

State	Legislation	Classification	Status	Overview
Colorado	HB 1176	Other Public Option	Referred to House Appropriations Committee (03/27)	Creates the Health Care Cost Analysis Task Force to develop fiscal analyses of current and alternative health care systems (i.e., a public option system, a multi-payer universal care system, a universal health care system, etc.)
Florida	HB 697/SB 1486	Single-Payer	Introduced	Establishes a single payer health care system (Healthy Florida) for state residents; authorizes the state to seek all federal and state waivers that are necessary to transfer health care funding from federal government and other state departments/agencies
Hawaii	HR 121	Single-Payer	Referred to House Finance Committee (03/27)	Directs the legislature to report on the status of the Hawaiian Health Authority (autonomous body established with the goal of assessing universal health care coverage for the state, among other things.)
Hawaii	HR 175	Medicare for All	Referred to Consumer Protection and Commerce Committee (03/27)	Urges U.S. Congress to enact H.R. 1384 (Medicare for All)
Hawaii	HB 1415	Medicaid Buy-In	Introduced; passed second reading (02/06)	Requires the Department of Health to conduct a study to determine the need for a state Medicaid buy-in plan and submit its findings and recommendations, including any proposed legislation, to the legislature.
Hawaii	HB 1286	Single-Payer	Introduced	Establishes a single-payer health care program for state residents; creates a state health care insurance planning and financing authority to determine costs of the program, gather needed financing methods, and figure out a transition plan for the program, among other things
Iowa	HB 96	Single-Payer	Introduced	Establishes a single payer health care program (Healthy Iowa) for all residents, governed by a board; creates an independent agency to be responsible for planning, development, implementation, and regulation of the program; directs the board to seek all federal waivers necessary to operate the program
Maine	HP 316	Single-Payer	Introduced	Establishes a single payer health care system (Healthy Maine) for state residents; authorizes the state to seek all federal and state waivers that are necessary to transfer health care funding from federal government and other state departments/agencies to Healthy Maine

Maine	SB 52	Single-Payer	Introduced	Establishes a health care trust that determines EHBs, negotiates reimbursements with providers, and manages finances; automatically enrolls residents eligible for MaineCare or other public coverage; states that trust health coverage will replace other public coverage programs
Maryland	HB 1087/SB 871	Single-Payer	HB 1087 : Withdrawn SB 871 : Hearing in Senate Finance Committee (03/20)	Establishes a universal health care program (Healthy Maryland) for all state residents; directs state to seek all federal and state waivers necessary to transfer health care funding from federal government and other state departments/agencies to Healthy Maryland; allows state residents employed in or outside of the state to opt out of participating in the Healthy Maryland
Massachusetts	H 3220/SB 1659	Single-Payer	H 3220 : Introduced, Senate concurred; SB 1659 : Introduced, House concurred	Commissions a report on the people's budget (part of which is intended to contribute funding for state's transition to single payer health care)
Massachusetts	S 697	Single-Payer	Introduced; House concurred	Establishes a public health insurance option for all state residents
Massachusetts	S 683/H 1194	Medicare for All	Introduced; House concurred	Establishes the Massachusetts Health Care Trust, which must guarantee health care access to all residents of the Commonwealth
Massachusetts	S 674	Single-Payer	Introduced; House concurred	Requires the Center for Health Information and Analysis to recommend a methodology to develop a single-payer benchmark
Massachusetts	S 735	Single-Payer	Introduced; House concurred	Requires the Center for Health Information and Analysis to recommend a methodology to develop a single-payer benchmark, among other things
Massachusetts	H 1163	Single-Payer	Introduced; Senate concurred	Establishes a special commission to study the implementation of single-payer health care in Massachusetts
Minnesota	HF 3	Other Public Option	Introduced (01/10); re-referred to Chair of Health and Human Services Finance Divison (03/27)	Establishes the Minnesota Comprehensive Health Act, a public option for all state residents; authorizes human services and commerce commissioners to seek waivers to establish public option

Minnesota	SB 2128	Single-Payer	Introduced	Requires the Commissioner of Health to contract with the University of Minnesota School of Public Health and the Carlson School of Management to conduct an analysis of the benefits/costs of a legislative proposal for a universal health care financing system
Minnesota	SF 719	Medicaid Buy-In	Introduced	Creates a state Medicaid buy-in program for state residents whose income is greater than the Medicaid cut-off; directs government to seek all necessary federal and state waivers to establish the program, among other things
Missouri	HB 554	Medicaid Buy-In	Introduced	Directs the Joint Committee on Legislative Research to investigate the viability, merits, and challenges of a state-run Medicaid buy-in program
New Hampshire	HB 180	Single-Payer	Deemed Inexpedient to Legislate	Establishes a Commission to Examine the Feasibility of the New England States Entering into a Compact for a Single Payer Health Care Program
New Hampshire	HB 604	Single-Payer	Passed House (03/07); referred to Senate Commerce Committee (03/19)	Establishes a commission to assess the benefits and cost of a "health care for all" program in the state
New Hampshire	HB 277	Other Public Option	Passed House (03/19); referred to Senate Commerce Committee (03/29)	Establishes a commission to a study a public option program for health insurance in the state
New Hampshire	HB 697	Medicare for All	Deemed Inexpedient to Legislate	Establishes the New Hampshire Health Services Program to provide universal health care for all state residents (<i>if a federal scheme is enacted, will become part of a nationwide system</i>)
New Mexico	SB 279/HB 295	Other Public Option	SB 279: Introduced; passed by Senate Public Affairs Committee (02/08)	insurance, is governed by an independent commission, and funded by a combination of federal and state dollars, income-based premiums, and capped employer contributions.
New York	SB 3577/AB 5248	Single-Payer	Introduced	Creates a single payer system (the New York Health Program) for all state residents; authorizes the state to seek all federal and state waivers that are necessary to transfer health care funding from federal government and other state departments/agencies to the Program; states that the Act neither creates nor prohibits or limits any employment benefit

Oregon	HB 3253	Single-Payer	Introduced	Establishes a Task Force on Health Care Access to study methods for a establishing a state-based primary care trust to deliver universal health care and primary services
Oregon	SJM 2	Single-Payer	held (04/03); work session scheduled (04/08)	the State-Based Universal Health Care Act of 2018 (<i>though it doesn't appear to have been reintroduced at this time</i>)
Rhode Island	SB 289	Medicare for All	Committee recommended measure be held for further study (03/07)	Urges the U.S. Congress to pass legislation that would develop a federal Medicare for All single payer program
Rhode Island	SB 290/ HB 5611	Single-Payer	SB 290: Committee recommended measure be held for further study (03/07) HB 5611: Introduced	Establishes a single-payer health care program (RICHIP) for state residents; directs state to seek all federal and state waivers necessary to transfer health care funding from federal government and other state departments/agencies to RICHIP; subjects all state residents to a payroll tax (for employment based benefits, the tax is split between the employer and the employee); bans private health insurance that provides duplicative coverage of the benefits provided under RICHIP, among other things
Rhode Island	S 296/H 5612	Medicare for All	Committee recommended measure be held for further study (03/07)	Creates a special legislative commission to study and assess the pros and cons of implementing a Medicare-for-All program in the state
Tennessee	HB 1094/SB 974	Medicare Buy-In	HB 1094: Introduced, placed on the calendar for TennCare Subcommittee (04/10) SB 974: Introduced, placed on Senate Commerce and Labor Committee calendar (04/09)	Allows any person 55+ who is not already eligible for Medicare coverage to buy into the state's Medicare program; directs the commissioner to apply for all necessary waivers in order to effectuate this program and to allow the commissioner to enter into a contract with insurers and/or managed care organizations to provide coverage for persons enrolled in the state Medicare plan/make the plan available for purchase on the FFEs
Texas	HB 4127	Single-Payer	Introduced; scheduled for public hearing (04/09)	Establishes a state single payer program (the Healthy Texas Program) and the Healthy Texas Board; authorizes the Board to apply for any federal waivers deemed necessary to operate the program, among other things

Vermont	HB 225	Single-Payer	Introduced	Directs the Agency of Human Services to explore the potential for establishing a state Medicare for all or other universal health care program in cooperation with other northeastern states (including identifying such opportunities), among other things
Vermont	HB 129	Single-Payer	Introduced	Establishes a universal, publicly financed primary care system for all Vermont residents
Washington	SB 5822/HB 1877	Single-Payer	<i>SB 5822: Passed Senate, referred to House (03/13); passed 1st reading (04/02), scheduled for public hearing in House Appropriations Committee (04/06)</i>	Requires the health care authority to convene a working group on establishing a state universal health care system; requires the group to make recommendations to the legislature on a publicly funded, privately delivered health care system that includes certain recommendations (i.e., increased access to coverage; transparency measures across major health system actors, options for revenue and financing mechanisms for the system, etc.)