

# 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. The gold standard bill was HR 676, first introduced in 2003. This was replaced with HR 1384, first introduced in 2019. The House bill 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 HR 1384

	<b>HR 676: The Expanded and Improved Medicare for All Act</b>	<b>HR 1384: The Medicare for All Act</b>
<b>Equal coverage for all</b>	<b>Yes</b> - All residents are included.	<b>Yes</b> – All residents are included.
<b>Comprehensive</b>	<b>Yes</b> - Covers all medically-necessary care.	<b>Yes</b> – Covers all medically-necessary care.
<b>Eliminates financial barriers to care</b>	<b>Yes</b> - No premiums, co-pays or deductibles.	<b>Yes</b> – No premiums, co-pays or deductibles.
<b>Takes profit out of health care</b>	<b>Yes</b> - Investor-owned facilities are banned.	<b>No</b> - Allows investor-owned facilities to operate.
<b>Eliminates unproven payment schemes</b>	<b>Yes</b> - Providers are paid fee-for-service, a salary or capitated rates.	<b>Yes</b> - Providers are paid fee-for-service or a salary.
<b>Saves money</b>	<b>Yes</b> - Reduces administrative costs and unnecessary duplication of facilities through operating and capital budgets.	<b>Yes</b> - Reduces administrative costs and unnecessary duplication of facilities through operating and capital budgets.
<b>Immediate implementation</b>	<b>Yes</b> - The new system starts for everyone on the same day within two years of passage.	<b>No</b> - The new system is phased in over two years, excluding those aged 20 to 54 for one year.