

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. |
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| | Covers all U.S. residents. Coverage is portable and lifelong. |

| Choice | Provides free choice of doctor or hospital. |
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| 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. |
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| | 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. |