Healthcare Plans

Of

Selected Democratic Presidential Candidates

Prepared by the

**Democrats of Sun City**

Improved Healthcare for all Committee

**January 2020**

January 2020

**Features of Democratic Candidates’ Health Care Plan**

Below is a compiled list from the Improved Healthcare Committee that describes six major Democratic candidates’ plans to improve health in the United States.  We have featured eight categories, which are key issues that are important to Americans and central to the healthcare proposals by these presidential candidates.  The information is taken from their respective websites, or from legislation that they have proposed.  "*All candidates support plans that cover pre-existing conditions, so we did not include that as a category.* The candidates whose healthcare plans are described here include all candidates who were eligible for the January DNC debates.  We will update this list as needed

**Funding:** This category includes each candidate’s ideas on a funding mechanism such as raising taxes and premiums and if it avoids raising taxes for those in the lower two income tax brackets.

**Universal Health Coverage/Underinsurance:** This category includes each candidate’s position on increasing access or providing 100% access to healthcare and how they plan to reduce or eliminate the underinsured problem.

**Role of Employer Sponsored Plans:** This category includes each candidate’s position on preserving employer sponsored plans that meet ACA standards, including a government public option, providing subsidies or not from employers and offering affordable and reasonable health care plans.

**Voluntary or Required Participation:** This category includes each candidate’s position on mandatory or voluntary participation, eligibility, and enrollment requirements such as age of enrollment and whether non-citizens could participate.

**Prescription Drug Plan:** This category incudes each candidate’s plan on how to lower prescription drug prices such as reducing or capping prescription drug costs or allowing (Medicare) negotiation or setting prices for prescription medications, healthcare services, and medical coverage.

**Coverage and Caps:** This category includes each candidate’s position on scope of services such as vision, dental, hearing, mental health, women’s reproductive health, and long-term care, on co-pays and deductibles, premiums based on income level or age or affordability and out of pocket limits.

**Impact on Medicare Recipients:** This category includes each candidate’s consideration of the impact of his or healthcare plans on Medicare recipients such as increasing coverage or reducing prices for people already on Medicare.

**Implementation:** When the candidate expects his or her plan to be phased in or enacted.

Candidates’ Plans

**Joe Biden**

**Funding:**

Roll back the 2019 tax cut for corporation and on the very wealthy. This is expected to produce an estimated $127 billion in 2021. Those with incomes over $1 million will pay the top rate on capital gains.

**Universal Health Coverage/Underinsurance:**

Biden proposes to protect and expand the Affordable Care Act with the aim of universal coverage. He proposes adding a public single payor option.

**Role of Employer Sponsored Plans:**

Financial incentives for employers with qualified employee health plans.

**Voluntary or Required Participation:**

Re-instate the individual mandate and tax on non-participants.

**Prescription Drug Plan:**

Repeal the rule prohibiting Medicare from negotiating drug prices. Limit price increases on all brand and genetic drugs.

**Coverage and Caps:**

Middle class families will get a premium tax credit to help them pay for coverage. Large health insurers must apply 85% of premium to health services. Any surpluses will be returned to policyholders.

**Impact on Medicare Recipients:**

No negative impacts anticipated.

**Implementation:**

Biden promises to immediately begin rebuilding and implementing the Affordable Care Act. No timing has been set for introduction of a public single payer program.

For more information please visit:

<https://joebiden.com/healthcare/>

**Pete Buttigieg**

**Funding:** He projects his plan to cost about $1.5 trillion over 10 years. It will be paid for by rolling back the Trump corporate tax cut, which he expects will generate $1.4 trillion in revenue. The rest will cover from cost savings that result from empowering the federal government to negotiate prices with pharmaceutical companies.

**Universal Health Coverage/Underinsurance:** The plan proposes a public option with income-based subsidies for low to middle income individuals and capping premiums. Everyone will have access to comprehensive coverage for mental illness and addiction care. To reach universal coverage his plan would provide an affordable insurance option to the currently uninsured.

**Role of Employer Sponsored Plans:** Buttigieg’s plan keeps employer sponsored plans and makes marketplace coverage affordable for everyone by linking subsidies to higher quality gold level plans and capping premium payments. He plans to restore and expand cost-sharing reduction payments to health plans to lower deductibles and other out-of- pocket costs for eligible people. He will require all providers at in-network facilities to be in-network to prevent surprise billing.

**Voluntary or Required Participation:** Individuals could opt out of public coverage if they choose to enroll in another insurance plan. Anyone eligible for free coverage in Medicaid or the public option will be automatically enrolled, and those eligible for subsidized coverage will have a simple enrollment option. There will be automatic enrollment for low income individuals and families in states that did not take the Medicaid expansion.

**Prescription Drug Plan:** His plan guarantees everyone has access to affordable prescription drugs which will have a monthly out-of-pocket drug spending cap under $250; seniors’ costs will be capped at $200. His plan proposes to make co-payments for generic drugs $0 for people with low incomes insured by Medicare, the public plan, and Medicaid.

**Coverage and Caps:** Buttigieg’s plan would cap out-of-pocket costs for Medicare recipients with lower caps for low income seniors and caps out premium payments at 8.5% of income for everyone. He proposes to cap out-of-pocket costs for everyone choosing the public option.

**Impact on Medicare Recipients:** He believes that seniors in traditional Medicare need the same financial protection as those in Medicare-Advantage Plans which cover a beneficiary’s cost of care when they reach a set out-of-pocket limit. To that end, Buttigieg plans to improve affordability in Medicare by capping out-of-pocket costs with lower caps for lower-income seniors.

**Implementation:** Unspecified depending onlegislative enactment; however, he expects his prescription drug plans would be adopted by the end of his first term.

For more information please visit:

<https://peteforamerica.com/policies/health-care/>

**Senator Amy Klobuchar**

**Funding:** Increase income tax rates on top tax brackets to pre-2017 Republican tax rates and further increase rates on highest tax bracket.

**Universal Health Coverage/Underinsurance:**

* Support a public option that expands Medicare or Medicaid.
* Bring down current high ACA copays, deductibles, and premiums in part to address current underinsurance crisis by implementing greater federal subsidies.
* Expand Medicare coverage for dental, vision, and hearing.
* Create federal tax credit to offset long-term care costs.
* Expand Medicaid reimbursement for people receiving mental health or substance abuse treatment.
* Expand funding for veterans’ programs such as telehealth services and serious diseases such as Alzheimer’s Disease and breast cancer.
* Ensure funding for Planned Parenthood and restore Title X programs to better address reproductive rights.
* Expand consumer protection capabilities to better guard against fraud.

**Role of Employer Sponsored Plans:** Role for private insurance will continue but with greater price reductions and subsidies and will be subject to many additional consumer protections and competition with a Medicare or Medicare-like public option with increased coverage rates.

**Voluntary or Required Participation:** Voluntary

**Prescription Drug Plan:** Senator Klobuchar has been the leader in the Senate on legislation to bring down the cost of prescription drugs. See **Impact on Medicare Recipients**.

**Coverage and Caps:** The Klobuchar plan calls for a public Medicare option with increased coverage for mental health, dental, vision, hearing, and subsidies or tax credits for long-term care and greatly reduced premiums, copays and deductibles, with far lower prescription drug costs.

**Impact on Medicare Recipients:** Klobuchar’s plan would greatly expand Medicare coverage possibly by lowering age eligibility and by allowing everyone to buy-in through a nonprofit. Her plans to negotiate drug prices, allow importation from other countries and reform competition practices would lower prescription drug prices. Her plan to stop surprise billings would protect Medicare consumers too.

**Implementation:** Executive actions to take place in the first 100 days to roll back Trump anti-healthcare orders and to expand access and address rising costs. Other changes will require legislation and an implementation period.

For more information please visit:

<https://amyklobuchar.com/>

**Senator Bernie Sanders**

**Funding:**

* Significant annual tax on extreme wealth (top 0.1%) households (annual income more than $50 million), raising over $4.35 trillion.
* Roll back Trump tax cuts on very high-income earners and large corporations, in addition substantially increase top marginal tax rates on income over $10 million.
* Establish progressive estate tax on inheritances affecting families in top 1%.
* Close tax loopholes benefitting very wealthy and large corporations.
* Remove the cap on social security payroll tax to help ease the social security crisis.

**Universal Health Coverage/Underinsurance:**

* Sanders favors a comprehensive, national, single-payer health insurance program. See **Coverage and Caps**.
* Enact legislation limiting cost to any consumer not to exceed $200 in total prescription costs in one year.

**Role of Employer Sponsored Plans:** After implementation, plans paid for in part by employers would be phased out. Sanders supports requiring the employer portion of collectively bargained current health insurance plans to be given to employees through wages or other agreed upon employee benefits.

**Voluntary or Required Participation:** After implementation everyone would be covered (universal) with no premiums, deductibles, or copays so everyone would be covered without cost.

**Prescription Drug Plan:** Currently Sanders supportsnegotiation with drug companies to lower prices. He would also allow patients, pharmacists and wholesalers to buy low cost prescriptions from Canada and other industrialized countries under the *Affordable and Safe Prescription Drug* *Importation Act.* And he would cut prescription drug prices in half with *Prescription Drug Price Relief Act* by pegging prices to median prices in Canada, UK, Germany, and Japan.

**Coverage and Caps:** Expands coverage to include dental, hearing, vision, home and community long term care, inpatient and outpatient services, mental health and substance abuse treatment, reproductive rights and maternity care, prescription drugs and more with no caps.

**Impact on Medicare Recipients:** Does away with all premiums, deductible and copays for current Medicare recipients while expanding their coverage to include dental, hearing, vision, long-term care, mental health, and substance abuse treatment, prescription drugs and more.

**Implementation:** Phased in over three years with no gap in coverage.

For more information please visit:

<https://berniesanders.com/issues/medicare-for-all/>

**Tom Steyer**

**Funding:** Estimated cost of plan is $1.5 trillion over 10 years

**Universal Health Coverage/Underinsurance:** Proposes public option with income-based subsidies for those up to 400% of federal poverty level (free to those below 138% of the federal poverty level). The pubic option will be run by CMS but fiscally separate from Medicare/Medicaid. Public option to be offered to immigrants and undocumented.

**Role of Employer Sponsored Plans:** Employer-sponsored plans can be offered with subsidies as mentioned. If employee chooses the public option, there is a penalty for large employers to help the employee pay for the public option premium.

**Voluntary or Required Participation:** Automatic enrollment for those who would have been eligible for Medicaid had their state expanded it. People automatically enrolled if they engage in public assistance programs such as unemployment insurance.

**Prescription Drug Plan:** Medicare and the public option will jointly negotiate drug prices with manufacturers and extend these prices to private insurers. Benchmark cost of drugs will be tied to international standards. Patients may purchase FDA approved drugs across international borders.

**Coverage and Caps:** Those enrolled in the public option with income greater than 400% of the federal poverty level will have yearly premiums capped at 8.5% of income. Emergency room costs will be capped and all ER providers will need to accept the in-network price of that hospital.

**Impact on Medicare Recipients:** Probably none

**Implementation**. As soon as possible.

For more information please visit:

<https://www.tomsteyer.com/health-care-is-a-right-for-all/>

**Senator Elizabeth Warren**

**Funding:** Until the Medicare for All option is implemented healthcare funding sources will include employer Medicare contributions, taxes on the financial sector, and a top 1% wealth tax, reduced drug spending as a result of drug reforms, better enforcement of existing tax laws, cutting administrative costs, and military spending cuts.

**Universal Health Coverage/Underinsurance**. Significantly improved coverage during transition would include coverage of children under 18, those under 200% of the federal poverty level, improved Medicaid, and allowing those under the age of 50 to buy into Medicare for All. She plans to junk health plans and include reproductive health care. At the end of the transition period all will be enrolled in Medicare for All.

**Role of Employer Sponsored Plans:** Employees have option to switch to Medicare for All rather than stay in employers’ plans. Employers will pay a fee to the government to maintain their responsibility. At the end of the transition period all will switch to Medicare for All with minimum exceptions.

**Voluntary or Required Participation:** Not required during the transition period. Will follow Medicare for all at end of the transition.

**Prescription Drug Plan:** Use of numerous strategies to cut costs of new drugs, public manufacturing of generics as needed to prevent price gouging (e.g. insulin, Naloxone, Hep C drugs.)

**Coverage and Caps:** By end of the transition period, same as Medicare for All bill.

**Impact on Medicare Recipients:** Initially, Medicare recipients will continue to pay parts B and D. Part B out of pocket gap would be $1500 and Part D, $300.

**Implementation**. Program would be phased in during the first two years in office with full implementation by the end of the third year.

For more information please visit

<https://elizabethwarren.com/plans/health-care>