Summary of HR 1384, The Medicare for All Act of 2019

Title I. Establishment of Medicare for All

Strengths – covers all residents; prohibits discrimination; bans private insurance from duplicating coverage.

Weaknesses – excludes those aged 19 to 54 until the end of the second year; anti-discrimination language doesn’t meet the international human rights standard; does not presume a person is in the system when they seek health services.

Title II. Comprehensive Benefits

Strengths – comprehensive coverage including long term care and services, reproductive care, complementary and integrative care and transportation; no cost-sharing; health professionals may override practice standards if it is medically necessary, in the best interest of the patient and desired by the patient.

Title III. Providers

Strengths – providers are restricted to people or institutions that provide direct patient care; financial incentives/disincentives are prohibited; whistleblowers are protected; and institutions must meet certain standards including safe staffing ratios;

Weaknesses – a provider can choose to not participate in the system and bill a patient directly for services that are covered by the health system.

Title IV. Administration

Strengths – includes health planning for capital projects; specifies planning for health professional education; creates a national database for research; emphasis on medically underserved.

Title V. Quality Assessment

Strengths – creates a center for clinical standards and quality; will provide data on health disparities.

Title VI. Budget

Strengths – creates a national health budget that includes funds for underserved areas and prevention and public health; capital budgets are separate; individual institutions receive an operating budget; worker assistance for up to five years; negotiation of drug prices and ability to patent and produce pharmaceuticals.

Weakness – allows for-profit institutions to continue to exist.
**Title VII. Medicare Trust Fund**

**Strengths** – there is no restriction on the use of federal dollars for reproductive health services.

**Title VIII. ERISA**

**Strengths** – makes necessary changes to ERISA so employer health plans cannot duplicate the system.

**Title IX. Additional Amendments**

**Strengths** – specifies that ongoing care will not be disrupted by the new system; sunsets programs such as pay for performance, value-based payments, and the merit-based incentive payment system.

**Title X. Transition**

**Strengths** – eliminates 24-month waiting period for people with disabilities.

**Weakness** – complicated phase-in that omits people ages 19 to 55 for the first year (47% of the population).