

This bill establishes the Medicare for All Program to provide all individuals residing in the United States and U.S. territories with free health care that includes all medically necessary care, such as primary care and prevention, dietary and nutritional therapies, prescription drugs, emergency care, long-term care, mental health services, dental services, and vision care.

Only public or nonprofit institutions may participate. Nonprofit health maintenance organizations (HMOs) that deliver care in their own facilities may participate.

Patients may choose from participating physicians and institutions.

Health insurers may not sell health insurance that duplicates the benefits provided under this bill. Insurers may sell benefits that are not medically necessary, such as cosmetic surgery benefits.

The bill sets forth methods to pay institutional providers and health professionals for services. Financial incentives between HMOs and physicians based on utilization are prohibited.

The program is funded: (1) from existing sources of government revenues for health care, (2) by increasing personal income taxes on the top 5% of income earners, (3) by instituting a progressive excise tax on payroll and self-employment income, (4) by instituting a tax on unearned income, and (5) by instituting a tax on stock and bond transactions. Amounts that would have been appropriated for federal public health care programs, including Medicare, Medicaid, and the Children's Health Insurance Program (CHIP), are transferred and appropriated to carry out this bill.

The program must give employment transition benefits and first priority in retraining and job placement to individuals whose jobs are eliminated due to reduced clerical and administrative work under this bill.

The Department of Health and Human Services must create a confidential electronic patient record system.

The bill establishes a National Board of Universal Quality and Access to provide advice on quality, access, and affordability.

The Indian Health Service must be integrated into the program after five years. Congress must evaluate the continued independence of Department of Veterans Affairs health programs.