

	National Improved Medicare for All	Affordable Care Act	American Health Care Act
Universal Coverage	YES. Everyone living in the US has continuous coverage from birth to death.	NO. 29 million have no health insurance and tens of millions are under-insured.	NO. 43 million uninsured in 2018, 54 million by 2026, and tens of millions underinsured.
Full Range of Benefits	YES. All medically-necessary services are covered.	NO. Required to cover ten essential benefits, but no standard package.	NO. Ends benefit requirements of ACA. Left up to insurers to decide.
Cost Savings and Sustainability	YES. Proven mechanisms to reduce prices and slow the rise of costs over time.	NO. Lacks proven mechanisms for reducing prices or controlling costs.	NO. Lacks proven mechanisms for reducing prices or controlling costs.
Choice of Health Professional and Hospital	YES. All health professionals and facilities in the US are in network.	NO. Restricts choice through narrow and ultra-narrow networks that exclude doctors and hospitals.	NO. Insurers can restrict choice through skimpy plans and narrow networks that exclude doctors and hospitals.
Portability	YES. All are covered no matter where they are in the US.	NO. Plans have to be purchased every year and don't follow out of state.	NO. Plans have to be purchased every year. There is a penalty for lapsed coverage.
Progressive Financing	YES. Paid through progressive taxes. No premiums or out-of-pocket costs.	NO. High out-of-pocket costs through co-pays and deductibles.	NO. Cuts taxes on the wealthy and shifts costs to those with lower incomes and older age groups.