

Impact of Health Care Costs on People in Oregon, 2021

September 2023



Executive Summary

This report uses a variety of data sources to explore how much people are paying for health care and how health care costs affect people in Oregon. The data in this report are from 2021.

Key Findings

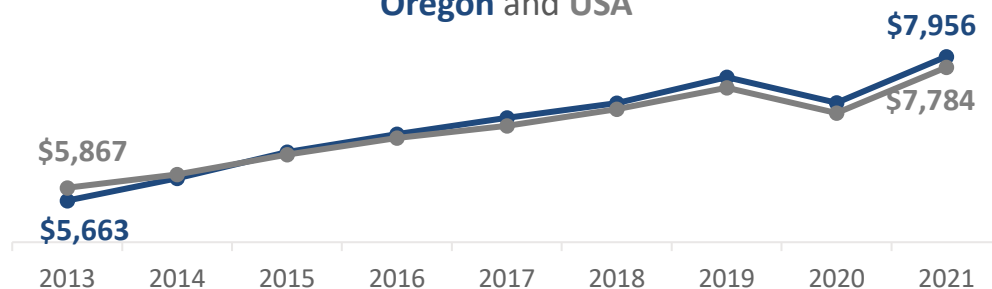


Oregon households continue to spend more on health care than they do on housing and utilities, spending nearly 22% of their budget on health-related expenses.



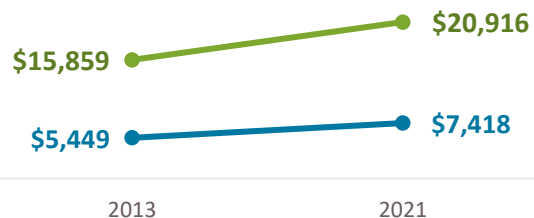
Per person spending on health care is approaching \$8,000 per person, an increase of 40% since 2013. The dip in 2020 reflects the pause on non-emergent and non-essential services during the COVID-19 pandemic.

Per person personal consumption expenditures on health care, Oregon and USA



Health plan premiums and deductibles for commercial health insurance continue to increase. Health plan premiums in Oregon have increased by 36% for single plans and 32% for family plans since 2013.

Increase in commercial health insurance premiums for **single plans** and **family plans**





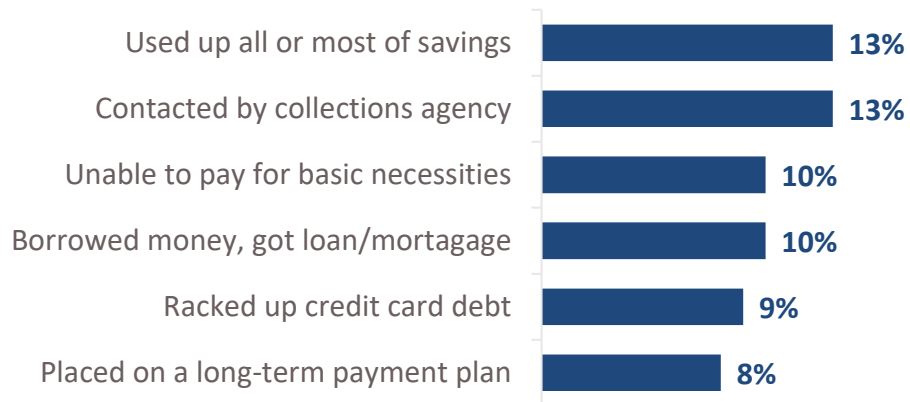
As many as 2 out of 5 people in Oregon are estimated to be underinsured. Even for people with health insurance, costs are so high that they face barriers to getting the care they need.



In 2021, 7% of people in Oregon reported delaying medical care because they could not afford it. 21% of people without insurance reported delaying care because of costs, but so did 11% of people with commercial health insurance purchased on the individual market.



Altarum’s Consumer Healthcare Experience Survey found that **more than a third of Oregon adults (34%) experienced one of more of the following struggles to pay their medical bills:**



Health care costs are projected to continue growing in Oregon and nationally. This report focuses on how health care costs affect people in Oregon, the impact of those costs, and the challenges that costs present which provides context for the Sustainable Health Care Cost Growth Target program.

Oregon’s Sustainable Health Care Cost Growth Target Program.

In 2021, the Oregon Legislature established the Sustainable Health Care Cost Growth Target Program, which sets a statewide target for the annual per person growth rate of total health care spending in the state. The program will also monitor and publish reports on health care cost increases and factors driving these trends. **For more information: <https://go.usa.gov/xzFpX>**

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Suggested Citation

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How much are people in Oregon paying for health care?

This section of the report explores health care spending in Oregon and health care spending as a portion of household budgets in 2021 using economic data. This section of the report also looks at how much people are paying in premiums and deductibles for commercial health insurance.

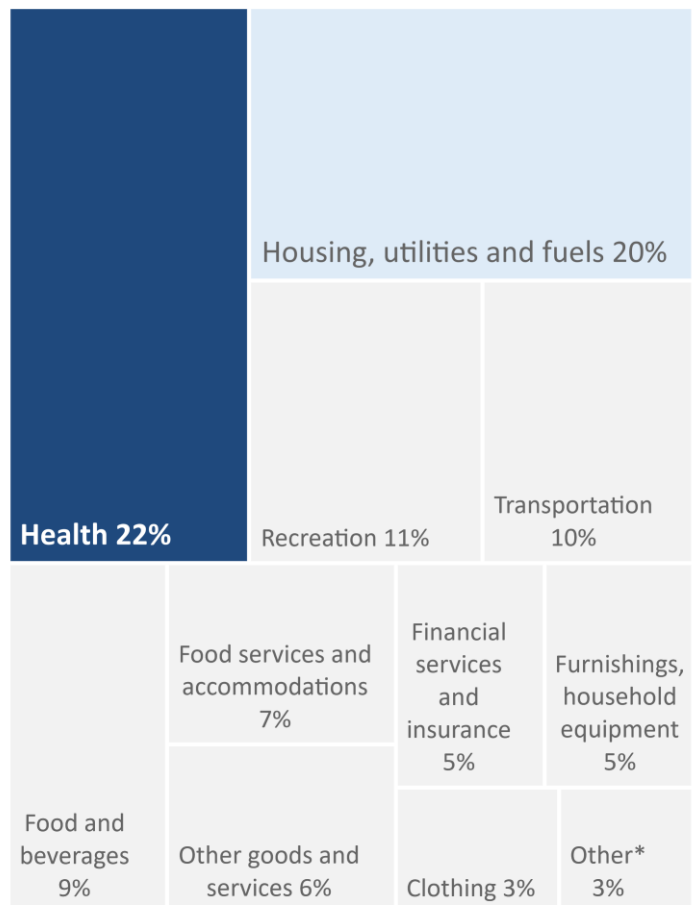
Health related spending is the biggest part of Oregon household budgets.

In 2021, Oregon households spent almost 22% of their budget on health-related expenses.¹

This includes spending on insurance premiums, prescription drugs and over-the-counter items like bandages and pain relievers, doctor and dental visits, and hospital and nursing home services.

Oregon households continue to spend more on health care than they do on housing and utilities (the next largest budget category).

Household Consumption Expenditures, Oregon 2021



* Other spending includes communication, education, and net foreign travel and expenditures abroad.

¹ U.S. Bureau of Economic Analysis, "SAPCE4 Personal consumption expenditures (PCE) by state by function 1", 2021. Medical care and hospitalization insurance was included in the Health expenditures category. See Appendix 1 for details.

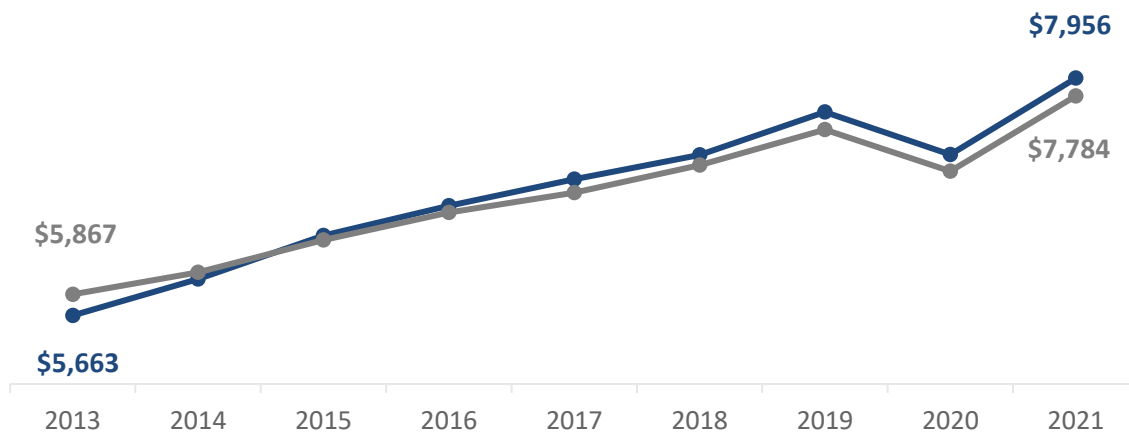
Spending on health care has increased 40% since 2013.

Personal spending on health care is approaching \$8,000 per person in Oregon according to Bureau of Economic Analysis data.²

Personal Consumption Expenditures (PCE) measures the goods and services purchased by households and non-profit institutions serving households in the United States. PCE for health care measures spending on outpatient and physician services, along with hospital and nursing home services. PCE for health care increased 40% in Oregon since 2013, compared to 33% nationwide.

The COVID-19 pandemic caused a dip in personal spending on health care in 2020 as non-emergent and non-essential services were paused. This reduction in health care utilization led to a reduction in costs, followed by a rebound in 2021 as more people began using health care services again.

Per person personal consumption expenditures on health care,
Oregon and USA



Note: These per person Personal Consumption Expenditures on health care may vary from other reports that use health care claims and other administrative data and include different types of health care spending. Per person PCE estimates are in current dollars. Per person values are computed from unrounded data.

² U.S. Bureau of Economic Analysis, "SAPCE2 Per capita personal consumption expenditures (PCE) by major type of product 1", 2021.

Health insurance premiums continue to increase.

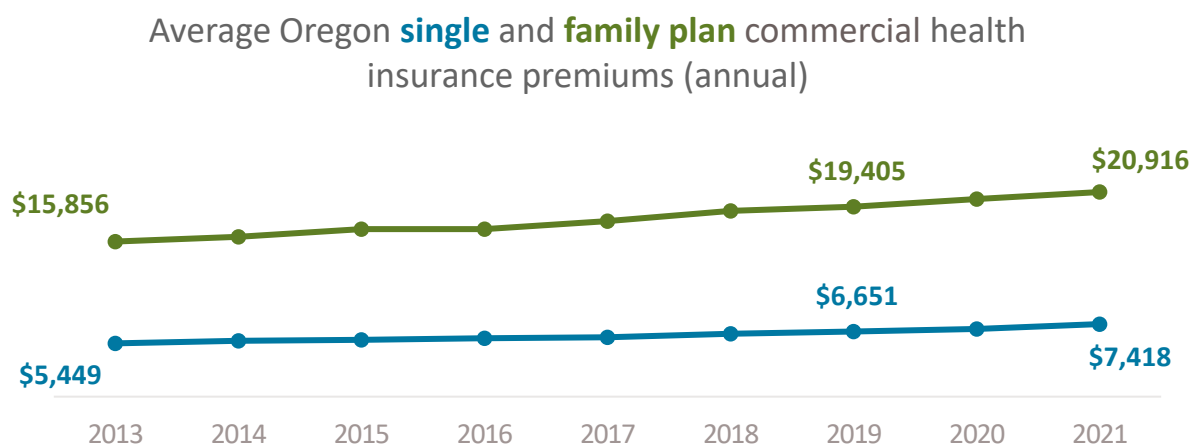
Health insurance premiums are the monthly amounts people with employer-sponsored, commercial health insurance pay for their health plan, regardless of whether they see a doctor or receive any health care services.

Family health insurance premiums cost almost as much as buying a new compact car.

Commercial health insurance premiums in Oregon have increased for both single and family plans. In 2021, the average single premium was \$7,418 and the average family premium was \$20,916. In 2021, Kelley Blue Book reported the average transaction price for a new compact car was \$25,650 (a record high).³

Since 2013, premium costs have increased by 36% for single plans and 32% for family plans in Oregon. Just since 2019, premium costs for family plans have increased 8% and premium costs for single plans have increased 12% in Oregon.⁴

This includes the premium cost paid by the employer and paid by the employee. On average, employees pay approximately a fifth of their premiums, and the rest is paid by contributions from their employer. See the following pages for more information on the employee share of insurance premiums.



³ Kelley Blue Book, Nov 2021

⁴ Agency for Healthcare Research and Quality, Center for Financing, Access and Cost Trends. "Medical Expenditure Panel Survey (MEPS) Household Component (HC)" 2021

Employee share of commercial health plan premiums remains stable, but overall payment amounts are increasing.

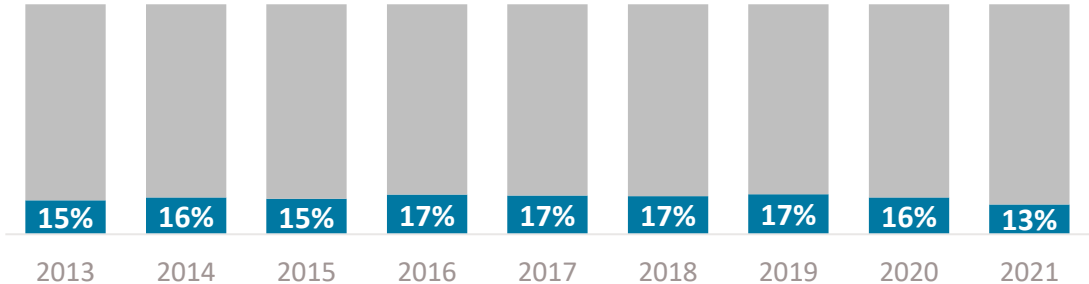
On average, employees pay approximately a fifth of their commercial health insurance plan premiums, and the rest is paid by contributions from their employer. The employer share of health insurance premiums is often considered part of total compensation, and employees often experience increasing health insurance costs through lower wages. In December 2021, benefit costs accounted for 29.5% of total employer compensation costs for private industry workers.⁵

The graphs below show the employee and employer share of commercial health insurance premium costs in Oregon, as well as the average dollar amounts for the employee share.⁶ While the employee share remains stable over time, the payment amounts are increasing, for family plans especially.

Single Plans

In 2021, employees paid 13% of the commercial health plan premium costs for a single plan, a slight decrease from 17% share they paid between 2016-2019. But that 13% share now represents \$969, a 20% increase in dollars since 2013.

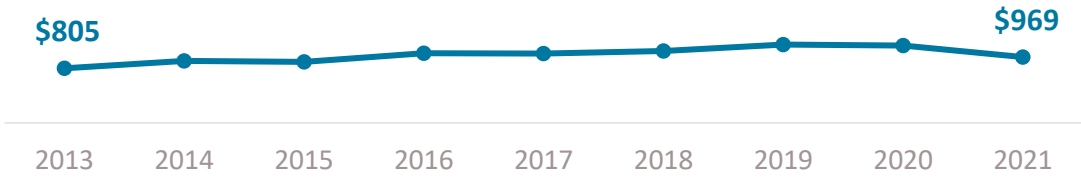
Employee Share (%) of Single Plan Commercial Health Insurance Premiums in Oregon, 2013-2021



⁵ Employer Costs for Employee Compensation, Bureau of Labor Statistics, Dec 2021. https://www.bls.gov/news.release/archives/ecec_03182022.pdf

⁶ Agency for Healthcare Research and Quality, Center for Financing, Access and Cost Trends. “Medical Expenditure Panel Survey (MEPS)” Insurance Component. 2021

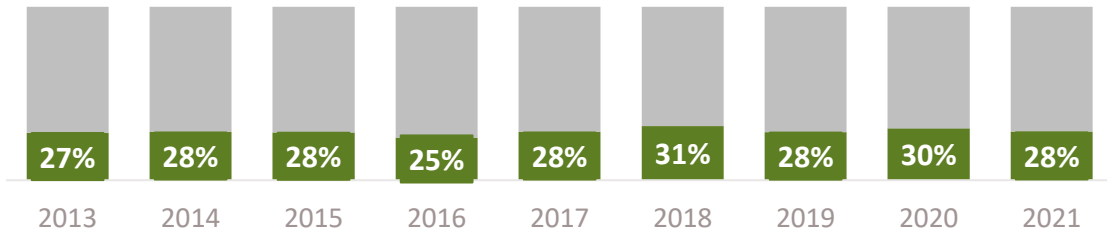
Employee Share (\$) of Single Plan Commercial Health Insurance Premiums in Oregon, 2013-2021



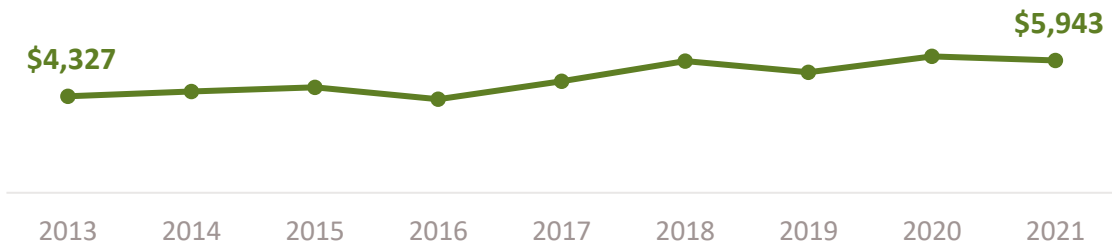
Family Plans

In 2021, employees paid 28% of the commercial health plan premium costs for a family plan, a slight decrease from the 30% share they paid in 2020. However, the 28% employee share now represents \$5,943, a 37% increase in dollars since 2013.

Employee Share (%) of Family Plan Commercial Health Insurance Premiums in Oregon, 2013-2021



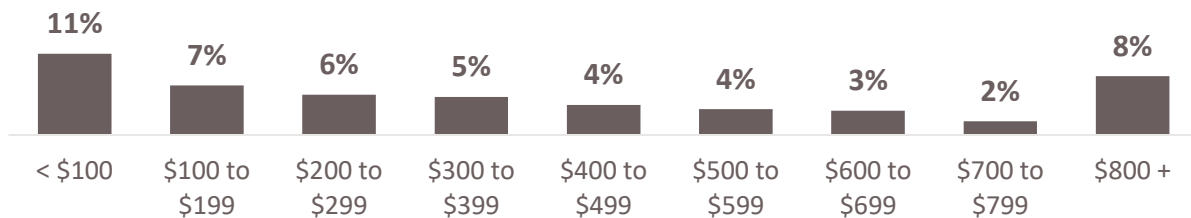
Employee Share (\$) of Family Plan Commercial Health Insurance Premiums in Oregon, 2013-2021



Monthly premium costs vary.

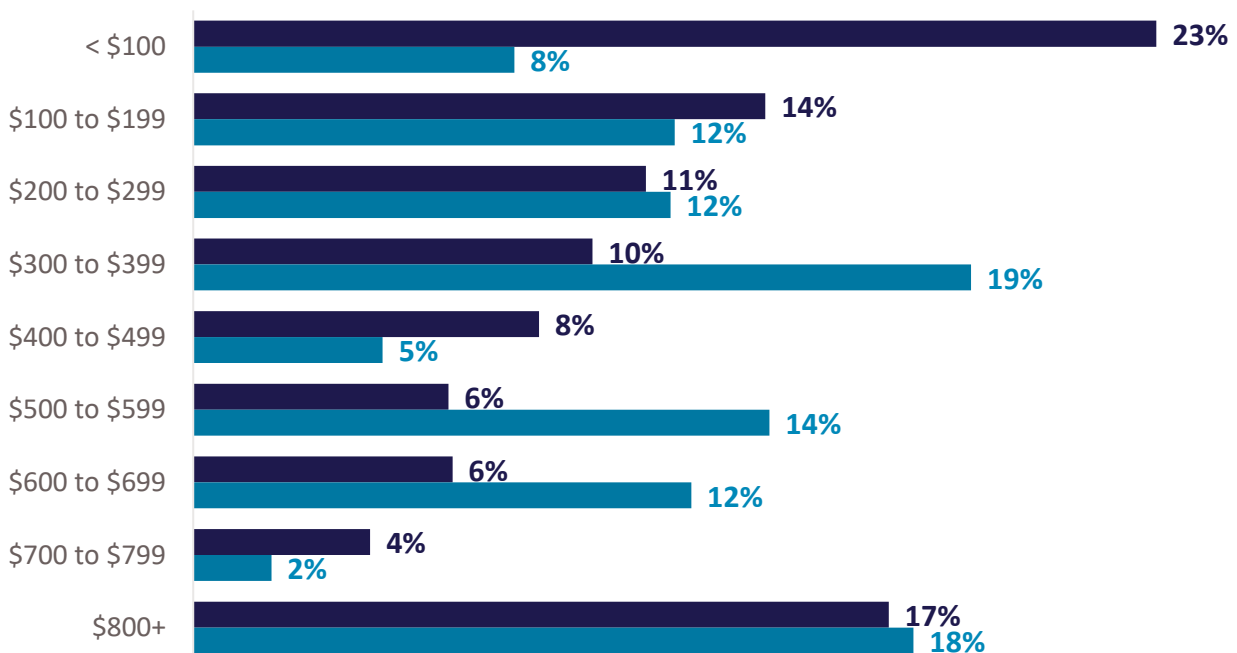
In 2021, 8% of people in Oregon reported paying more than \$800 in health insurance premiums each month (almost \$10,000 per year). Among people in Oregon with commercial insurance, those with group plans (that is, a health plan purchased by an employer) tended to have lower monthly premiums than those who purchased their health plans on their own (individual plans).⁷

Percent of people in Oregon who report paying monthly health insurance premiums in each premium range, 2021



Percent of people in Oregon who report paying monthly health insurance premiums in each premium range, by plan type, 2021

commercial - group plan | **commercial - individual plan**



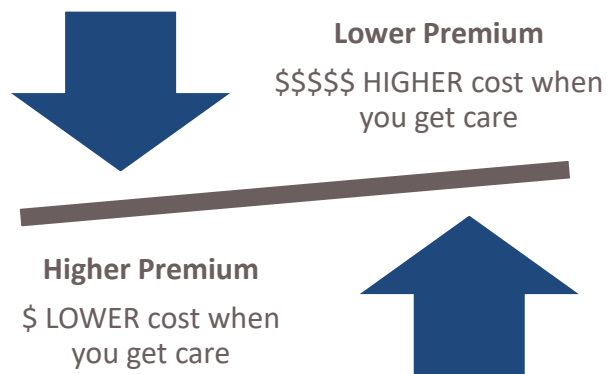
⁷ Oregon Health Insurance Survey (OHIS). "Health Insurance Coverage in Oregon." 2021. Note percentage estimates do not add up to 100%.

Deductibles for health insurance continue to increase.

In addition to paying health insurance premiums, many people must also pay a deductible as part of their health insurance plan.

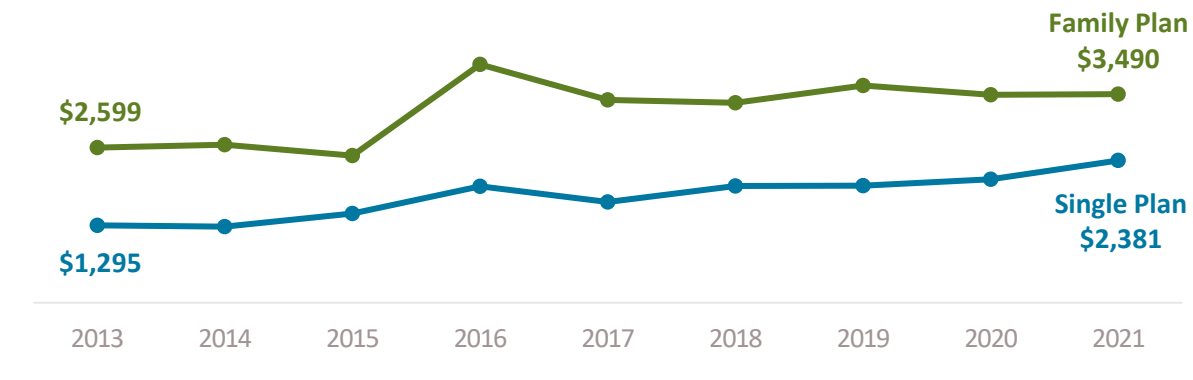
A deductible is the amount that a person pays for their health care each year before their health insurance starts to pay. Unlike health insurance premiums, the deductible is only paid when people seek health care services. Most commercial plans provide free preventive care, and some offer selected free or discounted services before you meet your deductible.⁸

There is a cost trade-off between premiums and deductibles: opting for a plan with higher monthly premiums will often lesson the costs when accessing care (deductibles, co-payments, co-insurance).



In 2021, 98% of people in Oregon with commercial health insurance had a deductible. Between 2013 and 2021, average deductibles for single plans went from \$1,295 to \$2,381 – an increase of 84%. For family plans, average deductibles went from \$2,599 to \$3,490 - a 34% increase.⁹

Average Oregon **single** and **family** deductible amounts for commercial health insurance plans



⁸ Healthcare.gov, “The health plan categories: Bronze, Silver, Gold, & Platinum.” 2023.

⁹ Agency for Healthcare Research and Quality, Center for Financing, Access and Cost Trends.

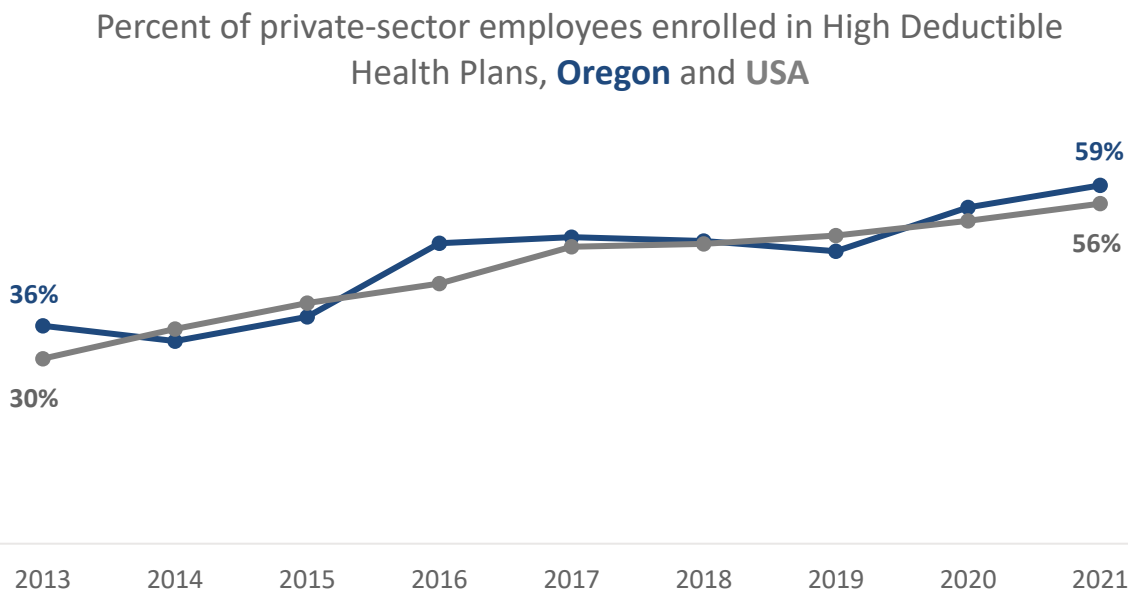
“Medical Expenditure Panel Survey (MEPS) Household Component (HC)” Insurance Component. 2021

High Deductible Health Plans are becoming more common.

The IRS defines a High Deductible Health Plan as a plan with a higher annual deductible than typical health plans and a maximum limit on the amount that someone must pay for their annual deductible and out-of-pocket medical expenses. In 2022, the minimum annual HDHP deductible was \$1,400 for individual coverage and \$2,800 for family coverage.

Opting for a high deductible health plan (HDHP) results in paying higher upfront costs when care is needed before the insurance plan will start paying their portion, but monthly premiums are lower.¹⁰ People may choose this kind of plan if they don't expect to see a medical provider often for circumstances outside of preventative care, yet they want help with unexpected worst-case medical scenarios such as significant injuries or illnesses.¹¹

In 2021, nearly 60% of private-sector employees in Oregon were enrolled in a High Deductible Health Plan.¹²



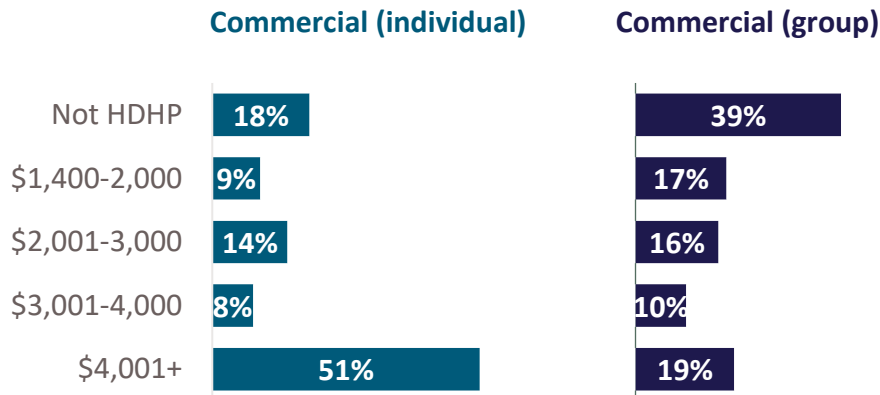
¹⁰ Healthcare.gov, “Glossary: High Deductible Health Plan (HDHP).” 2023

¹¹ Healthcare.gov, “The health plan categories: Bronze, Silver, Gold, & Platinum.” 2023.

¹² SHADAC analysis of “Percent of private-sector employees enrolled in high-deductible health insurance plans,” State Health Compare, SHADAC, University of Minnesota, statehealthcompare.shadac.org, 2023.

Forty-nine percent of people in Oregon with HDHPs report paying \$4,000 or more in deductible costs. However, people who bought commercial insurance on the individual market were more likely to have a high deductible than those with employer-sponsored insurance.¹³

Percent of people in Oregon with commercial insurance, by deductible amount, 2021

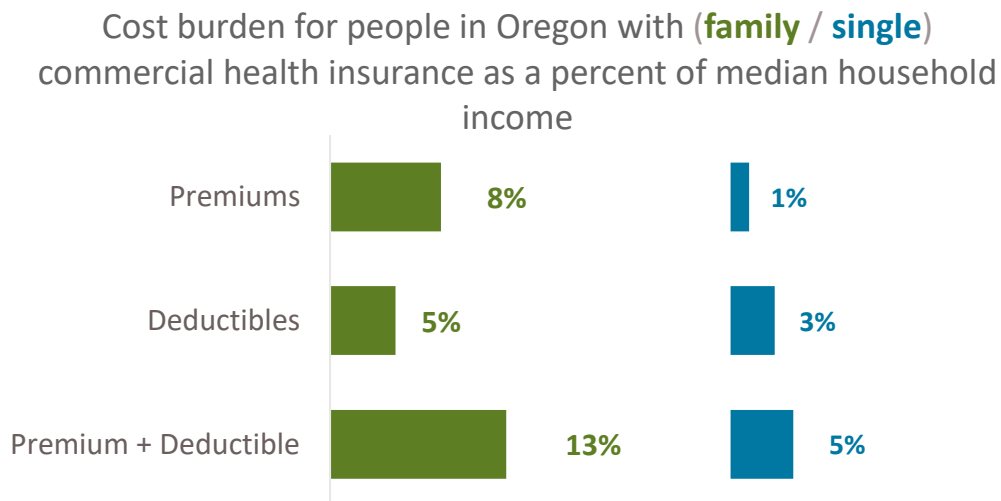


¹³ Oregon Health Insurance Survey (OHIS). "Health Insurance Coverage in Oregon". 2021.

Overall cost burden of health insurance relative to household income.

The graph below shows the percentage of household income that people in Oregon pay for their share of health insurance premiums and deductibles in 2021. This helps understand the overall cost burden of commercial health insurance.

In 2021, the cost burden of commercial health insurance for a single plan was 5%. The cost burden of commercial health insurance for family coverage was 13%.¹⁴



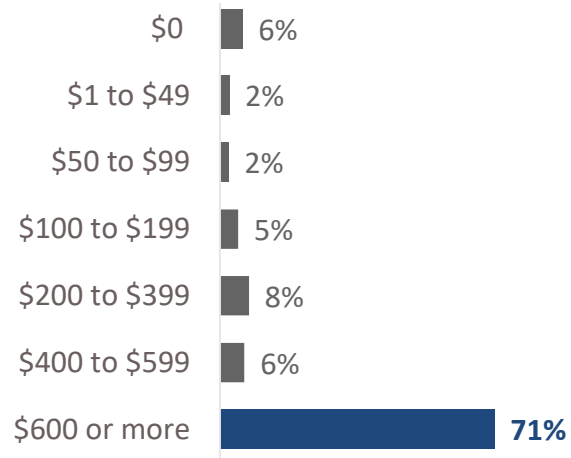
¹⁴ <https://unitedstatesofcare.org/wp-content/uploads/2021/02/Penn-LDI-USofCare-Cost-Burden-Brief.pdf>
Penn LDI approach refreshed with 2021 data for Oregon, not adjusted by Regional Price Parities.

Almost three-quarters of people in Oregon spent at least \$600 on out-of-pocket health care expenses in 2021.

In addition to paying health insurance premiums and deductibles, people may also pay out-of-pocket (OOP) for health care services and products that are not covered by their insurance plan. This includes copayments and coinsurance.

Almost three-quarters of people in Oregon reported spending \$600 or more on out-of-pocket health care expenses in 2021.¹⁵

Percent of people reporting out-of-pocket expenses, by amount, 2021

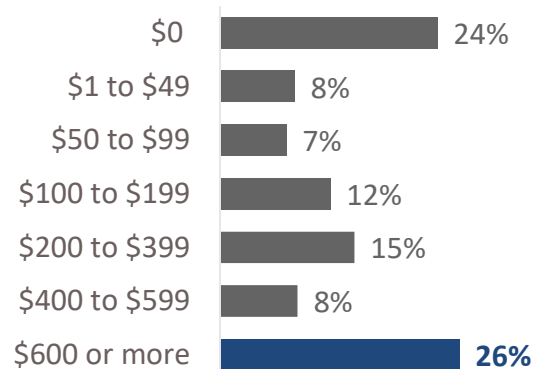


Prescriptions

Nearly a quarter of people in Oregon reported they did not pay any OOP costs for prescriptions in 2021. Many insurance plans may cover generic prescriptions, which may be available without any cost sharing.

However, a quarter of people reported paying \$600 or more out-of-pocket for their prescriptions in 2021.

Percent of people reporting out-of-pocket expenses for prescriptions, by amount, 2021



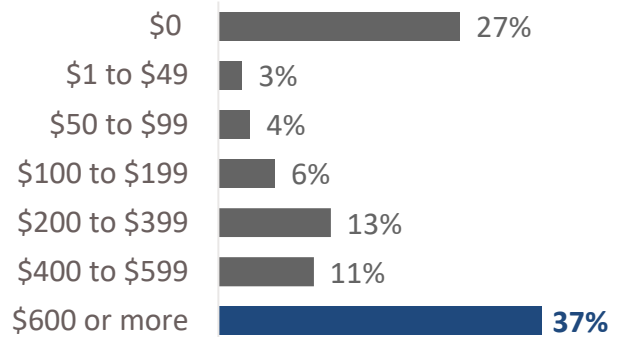
¹⁵ Oregon Health Insurance Survey (OHIS). "Health Insurance Coverage in Oregon". 2021. See Appendix 2 for more information. All data in this section comes from the 2021 OHIS.

Dental and Vision

Nearly 40% of the people in Oregon reported paying more than \$600 dollars out-of-pocket for these health care costs.

Restorative dental care, such as root canals, crowns, implants, or bridges may be costly and only partially covered by insurance, if at all.

Percent of people reporting out-of-pocket expenses, for dental and vision by amount, 2021

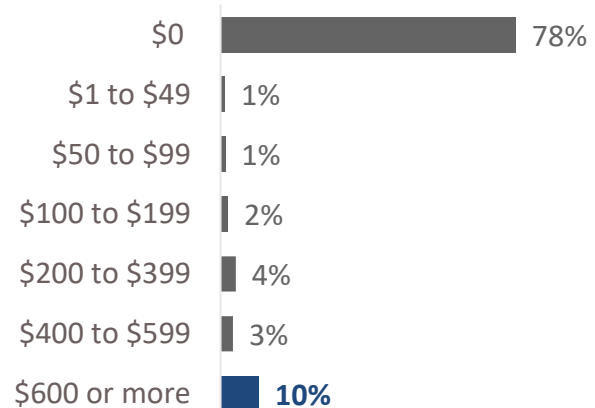


Mental Health

In 2021, 78% of people in Oregon reported they did not have any out-of-pocket expenses for mental health services, which includes in-person or telehealth counseling services.

When people in Oregon did have out-of-pocket costs for mental health services, it tended to be more expensive – 10% reported spending \$600 or more out-of-pocket in 2021.

Percent of people reporting out-of-pocket expenses, for mental health, by amount, 2021



What challenges do people in Oregon face with rising health care costs?

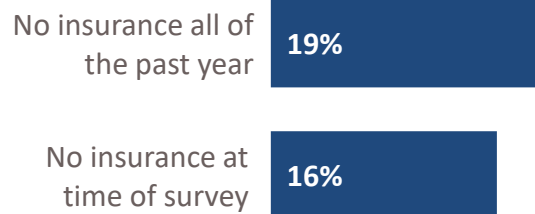
People are uninsured because of actual and perceived health care costs.

Even though the percent of people in Oregon without insurance dropped to 5% in 2021, almost 20% of people without insurance reported their reason for not having health insurance was because premiums were too expensive on employer coverage.¹⁶

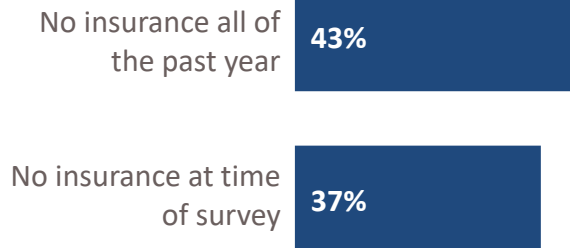
Among people without health insurance, when asked why they did not apply for the Oregon Health Plan (OHP, or Medicaid), more than a third reported that they did not due to concerns about high costs with coverage.

Note the Oregon Health Plan does not have any premiums, deductibles, or cost sharing for members.

Percent of people in Oregon who reported not having insurance because premiums were too expensive, 2021



Percent of people in Oregon who reported they did not apply for OHP because of concerns about high costs, 2021



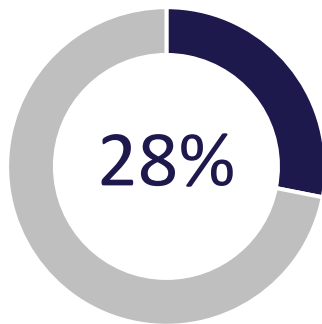
¹⁶ Oregon Health Insurance Survey (OHIS). "Health Insurance Coverage in Oregon". 2021. See Appendix 2 for more information. All data in this section comes from the 2021 OHIS.

Many people with health insurance can't afford to use it.

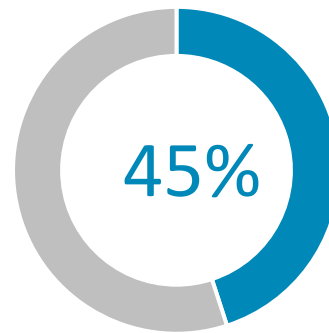
People who are underinsured have health insurance, but still have financial risk. Or, put another way, even though they have health insurance, out-of-pocket costs and deductible costs are so high compared to their income that people face barriers to getting the care they need.

OHA looked at two different approaches to see how many people in Oregon are underinsured:

Using the Commonwealth Fund definition, 28% of people in Oregon are **underinsured**.



Using the Market Decisions Research definition, 45% of people in Oregon are **underinsured**.



The Commonwealth Fund's definition for underinsurance looks at out-of-pocket costs and deductibles, relative to household income. An individual is considered underinsured if their out-of-pocket costs, excluding premiums, equal to 10% or more of household income, or if their deductible is 5% or more of household income.¹⁷

The Market Decisions Research definition builds on the Commonwealth Fund's model and incorporates difficulty paying medical bills and deferred care due to costs. In these situations, an individual's health plan coverage is not adequate – the actual or potential financial burden to access health care is too high.¹⁸

¹⁷ Underinsurance rate data comes from the Oregon Health Insurance Survey (OHIS). "Health Insurance Coverage in Oregon". 2021. Methodology from the Commonwealth Fund's issue brief "[The Problem of Underinsurance](#)" 2015.

¹⁸ Underinsurance rate data comes from the Oregon Health Insurance Survey (OHIS). "Health Insurance Coverage in Oregon". 2021. Methodology from Market Decisions Research's "[Measuring Underinsurance](#)" 2018.

People in Oregon are delaying care because of costs.

In 2021, 7% of people in Oregon reported delaying medical care because they could not afford it.¹⁹

Insurance Status and Type

People in Oregon without health insurance were more likely to report that they delayed care because of costs.

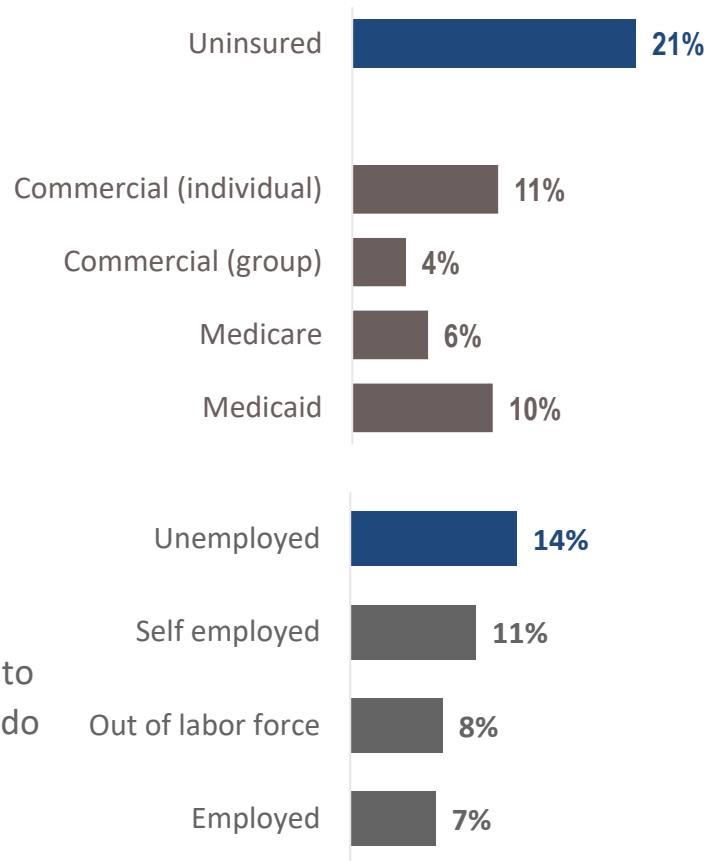
Among people in Oregon with health insurance, nearly 11% of people with commercial insurance purchased on the individual market reported delaying care due to costs, compared to 4% of those with commercial insurance provided by their employer.

More than 10% of people on the Oregon Health Plan (Medicaid) reported delaying health care due to costs, even though OHP members do not pay premiums, deductibles, or cost sharing.

Employment

Unemployed people in Oregon were more likely to report that they delayed care because of costs. This relates to insurance type (above), as people who are self employed may be more likely to purchase insurance on the individual market.

Percent of people in Oregon reporting they delayed care due to costs, 2021

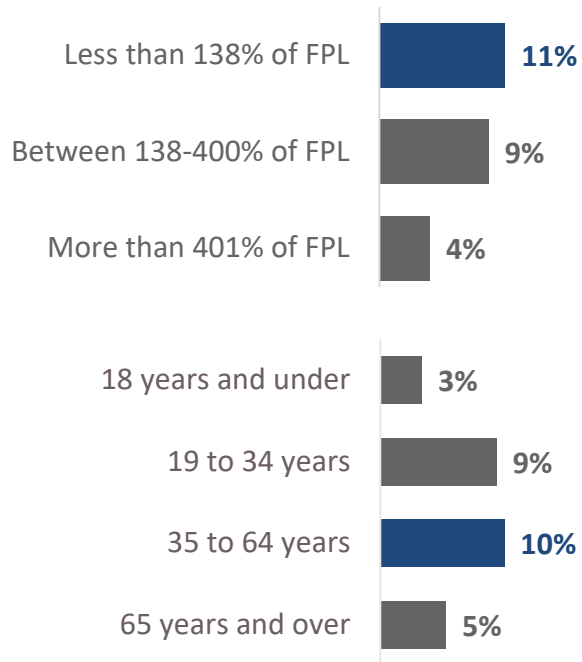


¹⁹ Oregon Health Insurance Survey (OHIS). 2021. See Appendix 2 for more information. All data in this section comes from the 2021 OHIS.

Income

People in Oregon who earned an income of less than 138% of the Federal Poverty Level in 2021 were more likely to delay care because of costs.²⁰

Percent of people in Oregon reporting they delayed care due to cost, 2021

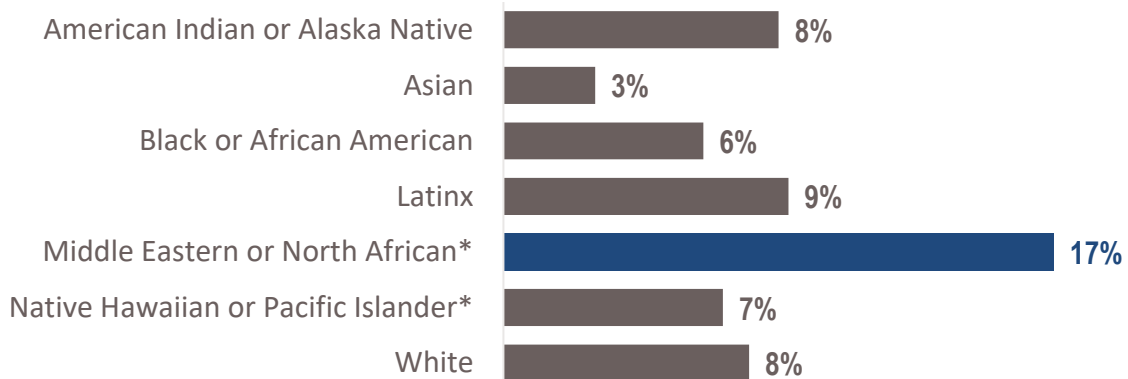


Age

People in Oregon between the ages of 19-64 were more likely to report delaying care due to cost than other age groups.

Race and Ethnicity

Some communities were more likely to report delaying care due to costs than others. For example, almost 17% of Middle Eastern or North African people reported delaying care, compared to 8% of white people and 3% of Asian people in Oregon.



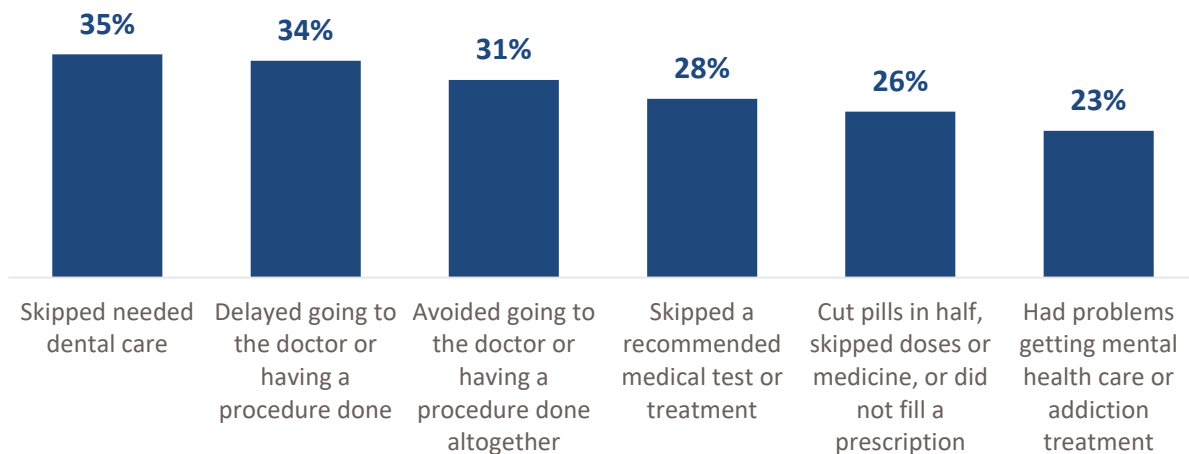
*Estimates for Middle Eastern or North African and Native Hawaiian or Pacific Islander have small sample sizes and are statistically unreliable; interpret with caution.

²⁰ 138 percent of the Federal Poverty Level in 2020 for an individual was \$17,609 and \$36,156 for a family of four. [2020 FPL Tables](#). See Appendix 3 for more information.

What kinds of care are people delaying due to costs?

Altarum’s Consumer Healthcare Experience Survey found that about a third of Oregon adults said they skipped needed dental care, delayed going to a doctor or getting a procedure, or avoided care due to costs. One in four adults said they skipped doses of medicine or did not fill a prescription.²¹

Percent of Oregon adults reporting delaying or foregoing health care due to cost, 2021



Cost was by far the most frequently cited reason in the survey for not getting needed medical care, exceeding a host of other barriers like transportation, difficulty getting an appointment and lack of childcare.

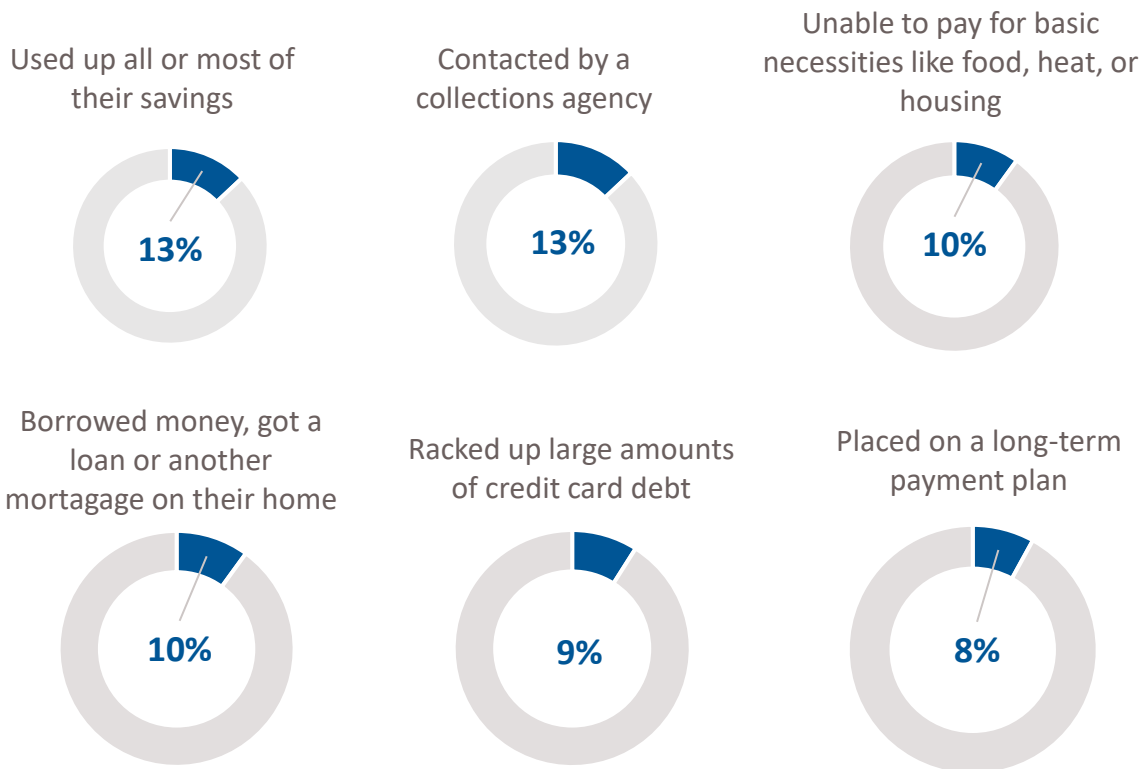
Of the various types of medical bills, the ones most frequently associated with an affordability barrier were dental bills, doctor bills and prescription drugs, likely reflecting the frequency with which Oregon adults seek these services—or, in the case of dental, perhaps lower rates of coverage for these services.

²¹ Altarum Healthcare Value Hub, “[Oregon Residents Struggle to Afford High Healthcare Costs; COVID Fears Add to Support for a Range of Government Solutions Across Party Lines Data Brief](#)”, June 2021

People in Oregon struggle to pay bills after receiving health care services.

Delaying care because of cost concerns may not be an option; medical conditions or injuries may be life threatening without treatment. Many people in Oregon who receive needed health care then struggle to pay the resulting bills.

Altarum’s Consumer Healthcare Experience Survey found that more than a third of Oregon adults (34%) experienced one of more of the following struggles to pay their medical bills:²²



²² Altarum Healthcare Value Hub, [“Oregon Residents Struggle to Afford High Healthcare Costs; COVID Fears Add to Support for a Range of Government Solutions Across Party Lines Data Brief”](#), June 2021

People in Oregon are using up savings to pay medical bills.

In 2021, 10% of people in Oregon reported using up all or most of their savings to pay medical bills. Some communities were more likely to exhaust their savings than others.²³

Insurance Status and Type

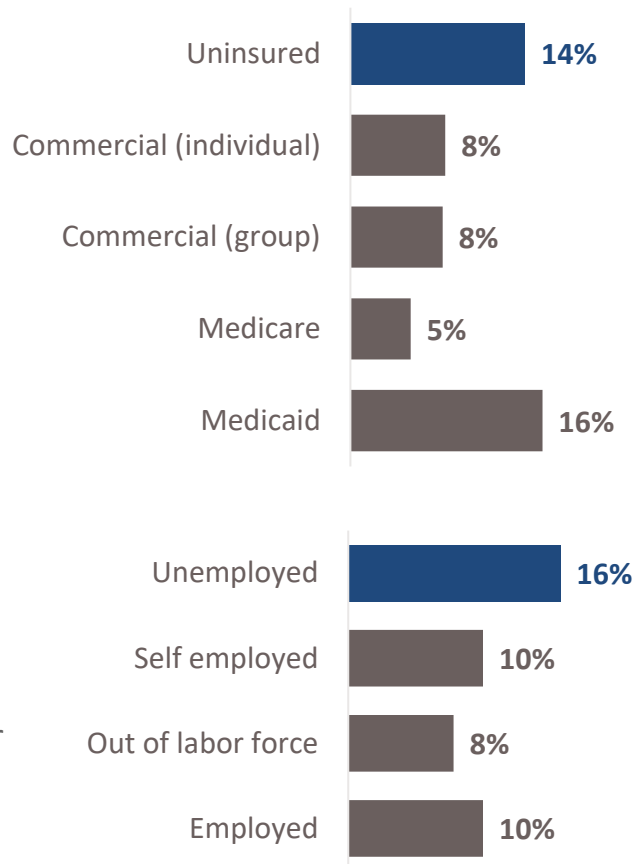
People in Oregon without health insurance were more likely to report using all or most of their savings to pay medical bills than those with commercial or Medicare coverage.

16% of people on the Oregon Health Plan (Medicaid) also reported using up their savings to pay medical bills.²⁴

Employment

People in Oregon who are unemployed were more likely to report using up their savings to pay medical bills, although 1 in 10 people who are employed or self-employed did as well.

Percent of people in Oregon reporting they used all or most of their savings to pay medical bills, 2021



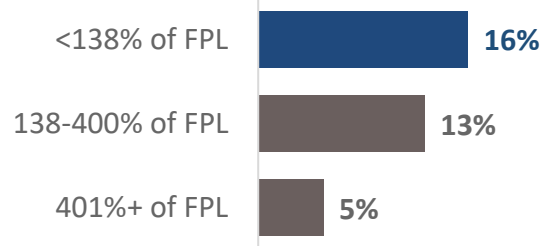
²³ Oregon Health Insurance Survey (OHIS). 2021. See Appendix 2 for more information. All data in this section comes from the 2021 OHIS.

²⁴ Note the Oregon Health Plan does not have any premiums, deductibles, or cost sharing for members, but survey respondents may be referring to health care services and costs that are not covered by Medicaid or medical bills incurred before they had Medicaid coverage.

Percent of people in Oregon reporting they used all or most of their savings to pay medical bills, 2021

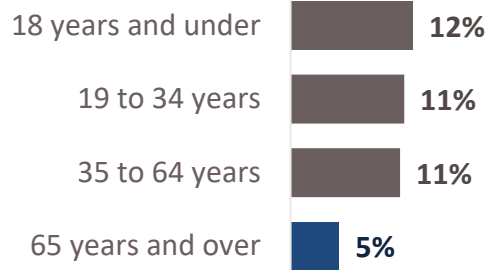
Income

People in Oregon who earned an income of less than 138 percent of the Federal Poverty Level in 2021 were more likely to report using up their savings to pay medical bills.²⁵



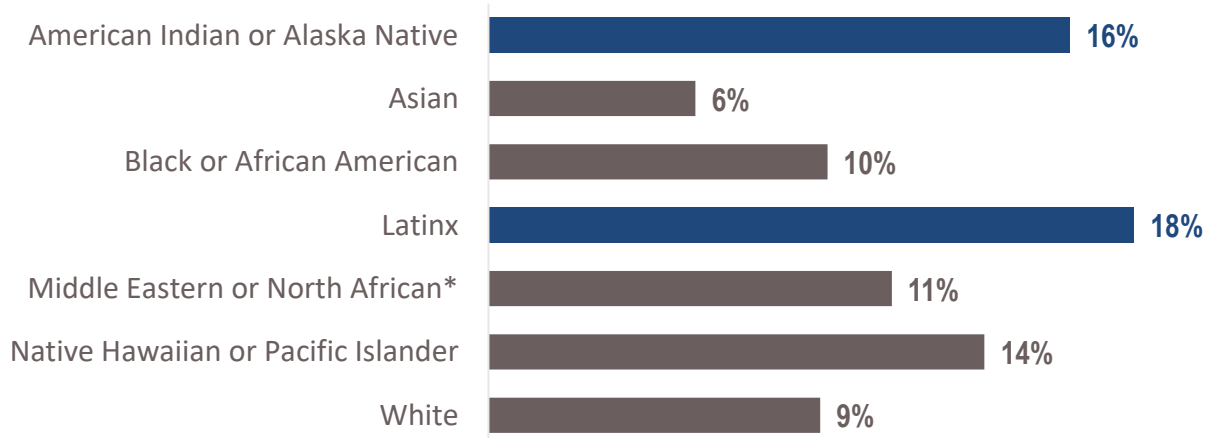
Age

The elderly were least likely to use up savings to pay for medical bills, compared to adults ages 19 to 64.



Race and Ethnicity

American Indian or Alaska Native people and Latinx people in Oregon were more likely to report they used up their savings on medical bills.



*Estimates for Middle Eastern or North African have small sample sizes and are statistically unreliable; interpret with caution.

²⁵ 138 percent of the Federal Poverty Level in 2020 for an individual was \$17,609 and \$36,156 for a family of four. [2020 FPL Tables](#). See Appendix 3 for more information.

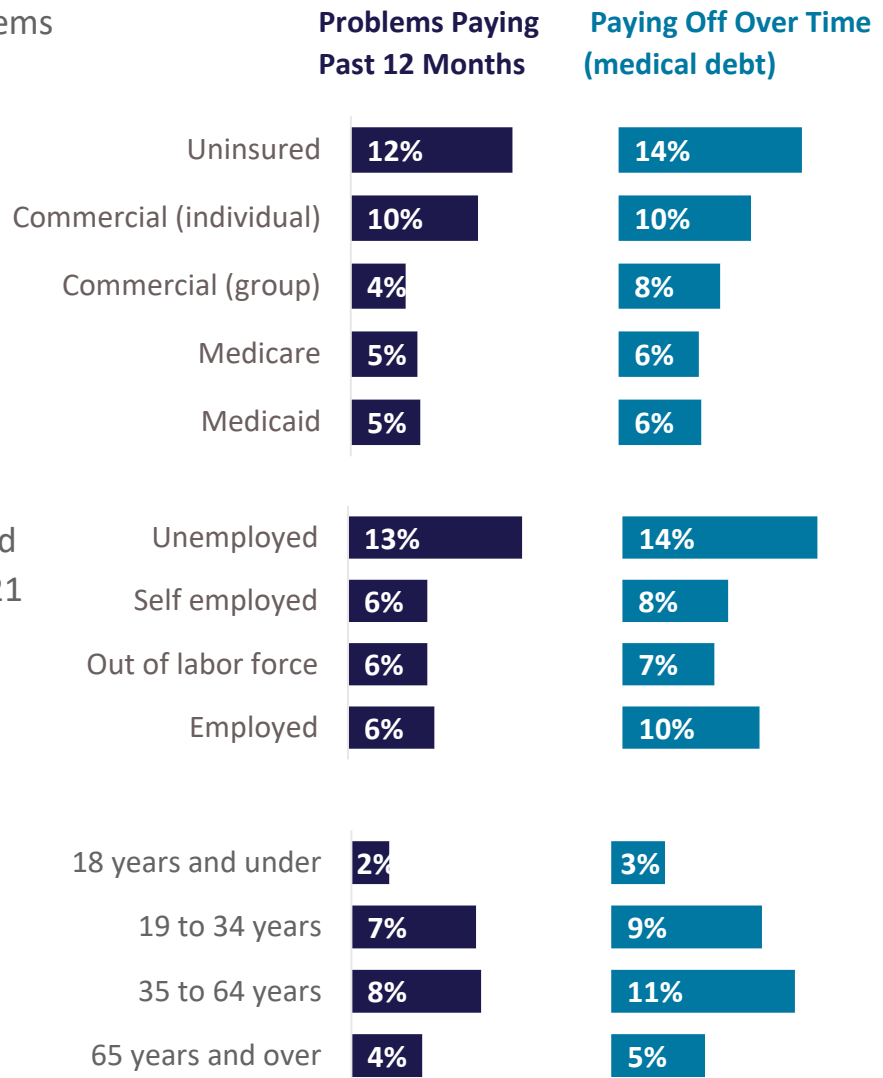
People in Oregon are unable to pay medical bills.

In 2021, 6% of people in Oregon reported they had problems paying their medical bills in the past 12 months and 8% reported they were paying off their medical bills over time, or had some medical debt²⁶

Insurance Status and Type

In 2021, 12% of people in Oregon without insurance reported they had problems paying their medical bills in the past year, compared to 4% of people in Oregon with commercial health insurance provided by their employer (group).

Percent of people in Oregon reporting they had problems paying their medical bills, 2021



Age

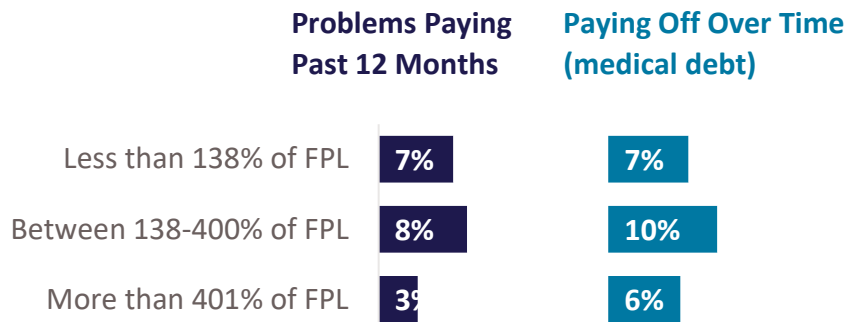
Generally, people between ages 19 and 64 had the most difficulty paying medical bills.

²⁶ Oregon Health Insurance Survey (OHIS). 2021. See Appendix 2 for more information. All data presented in this section comes from the 2021 OHIS.

Income

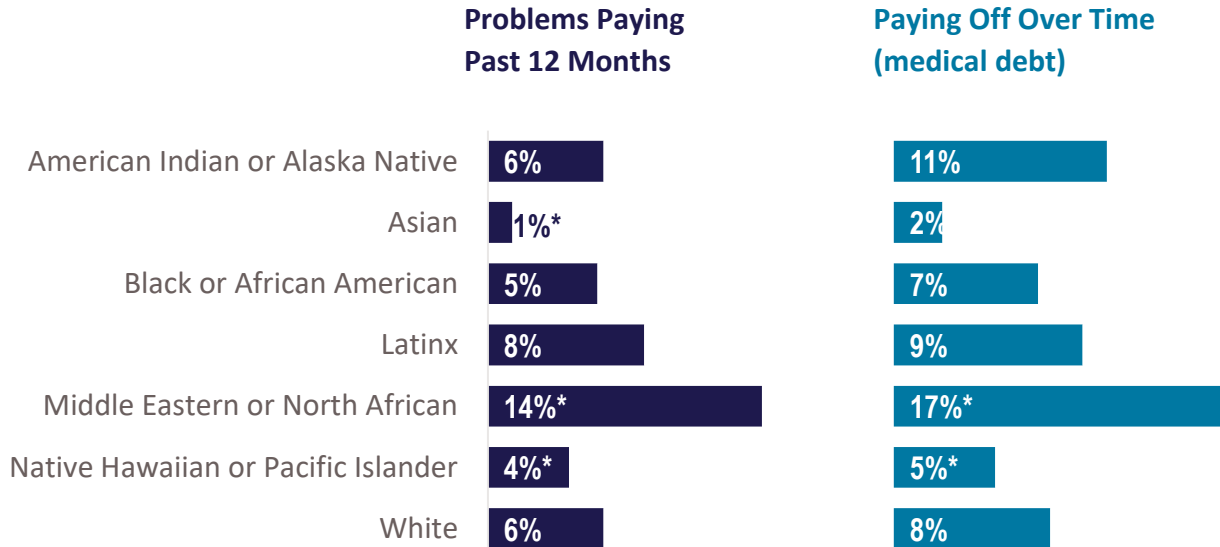
People in Oregon with an income between 138 to 400 percent of the Federal Poverty Level (FPL), as reported in 2021, had the most trouble with paying medical bills over the past 12 months and over time.²⁷

Percent of people in Oregon reporting they had problems paying their medical bills, 2021



Race and Ethnicity

In 2021, Middle Eastern or North African people in Oregon reported more problems paying off medical bills in the past 12 months and over time. One in 10 American Indian or Alaska Native people and Latinx people in Oregon also reported difficulty paying off medical bills over time.



*Estimates have small sample sizes and are statistically unreliable; interpret with caution.

²⁷ 138 percent of the FPL in 2020 for an individual was \$17,609 and \$36,156 for a family of four annually; 400 percent of the FPL for an individual was \$51,040 and \$104,800 for a family of four annually. [2020 FPL Tables](#). See Appendix 3 for more information.

Many people in Oregon report having medical debt.

Many people in Oregon reported having trouble paying off medical bills over time (see previous section).²⁸ Unanticipated health care costs, high deductible health plans requiring large sums of money upfront before insurance starts paying, and out-of-pocket costs are all contributing factors to medical debt. Among people with medical debt, the amount of debt reported in 2021 varies.

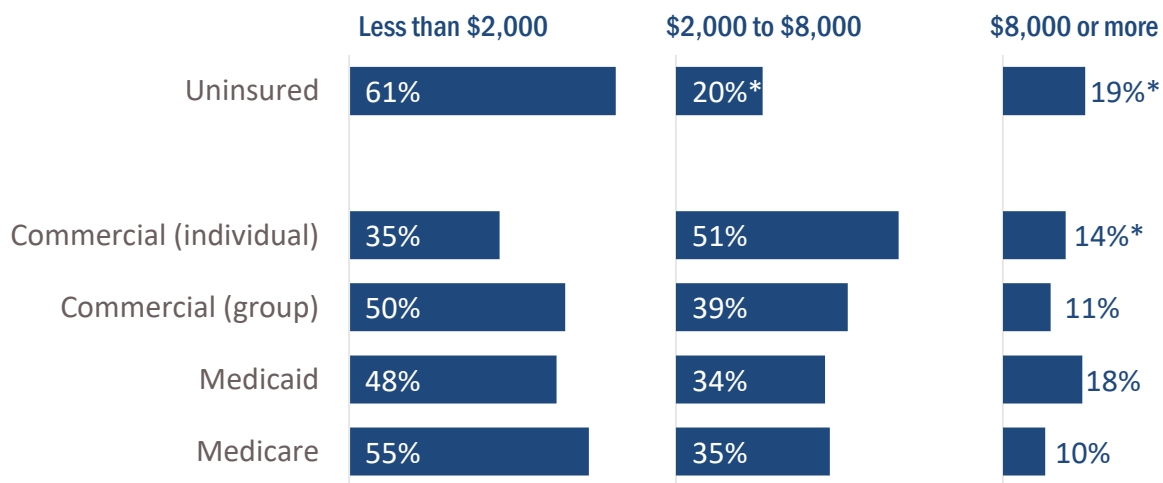
Medical Debt by Insurance Status and Type

Among the 14% of people without insurance who have medical debt, the majority (61%) have less than \$2,000 in medical debt, similar to people with Medicare (55% have less than \$2,000 in medical debt).

The 10% of people with commercial insurance they purchased themselves on the individual market with medical debt were more likely to have medical debt ranging from \$2,000-8000.

Note people with Medicaid coverage do not have cost sharing or deductibles; however, the 6% of people with Medicaid coverage who reported medical debt may be referring to medical bills prior to being eligible for Medicaid or for services not covered by Medicaid.

Amount owed by people in Oregon with medical debt, 2021



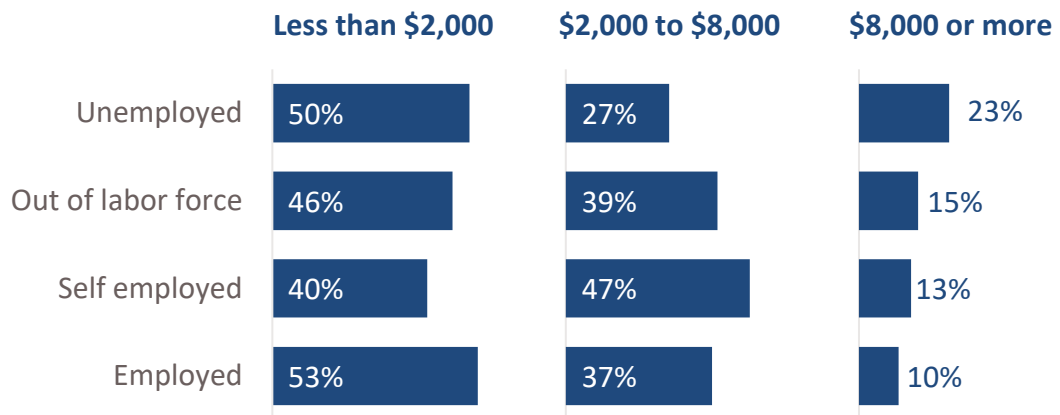
*May be statistically unreliable. Interpret with caution.

²⁸ Oregon Health Insurance Survey (OHIS). 2021. See Appendix 2 for more information. All data in this section comes from the 2021 OHIS.

Medical Debt by Employment Status

In 2021, 14% of people in Oregon who were unemployed reported medical debt. Of those, almost a quarter (23%) reported owing \$8,000 or more.

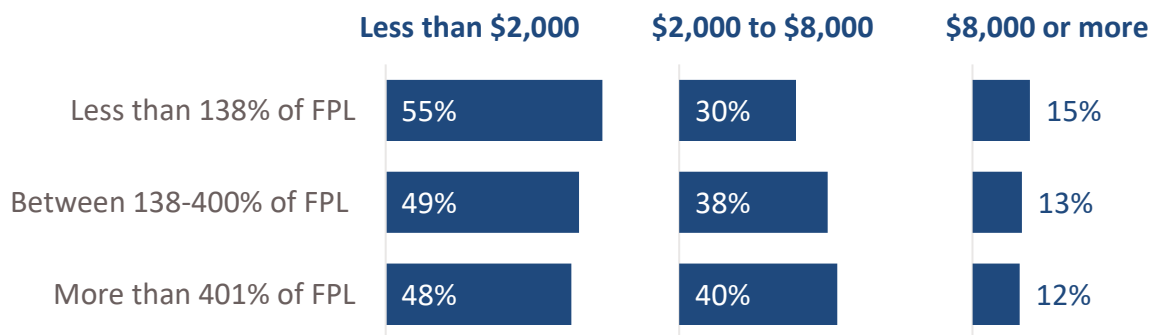
Amount owed by people in Oregon with medical debt, 2021



Medical Debt by Income

Seven percent of people in Oregon who earned less than 138% of the Federal Poverty Level reported medical debt. Of those, 55% reported owing less than \$2,000.²⁹

Amount owed by people in Oregon with medical debt, 2021

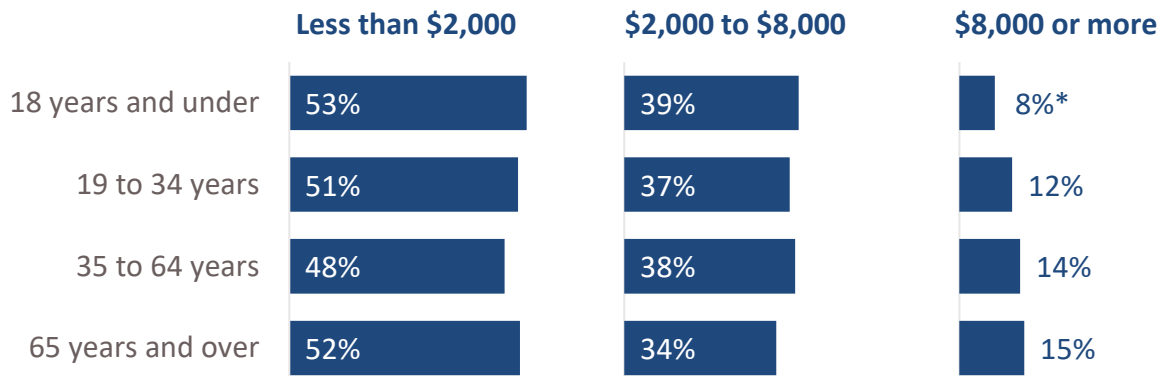


²⁹ 138 percent of the Federal Poverty Level in 2020 for an individual was \$17,609 and \$36,156 for a family of four. [2020 FPL Tables](#). See Appendix 3 for more information.

Medical Debt by Age

Five percent of older adults in Oregon reported medical debt. Of those, 15% reported they owned \$8,000 or more, compared to 12% of adults ages 19-34.

Amount owed by people in Oregon with medical debt, 2021

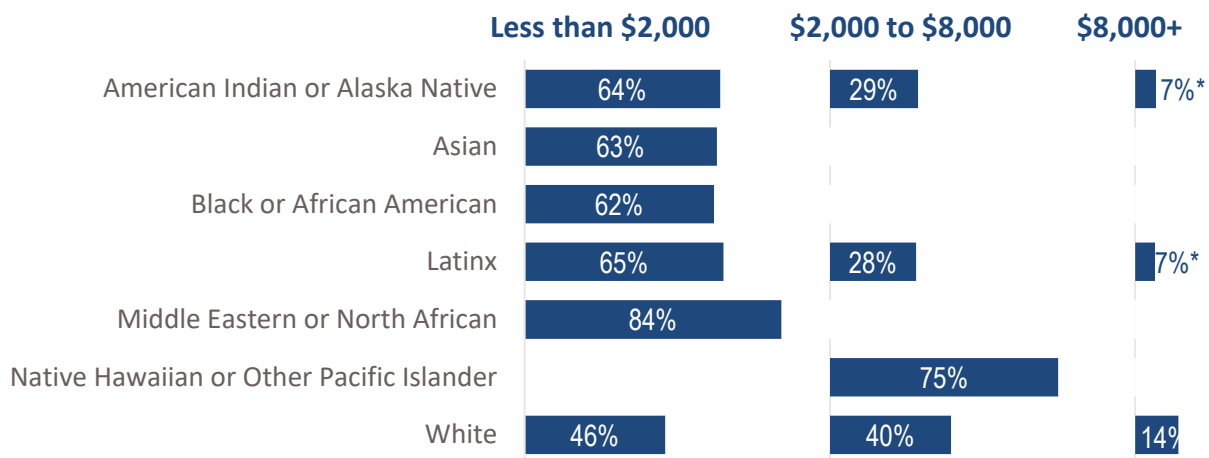


*May be statistically unreliable. Interpret with caution.

Medical Debt by Race and Ethnicity

Eight percent of white people in Oregon reported owing medical debt; of those, just under half owed less than \$2,000. Of the 5% of Native Hawaiian or Pacific Islander people in Oregon who reported owing medical debt, three-quarters of them reported owing between \$2,000-\$8,000.

Amount owed by people in Oregon with medical debt, 2021



Some data suppressed due to small numbers.

*May be statistically unreliable. Interpret with

Appendices

Appendix 1. Definitions and Data Sources

Data Sources

Indicators	Year	Data Source	Link
Personal Consumption Expenditures (PCE) <ul style="list-style-type: none"> SAPCE4 by state and by function SAPCE2 per capita PCE by major type of product 	2021	U.S. Bureau of Economic Analysis	https://apps.bea.gov/iTable/?reqid=70&step=1&isuri=1&acrdn=7
Commercial health insurance premiums, single and family plans, total premium, employee share and employer share	2021	Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey (MEPS) – Household Component	https://meps.ahrq.gov/mepsw eb/data stats/data tools.jsp
Average transaction price for a new compact car	2021	Kelley Blue Book	https://mediaroom.kbb.com/2021-12-10-Eight-Straight-New-Vehicle-Prices-Mark-Another-Record-High-in-November-2021,-According-to-Kelley-Blue-Book
Benefit costs as a percent of total compensation costs for private industry workers	2021	Bureau of Labor Statistics	https://www.bls.gov/news.release/archives/ecec_03182022.pdf
Percent of people in Oregon paying monthly health insurance premiums by dollar amount and by plan type	2021	Oregon Health Insurance Survey	https://www.oregon.gov/oha/hpa/analytics/pages/insurance-data.aspx

Indicators	Year	Data Source	Link
Commercial health insurance deductibles, single and family plan	2021	Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey (MEPS) – Household Component	https://meps.ahrq.gov/mepsw eb/data stats/data tools.jsp
Percent of private sector employees enrolled in a High Deductible Health Plan	2021	SHADAC State Health Compare, Medical Expenditure Panel Survey – Insurance Component	https://statehealthcompare.sh adac.org/table/172/percent-of-privatesector-employees-enrolled-in-highdeductible-health-insurance-plans-by-total#1/a/42/205
Cost burden for people with health insurance as a percent of median household income	2021	Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey (MEPS) – Household Component; American Community Survey 1-year estimates	https://data.census.gov/all?q=median+household+income&g=040XX00US41&y=2021
Out-of-pocket health care expenses <ul style="list-style-type: none"> • By amount • By type 	2021	Oregon Health Insurance Survey	https://www.oregon.gov/oha/hpa/analytics/pages/insurance-data.aspx
Medical debt <ul style="list-style-type: none"> • By insurance status and type • By employment status • By income • By age 	2021	Oregon Health Insurance Survey	https://www.oregon.gov/oha/hpa/analytics/pages/insurance-data.aspx

Indicators	Year	Data Source	Link
Reasons for not having insurance / reasons for not applying for Oregon Health Plan	2021	Oregon Health Insurance Survey	https://www.oregon.gov/oha/hpa/analytics/pages/insurance-data.aspx
Underinsurance estimates	2021	Oregon Health Insurance Survey	https://www.oregon.gov/oha/hpa/analytics/pages/insurance-data.aspx
Delaying care due to cost <ul style="list-style-type: none"> • By insurance status and type • By employment • By income • By age • By race and ethnicity 	2021	Oregon Health Insurance Survey	https://www.oregon.gov/oha/hpa/analytics/pages/insurance-data.aspx
Types of care delayed due to costs	2021	Altarum Consumer Healthcare Experience Survey – Oregon	https://www.healthcarevaluehub.org/application/files/7216/2343/8840/Hub-Altarum Data Brief No. 91 - Oregon Healthcare Affordability.pdf
Types of struggles to pay medical bills	2021	Altarum Consumer Healthcare Experience Survey – Oregon	https://www.healthcarevaluehub.org/application/files/7216/2343/8840/Hub-Altarum Data Brief No. 91 - Oregon Healthcare Affordability.pdf
Using up savings to pay medical bills <ul style="list-style-type: none"> • By insurance status and type • By employment • By income • By age • By race and ethnicity 	2021	Oregon Health Insurance Survey	https://www.oregon.gov/oha/hpa/analytics/pages/insurance-data.aspx

Indicators	Year	Data Source	Link
Unable to pay medical bills <ul style="list-style-type: none"> • By insurance status and type • By employment • By income • By age • By race and ethnicity 	2021	Oregon Health Insurance Survey	https://www.oregon.gov/oha/hpa/analytics/pages/insurance-data.aspx

Definitions

The broad *Health* category for Personal Consumption Expenditures includes spending on the following categories. Medical care and hospitalization insurance premiums were included in the Health expenditures category.

Medical care and hospitalization.	This is specific to these insurance premiums.
Medical products, appliances, and equipment.	This consists of prescription items and items obtained over-the-counter. Some examples are medications and therapeutic products, such as bandages and braces, to help heal or treat injuries, illnesses, diseases, or associated symptoms.
Outpatient services.	These are made up of physician, dental, and paramedical services. Specialty outpatient and home health care, lab and diagnostic testing, and other professional medical services are considered paramedical.
Hospital and nursing home services.	Facilities for nursing care are also included.

Appendix 2. Oregon Health Insurance Survey (OHIS)

Insights regarding factors such as insurance coverage, income, employment status, and age are areas of focus from the responses in the 2021 Oregon Health Insurance Survey (OHIS) results, which is a survey of people in Oregon.

Note: the OHIS data presented is reported by groups, showing the percent of people in each group who responded “yes” to the question. Because results are shown for each group, the results estimated across all groups do not add up to 100 percent.

OHIS provides detailed information about the impacts of health system reform efforts on: health care, access, and utilization; aspects of cost; and insurance coverage. This survey is fielded every two years.



Click the icon to learn more about and explore the interactive OHIS data via dashboards. All the interactive dashboards available online can be filtered by different demographic variables, like race, ethnicity, age, income, employment status, and geographic region.

OHIS Disclaimer Regarding Race, Ethnicity, Language, and Disability (REALD); Sexual Orientation and Gender Identity (SOGI)

Though OHIS is an important source of information about health care, coverage, and progress toward health equity goals, it does not yet consistently meet the standards of Race, Ethnicity, Language, and Disability (REALD), nor Sexual Orientation and Gender Identity (SOGI) reporting established by Oregon law.

Consequently, OHA’s ability to analyze existing quantitative data sources for disparities and health inequities experienced by individuals who access services is currently limited. OHA will monitor for ongoing impacts to health equity in follow-up reviews. As REALD and SOGI-compliant demographic data become more available, OHA will use these data to assess equity impacts.³⁰

³⁰ <https://www.oregon.gov/oha/OEI/Pages/REALD.aspx>

Appendix 3: Understanding Federal Poverty Level Groupings

The Federal Poverty Level (FPL) is commonly used to refer to the federal poverty guidelines that the Department of Health and Human Services issues each year.³¹ The FPL is an income amount that is used to determine eligibility for Medicaid and the Children’s Health Insurance Program; to determine eligibility for ACA premium tax credits along with cost sharing reductions; and eligibility for Medicare Savings Programs.

Survey results are reported for three groups:

- People earning less than 138% of FPL
- People earning between 138 – 400% of FPL
- People earning more than 400% FPL

These are common thresholds used for FPL reporting, as people who earn up to 138% of FPL are Medicaid eligible, and premium tax credit eligibility for the Health Insurance Marketplace starts at 138% FPL and normally ends at 400% of FPL.³²

The table below are examples of the threshold amounts for households of various sizes and provides an idea of how those three groupings would apply.

# of Persons	Poverty Guideline	138%	400%
1	\$12,760	\$17,609	\$51,040
2	\$17,240	\$23,791	\$68,960
3	\$21,720	\$29,974	\$86,880
4	\$26,200	\$36,156	\$104,800

According to the information above, for a household containing just one individual, 138% of the FPL was \$17,609, and 400% of the FPL was \$51,040 in 2020. Note: The 2020 Federal Poverty Guidelines are used with the 2021 OHIS because income is from the previous year, not the survey year.

³¹Healthinsurance.org, LLC operating on behalf of IHC Specialty Benefits, Inc. “[Glossary: Federal Poverty Level \(FPL\)](#).” 2023.

³²Office of the Assistant Secretary for Planning and Evaluation (ASPE). “[Prior HHS Poverty Guidelines and Federal Register References](#)” and “[2020 FPL Tables](#).” 2020.

