



Medicaid Matters to Oregon's 2nd Congressional District (OR-02)

Oregon's Medicaid program (Oregon Health Plan) is a lifeline in Eastern, Central and Southern Oregon

Oregon Health Plan provides health coverage for children, working families, veterans, vulnerable seniors, people with disabilities and many others in Oregon.¹

Oregon Health Plan is the core financial backbone of Eastern, Central and Southern Oregon's health care system, paying for care and services at local clinics and hospitals and serving as a critical engine for the local economy.

In OR-02, Medicaid Serves:



A total of 270,200 people — **38%** of all residents in the district. In fact, OR-02 has the highest Medicaid enrollment in the state.² A total of 81,100 children – **55%** of all children in the district.³



A total of **49,200 seniors** and **people with disabilities.**⁴

Over 1 million Oregonians are at risk of losing access to care if Congress cuts or caps Medicaid funding, forcing the state to offset budget holes by throwing people off coverage, cutting provider reimbursement, and/or eliminating essential health services.⁵ Any cut to Medicaid is a direct attack on the health and financial security of people living in Eastern, Central and Southern Oregon and runs counter to the will of the vast majority of voters from across political parties who want Congress to continue to guarantee coverage for low-income people through Medicaid.⁶



A total of **82% of adults** want Congress to maintain or increase Medicaid spending.⁷

(FP)

A total of **67% of Republicans** want Congress to maintain or increase Medicaid spending.⁸

A total of **71% of voters** want Congress to continue to guarantee coverage for lowincome people through Medicaid.⁹

Protecting Medicaid Means:

CHILDREN IN OR-02 FAMILIES IN OR-02 SENIORS IN OR-02 Have access to newborn Have access to cancer Have access to nursing care, checkups, care for screenings, mental home care, transportation diabetes and asthma, and health and substance to medical appointments, use disorder treatment, and home health services. more. and diabetes and blood pressure medications. Stay healthy and ready to Have less risk of medical Stay healthy and receive learn, miss fewer school debt and eviction and needed care in their homes and communities. days, are more likely to can better afford to buy graduate, and earn more groceries or pay rent.¹¹ as adults.¹⁰

Medicaid keeps families in OR-02 healthy and working

Many low-wage jobs either do not offer health coverage or offer coverage that is unaffordable. Medicaid provides health coverage for workers at these jobs so they can remain healthy and earn income for their families.

- At least 66,870 low-wage workers in OR-02 are covered by Oregon Health Plan.¹²
- Nationwide, **92% of adults** covered by Medicaid either work, care for a family member, have an illness or disability, or attend school.¹³

Cutting Medicaid would make our country's affordability crisis much worse for families in Oregon who already face significant health care costs.

Medicaid is the bedrock of the health system in Eastern, Central and Southern Oregon

Oregon Health Plan keeps hospitals in the district open. It pays for up to 38% of all hospital services provided in OR-02, encompassing hospitals from Madras and Medford to La Grande and Enterprise.¹⁴ For instance, Medicaid pays for:

- **38% of all hospital services** at St. Charles Madras.
- **27% of all hospital services** at Saint Alphonsus Medical Center Ontario.
- **23% of all hospital services** at Asante Three Rivers Medical Center.
- 20% of all hospital services at Pioneer Memorial Hospital.¹⁵

If Medicaid is cut, hospitals will treat more uninsured people, and the amount of uncompensated care will increase. A total of 6% of the district's residents are already uninsured, and increased losses in patient revenue would put all Oregon hospitals at risk.¹⁶

Oregon Health Plan also plays important roles in providing access to behavioral health care and nursing home care. Medicaid is the largest payer for mental health care, substance use disorder treatment, and other community services to curb the opioid epidemic and care for people with mental illness.¹⁷ **Oregon Health Plan also covers 3 in 5 nursing home residents in Oregon.**¹⁸

Medicaid stabilizes Oregon's state and local economies

Medicaid is the largest source of federal funding for Oregon, accounting for 62% of the federal funds received by the state.¹⁹ Medicaid dollars ensure Oregon can deliver essential health care without depleting resources reserved for other essential services, including public safety, transportation, housing and education.

Cutting Medicaid would make our country's affordability crisis much worse. Americans from all backgrounds just voted for economic security, imploring their representatives to lower costs on everyday needs, including health care. Cutting Medicaid would be a direct betrayal of constituents by making health care more unaffordable. **Families all over Oregon already face significant health care costs, and families in Eastern Oregon are alarmed:**

- 78% of people living in Eastern Oregon are worried about affording health care.
- 65% of people living in Eastern Oregon are struggling to pay medical bills.
- 87% of people living in Eastern Oregon skipped needed care due to cost.²⁰

Congress has the responsibility to stand with families in Oregon and across the country by protecting Medicaid and opposing any attempts to weaken this essential program.

Endnotes

¹ Rhiannon Euhus, Alice Burns, and Robin Rudowitz, "Congressional District Interactive Map: Medicaid Enrollment by Eligibility Group," KFF, March 11, 2025, <u>https://www.kff.org/medicaid/issue-brief/congressional-district-interactive-map-medicaid-enrollment-by-eligibility-group/</u>.

² Euhus, Burns, and Rudowitz, "Congressional District Interactive Map."

³ Families USA analysis of data from Euhus, Burns, and Rudowitz, "Congressional District Interactive Map" and U.S. Census Bureau, U.S. Department of Commerce, "Age and Sex," American Community Survey, ACS 1-Year Estimates Subject Tables, Table S0101, 2023, accessed February 10, 2025, <u>https://data.census.gov/table/ACSST1Y2023.</u> S0101?q=S0101&g=500XX00US4102.

⁴ Euhus, Burns, and Rudowitz, "Congressional District Interactive Map."

⁵ Centers for Medicare & Medicaid Services, Medicaid and CHIP profile, November 2024. <u>https://www.medicaid.gov/state-overviews/state-profiles</u>.

⁶ Grace Sparks, Robin Rudowitz, and Ashley Kirzinger, "Public Opinion on the Future of Medicaid: Results From the KFF Medicaid Unwinding Survey and KFF Health Tracking Poll," KFF, June 4, 2024, <u>https://www.kff.org/medicaid/poll-finding/public-opinion-on-the-future-of-medicaid-kff-medicaid-unwinding-kff-health-tracking-poll/</u>.

⁷ "7 Charts About Public Opinion on Medicaid," KFF, March 7, 2025, <u>https://www.kff.org/medicaid/poll-finding/7-charts-about-public-opinion-on-medicaid/</u>.

⁸ KFF, "7 Charts."

⁹ Sparks, Rudowitz, and Kirzinger, "Public Opinion."

¹⁰ "How Medicaid Supports Student Success," Georgetown University, Center for Children and Families, accessed March 11, 2025, <u>https://ccf.georgetown.edu/2025/01/09/how-medicaid-supports-student-success/</u>.

¹¹ David U. Himmelstein et al., "Prevalence and Risk Factors for Medical Debt and Subsequent Changes in Social Determinants of Health in the US," *JAMA Network Open* 5, no. 9 (2022): e2231898, <u>https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2796358</u>.

¹² U.S. Census Bureau, U.S. Department of Commerce, "Health Insurance Coverage Status and Type by Work Experience by Sex," American Community Survey, ACS 1-Year Estimates Detailed Tables, Table B27012, 2023, accessed February 10, 2025, <u>https://data.census.gov/table/ACSDT1Y2023.B27012?q=Table+B27012&g=500XX00US4102</u>.

¹³ Jennifer Tolbert et al., "Understanding the Intersection of Medicaid and Work: An Update," KFF, February 4, 2025, <u>https://www.kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work-an-update/</u>.

¹⁴ "Hospital Cost Tool," National Academy for State Health Policy, last updated February 7, 2025, https://tool.nashp.org/.

¹⁵ National Academy for State Health Policy, "Hospital Cost Tool."

¹⁶ U.S. Census Bureau, U.S. Department of Commerce, "Selected Characteristics of Health Insurance Coverage in the United States," American Community Survey, ACS 1-Year Estimates Subject Tables, Table S2701, 2023, accessed February 10, 2025, <u>https://data.census.gov/table/ACSST1Y2023.S2701?q=Table+S2701&g=500XX00US4102</u>.

¹⁷ "Behavioral Health Services," Medicaid.gov, Centers for Medicare & Medicaid Services, n.d., <u>https://www.medicaid.gov/medicaid/benefits/behavioral-health-services/index.html;</u> "How Medicaid Helps People With Substance Use Disorders," Georgetown University, Center for Children and Families, accessed on February, 29, 2025, <u>https://ccf.georgetown.edu/2025/02/19/how-medicaid-helps-people-with-substance-use-disorders;</u> "Medicaid Is Vital to Oregon," Georgetown University McCourt School of Public Policy, Center for Children and Families, February 2025, <u>https://ccf.georgetown.edu/wp-content/uploads/2025/02/Medicaid-is-Vital-to-Oregon-2025-Fact-Sheet.pdf</u>.

¹⁸ "Medicaid in Oregon," KFF, August 2024, <u>https://files.kff.org/attachment/fact-sheet-medicaid-state-OR</u>.

¹⁹ Georgetown University, Center for Children and Families, "Medicaid Is Vital."

²⁰ "Oregon Survey Respondents Struggle to Afford High Health Care Costs; Worry About Affording Health Care in the Future; Support Government Action Across Party Lines," Healthcare Value Hub, August 2024, <u>https://healthcarevaluehub.org/wp-content/uploads/OR_Affordability_Brief_CHESS.pdf</u>.

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