

Dr. Paul's Health Marketplace for All Act

Employer-sponsored health insurance is a great value for those who can get it, but many Americans can't access affordable plans simply because they don't work for a large corporation. In an economy where nearly one in every three workers is self-employed or works for someone who is,¹ the employer-based insurance model demands new options.

A major problem in health insurance is that if you are on your own or part of a very small group, you have no leverage for prices, and if someone gets very sick, then you don't have the protection of thousands or even hundreds of thousands of people sharing the risk.

More than 30 million working-age Americans are uninsured,² and one out of every five of them belong to the most economically vulnerable households in our country: those earning less than \$35,000 a year. In many parts of the U.S., the self-employed are even more likely to be uninsured than the *unemployed*.³

Senator Paul's *Health Marketplace for All Act* will rectify this disparity by allowing any membership organization to offer an ERISA health plan to its members—and to do so across state lines—regardless of an employment relationship.

Should the *Health Marketplace for All Act* become law, nearly any conceivable membership-based entity would be empowered to collectively bargain with insurers to negotiate better rates. The possible sponsors for these bargaining groups are endless – they could include rideshare services, online retailers, wholesale clubs, credit unions, churches, etc. Any group of people who choose to join in common cause could access cheaper, better health insurance.

Some of the new possibilities under this bill include:

- The small businessperson with a storefront in your state will be able to access affordable insurance for herself and her three employees through the auction website where she has an online shop.
- Because plans are fully portable from job to job, Americans will no longer risk losing their health coverage when they become unemployed. The seasonal worker whose job just ended can go into a wholesale club in your state and buy a plan off the shelf. As long as he has that wholesale club membership, he'll have health insurance.
- Membership organizations can tailor plans to meet their members' needs. The rideshare driver in your state whose costs are soaring on the individual market can get health benefits through the app that connects her with fares—and that app can use those benefits to retain her talent.

¹ "Three-in-Ten U.S. Jobs Are Held by the Self-Employed and the Workers They Hire," Pew Research Center, Oct. 22, 2015: <https://www.pewsocialtrends.org/2015/10/22/three-in-ten-u-s-jobs-are-held-by-the-self-employed-and-the-workers-they-hire/>

² U.S. Department of Health and Human Services, Assistant Secretary for Planning and Evaluation, Office of Health Policy, Issue Brief "Trends in the U.S. Uninsured Population, 2010-2020," Feb. 11, 2021: <https://aspe.hhs.gov/sites/default/files/private/pdf/265041/trends-in-the-us-uninsured.pdf>

³ U.S. Department of Agriculture, Economic Research Service, Administrative Publication No. 099, "Health Care Access Among Self-Employed Workers in Nonmetropolitan Counties," May 2022 (p. 14): <https://www.ers.usda.gov/webdocs/publications/103978/ap-099.pdf?v=7398.6>