The truth about Bernie Sanders’ plan to create universal health care

Bernie Sanders’ innovative plan to provide universal, single-payer health care to every American puts into action his belief that health care is a universal right. Contrary to claims, the American Health Security Act of 2013 — the most recent bill introduced by Sen. Sanders to implement his health plan — does not leave health care programs up to the whims of Republican governors. The bill lays out a very comprehensive system of benefits, coverage, and delivery reforms to which the states would have to adhere [Sec. 404]. Each state must submit a health care plan for a review and approval process to an American Health Standards Board, which would “determine whether such plans meet the requirements for approval.”

If a state submits a plan that does not meet requirements, or if it refuses to participate in the program, then the bill allows the federal government to step in and do it for them, preventing Republican governors from offering subpar programs or refusing to provide health coverage for their residents.

According to Sec. 404(b)(2):

(2) CONSEQUENCES OF FAILURE TO COMPLY.—If the Board finds that a State plan submitted under paragraph (1) does not meet the requirements for approval under this section or that a State health security program or specific portion of such program, the plan for which was previously approved, no longer meets such requirements, the Board shall provide notice to the State of such failure and that unless corrective action is taken within a period specified by the Board, the Board shall place the State health security program (or specific portions of such program) in receivership under the jurisdiction of the Board.

Ultimately, this bill mirrors the legislative methodology of the health exchanges set up by the Affordable Care Act, as opposed to the Affordable Care Act’s Medicaid expansion provisions, which were invalidated by the Supreme Court. While GOP governors were able to refuse the Medicaid expansion, if they refused to implement a state health exchange, their citizens would merely be able to enroll in health care through the federal exchange. Through the Affordable Care Act, 13 states implemented state-based marketplaces; four others implemented state-based marketplaces, yet let the federal government do the IT-work by having their citizens use the federal healthcare.gov; 7 instituted state-partnership marketplaces that administer consumer assistance on the state level while allowing the federal government to handle the rest; and the remaining 27 states yielded all marketplace functions to the federal government. As a result, as of June 30, 2015, 7.2 million Americans in 37 states had enrolled in health coverage through the federal exchange, despite their states not implementing a state-based exchange.