

S 1506

Medicare for All Act

Congress: 119 (2025–2027, Current)

Chamber: Senate

Policy Area: Health

Introduced: Apr 29, 2025

Current Status: Read twice and referred to the Committee on Finance.

Latest Action: Read twice and referred to the Committee on Finance. (Apr 29, 2025)

Official Text: <https://www.congress.gov/bill/119th-congress/senate-bill/1506>

Sponsor

Name: Sen. Sanders, Bernard [I-VT]

Party: Independent • **State:** VT • **Chamber:** Senate

Cosponsors (17 total)

Cosponsor	Party / State	Role	Date Joined
Sen. Baldwin, Tammy [D-WI]	D · WI		Apr 29, 2025
Sen. Blumenthal, Richard [D-CT]	D · CT		Apr 29, 2025
Sen. Booker, Cory A. [D-NJ]	D · NJ		Apr 29, 2025
Sen. Gillibrand, Kirsten E. [D-NY]	D · NY		Apr 29, 2025
Sen. Heinrich, Martin [D-NM]	D · NM		Apr 29, 2025
Sen. Hirono, Mazie K. [D-HI]	D · HI		Apr 29, 2025
Sen. Lujan, Ben Ray [D-NM]	D · NM		Apr 29, 2025
Sen. Markey, Edward J. [D-MA]	D · MA		Apr 29, 2025
Sen. Merkley, Jeff [D-OR]	D · OR		Apr 29, 2025
Sen. Padilla, Alex [D-CA]	D · CA		Apr 29, 2025
Sen. Schatz, Brian [D-HI]	D · HI		Apr 29, 2025
Sen. Schiff, Adam B. [D-CA]	D · CA		Apr 29, 2025
Sen. Warren, Elizabeth [D-MA]	D · MA		Apr 29, 2025
Sen. Welch, Peter [D-VT]	D · VT		Apr 29, 2025
Sen. Whitehouse, Sheldon [D-RI]	D · RI		Apr 29, 2025
Sen. Van Hollen, Chris [D-MD]	D · MD		Nov 18, 2025
Sen. Smith, Tina [D-MN]	D · MN		Dec 2, 2025

Committee Activity

Committee	Chamber	Activity	Date
Finance Committee	Senate	Referred To	Apr 29, 2025

Subjects & Policy Tags

Policy Area:

Health

Related Bills

No related bills are listed.

Summary (as of Apr 29, 2025)

Medicare for All Act

This bill establishes a national health insurance program that is administered by the Department of Health and Human Services (HHS).

Among other requirements, the program must (1) cover all U.S. residents; (2) provide for automatic enrollment of individuals upon birth or residency in the United States; and (3) cover items and services that are medically necessary or appropriate to maintain health or to diagnose, treat, or rehabilitate a health condition, including hospital services, prescription drugs, mental health and substance abuse treatment, dental and vision services, home- and community-based long-term care, gender affirming care, and reproductive care, including contraception and abortions.

The bill prohibits cost-sharing (e.g., deductibles, coinsurance, and copayments) and other charges for covered services, with the exception of prescription drugs. Additionally, private health insurers and employers may only offer coverage that is supplemental to, and not duplicative of, benefits provided under the program.

Health insurance exchanges and specified federal health programs terminate upon program implementation. However, the program does not affect coverage provided through the Department of Veterans Affairs, TRICARE, or the Indian Health Service. Additionally, state Medicaid programs must cover certain institutional long-term care services.

The bill also establishes a series of implementing provisions relating to (1) health care provider participation; (2) HHS administration; and (3) payments and costs, including the requirement that HHS negotiate prices for prescription drugs and establish a formulary.

Individuals who are age 18 or younger may enroll in the program starting one year after enactment of this bill; other individuals may buy into a transitional plan or an expanded Medicare program at this time, depending on age. The bill's program must be fully implemented four years after enactment.

