surprise billing, cheaper prescription drugs
		Special Populations	■ **Low-income:** Free auto-enrollment in public option in states without Medicaid expansion ■ **Women**: Expansion of "right to choose" and federal funding for abortion ■ **Undocumented immigrants**: Able to purchase plans on insurance exchange but not quality for subsidies (16) ■ **Seniors**: Keep Medicare as their insurance ■ **Wealthy**: Capital gains tax hikes
Providers			■ AHA is opposed to "one-size-fits-all health care system run by Washington" and support employer-provided coverage (part of Partnership for America's Health Care Future) (17) ■ AMA was previously opposed but dropped out of the Partnership coalition, stating that it would consider a public option (18) ■ Hospitals could lose revenue (as well as physicians) if Medicare reimbursement rates are used for public option (19) ■ With doubled funding, community health centers may provide better care to underserved populations, leading to reduction in ER visits

Payers	Government	■ Expansion of public option coverage to all Americans not in government plan currently ■ Increased cost and administrative burden
	Private	■ AHIP is opposed (part of Partnership for America's Health Care Future) ([17](#)) ■ Private insurance allowed to continue but could potentially lose consumers if public option is cheaper or more attractive
Employers		■ Potential risk of employers "dumping" highest cost patients into exchanges ■ Since employees can choose public option, employers may reduce health insurance offerings and substitute with wage increases in the future (avoid dealing with unpredictable market prices)
Manufacturers		■ PhRMA is opposed (part of Partnership for America's Health Care Future) ([17](#)) ■ Significant regulation/competition introduced to control drug prices - capping, reference pricing, import from other countries, generics ■ Lose tax rebates for direct-to-consumer marketing

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