

Recent Changes Will Increase Health Costs and Decrease Coverage in Oregon

Without Congressional action, eligible enrollees in Oregon will pay on average **\$1,332** more per year for marketplace health coverage—and multiple times more per family. These costs could be even higher, given [preliminary projected increases](#) in Oregon premiums for 2026 of **9.7 percent**.

145,500 residents had health insurance marketplace coverage in 2024, **3 percent** more than in 2021. This includes:

- ~**48,137** residents ages 55-64
- ~**11,781** residents who are children

Additionally, the new reconciliation law will require **31,798** enrollees to file new paperwork to stay covered.

Counties Hardest Hit:

Highest average loss of premium tax credits:

- Morrow County: \$2,040 more per year
- Lincoln County: \$2,016 more per year
- Crook County: \$1,956 more per year
- Union County: \$1,740 more per year
- Clatsop County: \$1,668 more per year

Highest number of enrollees that could be affected:

- Multnomah County: 33,700
- Washington County: 18,100
- Clackamas County: 16,400
- Lane County: 12,600
- Deschutes County: 12,300

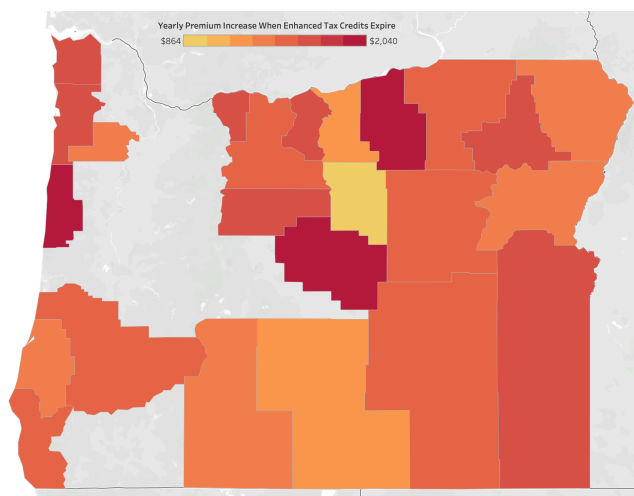
Rural Counties:

Without Congressional action, eligible enrollees in rural counties will pay on average **\$1,571** more per year for marketplace health coverage—and multiple times more per family.

24,114 residents in rural counties had health insurance marketplace coverage in 2024, **7 percent** more than in 2021. This includes:

- ~**10,113** residents ages 55-64
- ~**1,622** residents who are children

Additionally, the new reconciliation law will require **5,234** enrollees in rural counties to file new paperwork to stay covered.



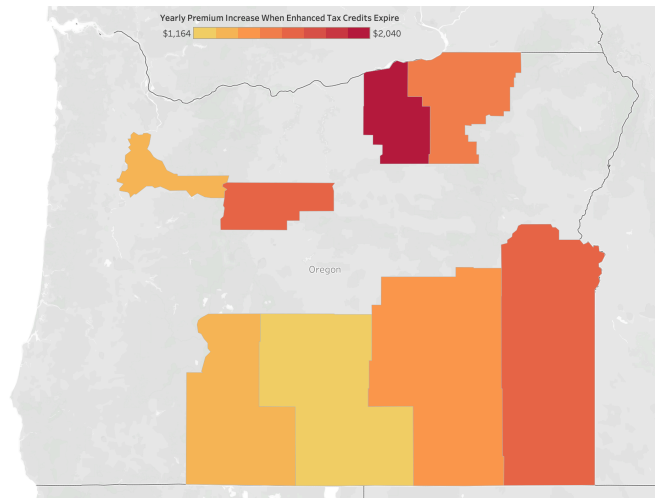
High Diabetes Rate Counties:

Without Congressional action, eligible enrollees in high diabetes rate counties will pay on average **\$1,413** more per year for marketplace health coverage—and multiple times more per family.

13,600 residents in high diabetes rate counties had health insurance marketplace coverage in 2024, 2 percent more than in 2021. This includes:

- ~**5,108** residents ages 55-64
- ~**1,029** residents who are children

Additionally, the new reconciliation law will require **3,157** enrollees in high diabetes rate counties to file new paperwork to stay covered.



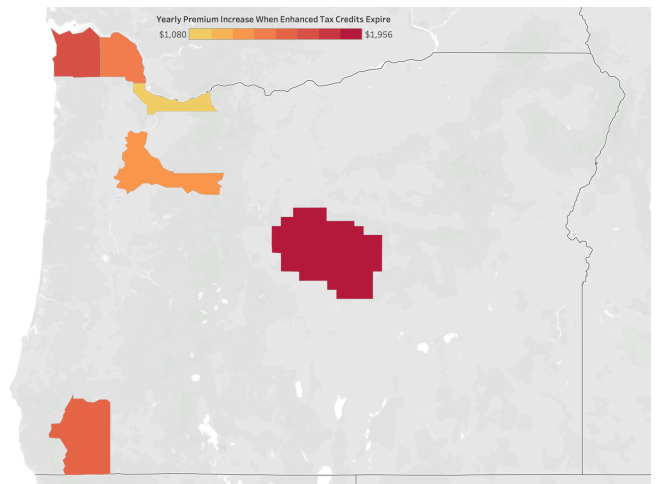
High Cancer Rate Counties:

Without Congressional action, eligible enrollees in high cancer rate counties will pay on average **\$1,212** more per year for marketplace health coverage—and multiple times more per family.

48,800 residents in high cancer rate counties had health insurance marketplace coverage in 2024, -2 percent more than in 2021. This includes:

- ~**13,752** residents ages 55-64
- ~**3,526** residents who are children

Additionally, the new reconciliation law will require **11,198** enrollees in high cancer rate counties to file new paperwork to stay covered.



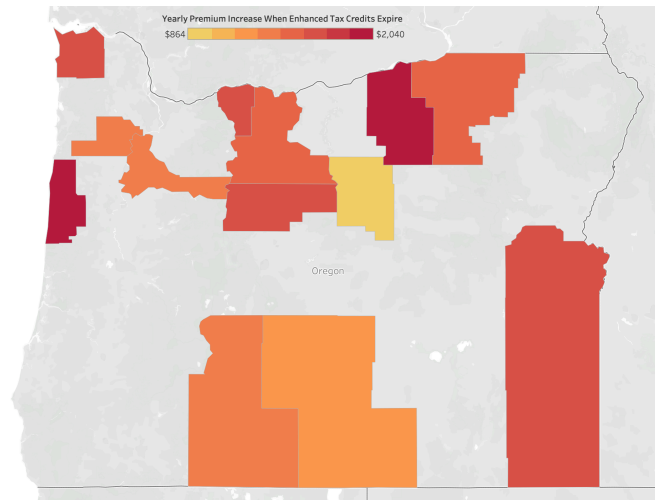
High Uninsured Rate Counties:

Without Congressional action, eligible enrollees in high uninsured rate counties will pay on average **\$1,492** more per year for marketplace health coverage—and multiple times more per family.

22,267 residents in high uninsured rate counties had health insurance marketplace coverage in 2024, 3 percent more than in 2021. This includes:

- ~**8,603** residents ages 55-64
- ~**1,658** residents who are children

Additionally, the new reconciliation law will require **5,027** enrollees in high uninsured rate counties to file new paperwork to stay covered.



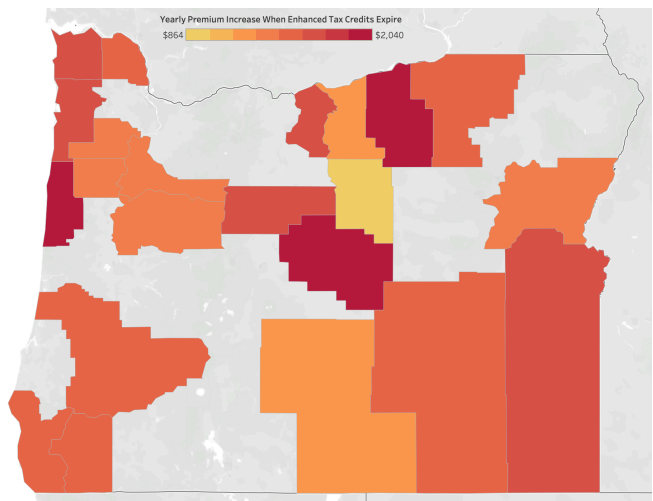
High Primary Care Ratio Counties:

Without Congressional action, eligible enrollees in high primary care ratio counties will pay on average **\$1,506** more per year for marketplace health coverage—and multiple times more per family.

34,614 residents in high primary care ratio counties had health insurance marketplace coverage in 2024, 4 percent more than in 2021. This includes:

- ~**13,914** residents ages 55-64
- ~**2,461** residents who are children

Additionally, the new reconciliation law will require **7,748** enrollees in high primary care ratio counties to file new paperwork to stay covered.



County Characteristics Definitions:

- **Rural:** Counties are classified as rural if they meet the definition of “Fully FORHP Rural Counties” by the Health Resources and Services Administration (HRSA) [Federal Office of Rural Health Policy](#).
- **High Diabetes:** Counties with higher than the national average rates of diabetes.
- **Higher Cancer Prevalence:** Counties with higher than the national average prevalence rate of cancer.
- **High Uninsured:** Counties with a rate of people without health insurance above the national average.
- **High Primary Care Ratio:** Counties whose population to primary care physician ratio is above the national average, meaning fewer primary care providers per capita.