

115TH CONGRESS  
1ST SESSION

**S.** \_\_\_\_\_

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.

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IN THE SENATE OF THE UNITED STATES

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

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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”.

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

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

6 “MEDICARE BUY-IN OPTION FOR INDIVIDUALS 55 TO 64  
7 YEARS OF AGE

8 “SEC. 1899C. (a) OPTION.—

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

12 “(2) PART A, B, AND D BENEFITS.—An indi-  
13 vidual enrolled under this section is entitled to the  
14 same benefits (and shall receive the same protec-  
15 tions) under this title as an individual who is enti-  
16 tled to benefits under part A and enrolled under  
17 parts B and D, including the ability to enroll in a  
18 Medicare Advantage plan that provides qualified pre-  
19 scription drug coverage (an MA–PD plan).

20 “(3) REQUIREMENTS FOR ELIGIBILITY.—The  
21 requirements described in this paragraph are the fol-  
22 lowing:

23 “(A) The individual is a resident of the  
24 United States.

25 “(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.”.