

TABLE 1

Health Reforms Simulated

	Reform 1: Enhanced financial assistance	Reform 2: Federal individual mandate and STLD prohibitions	Reform 3: Filling the Medicaid eligibility gap	Reform 4: Public option and/or capped provider payment rates	Reform 5: CARE, no ESI firewall	Reform 6: Further enhanced financial assistance	Reform 7: Single-payer lite	Reform 8: Single-payer enhanced
Reform builds on or replaces ACA?	Builds on	Builds on	Builds on	Builds on	Builds on	Builds on	Replaces	Replaces
Household premiums	Lower Marketplace percent-of-income caps than ACA, which are extended to higher incomes; ranging from 0 to 8.5% of income for those 400% FPL or higher	Lower Marketplace percent-of-income caps than ACA, which are extended to higher incomes; ranging from 0 to 8.5% of income for those 400% FPL or higher	Lower Marketplace percent-of-income caps than ACA, which are extended to higher incomes; ranging from 0 to 8.5% of income for those 400% FPL or higher	Lower Marketplace percent-of-income caps than ACA, which are extended to higher incomes; ranging from 0 up to 8.5% of income for those 400% FPL or higher	Lower Marketplace percent-of-income caps than ACA, which are extended to higher incomes; ranging from 0 to 8.5% of income for those 400% FPL or higher	Lower Marketplace percent-of-income caps than ACA, which are extended to higher incomes; ranging from 0 to 8.0% of income for those 600% FPL or higher	None	None
Cost-sharing	Premium percent-of-income caps tied to 80% AV plan; additional subsidies to lower cost sharing further for those up to 400% FPL	Premium percent-of-income caps tied to 80% AV plan; additional subsidies to lower cost sharing further for those up to 400% FPL	Premium percent-of-income caps tied to 80% AV plan; additional subsidies to lower cost sharing further for those up to 400% FPL	Premium percent-of-income caps tied to 80% AV plan; additional subsidies to lower cost sharing further for those up to 400% FPL	Premium percent-of-income caps tied to 80% AV plan; additional subsidies to lower cost sharing further for those up to 400% FPL	Premium percent-of-income caps tied to 80% AV plan; additional subsidies to lower cost sharing for those up to 500% FPL	Standard 80% AV with additional income-related cost-sharing assistance for those up to 400% FPL	None
Covered benefits	ACA essential health benefits	ACA essential health benefits	ACA essential health benefits	ACA essential health benefits	All medically necessary care, including LTSS, dental, vision, hearing			

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Reinsurance	Permanent program, \$10 billion per year funded by general revenues	Permanent program, \$10 billion per year funded by general revenues	Permanent program, \$10 billion per year funded by general revenues	Permanent program, \$10 billion per year funded by general revenues	Permanent program, \$10 billion per year funded by general revenues	Permanent program, \$10 billion per year funded by general revenues	Not applicable; no private insurers	Not applicable; no private insurers
Penalties for remaining uninsured?	No; current law	Yes; restores ACA penalties	Yes; restores ACA penalties	Yes; restores ACA penalties	No; all legally present residents enrolled through CARE	No; all legally present residents enrolled through CARE	No; all legally present residents enrolled in government plan	No; all US residents enrolled in government plan
Expanded access to STLDs?	Yes; current law	No; returns to 2016 rules	No; returns to 2016 rules	No; returns to 2016 rules	No; all enrolled in compliant coverage	No; all enrolled in compliant coverage	No; all enrolled in government plan	No; all enrolled in government plan
Limits on provider payment rates?	No	No	No	Yes, in nongroup market: public plan pays rates equal to highly competitive market rates and/or private nongroup plans capped at same rates both in and out of network	Yes, in nongroup market: public plan pays rates equal to highly competitive market rates and private nongroup plans capped at same rates both in and out of network; requires a public option	Yes, in nongroup market: public plan pays rates equal to highly competitive market rates and private nongroup plans capped at same rates both in and out of network; requires a public option	Yes, all legally present US residents are enrolled in a single government insurance plan that pays providers at approximately Medicare rates ^a	Yes, everyone is enrolled in a single government insurance plan that pays providers at approximately Medicare rates ^a
Eliminates the Medicaid eligibility gap?	No	No	Yes; federal government pays all	Yes; federal government pays all	Yes; federal government pays all	Yes; federal government pays all	Yes; all enrollees, regardless of	Yes; all US residents, regardless of

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			Medicaid expansion population costs in expansion states and lowers Marketplace subsidy income threshold to just above that for Medicaid eligibility in nonexpansion states	Medicaid expansion population costs in expansion states and lowers Marketplace subsidy income threshold to just above that for Medicaid eligibility in nonexpansion states	Medicaid expansion population costs in expansion states and lowers Marketplace subsidy income threshold to just above that for Medicaid eligibility in nonexpansion states	Medicaid expansion population costs in expansion states and lowers Marketplace subsidy income threshold to just above that for Medicaid eligibility in nonexpansion states	income, are enrolled in the same government insurance plan with no premiums; low-income people (including those otherwise Medicaid eligible) receive additional cost-sharing subsidies	income, are enrolled in the same government insurance plan with no premiums or cost-sharing requirements
Excludes those with household ESI offers from federal subsidies?	Yes; current law	Yes; current law	Yes; current law	Yes; current law	No	No	No; eliminates employer-based insurance	No; eliminates employer-based insurance
Leads to universal coverage?	No	No	No	No	For legally present residents only	For legally present residents only	For legally present residents only	Yes
Do employers face a penalty for not insuring workers?	Yes for some employers with more than 50 workers; current law	Yes for some employers with more than 50 workers; current law	Yes for some employers with more than 50 workers; current law	Yes for some employers with more than 50 workers; current law	No	No	No	No

Notes: STLD = short-term, limited duration plan; CARE = Continuous Autoenrollment with Retroactive Enforcement; ESI = employer-sponsored insurance. ACA = Affordable Care Act; FPL = federal poverty level; LTSS = long-term services and supports; AV = actuarial value.

^a Provider payment rates under single-payer options are set at traditional Medicare rates for physicians and at Medicare rates plus 15 percent for hospitals. Nongroup public option coverage is set to approximate Medicare rates by estimating premiums in each rating area as if there were at least five competing insurers and modestly competitive provider markets. See methodology appendix for additional detail.