

113TH CONGRESS
1ST SESSION

H. R. 3737

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

IN THE HOUSE OF REPRESENTATIVES

DECEMBER 12, 2013

Mr. GRAYSON introduced the following bill; which was referred to the Committee on Ways and Means

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 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 “Public Option Act”
5 or the “Medicare You Can Buy Into Act”.

6 **SEC. 2. UNIVERSAL MEDICARE BUY-IN OPTION.**

7 (a) IN GENERAL.—Part A of title XVIII of the Social
8 Security Act (42 U.S.C. 1395c et seq.) is amended—

1 (1) in section 1818(a) (42 U.S.C. 1395i-2(a)),
2 by striking “or 1818A” and inserting “, 1818A, or
3 1818B”; and

4 (2) by inserting after section 1818A the fol-
5 lowing new section:

6 “UNIVERSAL BUY-IN

7 “SEC. 1818B. (a) IN GENERAL.—Every individual
8 who—

9 “(1) is a resident of the United States;

10 “(2) is either (A) a citizen or national of the
11 United States, or (B) an alien lawfully admitted for
12 permanent residence; and

13 “(3) is not otherwise entitled to benefits under
14 this part or eligible to enroll under this part;

15 shall be eligible to enroll in the insurance program estab-
16 lished by this part. An individual may enroll under this
17 section only in such manner and form as may be pre-
18 scribed in regulations, and only during an enrollment pe-
19 riod prescribed in or under this section.

20 “(b) ENROLLMENT; COVERAGE.—The Secretary shall
21 establish enrollment periods and coverage under this sec-
22 tion consistent with the principles for establishment of en-
23 rollment periods and coverage for individuals under sec-
24 tion 1818, except that no entitlement to benefits under
25 this part shall be effective before the first day of the first

1 calendar year beginning after the date of the enactment
2 of this Act.

3 “(c) PREMIUMS.—

4 “(1) IN GENERAL.—The provisions of sub-
5 sections (d)(1), (d)(2), and (d)(3) of section 1818
6 insofar as they apply to premiums (including collec-
7 tion of premiums) shall apply to premiums and col-
8 lection of premiums under this section, except
9 that—

10 “(A) paragraphs (4) and (5) of section
11 1818 shall not be applicable; and

12 “(B) the estimate of the monthly actuarial
13 rate under section 1818(d) shall be computed
14 and applied under this paragraph based upon
15 costs incurred for individuals within each age
16 cohort specified in paragraph (2) rather than
17 for all individuals age 65 and older.

18 “(2) AGE COHORTS.—The age cohorts specified
19 in this paragraph are as follows:

20 “(A) Individuals under 19 years of age.

21 “(B) Individuals at least 19 years of age
22 but not more than 25 years of age.

23 “(C) Individuals at least 26 years of age
24 and not more than 35 years of age.

1 “(D) Individuals at least 36 years of age
2 and not more than 45 years of age.

3 “(E) Individuals at least 46 years of age
4 and not more than 55 years of age.

5 “(F) Individuals at least 56 years of age
6 and not more than 64 years of age.

7 “(d) TREATMENT.—An individual enrolled under this
8 part pursuant to this section shall not be treated as en-
9 rolled under this part (or any other part of this title) for
10 purposes of obtaining medical assistance for medicare
11 cost-sharing or otherwise under title XIX.

12 “(e) TREATMENT IN RELATION TO THE AFFORD-
13 ABLE CARE ACT.—

14 “(1) SATISFACTION OF INDIVIDUAL MAN-
15 DATE.—For purposes of applying section 5000A of
16 the Internal Revenue Code of 1986 (relating to re-
17 quirement to maintain minimum essential coverage),
18 the coverage provided under this section constitutes
19 minimum essential coverage under subsection
20 (f)(1)(A)(i) of such section.

21 “(2) ELIGIBILITY FOR PREMIUM ASSISTANCE.—
22 For purposes of applying section 36B of the Internal
23 Revenue Code of 1986, coverage provided under this
24 section shall be treated as provision of a qualified

- 1 health plan offered in the individual market in the
- 2 Exchange where the individual resides.”.

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