Auto Casualty, Workers' Comp

What New State Health Care Proposals Could Mean for Workers' Comp and Auto

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Single-payer proposals may not be changing workers' compensation or auto medical benefits just yet, but they signal a policy direction that could affect medical cost structures, administrative models, and injury-coverage coordination over time.

These health care proposals are reemerging at the state level, prompting broader policy discussions about how health care delivery and financing may evolve. While workers' compensation and auto insurance medical systems are not the immediate focus of these initiatives, several proposals reflect a growing interest in how injury care could be addressed within future health care frameworks, making these developments worth monitoring from a long term strategic perspective.

Several states have recently introduced significant single-payer health care initiatives. These proposals represent a growing trend of states exploring fundamental restructuring of health care delivery and payment systems that could encompass injury coverage currently handled through workers' compensation and auto insurance.

Below are three state proposals that demonstrate this emerging trend.

Guaranteed Health Care for All (CalCare)

Reintroduced on February 12, 2026, California Assembly Bill 1900 proposes the establishment of a statewide health care system intended to provide comprehensive health care coverage for California residents through a single, state administered program commonly referred to as "CalCare." The legislation establishes a statutory framework addressing program governance, eligibility, covered services, and administrative oversight.

As introduced, AB 1900 does not include a dedicated funding mechanism and does not direct immediate implementation. Program development would be subject to future legislative action and, where applicable, federal approvals.

Proposal Provisions

- AB 1900 does not expressly mandate the inclusion of workers' compensation or auto insurance medical benefits within the CalCare program.
- While legislation does not implement changes to injury-related medical systems, it contemplates program planning and evaluation activities that would require the consideration of existing health care delivery and payment systems.

Georgia Medicare for All Act

Introduced on February 26, 2026, House Bill 1480 proposes the creation of the Georgia Medicare for All Program, a statewide universal health care system administered by a governing board established under the bill. The legislation outlines administrative authority, board composition, advisory committees, data collection, and reporting requirements.

The bill focuses on program structure and governance rather than operational or coverage changes during the current legislative cycle.

Proposal Provisions

- HB 1480 establishes multiple public advisory committees, including one focused on workers' compensation, tasked with developing nonbinding recommendations.
- Requires the governing board, by July 1, 2029, to develop recommendations regarding how health care services currently provided under Georgia's workers' compensation system could be addressed within the proposed program.
- The bill does not implement changes to workers' compensation or auto insurance medical benefits.

Rhode Island Comprehensive Health Insurance Program (RICHIP)

Introduced in February 2026, Rhode Island House Bill 7823 and companion Senate Bill 2567 propose the creation of the Rhode Island Comprehensive Health Insurance Program (RICHIP), an independent state agency responsible for administering a unified health care payment system. The legislation establishes program governance, covered health care services, and administrative authority.

Within the statutory framework, the bills use the term "RICare" to refer to the health care coverage provided through RICHIP.

Compared to the California and Georgia proposals, the Rhode Island legislation contains more explicit statutory study directives requiring analysis of existing insurance systems, including injury-related medical coverage.

Proposal Provisions

- Requires a study, to be completed no later than January 1, 2028, evaluating the feasibility of replacing motor vehicle injury medical coverage with coverage under a state administered program referred to as RICare (the health care coverage administered through RICHIP).
- Requires a study, to be completed no later than March 1, 2028, evaluating the feasibility of replacing workers' compensation medical coverage under RICare.
- The legislation does not mandate changes to workers' compensation or auto insurance medical benefits. These provisions are limited to study, analysis, and reporting requirements, with any future coverage changes requiring additional legislative action.

Where This Legislation Stands

As of April 2026, the single payer health care proposals summarized above remain at various stages of the legislative process. None of the bills have been enacted, and none impose immediate changes to workers' compensation or auto insurance medical benefits. Each proposal either establishes a program framework or directs future study or planning activities related to health care system structure and administration.

This update reflects legislative language and procedural status as of April 2026 and is intended to provide objective context regarding these state proposals.

Potential Implications for the P&C Industry

These bills represent a trend worth monitoring. If implemented, they could reshape medical care delivery and payment in both workers' compensation and auto insurance:

- Integrating workers' compensation and auto injury coverage into state-administered systems would require addressing causation determinations and specialized treatment pathways.
- Questions remain regarding cost allocation within universal systems, particularly for employer experience rating and auto policy premium structures.
- The state-by-state approach creates potential complications for multi-state employers and insurers.
- As shown by the planning timelines (Georgia's 2029 deadline and Rhode Island's 2028 studies), any system changes would follow multi-year implementation paths.

These proposals remain in early stages, but this trend toward health care system restructuring represents a significant long-term consideration for workers' compensation and auto insurance stakeholders.

Enlyte's regulatory affairs team continues monitoring these developments alongside evolving industry trends, ensuring our clients stay ahead of regulatory changes. **To learn more about what the Enlyte government affairs team is working on, and stay up to date on this and other regulatory issues, sign up to receive our monthly Compliance Connection Newsletter.**



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