

2018 Single-Payer/Universal Health Care Legislative Tracker

State	Measure	Status	Content
California	Healthy California Act (S. 562)	<p>02/17/17: Introduced.</p> <p>06/01/17: Passed Senate 23-14; ordered to the Assembly.</p> <p>Current Status: Assembly Speaker, Anthony Rendon, stalled S. 562 until further notice. <i>The bill will be stalled for at least the remainder of the 2017 calendar year (06/24/17).</i></p>	<ul style="list-style-type: none"> • Mandates that state covers all medical expenses for every resident, including inpatient, outpatient, emergency services, dental, vision, mental health and nursing home care; • Prohibits insurers from offering benefits that cover the same services as state; • Eliminates co-pays and deductibles; • Creates an unpaid, nine-person board appointed by the governor and the legislature to administer the system; and • Discontinues employer-sponsored insurance.
Florida	Healthy Florida Act (SB 1872/ HB 1385)	<p>01/05/2018: Prefiled for 2018 legislative session.</p> <p>01/12/18: Referred to Senate Appropriations Subcommittee on Banking and Insurance and Appropriations Subcommittee on Health and Human Services.</p>	<ul style="list-style-type: none"> • Establishes The Healthy Florida Program (“Program”), as administered by the Healthy Florida Board (“Board”), to provide a single-payer health care program and cost control system for all state residents; • Directs the State Surgeon General of the Department of Health to establish a Public Advisory Committee to advise the board on all policy matters for the program; • Allocates to the Board all powers and duties necessary to establish and implement the Program; • Generally prohibits carriers from offering benefits or covering any services for which coverage is offered under the Program (but such carriers may, if authorized, offer benefits or coverage that are not offered to individuals under the Program); • Requires the Board to provide funds from the Healthy Florida Trust Fund (or funds otherwise appropriated) to a program for retaining/assisting individuals previously employed in the fields of health insurance with the job transition; • Requires the Board to collect and disclose certain data (e.g., inpatient discharge data, emergency department and ambulatory surgery data, and hospital annual financial data);

State	Measure	Status	Content
			<ul style="list-style-type: none"> • Requires the Board to adopt rules regarding contracting for, and establishing payment methodologies for, covered health care services and care coordination provided by the Program; • Directs the program to adopt rules establishing program requirements and standards for the program; and • Directs the Board to seek all necessary federal waivers and approvals/submit state plan amendments as needed to operate the Program. <p><i>It warrants noting that this bill is related to three other bills introduced during the 2018 session:</i></p> <ul style="list-style-type: none"> • SB 1760 (governing treatment of the personal identifying information of any member of the Program); and • SB 1764 (creating the Healthy Florida Trust Fund and describing its operation).
Hawaii	HB 1717	01/12/18: Prefiled for the 2018 session.	<ul style="list-style-type: none"> • Requires the Legislative Reference Bureau (“Bureau”) to conduct a study on the projected costs and effects associated with the state implementing a single-payer health care system, including (1) the estimated costs (and associated savings) of implementing such a system; (2) potential means of financing such a system; and (3) the projected effect of such a system on health insurance enrollment, employer-union benefits, prescription drug costs, and the financial and social impact on families and businesses in the state; • Requires the Director of the Bureau to submit a report with its findings and recommendations to the legislature; and • Appropriates funds to conduct a study on the costs and effects associated with implementing a single-payer health care system.
	SB 2207	01/21/18: Introduced. 01/22/18: Referred to Senate Committee on Commerce, Consumer Protection, and Health; and the Senate Committee on Ways and Means.	<ul style="list-style-type: none"> • Establishes a single-payer healthcare system (and an associated health care insurance planning and financing authority), within the Department of Health, for all Hawaii residents; • Prohibits private healthcare insurers from duplicating coverages offered through the single-payer health care system; • Requires the healthcare insurance planning and financing authority to (1) create a trust fund and a reserve fund; (2) negotiate all appropriate revenue; (3) assess temporary surcharges on income, general excise taxes, and emergency costs; and (4) conduct a continuous and ongoing enrollment program; and • Appropriates funds for the establishment and operation of the program.

State	Measure	Status	Content
Massachusetts	Medicare for All (H 2987/S 619)	<p>01/23/2017: Introduced; referred to the Joint Committee on Health Care Financing.</p> <p>06/20/2017: Held a joint hearing on Alternative Payment Systems in which H. 2987 was discussed.</p>	<ul style="list-style-type: none"> Establishes the Massachusetts Healthcare Trust, a single-payer healthcare system; Pools state and federal outlays for current public programs; and Eliminates premiums, co-pays, co-insurance, and deductibles.
	S 2211/S 2202/2190	<p>10/26/17: S 2190 reported from the Special Committee on Health Care Cost Containment and Reform; referred to the Committee on Ways and Means.</p> <p>11/02/17: S 2190 was passed with an amendment and substituted for a new draft (S 2202).</p> <p>Current Status: Passed by the Senate 33-6; reprinted as amended as S 2211 (11/09/17).</p>	<ul style="list-style-type: none"> Requires the Center for Health Information and Analysis (“Center”) to recommend a methodology to develop a single payer benchmark; Requires the Center, in conjunction with the Health Policy Commission (“Commission”) and the Division of Insurance, to provide an annual report comparing the actual health care expenditures in the state from 2016-2018 with the single payer benchmark for that time period, indicating whether the state would have saved money while expanding access to care under a single payer health care system; and If the results of the report find that the single payer benchmark outperformed the actual total health care expenditures from 2016-2018, requires the Commission to submit a proposed single payer health care implementation plan to the State House and Senate within a year of filing the report. <p><i>It warrants noting that all of these bills are “emergency laws” that are “necessary for the immediate preservation of the public health.” As such, they appear to function as health care omnibus bills, including provisions well beyond those mentioned here</i></p>
Missouri	HB 1833	01/03/18: Introduced.	<ul style="list-style-type: none"> Establishes the Missouri Universal Health Assurance Program (“Program”), as administered by the Health Assurance Board of Governors (“Board”), comprehensive health program for all Missouri residents; Requires the Board to establish budget and policy guidelines for the Program and file a report with members of the General Assembly and the Program’s Governor concerning recommended changes in the state’s insurance and health care laws to improve access to health care in the state; Requires the Board to develop a comprehensive state health care plan that, among other things, includes (1) a comprehensive budget; (2) specific goals for the total portion of funds in the health services account; (3) an evaluation of the health care and mental health needs to the state; (4) goals for geographic distribution of health care providers and personnel; and (5) prescription drug cost containment measures; Requires the health plan to seek to assure the most cost-effective delivery of health care;

State	Measure	Status	Content
			<ul style="list-style-type: none"> • Requires the Board to establish and administer the Missouri Health Care Trust Fund; • Allows insurers, employers, and other plans to offer benefits, provided they do not duplicate services that are offered by the Program; and • Imposes a health insurance tax on all Missouri taxable income of resident individuals (i.e., a 1% tax on taxable incomes of \$5,000-\$25,000; up to a 5% tax on taxable income exceeding \$500,000).
<p>New Hampshire</p>	<p>HB 1793</p>	<p>01/03/18: Introduced; referred to Committee on Commerce and Consumer Affairs; scheduled for public hearing 01/12/18.</p> <p>01/11/18: Scheduled a subcommittee work session (01/16/18); scheduled an executive session (01/18/18).</p>	<ul style="list-style-type: none"> • Establishes the New Hampshire Health Services Program (“Program”), as administered by the Health Services Governing Board, to provide universal access to health care for all residents of New Hampshire; • Creates a non-lapsing, continually-appropriated Health Services Trust Fund to provide payment and reimbursement for the program; • Prohibits a private health insurer from selling health insurance coverage that duplicates the benefits provided under the Program; • Requires the Board to establish funding for long-term care services, among other things; and • Requires the Board to initiate steps for a transition to a “no-fault” system for medical liability, away from the current tort-based approach.
	<p>SB 383/ HB 1241</p>	<p>SB 383 12/12/17: Prefiled for 2018 legislative session.</p> <p>HB 1241 11/07/17: Prefiled for 2018 legislative session.</p> <p>01/03/18: Scheduled for public hearing 01/12/18.</p>	<ul style="list-style-type: none"> • Establishes a commission to study developing a “Health Care for All” Program for all residents of the state; • Directs the commission to review the costs and benefits of establishing a comprehensively publicly funded health insurance program to cover all state residents (i.e., the impact of the program on residents with insurance; impact of the program on the state budget; the amount of money preserved by establishing the program, among others); and • Requires the commission to file an interim report with its findings and recommendations for proposed legislation to the state legislature.
<p>New Jersey</p>	<p>New Jersey Public Option Health Care Act (A 1343/S 561)</p>	<p>SB 561 01/09/2018: Introduced; referred to the Senate Commerce Committee.</p> <p>HB 1343 01/10/18: Presented; referred to House Committee on Rules.</p>	<ul style="list-style-type: none"> • Creates the New Jersey Public Option Health Care Program (“Program”), as administered by the New Jersey Public Option Health Care Board (“Board”) in Department of Health, to provide a comprehensive health insurance coverage option to every New Jersey resident (such coverage will compete in the market with insurance offered by private health insurers); • Directs the Commissioner of Health (“Commissioner”), in consultation with the Commissioner of Banking and Insurance, to establish premiums and other charges for enrolling in the Program; • Requires the Commissioner to establish and maintain procedures and standards for health care

State	Measure	Status	Content
			providers to be qualified to participate in the Program; <ul style="list-style-type: none"> • Directs the Commissioner to seek all necessary federal waivers and approvals/submit state plan amendments as needed to operate the Program; • Creates the New Jersey Public Option Health Care Trust Fund, a non-lapsing, revolving fund that will hold the money obtained from premiums, federal payments, and state funds.
Ohio	SB 91/ HB 440	<p style="text-align: center;"><u>SB 91</u></p> 03/15/17: Introduced; referred to the Committee on Insurance and Financial Institutions. <p style="text-align: center;"><u>HB 440</u></p> 12/07/17: Introduced.	<ul style="list-style-type: none"> • Establishes the Ohio Health Care Plan (the Plan); • Establishes the Ohio Health Care Agency (the Agency) to administer the Plan; • Creates the Ohio Health Care Board to oversee the Agency and develop and implement health policy; • Maintains employer-sponsored health insurance; • Establishes the Ohio health care fund; and • Eliminates copays and deductibles.
Pennsylvania	Pennsylvania Health Care Plan Act (HB 1688)	10/02/17: Introduced and referred to the House Committee on Health.	<ul style="list-style-type: none"> • Creates the Pennsylvania Health Care Agency to establish the Pennsylvania Health Care Plan (the Plan); • Establishes the Pennsylvania Health Care Board to oversee the Pennsylvania Health Care Agency; • Creates an Office of Healthcare Ombudsman to represent plan participants’ interests; • Maintains employer-sponsored health insurance; • Institutes a 10% employer tax paid on payroll and 3% personal income tax; • Develops a Pennsylvania Health Care Trust Fund whereby all money collected and received in the Plan is deposited into the fund and used to finance the plan; and • Eliminates copays and deductibles.
Rhode Island	S 2082	01/18/18: Introduced; referred to the Senate Health and Human Services Committee.	<ul style="list-style-type: none"> • Implores Congress to pass Medicare-For-All legislation (i.e., S. 1804 and H.R. 676).
Vermont	H 248	02/14/17: Introduced and referred to the House Committee on Health Care.	<p style="text-align: center;"><u>H 248/S 53</u></p> <ul style="list-style-type: none"> • Establishes the framework for a system of “universal, publicly financed primary care;” • Creates the Universal Primary Care Fund to be the funding source for the program; • Requires the Green Mountain Care Board to establish, monitor, and oversee payments to healthcare

State	Measure	Status	Content
	S 53	01/27/17: Introduced and referred to the Committee on Health and Welfare.	providers; <ul style="list-style-type: none"> • Covers all preventive care and services excluding dental care; and • Eliminates copays and deductibles.
Virginia	HJ 125	01/10/18: Offered.	<ul style="list-style-type: none"> • Directs the Joint Legislative Audit and Review Commission to study the cost of implementing universal health care in the state and to issue a report.
Washington	Washington Health Security Trust (HB 1026)	01/09/17: Introduced. 01/08/18: Reintroduced; retained in present status.	<ul style="list-style-type: none"> • Requires the submission of a waiver to the federal government to create the Washington Health Security Trust; • Establishes a board of nine trustees and three standing committees: Financial Advisory Committee, Citizens’ Advisory Committee, Technical Advisory Committee; • Creates a single benefits package covering health services; and • Does not limit an employer’s right to maintain employee benefit plans under the Federal Employee Retirement Income Security.
	Healthy Washington Act (SB 5957)	06/16/17: Introduced; referred to the Committee on Health Care. 01/08/18: Reintroduced; retained in present status; referred to Senate Committee on Health & Long Term Care. 01/18/18: Scheduled for public hearing in the Senate Committee on Health & Long Term Care.	<ul style="list-style-type: none"> • Creates the healthy Washington program that provides comprehensive universal health care coverage and a health care cost control system; • Establishes a healthy Washington board to oversee the program; • Eliminates private health insurance for services or benefits covered under the program; and • Establishes a healthy Washington trust fund and corresponding account, whereby state revenues from the program are deposited.