

Amendment to the Amendment in the Nature of a Substitute to H.R. 4952 offer by Rep. Higgins

This Amendment would require the Secretary of the Department of Health and Human Services to conduct a study on the implications of creating a Medicare buy-in program for individuals aged 50-64.

Specifically, the study would explore the effect such buy-in would have on:

- Health care affordability
- Premiums
- Out-of-pocket costs
- Additional costs associated with Trump Administration sabotage of the individual health insurance marketplaces
- The national rate of health insurance coverage

The Secretary would submit a report to Congress within one year of the date of enactment of the provision.

**AMENDMENT TO THE AMENDMENT IN THE
NATURE OF A SUBSTITUTE TO H.R. 4952
OFFERED BY MR. HIGGINS OF NEW YORK**

Amend section 2(a) to read as follows:

1 (a) SENSE OF CONGRESS.—It is the sense of Con-
2 gress that—

3 (1) the inclusion of quality increases in the de-
4 termination of blended benchmark amounts under
5 section 1853(n)(4) of the Social Security Act (42
6 U.S.C. 1395w-23(n)(4)) undermines the goal of de-
7 livering high-quality care under the Medicare pro-
8 gram under title XVIII of such Act; and

9 (2) continued sabotage of the health care mar-
10 ketplaces have harmed American families, particu-
11 larly those aged 50-64 who could suffer preexisting
12 condition discrimination, an age tax, and higher pre-
13 miums due to Congressional Republican actions that
14 are causing health care out-of-pocket costs to go up.

Add at the end the following new section:

15 **SEC. ____ . STUDY ON MEDICARE BUY-IN.**

16 Not later than 1 year after the date of the enactment
17 of this Act, the Secretary of Health and Human Services

1 (in this section referred to as the “Secretary”), in con-
2 sultation with relevant stakeholders, shall conduct a study
3 and submit to Congress a report on—

4 (1) the authority of the Secretary to allow indi-
5 viduals aged 50-64 to buy in to the Medicare pro-
6 gram;

7 (2) the effect such a buy-in would have on
8 health care affordability, premiums, and out-of-pock-
9 et costs for such individuals;

10 (3) the potential for such a buy-in to help such
11 individuals mitigate the high costs of health care at-
12 tributable to premium increases, preexisting condi-
13 tion discrimination, and the age tax arising from
14 sabotage to health insurance marketplaces; and

15 (4) the reduction in the rate of such individuals
16 and other individuals without health insurance cov-
17 erage that would occur as a result of such a buy-in.

