

# The “American Health Care For All Act”

**Short Title:** Health Care For All Act

**Sponsor:** Bernard Taylor (FL-21)

**Purpose:** To establish a single-payer, universal health care system that guarantees comprehensive, affordable health coverage to every person in the United States.

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## Section 1. Findings

Congress finds that:

1. Health care is a human right, not a privilege.
  2. Over 27 million Americans remain uninsured and millions more are underinsured, leading to delayed care, medical debt, and preventable deaths.
  3. The current multi-payer, profit-driven insurance system wastes billions annually on administrative overhead and corporate profits, diverting resources from patient care.
  4. A national single-payer system can provide better health outcomes, reduce costs, and ensure coverage for all Americans, regardless of income, employment, or preexisting conditions.
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## Section 2. Establishment of the Universal Health Program

(a) There is hereby established a **federally administered health insurance program**, to be known as the **American Health Care Program (AHCP)**.

(b) The AHCP shall:

- Provide **comprehensive health care coverage** to every U.S. resident from birth or date of residency onward.
  - Replace all private and public insurance plans for medically necessary services, including Medicare, Medicaid, employer plans, ACA exchange plans, TRICARE, and CHIP.
  - Guarantee **free access at the point of service**, no premiums, deductibles, or copays for covered services.
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## Section 3. Covered Benefits

The AHCP shall cover all medically necessary services, including but not limited to:

- Primary and preventive care
  - Emergency and hospital services
  - Prescription drugs and medical devices
  - Mental health and substance use treatment
  - Dental, vision, and hearing care
  - Long-term care and home health services
  - Reproductive health, maternity, and newborn care
  - Physical therapy, occupational therapy, and rehabilitation
  - Laboratory services and diagnostic imaging
  - Telehealth services
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## Section 4. Freedom of Choice

(a) Patients shall have the freedom to **choose any licensed health care provider**.

(b) Providers shall remain **independent** but must meet national quality and equity standards to receive payment through the AHCP.

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## Section 5. Transition

(a) The AHCP shall be implemented over a **4-year transition period**, during which:

- **Year 1:** Immediate enrollment for Medicare beneficiaries, Medicaid recipients, veterans, children, and uninsured adults.
- **Year 2–3:** Gradual expansion to all remaining insured individuals, replacing employer-based and marketplace plans.
- **Year 4:** Full implementation; all residents covered under AHCP.

(b) Medicare, Medicaid, and other public programs shall be merged into AHCP. Private insurance shall be prohibited from duplicating benefits covered by AHCP, but may offer supplemental coverage for elective, non-essential services (e.g., cosmetic surgery, luxury hospital suites).

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## Section 6. Provider Payment and Cost Controls

(a) Providers shall be paid through **global budgets, negotiated fee schedules, or capitation models**, designed to ensure fair compensation and control costs.

(b) A **national drug formulary** and **negotiated drug prices** shall be established, allowing the federal government to use its full bargaining power to lower costs.

(c) The administrative overhead of private insurers (averaging 12–18%) shall be reduced to under 3%, comparable to Medicare.

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## Section 7. Financing

The AHCP shall be financed through:

1. **Progressive taxation**, including:
  - A modest payroll tax on employers, replacing private insurance premiums.
  - A progressive income-based premium on households, with exemptions for low-income families.
2. **Redirection of current federal, state, and local health care spending**, including Medicare, Medicaid, ACA subsidies, and tax expenditures for employer-sponsored insurance.
3. **Significant savings** from reduced administrative costs, lower drug prices, and negotiated provider rates.

**No one will pay more out of pocket for health care under AHCP than they currently pay for premiums, deductibles, and copays combined.**

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## Section 8. Labor & Job Protections

(a) A **Just Transition Program** shall support workers currently employed in the private insurance industry through:

- Job retraining and placement in the public health system
- Wage replacement for up to 2 years
- Pension and benefit protections

(b) Providers and health workers shall have the right to collective bargaining.

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## Section 9. Governance

(a) The AHCP shall be administered by a new **independent federal agency**, the **American Health Care Authority**, overseen by a bipartisan board, with regional offices to ensure equitable access and community input.

(b) Advisory councils shall include representation from patients, health care workers, rural and urban communities, and people with disabilities.

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## **Section 10. Sunset of Private Insurance**

- (a) On the date of full implementation, all duplicative private health insurance plans shall be sunset.
  - (b) Employers shall no longer provide private insurance; instead, contributions will support AHCP financing.
  - (c) Private insurers may only offer supplemental coverage for non-essential services not included in AHCP.
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## **Section 11. Effective Date**

This Act shall take effect upon enactment, with provisions phased in according to Section 5.