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.

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 Representatives of the United States of America in Congress assembled,

2 SECTION 1. SHORT TITLE.

3 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—"
“(i) a citizen or national of the United States; or
“(ii) an alien lawfully admitted for permanent residence.
“(C) The individual is not otherwise entitled to benefits under part A or eligible to enroll under part A or part B.
“(D) The individual has attained 55 years of age but has not attained 65 years of age.
“(b) ENROLLMENT; COVERAGE.—The Secretary shall establish enrollment periods and coverage under this section consistent with the principles for establishment of enrollment periods and coverage for individuals under other provisions of this title. The Secretary shall establish such periods so that coverage under this section shall first begin on January 1, 2019.
“(c) PREMIUM.—
“(1) AMOUNT OF MONTHLY PREMIUMS.—The Secretary shall, during September of each year (beginning with 2018), determine a monthly premium for all individuals enrolled under this section. Such monthly premium shall be equal to \( \frac{1}{12} \) of the annual premium computed under paragraph (2)(B), which shall apply with respect to coverage provided under this section for any month in the succeeding year.
“(2) Annual premium.—

“(A) Combined per capita average for all Medicare benefits.—The Secretary shall estimate the average, annual per capita amount for benefits and administrative expenses that will be payable under parts A, B, and D (including, as applicable, under part C) in the year for all individuals enrolled under this section.

“(B) Annual premium.—The annual premium under this subsection for months in a year is equal to the average, annual per capita amount estimated under subparagraph (A) for the year.

“(3) Increased premium for certain Part C and D plans.—Nothing in this section shall preclude an individual from choosing a Medicare Advantage plan or a prescription drug plan which requires the individual to pay an additional amount (because of supplemental benefits or because it is a more expensive plan). In such case the individual would be responsible for the increased monthly premium.

“(d) Payment of premiums.—

“(1) In general.—Premiums for enrollment under this section shall be paid to the Secretary at
such times, and in such manner, as the Secretary
determines appropriate.

“(2) Deposit.—Amounts collected by the Sec-
retary under this section shall be deposited in the
Federal Hospital Insurance Trust Fund and the
Federal Supplementary Medical Insurance Trust
Fund (including the Medicare Prescription Drug Ac-
count within such Trust Fund) in such proportion
as the Secretary determines appropriate.

“(e) Not Eligible for Medicare Cost-Sharing
Assistance.—An individual enrolled under this section
shall not be treated as enrolled under any part of this title
for purposes of obtaining medical assistance for Medicare
cost-sharing or otherwise under title XIX.

“(f) Treatment in Relation to the Affordable
Care Act.—

“(1) Satisfaction of Individual Mand-
date.—For purposes of applying section 5000A of
the Internal Revenue Code of 1986, the coverage
provided under this section constitutes minimum es-
sential coverage under subsection (f)(1)(A)(i) of
such section 5000A.

“(2) Eligibility for Premium Assistance.—
Coverage provided under this section—
“(A) shall be treated as coverage under a qualified health plan in the individual market enrolled in through the Exchange where the individual resides for all purposes of section 36B of the Internal Revenue Code of 1986 other than subsection (c)(2)(B) thereof; and

“(B) shall not be treated as eligibility for other minimum essential coverage for purposes of subsection (c)(2)(B) of such section 36B.

The Secretary shall determine the applicable second lowest cost silver plan which shall apply to coverage under this section for purposes of section 36B of such Code.

“(3) Eligibility for Cost-Sharing Subsidies.—For purposes of applying section 1402 of the Patient Protection and Affordable Care Act (42 U.S.C. 18071)—

“(A) coverage provided under this section shall be treated as coverage under a qualified health plan in the silver level of coverage in the individual market offered through an Exchange; and

“(B) the Secretary shall be treated as the issuer of such plan.
“(g) GUARANTEED ISSUE OF MEDIGAP POLICIES

UPON FIRST ENROLLMENT AND EACH SUBSEQUENT ENROLLMENT.—In the case of an individual who enrolls under this section (including an individual who was previously enrolled under this section), paragraphs (2)(A), (2)(D), (3)(B)(ii), and (3)(B)(vi) of section 1882(s)—

“(1) shall be applied by substituting ‘55’ for ‘65’;

“(2) if the individual was enrolled under this section and subsequently disenrolls, shall apply each time the individual subsequently reenrolls under this section as if the individual had attained 55 years of age on the date of such reenrollment (and as if the individual had never previously enrolled in a Medicare supplemental policy); and

“(3) shall be applied as if this section had not been enacted (and as if the individual had never previously enrolled in a Medicare supplemental policy) when the individual attains 65 years of age.

“(h) NO EFFECT ON BENEFITS FOR INDIVIDUALS OTHERWISE ELIGIBLE OR ON TRUST FUNDS.—The Secretary shall implement the provisions of this section in such a manner to ensure that such provisions—

“(1) have no effect on the benefits under this title for individuals who are entitled to, or enrolled
for, such benefits other than through this section;

and

“(2) have no negative impact on the Federal Hospital Insurance Trust Fund or the Federal Supplemen-
tary Medical Insurance Trust Fund (including the Medicare Prescription Drug Account within such Trust Fund).

“(i) CONSULTATION.—In promulgating regulations to implement this section, the Secretary shall consult with interested parties, including groups representing beneficiaries, health care providers, employers, and insurance companies.”.