National Improved Medicare for All:
Keeping the Promise of Equal Care for Everyone

There is widespread support for National Improved Medicare for All (**NIMA**) to solve the current healthcare crisis. Two bills exist in Congress – HR 676, first introduced in 2003, and S 1804, first introduced in 2017. The House bill, HR 676, is considered the gold standard of single-payer health. To meet the goals of a high-quality healthcare system, the Senate bill, S 1804, needs improvement.

Our goals for NIMA:

Everyone living in the United States and its territories must be covered with equitable access and no financial barriers to care and comprehensive benefits. There must be effective cost controls in the system.

HR 676 versus S 1804

	HR 676: Expanded and Improved Medicare for All Act	S 1804: The Medicare for All Act
Equal coverage for all	**Yes -** All residents are included.	**NO** – People who rely on Long Term Care will face barriers to scheduling and accessing care.
Comprehensive	**Yes** - Covers all medically-necessary care.	**No** - Doesn't cover Long Term Care.
Eliminates financial barriers to care	**Yes -** No premiums, co-pays or deductibles.	**No** - Co-pays are required for medications.
Takes profit out of health care	**Yes** - Investor-owned facilities are banned.	**No** - Allows investor-owned facilities to operate.
Eliminates unproven payment schemes	**Yes** - Providers are paid fee-for-service, a salary or capitated rates.	**No** - Keeps complex payment schemes that increase paperwork, decrease time with patients and punish doctors who treat people in poverty.
Saves money	**Yes** - Reduces administrative costs and unnecessary duplication of facilities through global and capital budgets.	**No** - Lacks global and capital budgets, which will allow for-profit facilities to drain the system.
Immediate implementation	**Yes** - The new system starts for everyone on the same day within two years of passage.	**No** - Complicated four-year roll-out period costs more and allows opposition to prevent full implementation.

How can S 1804 fulfill the promises of NIMA?

1. Comprehensive coverage that includes long-term care instead of leaving it to state-administered Medicaid, which requires living in poverty before one qualifies.

2. Immediate full implementation. Traditional Medicare was fully implemented in less than a year, without computers. This would solve the following problems inherent in S-1804's four-year rollout plan:

Problem 1: Leaving for-profit health insurance in place for four years allows them to cherry-pick healthy enrollees and leave patients with health needs to the taxpayer funded "public option". This protects health insurance profits at taxpayer expense.

Problem 2: Leaving a multitude of health insurers in place during the roll out forfeits the administrative savings of a single plan and makes the transition period more expensive.

Problem 3: The four-year roll out plan is complicated, leaving time and opportunities for valid criticisms that the opposition will exploit to prevent full implementation.

3. Elimination of all investor-owned health facilities. For-profit facilities are more expensive to run and have incentives to provide too much care and lower quality care.

4. Elimination of MACRA, a type of payment system that has proven to not save money or increase quality of care and has been an additional burden on physicians. This includes pay-for-performance schemes that punish doctors if patients cannot comply with their treatment plan.

5. Elimination of co-payments for all medically- necessary care, including necessary prescriptions.

6. Budgetary controls in the form of global operating budgets to hospitals and other health facilities and separate budgets for capital expenses, such as new facilities and equipment, to ensure that health resources are provided where they are needed.

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