115TH CONGRESS
1ST SESSION

S. 1742

To amend title XVIII of the Social Security Act to provide for an option for any citizen or permanent resident of the United States age 55 to 64 to buy into Medicare.

IN THE SENATE OF THE UNITED STATES

AUGUST 3, 2017

Ms. STABENOW (for herself, Mr. BROWN, Ms. BALDWIN, Mr. WHITEHOUSE, Mr. LEAHY, Mr. MERKLEY, Mr. REED, Mr. FRANKEN, and Mr. BOOKER) introduced the following bill; which was read twice and referred to the Committee on Finance

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A BILL

To amend title XVIII of the Social Security Act to provide for an option for any citizen or permanent resident of the United States age 55 to 64 to buy into Medicare.

1   *Be it enacted by the Senate and House of Representa-*

2   *tives of the United States of America in Congress assembled,*

3   **SECTION 1. SHORT TITLE.**

4   This Act may be cited as the "Medicare at 55 Act".

SEC. 2. MEDICARE BUY-IN OPTION FOR INDIVIDUALS 55 TO 64 YEARS OF AGE.

(a) IN GENERAL.—Title XVIII of the Social Security Act (42 U.S.C. 1395c et seq.) is amended by adding at the end the following new section:

"MEDICARE BUY-IN OPTION FOR INDIVIDUALS 55 TO 64 YEARS OF AGE

"SEC. 1899C. (a) OPTION.—

"(1) IN GENERAL.—Every individual who meets the requirements described in paragraph (3) shall be eligible to enroll under this section.

"(2) PART A, B, AND D BENEFITS.—An individual enrolled under this section is entitled to the same benefits (and shall receive the same protections) under this title as an individual who is entitled to benefits under part A and enrolled under parts B and D, including the ability to enroll in a Medicare Advantage plan that provides qualified prescription drug coverage (an MA–PD plan).

"(3) REQUIREMENTS FOR ELIGIBILITY.—The requirements described in this paragraph are the following:

"(A) The individual is a resident of the United States.

"(B) The individual is—

1   ''(i) a citizen or national of the United

2   States; or

3   ''(ii) an alien lawfully admitted for

4   permanent residence.

5   ''(C) The individual is not otherwise enti-

6   tled to benefits under part A or eligible to en-

7   roll under part A or part B.

8   ''(D) The individual has attained 55 years

9   of age but has not attained 65 years of age.

10   ''(b) ENROLLMENT; COVERAGE.—The Secretary shall

11 establish enrollment periods and coverage under this sec-

12 tion consistent with the principles for establishment of en-

13 rollment periods and coverage for individuals under other

14 provisions of this title. The Secretary shall establish such

15 periods so that coverage under this section shall first begin

16 on January 1, 2019.

17   ''(c) PREMIUM.—

18   ''(1) AMOUNT OF MONTHLY PREMIUMS.—The

19   Secretary shall, during September of each year (be-

20   ginning with 2018), determine a monthly premium

21   for all individuals enrolled under this section. Such

22   monthly premium shall be equal to $\frac{1}{12}$ of the annual

23   premium computed under paragraph (2)(B), which

24   shall apply with respect to coverage provided under

25   this section for any month in the succeeding year.

1 "(2) ANNUAL PREMIUM.—

2 "(A) COMBINED PER CAPITA AVERAGE FOR

3 ALL MEDICARE BENEFITS.—The Secretary shall

4 estimate the average, annual per capita amount

5 for benefits and administrative expenses that

6 will be payable under parts A, B, and D (in-

7 cluding, as applicable, under part C) in the year

8 for all individuals enrolled under this section.

9 "(B) ANNUAL PREMIUM.—The annual pre-

10 mium under this subsection for months in a

11 year is equal to the average, annual per capita

12 amount estimated under subparagraph (A) for

13 the year.

14 "(3) INCREASED PREMIUM FOR CERTAIN PART

15 C AND D PLANS.—Nothing in this section shall pre-

16 clude an individual from choosing a Medicare Advan-

17 tage plan or a prescription drug plan which requires

18 the individual to pay an additional amount (because

19 of supplemental benefits or because it is a more ex-

20 pensive plan). In such case the individual would be

21 responsible for the increased monthly premium.

22 "(d) PAYMENT OF PREMIUMS.—

23 "(1) IN GENERAL.—Premiums for enrollment

24 under this section shall be paid to the Secretary at

1 such times, and in such manner, as the Secretary

2 determines appropriate.

3   "(2) DEPOSIT.—Amounts collected by the Sec-

4   retary under this section shall be deposited in the

5   Federal Hospital Insurance Trust Fund and the

6   Federal Supplementary Medical Insurance Trust

7   Fund (including the Medicare Prescription Drug Ac-

8   count within such Trust Fund) in such proportion

9   as the Secretary determines appropriate.

10   "(e) NOT ELIGIBLE FOR MEDICARE COST-SHARING

11 ASSISTANCE.—An individual enrolled under this section

12 shall not be treated as enrolled under any part of this title

13 for purposes of obtaining medical assistance for Medicare

14 cost-sharing or otherwise under title XIX.

15   "(f) TREATMENT IN RELATION TO THE AFFORDABLE

16 CARE ACT.—

17   "(1) SATISFACTION OF INDIVIDUAL MAN-

18   DATE.—For purposes of applying section 5000A of

19   the Internal Revenue Code of 1986, the coverage

20   provided under this section constitutes minimum es-

21   sential coverage under subsection (f)(1)(A)(i) of

22   such section 5000A.

23   "(2) ELIGIBILITY FOR PREMIUM ASSISTANCE.—

24   Coverage provided under this section—

1   "(A) shall be treated as coverage under a

2   qualified health plan in the individual market

3   enrolled in through the Exchange where the in-

4   dividual resides for all purposes of section 36B

5   of the Internal Revenue Code of 1986 other

6   than subsection (c)(2)(B) thereof; and

7   "(B) shall not be treated as eligibility for

8   other minimum essential coverage for purposes

9   of subsection (c)(2)(B) of such section 36B.

10 The Secretary shall determine the applicable second

11 lowest cost silver plan which shall apply to coverage

12 under this section for purposes of section 36B of

13 such Code.

14   "(3) ELIGIBILITY FOR COST-SHARING SUB-

15 SIDIES.—For purposes of applying section 1402 of

16 the Patient Protection and Affordable Care Act (42

17 U.S.C. 18071)—

18   "(A) coverage provided under this section

19   shall be treated as coverage under a qualified

20   health plan in the silver level of coverage in the

21   individual market offered through an Exchange;

22   and

23   "(B) the Secretary shall be treated as the

24   issuer of such plan.

1 "(g) GUARANTEED ISSUE OF MEDIGAP POLICIES

2 UPON FIRST ENROLLMENT AND EACH SUBSEQUENT EN-

3 ROLLMENT.—In the case of an individual who enrolls

4 under this section (including an individual who was pre-

5 viously enrolled under this section), paragraphs (2)(A),

6 (2)(D), (3)(B)(ii), and (3)(B)(vi) of section 1882(s)—

7   "(1) shall be applied by substituting '55' for

8   '65';

9   "(2) if the individual was enrolled under this

10   section and subsequently disenrolls, shall apply each

11   time the individual subsequently reenrolls under this

12   section as if the individual had attained 55 years of

13   age on the date of such reenrollment (and as if the

14   individual had never previously enrolled in a Medi-

15   care supplemental policy); and

16   "(3) shall be applied as if this section had not

17   been enacted (and as if the individual had never pre-

18   viously enrolled in a Medicare supplemental policy)

19   when the individual attains 65 years of age.

20 "(h) NO EFFECT ON BENEFITS FOR INDIVIDUALS

21 OTHERWISE ELIGIBLE OR ON TRUST FUNDS.—The Sec-

22 retary shall implement the provisions of this section in

23 such a manner to ensure that such provisions—

24   "(1) have no effect on the benefits under this

25   title for individuals who are entitled to, or enrolled

1   for, such benefits other than through this section;

2   and

3   ''(2) have no negative impact on the Federal

4   Hospital Insurance Trust Fund or the Federal Sup-

5   plementary Medical Insurance Trust Fund (includ-

6   ing the Medicare Prescription Drug Account within

7   such Trust Fund).

8   ''(i) CONSULTATION.—In promulgating regulations

9 to implement this section, the Secretary shall consult with

10 interested parties, including groups representing bene-

11 ficiaries, health care providers, employers, and insurance

12 companies.''.

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