

The Medicare for All Act of 2019

Coverage	Covers all medically necessary care, including hospitalization and doctor visits; dental, vision, and hearing care; mental health services; reproductive care, including abortion; long-term care services and supports; ambulatory services; and prescription drugs.
	Covers all U.S. residents. Coverage is portable and lifelong.

Choice	Provides free choice of doctor or hospital.
Cost	Eliminates all patient cost-sharing such as copays, premiums, and deductibles.
Budgeting & Efficiency	Pays institutions such as hospitals and nursing homes via lump sum global operating budgets to provide covered items and services. Funds capital expenditures such as expansions and renovations with a separate budget.
	Pays individual providers on a fee-for-service basis that does not include "value-based" payment adjustments.
	Providers cannot use fees for profit, marketing, or bonuses. Establishes a national drug formulary that promotes the use of generics. HHS will negotiate prices for drugs, supplies, and equipment on an annual basis.
	Allows the override of drug patents when drug firms demand extortionate prices (a key recommendation from PNHP's 2018 Pharma Proposal).
Health Equity	Provides regional funding for rural and urban areas that are medically underserved.
	Preserves the benefits provided by the Dept. of Veteran Affairs and the Indian Health Service.

Overrides the Hyde Amendment that bans federal funding of abortion.

Transition to Medicare for all	Implements Medicare for All over a two-year transition period.
	In the first year, current Medicare enrollees can utilize expanded benefits such as dental and vision care. After year one, the plan automatically enrolls everyone ages 0-18 and 55 and older, and also offers a Medicare Transition buy-in plan through the Federal and State exchanges during this time.
	Allocates one percent of budget for the first five years to assistance for workers displaced by the elimination of private health insurance.