Proposal / legislation	Policy mechanisms	Status	Potential advantages	Potential disadvantages
Families First Coronavirus Response Act[68]	Uses state Medicaid programs and the National Disaster Medical System (a federal program that allows the government to cover costs during an emergency) to cover the cost of COVID-19 testing (inclusive of related healthcare visits) for the uninsured. Also eliminates COVID-19 testing costs — but not treatment — for those with insurance.[69]	Signed into law by President Trump in March 2020.	Patients can receive COVID-19 testing without cost.	• The uninsured can still face medical bills for treatment of COVID-19. • The underinsured may face high copays and deductibles for COVID-19 related treatment (some insurers, however, dropped cost-sharing requirements for some of the privately-insured[70]). • Immigrants may still fear seeking care.
Coronavirus Aid, Relief, and Economic Security (CARES) Act	The CARES Act created a $100 billion Relief Fund for hospitals, some of which President Trump announced would be used to cover COVID-19 treatment costs for the uninsured. Regulations from Health and Human Services state that providers will be eligible for reimbursement for treatment of uninsured patients with a primary diagnosis of COVID-19.[56] Regulations also provide limited protection from surprise billing for those with COVID-19.[56]	Signed into law by President Trump in April 2020; HHS guidance on provider reimbursement issued April 22.	Uninsured patients may be covered for treatment of COVID-19.	Coverage is contingent on availability of funds as well as provider participation; hence, may not protect all uninsured patients with COVID-19.[56]
Provisions to expand use of telehealth	Allow payers to reimburse providers for provision of telehealth services	Legislation signed by President Trump in March 2020 allows COVID-19 related telehealth services to be billed to Medicare[60]; private insurers have rapidly expanded coverage of telehealth services.[61]	Allows individuals with mild cases of COVID-19 to avoid travel and the emergency room, potentially alleviating capacity strain and nosocomial transmission.	• Many patients lack broadband internet access (especially in rural communities) needed to use telehealth services.[62] • Mainly useful for evaluation of mild disease; does not allow testing or active treatment. • Does not address problem of uninsurance and underinsurance. • May mean that increasingly, telephone calls with physicians — previously free for patients — come with a bill.[63]
Expand opportunities to purchase marketplace private coverage	Create a "special enrollment" period to allow uninsured individuals to purchase plans in the marketplaces established by the Affordable Care Act, outside of the typical end-of-year enrollment period.	Several states, including Washington State, Maryland, and Massachusetts have already taken this step, and others may follow; however, the federal government — which runs insurance marketplaces for the majority of states — has not.[54]	May increase insurance uptake for some uninsured persons in states that take this approach.	• Not sustainable on an ongoing basis. • Marketplace plans have high deductibles that could still deter plan use. • Some would still find marketplace plans' premiums unaffordable, regardless of timing of enrollment period.
Worker Health Coverage Protection Act	The 1985 Consolidated Omnibus Budget Reconciliation Act (COBRA) allows workers to maintain their employer-sponsored health benefits after leaving or losing a job; however, they must pay the full premium, which is often unaffordable. This bill would fully subsidize COBRA premiums for up to 6 months following the end of the pandemic.[71]	Introduced into Congress by Representative Robert C. Scott in April 2020.	Some unemployed workers may be able to maintain their previous employer-sponsored health coverage.	• Private plans often have high copays and deductibles, which may be unaffordable for some, especially the unemployed. • Not available to all uninsured workers. • Expense likely greater than coverage expansion through public programs.
Emergency Medicare expansion bills				
(1) Health Care Emergency Guarantee Act	Expand Medicare coverage for the duration of the pandemic to all the uninsured, and use it to cover all copays and deductibles for the insured.	Introduced by Representative Pramila Jayapal and Senator Bernie Sanders in April 2020.	Achieve universal coverage without cost-sharing, fully protecting Americans from financial costs of medical care.	• Only lasts for duration of crisis. • Maintains wasteful private health insurance bureaucracy.[72]
(2) Medicare Crisis Program	Enroll the unemployed (and their households) in an expanded Medicare program with reduced cost-sharing. This bill would also: expand state Medicaid programs to increase coverage; cover all COVID-19 related costs for the uninsured and insured; establish a National Clearinghouse to purchase needed hospital medical equipment.	Introduced by Representatives Pramila Jayapal and Joseph Kennedy in April 2020.	Ensure health coverage for unemployed workers and their families through Medicare, and expand coverage to other low-income individuals through Medicaid; eliminate medical costs for COVID-19-related care.	• Same limitations as the Health Care Emergency Guarantee Act • Would leave Americans susceptible to the costs of care for non-COVID-19 related conditions.
Medicare for All Act of 2019 (S. 1129 and H.R. 1384)	Create new universal national health insurance program that would cover all US residents with comprehensive benefits without copays or deductibles.	Introduced in the House by Representative Pramila Jayapal and in the Senate by Senator Bernie Sanders in 2019.	• Eliminate cost-concerns and financial liability for patients with COVID-19 and all other conditions through universal first-dollar coverage. • May provide unique data tools for case identification in future outbreaks.[10] • Provides financing mechanism to better allocate/distribute healthcare infrastructure.[65] • Endorsed by many physicians[73] and, according to many recent polls, a majority of Americans.	Opposed by President Trump; unlikely to become politically feasible under current administration.