

Comparison of Conyers and Sanders/McDermott Bills

Title	HR 676 (Conyers Bill) - United States National Health Insurance Act (Expanded and Improved Medicare for All Act)	S 703 (Sanders Bill)/HR 1200 (McDermott Bill) - American Health Security Act
Length of Bill	29 pages	172 pages
Structure	National program. Secretary of HHS appoints. Director who appoints Regional Directors for each of the current Medicare regions. State Deputy Directors appointed by Governors.	Program administered by States in accordance with national standards and under the direction of the Secretary of HHS. State plans must be approved by the American Health Security Standards Board. States failing to follow guidelines can be put into receivership.
Eligibility	All residents of U.S. or territories	All citizens and lawful aliens (States may extend benefits to others).
Benefits	Primary care, preventive care, inpatient, outpatient and emergency care, prescription drugs, durable medical equipment, long term care, mental health and substance abuse services, non-cosmetic dentistry, chiropractic services, basic vision care and correction.	Primary care, preventive care, inpatient, outpatient and emergency care, prescription drugs, durable medical equipment, long term care, mental health and substance abuse services, outpatient therapies, ambulance services.
Eligible Providers	Must be public or not-for-profit, including staff-model HMOs. Owners of investor-owned providers will be compensated through 15-year government buy-out.	Any licensed provider
Payment to Providers	Global budget for institutions, fee-for-service for individual providers, salaries to providers employed by global budget institutions, capitation to some institutions set by Director.	Global budgets for institutions, fee-for-service for individual providers, and global budgets or capitation to other institutions such as designated Comprehensive Health Service Organizations set in each State.

Budget	US National Health Care Trust Fund set up. Annual operating budget and capital expenditures, regional allocations drawn from Trust Fund.	American Health Security Trust Fund set up. National and State budgets set by the American Health Security Standards Board. Funds drawn from the Trust Fund.
Funding	Existing Federal and State health care funds. In addition, modest progressive payroll tax, paperwork reduction; bulk procurement of medication, existing Federal health care budget, personal income tax increase on top 5% of income earners; small tax on stock and bond transactions	Existing Federal and State health care funds. In addition, employers pay 8.7% payroll tax, individuals pay 2.2% income tax.
Balance Billing, Co-Pays, Deductibles	No co-pays or deductibles. Providers accepting payment under the plan may not bill any patient.	No billing of patients.
Quality Controls	National Board of Universal Quality and Access to advise Secretary of Health and Human Services	American Health Security Standards Board develops policies and standards for benefits and reimbursement. American Health Security Quality Council develops practice guidelines. American Health Security Advisory Council and State Advisory Councils represent providers, patients and public health policy experts.
Grievance and Complaint Process	None specified.	State plans must include independent ombudsman to receive and resolve consumer complaints and a grievance process for providers with respect to payments.
Dislocation Assistance	Two years of unemployment assistance. Clerical and administrative personnel displaced by the program have first priority in retraining and job placement.	Up to 1% of budget to be used to assist persons currently working in the insurance industry.