

	Improved Medicare for All, H.R. 1384 & S. 1129 (Jayapal - Sanders)	Health Care Emergency Guarantee Act, H.R. 6906 (Sanders - Jayapal) S. 3790	Worker Health Coverage Protection Act H.R. 6514(Scott - Dingell)
Coverage model	Covers all Americans without regard to employment status.	Enrolls uninsured in an improved temporary Medicare that covers all medically necessary care and drugs; covers cost-sharing for the insured.	Subsidizes 100% of COBRA premiums for laid-off workers with employer health plans and enriches private health insurers.
Cost-sharing	No premiums or deductibles.	No cost sharing for the uninsured. For those with insurance, Medicare to cover out-of-pocket costs and deductibles for the duration of pandemic.	Preserves private workplace plans, with their limited provider networks, deductibles and copays which many cannot afford to pay while unemployed. Family deductibles average more than <u>\$4700</u> .
Eligibility & enrollment	Any resident of the U.S. and family members.	Any resident of the U.S. When patients receive care, providers bill Medicare directly for full cost of treating the uninsured, or cost-sharing portion for those with insurance.	Eligible to laid-off or furloughed workers with employer-sponsored plans. Excludes businesses with fewer than 20 workers; no coverage for the 30 million previously uninsured.
Duration	Permanent life-time benefits not linked to duration of the pandemic.	Effective immediately, lasting until an FDA- approved COVID-19 vaccine is widely available.	From March 1 until 6 months after the end of pandemic. Provides up to 15 months of premium subsidies per worker.
Other provisions	Ends the disparity of coverage for all Americans, equalizes access to health care, eliminates price gouging for drugs by authorizing price negotiation, and eliminates the profit motive from health insurance coverage.	Bans surprise billing and collection of medical debt; allows Medicare to purchase pharmaceuticals at VA prices; prohibits private insurers from increasing copays and deductibles or decreasing coverage for the duration of crisis.	Costs \$72 billion more per year than H.R. 6906, yet covers far fewer Americans while leaving those that are covered with all the limited benefits and restrictions of private health insurance.