

Impact of Health Care Costs on People in Oregon, 2024

June 2025



OREGON
HEALTH
AUTHORITY

HEALTH CARE
COST GROWTH
TARGET 

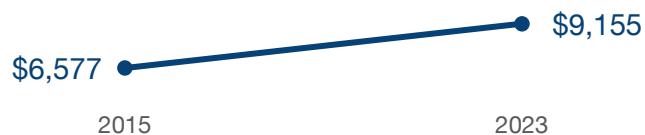
Executive Summary

This report uses a variety of data sources to explore how much people in Oregon are paying for health care and the impact that health care costs have. This report includes the most recent national and state level data available on health care costs, focusing primarily on 2023 and 2024.

Key Findings

- Health care costs continue to grow faster than the rest of the economy. This trend is expected to continue.
- Oregon's annual per person spending on health care has increased almost 40 percent since 2015 and now exceeds \$9,000 per person.

Increase in Oregon per person personal consumption expenditures on health care, 2015 - 2023



Source: U.S. Bureau of Economic Analysis, 2023

- Health plan premiums and deductibles for commercial health insurance family plans have increased more than 30 percent since 2015.
- People in Oregon face many challenges affording health care, with 15 percent delaying or avoiding health care due to cost and 83 percent worrying about affording health care costs in the future.
- High health care costs jeopardize the financial stability of people in Oregon. Twelve percent report using up all or most of their savings due to medical bills. Six percent report struggling to afford necessities and 4 percent report rationing medication to make it last longer.

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For questions about this report, please email: HealthCare.CostTarget@oha.oregon.gov

Introduction

Health care costs are increasingly unaffordable. Nationally, health care spending is outpacing overall economic growth, and health care spending in Oregon is growing faster than national spending.

This is the third report that the Oregon Health Authority (OHA) has published on the impacts of health care costs on people in Oregon. 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.

- **Chapter I** highlights how health care costs lead to delays or avoidance of health care, financial hardship resulting in struggles with medical bills and debt and worry about future costs.
- **Chapter II** explores the broader factors driving these affordability challenges, including the portion of household budgets Oregonians allocate to health care, and the costs of premiums and deductibles.

Understanding how health care costs are changing over time and the impacts of those costs help OHA, the Oregon Health Policy Board, the legislature, and other policy makers identify potential solutions to ensure that all people in Oregon have access to affordable care.

Oregon Health Policy Board

The Oregon Health Policy Board is committed to making health care more affordable for everyone in Oregon. To deliver on this promise, Oregon is launching a [Committee on Health Care Affordability](#).

The Committee on Health Care Affordability will serve as a catalyst for action, proposing solutions that can make a real difference in lowering costs and curbing excessive spending.

To truly move the needle on health care affordability, Oregon needs bold solutions that deliver real cost-savings and better value for money.

National Health Care Spending

In 2022, health spending made up about 17 percent of the Gross Domestic Product (GDP), a common measure of the overall economy. National Health Expenditures (NHE) are growing faster than GDP (Fig. 1), and by 2032, it is projected that health spending will make up nearly one-fifth of the U.S. economy (Fig. 2).^{1 2 3}

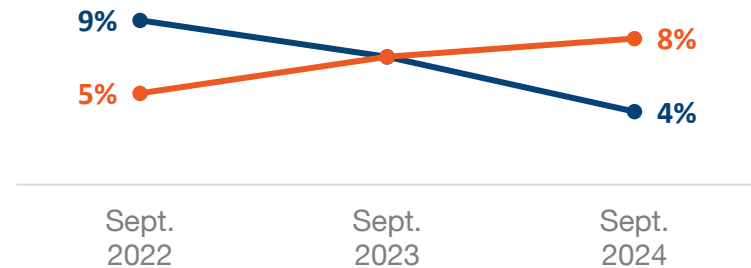
Increased spending on health care reduces funds available for other goods and services that support key economic activities and public services. This can slow overall economic growth, making it more difficult for people to maintain their standard of living, negatively impacting their well-being.

As health care costs grow faster than the rest of the economy, it becomes increasingly difficult for people to keep up, especially for those who are already struggling to afford care.

¹ Altarum. "[November 2024 Health Sector Economic Indicators Briefs](#)."

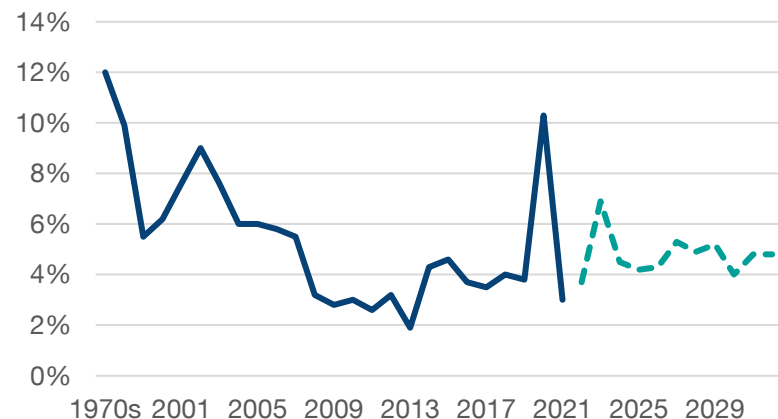
² Peterson-KFF. "[Health Spending: How much is health spending expected to grow?](#)"

Figure 1. National Spending Year-Over-Year Growth Rates of the **GDP** and **NHE**, 2022-2024



Source: Altarum Health Sector Economic Indicators Analysis, 2024

Figure 2. **Actual** and **Projected** Annual Percent Change in Per Capita Health Spending, 1970s - 2032



Source: CMS National Health Expenditure Projections, 2024

³ Centers for Medicare and Medicaid Services (CMS). "[CMS Releases 2023-2032 National Health Expenditure Projections](#)," "[National Health Expenditure Projections 2023-32](#)," and "[National Health Expenditure \(NHE\) Fact Sheet](#)."

Per Person Health Care Spending

Personal Consumption Expenditures (PCE) for health care increased nearly 40 percent in Oregon since 2015 and has exceeded \$9,000 per person, according to U.S. Bureau of Economic Analysis (BEA) data.⁴ Spending in Oregon in 2023 was \$9,155 per person (Fig. 3).

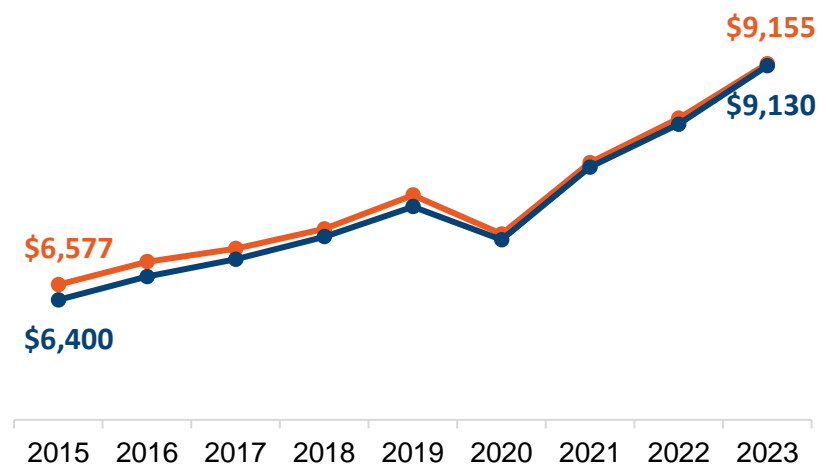
PCE measures the goods and services purchased by households and non-profit institutions serving households in the United States.

PCE for health care includes spending on outpatient and physician services, dental services, hospital and nursing home services, prescription drugs and over-the-counter items like pain relievers, and spending on health insurance premiums (including employer contribution to premiums – see Chapter II for more details on health insurance premiums).

⁴ U.S. Bureau of Economic Analysis, "[SAPCE2 Per capita personal consumption expenditures \(PCE\) by major type of product](#)." 2023. New statistics for 2023; revised statistics for 2015-2022.

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.

Figure 3. **Oregon** and **United States** per person Personal Consumption Expenditures for health care, 2015-2023



Note: PCE for health care as reported by the BEA 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.

Oregon's Sustainable Health Care Cost Growth Target Program

Efforts to manage health care cost growth, improve affordability, and strengthen access to care for all people in Oregon are underway, with OHA's overarching goal of eliminating health inequities across the state.

Contextualizing and assessing health care cost growth is part of Oregon's Sustainable Health Care Cost Growth Target Program's work toward affordability. OHA, along with health insurance companies, health care provider organizations, and others in Oregon have joined together to work towards managing health care cost growth to a shared target.

The Cost Growth Target Program assesses whether Oregon's health system has been successful in controlling costs by collecting and analyzing data from various sources. The findings are shared to

help understand health care spending in Oregon, and support progress toward achieving or maintaining the collective goal of staying within the established target.⁵

The Cost Growth Target's [2025 annual report](#) presents data on health care spending and health care cost growth in Oregon from 2022 to 2023. The report includes spending trends and analysis of cost growth drivers by market and by service category.



⁵ Oregon Health Authority (OHA). "[Oregon Health Authority Strategic Plan \(2024-2027\)](#)," "[Cost Growth Target Explainer](#)," "[Health Care](#)

[Cost Growth Target Data and Reports](#)," and the "[Sustainable Health Care Cost Growth Target Program webpage](#)." 2024.

Chapter I. How are people in Oregon affected by health care affordability challenges?

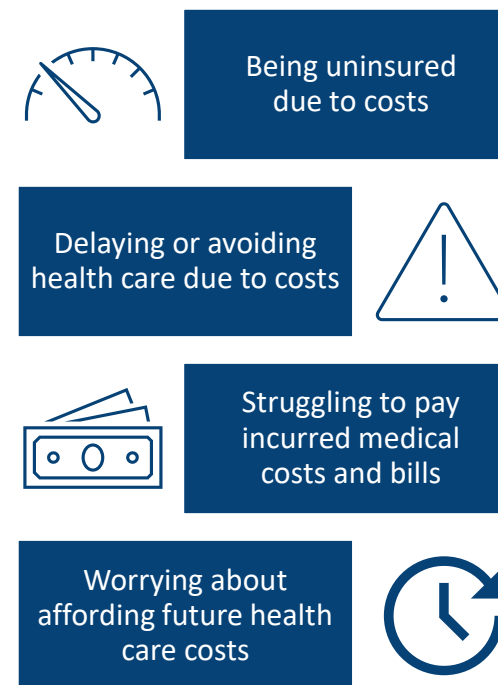
People in Oregon report significant challenges related to health care costs (Fig. 4). Key themes include:

- Being uninsured makes it difficult for people to access health care.
- Delaying or avoiding health care due to costs.
- Struggling to pay incurred medical expenses and make ongoing payments.
- Concerns about affording future health care.

This chapter provides data on a variety of common experiences reported by adults in Oregon on two different surveys: the 2024 Oregon Health Insurance Survey (OHIS)⁶ and the 2024 Consumer Healthcare Experience Survey (CHESS)⁷

⁶ See Appendix for more information on the Oregon Health Insurance Survey.

Figure 4. Affordability challenges experienced by people in Oregon, 2024



⁷ Altarum. “[Consumer Healthcare Experience State Survey \(CHESS\): Main Oregon Survey Page for Oregon Survey Results](#)” and “[2024 Data Brief: Healthcare Affordability](#).” 2024.

National Context

The national West Health – Gallup Healthcare Affordability Index groups Americans into three categories depending on how they reported their ease or difficulty paying for and accessing medical care, including prescription drugs.

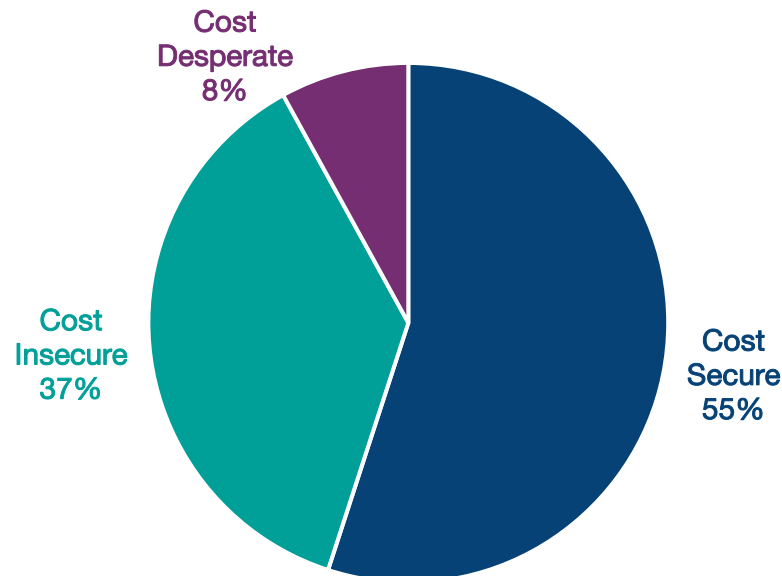
1. **Cost Secure** – no recent problems with affording and accessing health care and prescriptions.
2. **Cost Insecure** – recently unable to either pay for care or medicine, or unable to access it.
3. **Cost Desperate** – recently unable to pay for care and medicine and lack immediate access to quality care.

In 2024, 45 percent of American adults report struggling to cover their medical bills and are either Cost Insecure or Cost Desperate, an increase from 37 percent of adults in 2022 (Fig.5).

⁸ West Health and Gallup. “[In U.S., Affording Healthcare More of a Struggle Since 2022](#)” and “[Featured Report:](#)

Since 2022, racial disparities have also worsened, with Black and Hispanic adults more likely to fall into the Cost Desperate category than their white counterparts.⁸

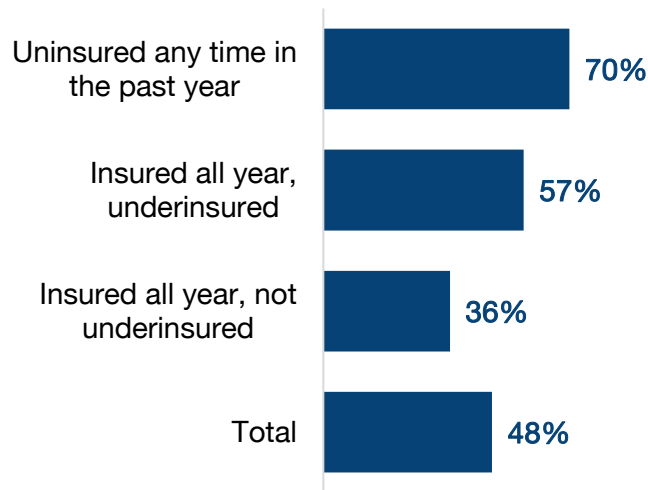
Figure 5. The National Healthcare Affordability Index, 2024



[West Health-Gallup Healthcare Affordability and Value Indexes 2021-2024.](#)” 2024.

The Commonwealth Fund’s 2024 Biennial Health Insurance Survey found that affordability problems were widespread across the country, even for people with insurance (Fig. 6).⁹

Figure 6. Percentage of adults ages 19–64 who in the past year had problems accessing care because of cost, by insurance status, 2024



Source: The Commonwealth Fund’s Biennial Health Insurance Survey, 2024

⁹ Commonwealth Fund. “[The State of Health Insurance Coverage in the U.S.: Findings from the Commonwealth Fund 2024 Biennial Health Insurance Survey](#).” 2024.

¹⁰ “Underinsured” refers to adults who were insured all year but experienced one of the following: out-of-pocket costs, excluding

Fifty-seven percent of working age adults who were underinsured¹⁰ said they did not get needed care because of cost. This included not going to the doctor when sick, skipping a recommended follow-up visit or test, not seeing a specialist when recommended, or not filling a prescription.

Even one in three working age adults with health insurance who were *not* underinsured reported problems accessing care because of costs.

Forty-two percent of adults who didn’t get care because of cost said it was for an ongoing health condition, 29 percent said it was for a new health problem, and 28 percent said it was for both.

premiums, equaled 10% or more of household income; out-of-pocket costs, excluding premiums, equaled 5% or more of household income if low income (<200% of poverty); or deductibles equaled 5% or more of household income.

People in Oregon are delaying care because of cost.

According to the 2024 Oregon Health Insurance Survey, almost 15 percent of people in Oregon reported that they delayed health care due to costs (Fig. 7). Almost one in 10 Oregon adults reported delaying dental care due to costs, more than any other type of care.

This section explores survey data to understand which groups of people report delaying care more than others. This section presents 2024 data only, but data from previous years and trend over time can be found [online](#).

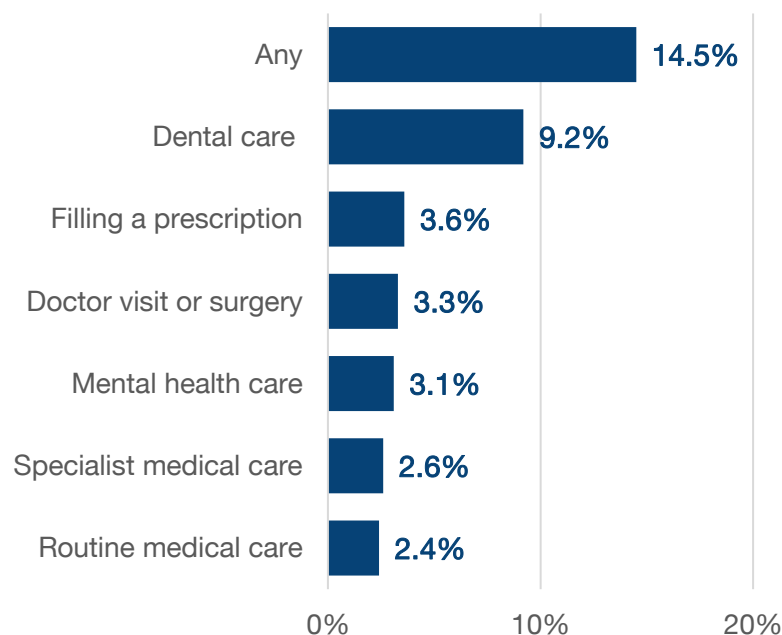
All data are from the 2024 Oregon Health Insurance Survey, unless otherwise indicated.¹¹



Click to explore the
OHIS Cost dashboard

¹¹ See Appendix for more information about OHIS.

Figure 7. Percent of Oregon adults who reported delaying health care due to cost, 2024



Source: Oregon Health Insurance Survey, 2024

Insurance Status and Type

Nearly half of people in Oregon without health insurance report that they delayed care because of costs in 2024 (Fig. 8).

Among people in Oregon with health insurance, nearly 18 percent of people with commercial insurance purchased on the individual market reported delaying care due to costs, compared with just over 11 percent of those with commercial insurance provided by their employer (group).

Almost 17 percent of people on the Oregon Health Plan (OHP)¹² reported delaying health care due to costs, even though members do not pay premiums, deductibles, or cost sharing for covered care.

Employment Status

Unemployed and self-employed people in Oregon were more likely to report that they delayed care

because of costs (Fig. 9). People who are self-employed may be more likely to purchase insurance on the individual market.

Figure 8. Percent of people in Oregon who reported **delaying care due to cost by insurance status and type, 2024**

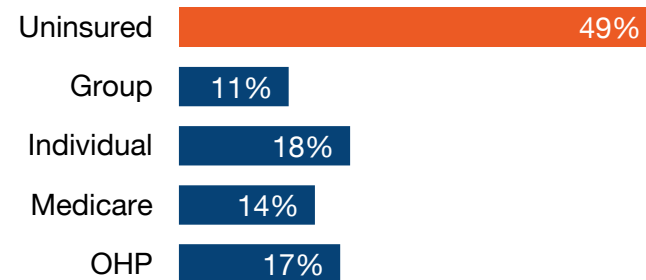
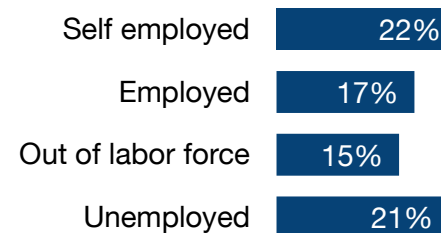


Figure 9. Percent of people in Oregon who reported **delaying care due to cost by employment status, 2024**



Source: Oregon Health Insurance Survey, 2024

¹² The Oregon Health Plan (OHP) provides coverage to one in three people in Oregon, comprised primarily of the Medicaid, as well as the smaller Healthier Oregon and Basic Health Programs.

Gender

In Oregon, people who did not identify as either a man or woman were more than twice as likely to delay care due to cost compared to men in 2024 (Fig. 10).

Disability

Over a quarter of people in Oregon with more than one disability reported delaying care due to cost in 2024 (Fig. 11). People without a self-reported disability were least likely to report delaying care due to cost.

Supplementing the OHIS data above, Consumer Healthcare Experience State Survey (CHESS) respondents in Oregon households with a person with a disability reported much higher rates of foregoing care due to cost: 84 percent of these households report going without care, compared with 69 percent of Oregon households without a disabled person.¹³

¹³ Altarum. “[Consumer Healthcare Experience State Survey \(CHESS\): Main Oregon Survey Page for Oregon Survey](#)

Figure 10. Percent of people in Oregon who reported **delaying care due to cost by gender**, 2024

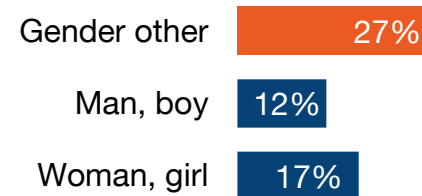
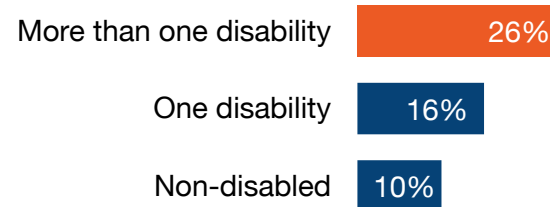


Figure 11. Percent of people in Oregon who reported **delaying care due to cost by self-reported disability status**, 2024



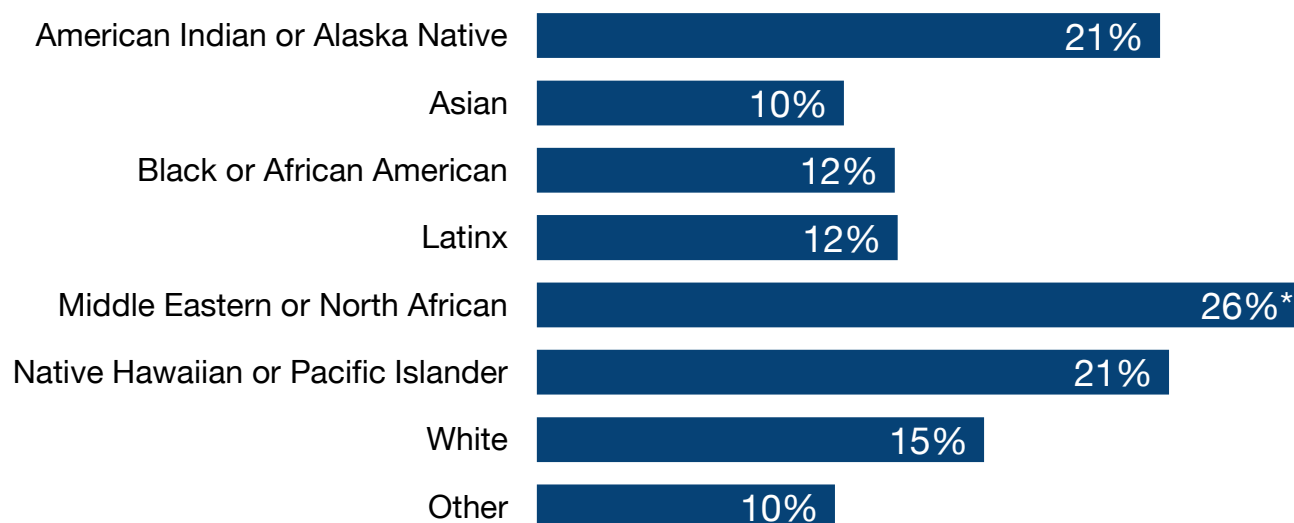
Source: Oregon Health Insurance Survey, 2024

[Results](#)” and “[2024 Data Brief: Healthcare Affordability](#).” 2024.

Race and Ethnicity

Certain communities were more likely to report delaying care due to cost than others (Fig. 12). For instance, about two in 10 Native Hawaiian or Pacific Islander and American Indian or Alaska Native Individuals in Oregon reported delaying care, and one in four Middle Eastern or North African people in Oregon reported delaying care due to cost.

Figure 12. Percent of people in Oregon who report **delaying care due to cost** by race and ethnicity, 2024



*May be statistically unreliable, interpret with caution.

Source: Oregon Health Insurance Survey, 2024

Region

More people in the southwest area of Oregon reported delaying care due to cost than people in other parts of the state (Fig. 13). Nearly one out of five people in southwest Oregon reported delaying care due to cost in 2024.

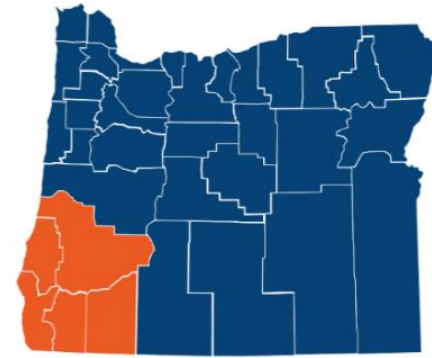
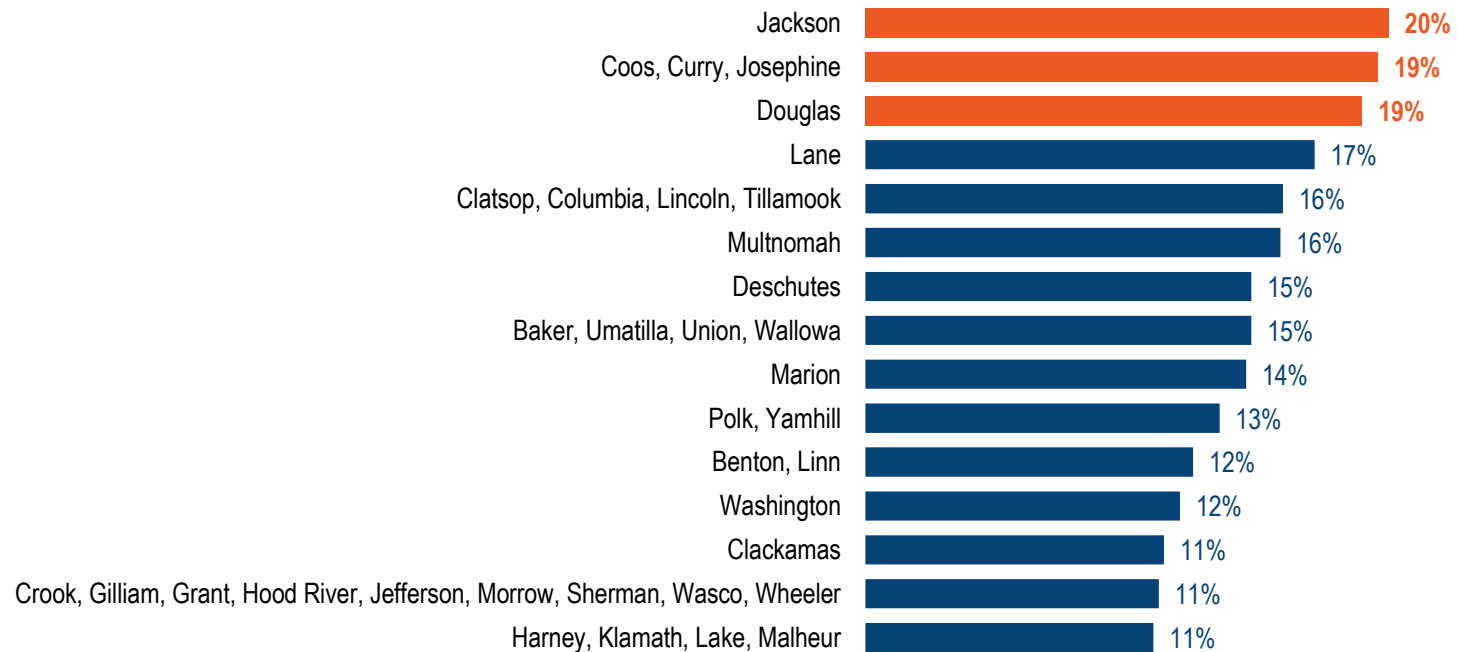


Figure 13. Percent of people in Oregon who report delaying care due to cost by region, 2024



Source: Oregon Health Insurance Survey, 2024

Who delays which kinds of care?

Overall, people in Oregon without insurance were most likely to delay care due to cost (Fig. 14). Dental care was the most likely type of care to be delayed due to cost, although people with health insurance provided through their employer (group coverage) were least likely to delay dental care. Across every age group, dental care was the most likely to be delayed due to cost (Fig. 15).

Figure 14. Percent of people in Oregon who report **delaying care due to cost**, by health insurance coverage type and by type of delayed care, 2024.

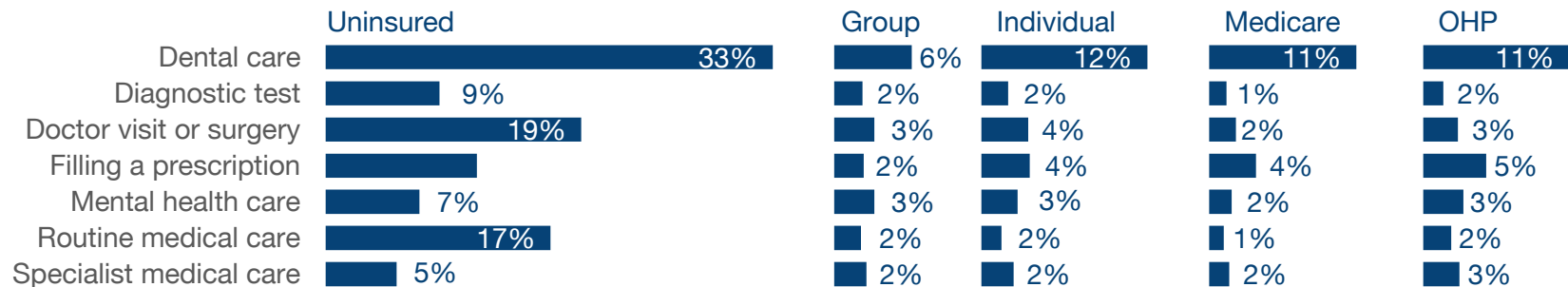
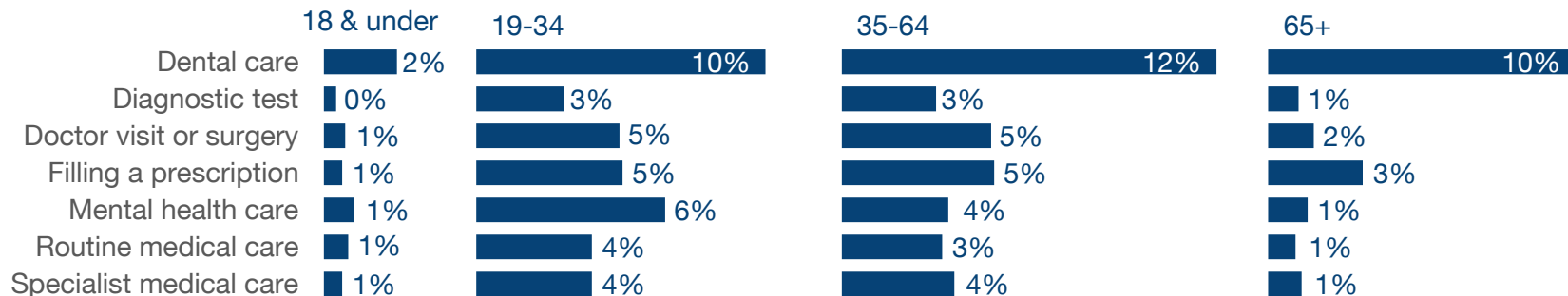


Figure 15. Percent of people in Oregon who report **delaying care due to cost**, by age and by type of delayed care, 2024



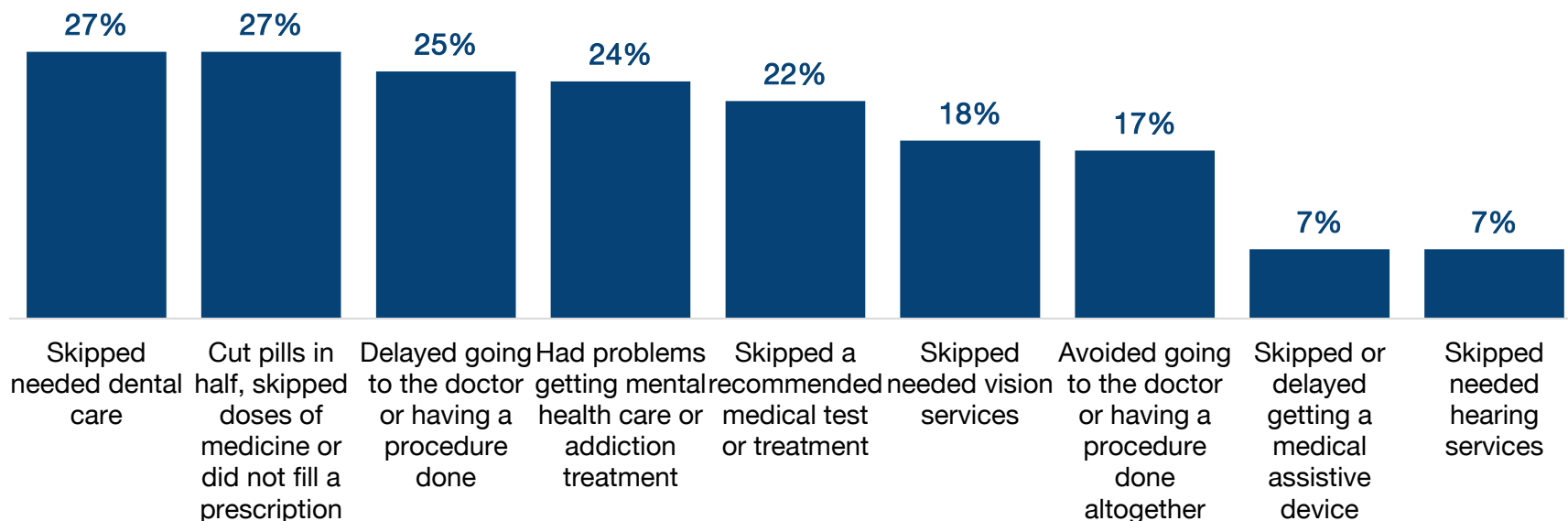
The Consumer Healthcare Experience State Survey (CHESS) provides additional information about the ways people in Oregon are delaying or foregoing health care due to costs (Fig. 16).¹⁴

About one in four people in Oregon report skipping needed dental care, cutting pills in half or skipping doses of medicine, or delaying going to the doctor or having a procedure done.

One in five reported skipping a recommended medical test or treatment.

Cost was by far the most frequently cited reason for not getting needed medical care, more so than other barriers like transportation, getting time off work, difficulty getting an appointment, and lack of childcare.

Figure 16. Percent of Oregon adults reporting **delaying or foregoing health care due to cost**, by kind of care, 2024



Source: Altarum Consumer Healthcare Experience State Survey, 2024

¹⁴ Altarum. [“Consumer Healthcare Experience State Survey \(CHESS\): Main Oregon Survey Page for Oregon Survey](#)

[Results”](#) and [“2024 Data Brief: Healthcare Affordability.”](#) 2024.

People in Oregon struggle to pay bills after accessing health care.

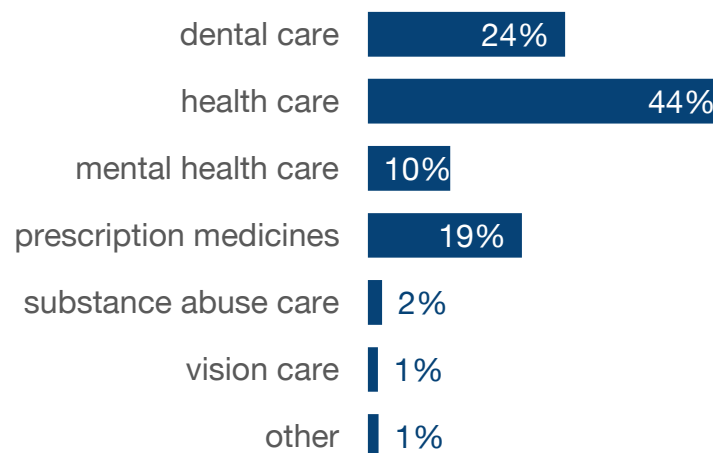
Delaying care due to cost concerns may not be an option, as medical conditions or injuries when left untreated can become life-threatening. Many who receive needed health care struggle with resulting medical bills.

What types of services led to trouble paying medical bills?

The Oregon Health Insurance Survey asked respondents if they had trouble paying medical bills in the past year. If yes, people then identified the types of services that led to the difficult-to-pay medical bills (Fig. 17).

Services most frequently associated with affordability challenges were dental bills, physical and mental health care, and prescription drugs, likely reflecting the frequency with which Oregon adults seek those services, or, in the case of dental care, the lower rates of coverage for these services.

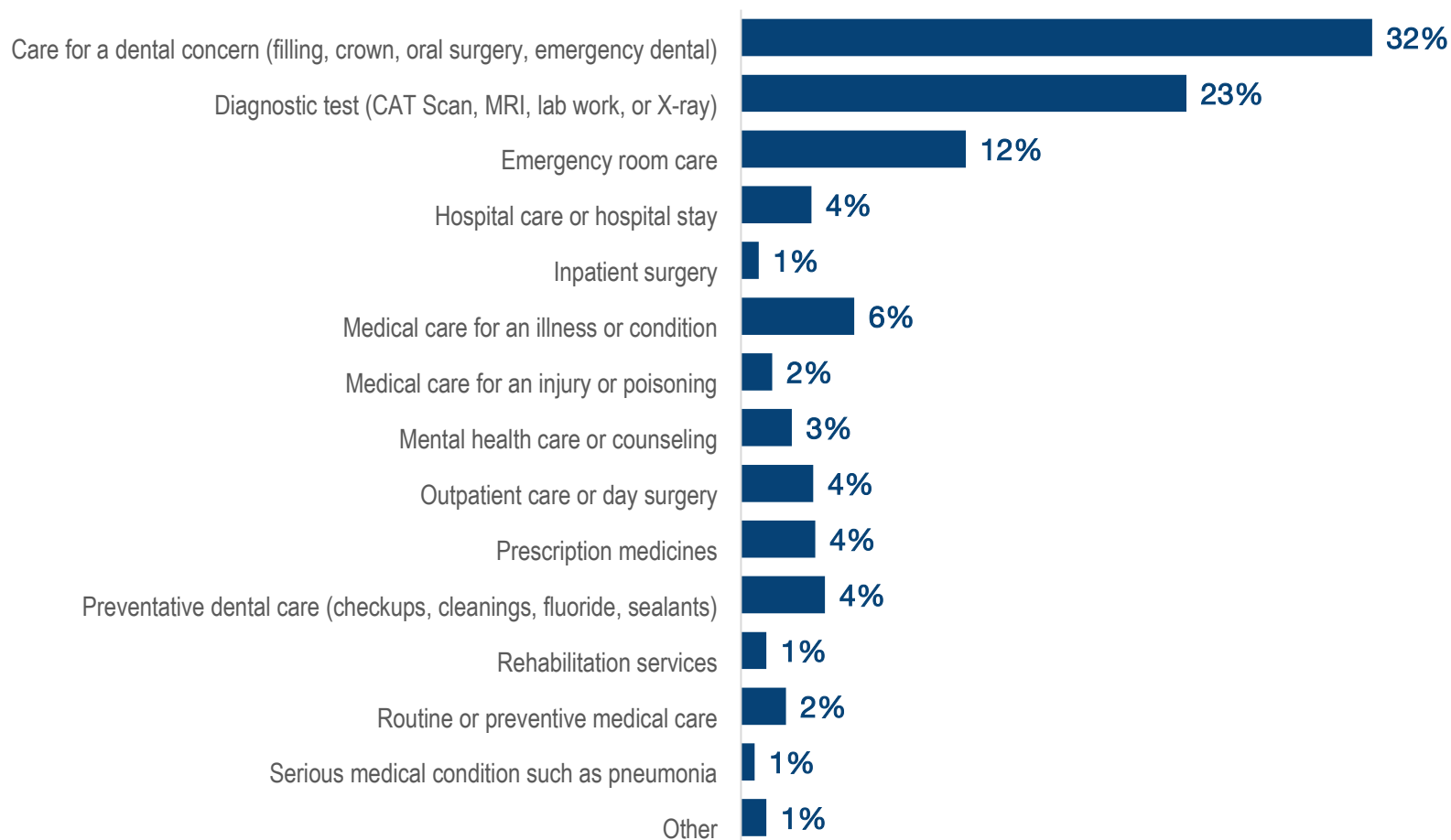
Figure 17. Percent of people in Oregon reporting **medical services that led to trouble paying medical bills by category**, 2024.



Source: Oregon Health Insurance Survey, 2024

The most reported services that led to bills include dental care, diagnostic tests such as CAT scans, MRIs, and X-rays, and emergency room care (Fig. 18).

Figure 18. Percent of people in Oregon reporting **specific medical services that led to trouble paying medical bills, 2024**

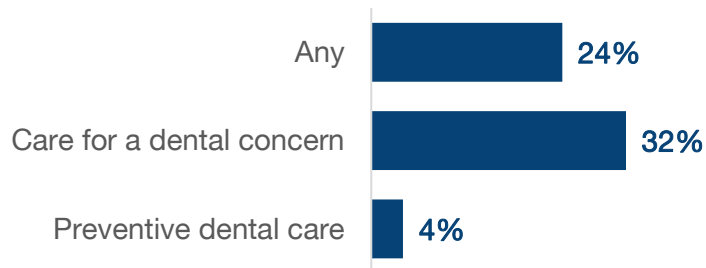


Source: Oregon Health Insurance Survey, 2024

Dental Care

Three out of four people in Oregon had dental insurance in 2024.¹⁵ Nearly one in four (24 percent) people reported receiving dental care that led to bills in 2024. Dental treatments such as fillings, crowns, oral surgery and emergency dental services were more likely to lead to bills than routine, preventive dental care (such as check-ups, cleanings, fluoride, sealants) (Fig. 19).

Figure 19. Percent of people in Oregon reporting dental services that led to bills, by type of dental service, 2024



Source: Oregon Health Insurance Survey, 2024

¹⁵ Oregon Health Insurance Survey (OHIS). “Health Insurance Coverage in Oregon.” 2024.

Diagnostic Tests

Almost one in four (23 percent) people in Oregon reported diagnostic tests leading to medical bills in 2024. This category includes CAT scans, MRIs, X-rays, and lab work.

Emergency Care

Twelve percent of people in Oregon reported emergency care leading to medical bills in 2024. People in a medical emergency may not have time or the opportunity to go to an in-network provider or to a health care facility of their choice, which may result in higher costs.

The 2022 federal No Surprises Act limits the amount people pay when seeing an out-of-network provider to a level closer to what they would pay if the healthcare provider were in-network; however, not all insurance and providers may be in compliance.¹⁶ Ambulance and air transport may also be costly.

¹⁶ [What is a “surprise medical bill” and what should I know about the No Surprises Act?](#) Consumer Financial Protection Bureau, 2023; CMS [Complaint Data and Enforcement Report](#), 2024

Medical Debt

Even though 97 percent of people in Oregon had health insurance coverage in 2024, medical debt and problems paying off medical bills continue to be issues. Almost 11 percent of people in Oregon reported they were unable to pay medical bills in the past year, and eight percent reported difficulty paying medical bills over time (Fig. 20).

The majority of people in Oregon with medical debt report that it is less than \$2,000; however, 8 percent report medical debt of \$8,000 or more (Fig. 21).

For people with limited assets, as well as those with considerable medical needs, debt can accumulate over time. Even a small, unexpected medical bill can become unaffordable.

People with medical debt report a range of financial impacts, including depleting their savings, being burdened by debt over an extended period, taking on additional debt, struggling to afford necessities, and rationing medication.

Figure 20. Percent of people in Oregon reporting they had **problems paying their medical bills**, 2024

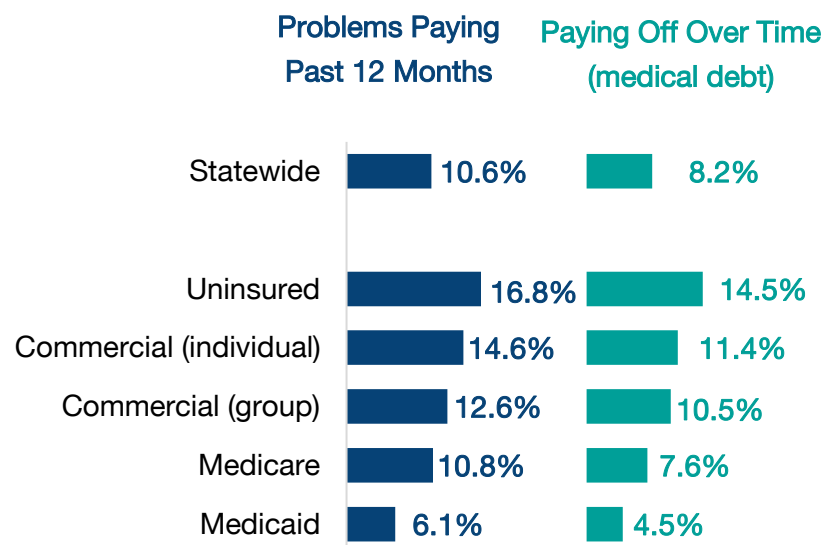
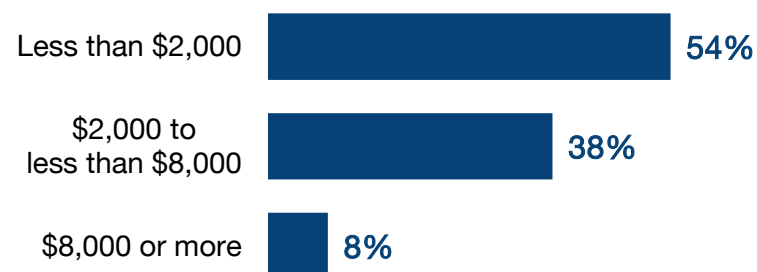


Figure 21. Percent of people in Oregon reporting **medical debt, by amount**, 2024



Source: Oregon Health Insurance Survey, 2024

People in Oregon face difficult choices to pay for their health care.

According to the Oregon Health Insurance Survey, people in Oregon report a variety of challenges paying for health care, including:



Being unable to pay for food, housing, and heat: 6% of people in Oregon report not being able to pay for food, heat or rent because of medical bills.



Using up all, or most, of savings: 12% of people in Oregon report using up all or most of savings because of medical bills.



Accumulating other kinds of debt: 8% of people in Oregon report taking on credit card debt, loans, debt against home because of medical bills.



Trying to make prescriptions last longer: 4% of people in Oregon report skipping or reducing doses so prescriptions would last longer.

Source: Oregon Health Insurance Survey, 2024

Patient Story

“I’m a senior. Since I’ve recently been approved and now receive SSDI, I’m now on Medicare. Paying for my scripts instead of the insurance covering the costs, takes away money from other necessary things like food, over-the-counter medicines, and everyday household items. The increase in medicine costs, have made a negative impact to my budget. My food stamps have been reduced as well, so the funds used to pay for meds now means less money for those other items and less for food...”

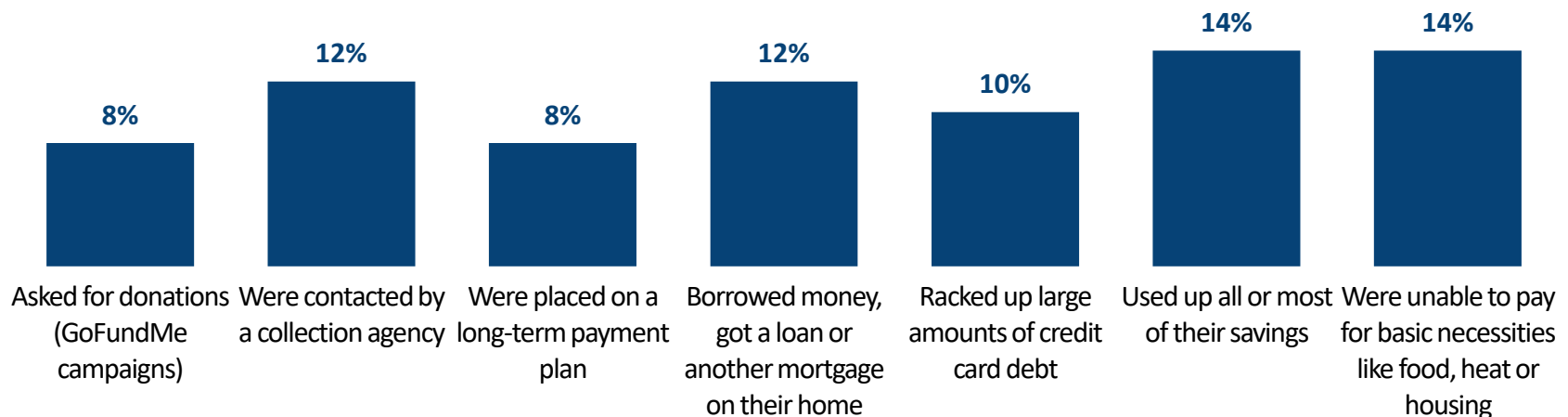
*Consumer story submitted to DCBS’
[Prescription Drug Price Transparency Program](#),
2024*

Altarum's Consumer Healthcare Experience State Survey (CHESS) data confirms these struggles and provides additional information (Fig. 22).

Ten percent accumulated up large amounts of credit card debt and 8 percent report asking for donations to pay for health care.¹⁷

More than one in ten people in Oregon report being contacted by a collections agency, or borrowing money, getting a loan or taking out another mortgage on their home.

Figure 22. Percent of Oregon adults who reported different types of challenges paying the medical bills during the prior year due to cost, 2024.



Source: Altarum Consumer Healthcare Experience State Survey, 2024

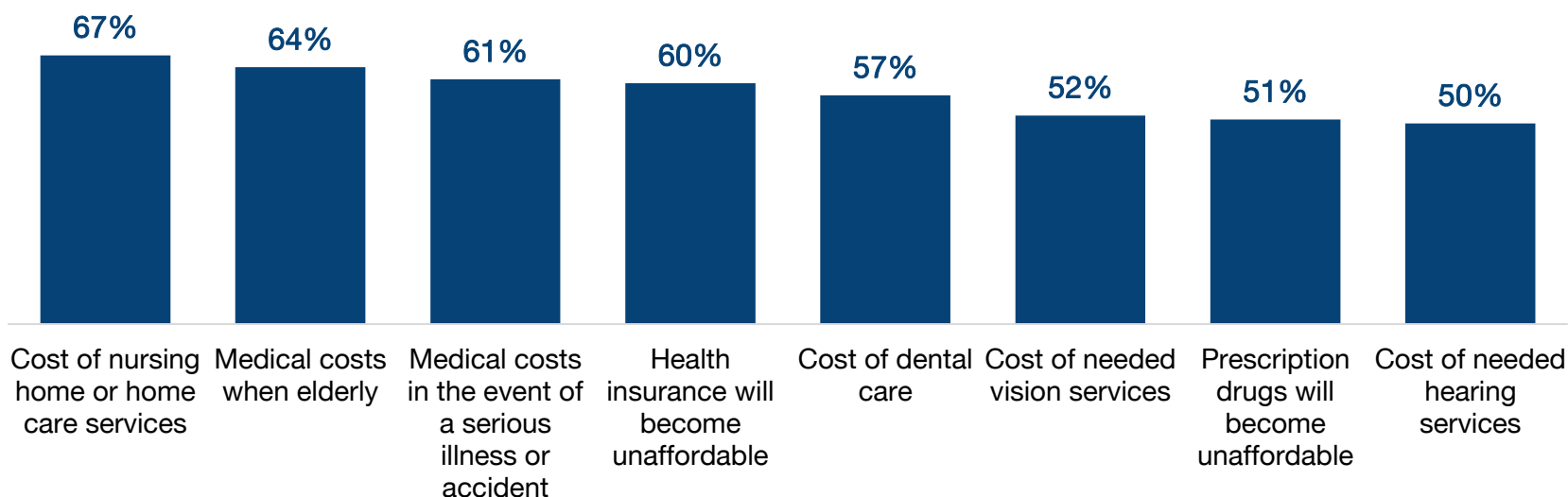
¹⁷ Altarum. [“Consumer Healthcare Experience State Survey \(CHESS\): Main Oregon Survey Page for Oregon Survey](#)

[Results”](#) and [“2024 Data Brief: Healthcare Affordability.”](#) 2024.

People in Oregon worry about affording health care in the future.

Oregon CHESS respondents report high levels of worry about affording health care in the future (Fig. 23). Over four in five (83 percent) reported being “worried” or “very worried” about affording some aspect of health care in the future.¹⁸ The biggest concerns are related to challenges that may come with aging.

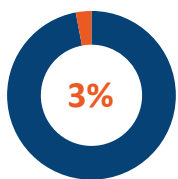
Figure 23. Percent of Oregon adults reporting worry about affording future health care, by type of health care,



Source: Altarum Consumer Healthcare Experience State Survey, 2024

¹⁸ Altarum. “[Consumer Healthcare Experience State Survey \(CHESS\): Main Oregon Survey Page for Oregon Survey Results.](#)” “[2024 Data Brief: Healthcare Affordability.](#)” and “[Data Brief: Oregon Survey Respondents Worry about High Drug Costs.](#)” 2024.

People without Health Insurance



Approximately 3 percent of people in Oregon did not have health insurance in 2024.¹⁹

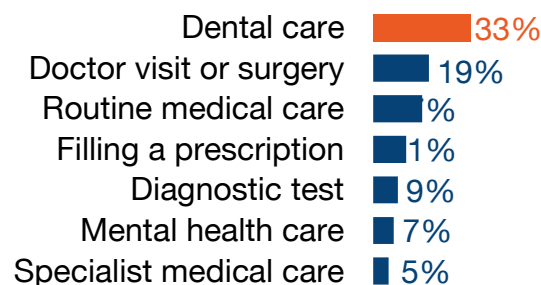
High cost was the top reason for not having health insurance mentioned among Oregon respondents in 2024 according to both the Oregon Health Insurance Survey and Consumer Healthcare Experience State Survey.²⁰

Over a quarter of uninsured individuals statewide (approximately one in four) were likely eligible for Medicaid but may not have applied due to various reasons, such as lack of interest, unfamiliarity with the program, perceiving the process as complicated, concerns about high costs (even though OHP has no premiums, deductibles, or cost

sharing for covered care), or believing they were ineligible.

People without health insurance face increased challenges accessing and affording health care. In 2024, 49 percent of uninsured Oregonians report delaying health care because of cost (see Fig. 8, page 9). One in three people without insurance reported delaying dental care due to cost (Fig. 24).

Figure 24. Percent of people without health insurance who reported delaying care due to cost, by type of care, 2024



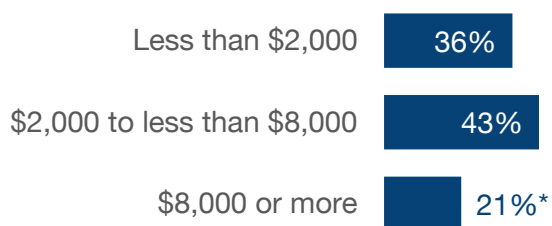
Source: Oregon Health Insurance Survey, 2024

¹⁹ Oregon Health Insurance Survey (OHIS). “Health Insurance Coverage in Oregon.” 2024.. See Appendix for more information.

²⁰ Altarum. “[Consumer Healthcare Experience State Survey \(CHESS\): Main Oregon Survey Page for Oregon Survey Results](#)” and “[2024 Data Brief: Healthcare Affordability](#).” 2024.

Fifty-seven percent of uninsured Oregonians received medical services that led to problems paying bills in 2024. About 15 percent of uninsured Oregonians reported difficulty paying of medical bills over time (see Fig. 20, page 18). And among people reporting medical debt, two-thirds reported medical bills exceeded \$2,000 (Fig. 25).

Figure 25. Percent of people *without insurance* who report **difficulty paying off medical bills over time (medical debt)**, by total amount of medical bill, 2024

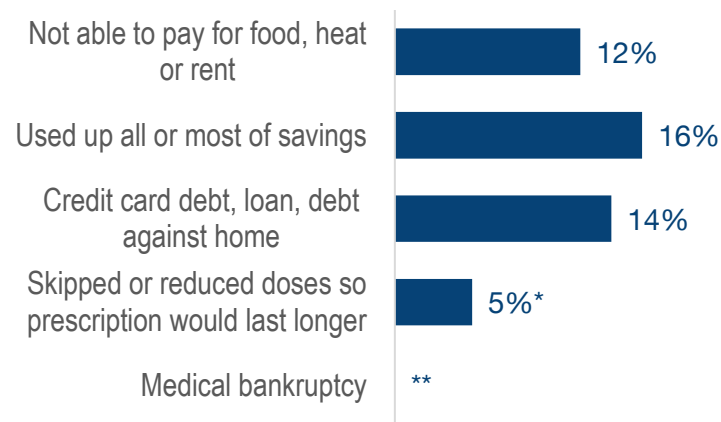


Source: Oregon Health Insurance Survey, 2024

*May be statistically unreliable, interpret with caution.

Uninsured Oregonians were more likely to report hardships resulting from medical bills (Fig. 26).

Figure 26. Percent of people *without insurance* who **experience difficulties because of medical bills**, 2024



Source: Oregon Health Insurance Survey, 2024

*May be statistically unreliable, interpret with caution.

**Data suppressed due to small numbers.

Chapter II. How much are people in Oregon paying for health care?

Health care costs take many different forms, including health plan premiums and deductibles, co-payments and coinsurance, and out-of-pocket costs.

This chapter focuses on how much people in Oregon pay for their health care, with a focus on commercial health insurance plans.

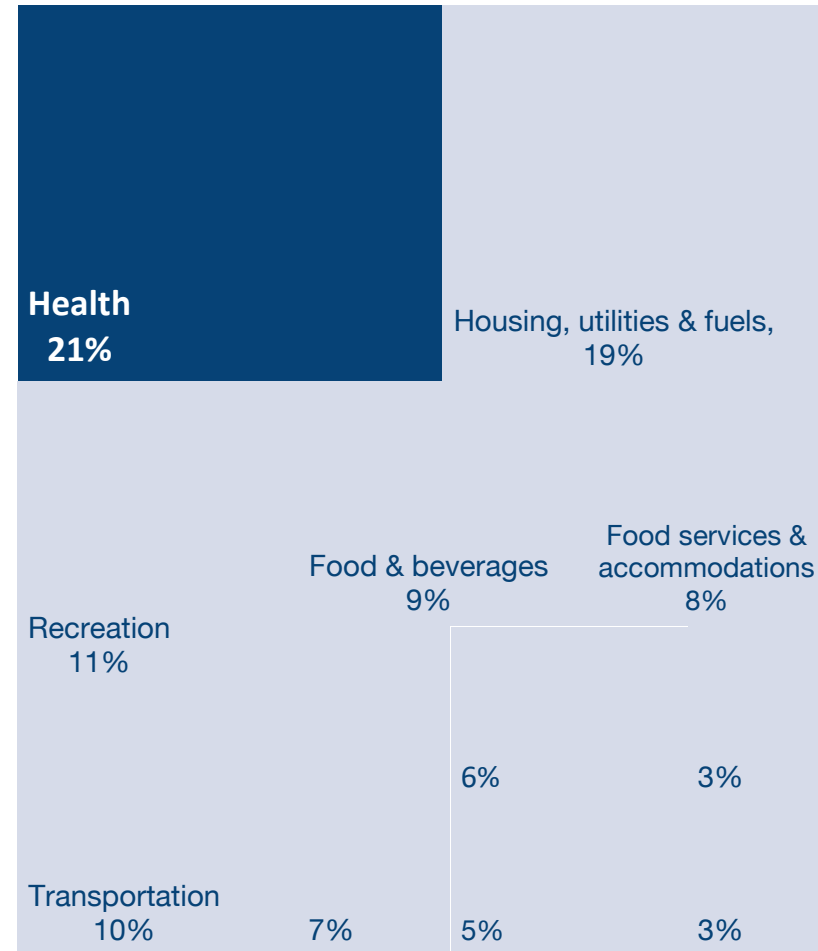


Spending on health care remains the largest part of Oregon household budgets.

According to federal economic data, Oregon households spent more on health care in 2023 than they did on any other category, including housing, utilities, and fuels (the next largest category).²¹

Oregon households spent 21 percent of their budget on health-related expenses like health insurance premiums, hospitalizations, outpatient and nursing home services, and other medical products and services (Fig. 27). Note this includes employer and employee spending on health insurance premiums.

Figure 27. Oregon household consumption expenditures, 2023



Source: U.S. Bureau of Economic Analysis, 2023

²¹ U.S. Bureau of Economic Analysis. "[SAPCE4 Personal consumption expenditures \(PCE\) by state by function](#)," 2023.

Health Insurance Costs

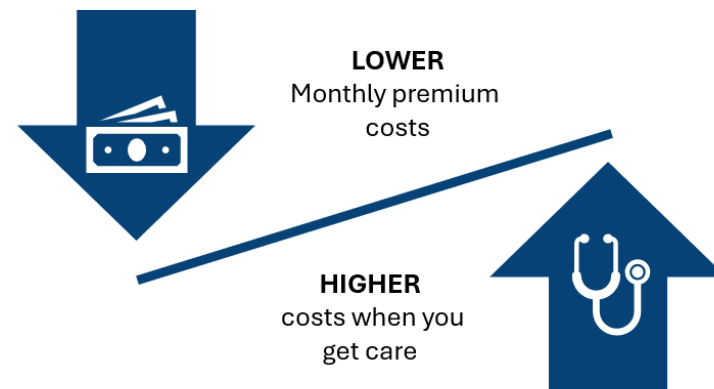
Health insurance **premiums** are monthly amounts paid for people with health insurance for their health plan, regardless of whether they see a health care provider or receive any health care services.²² For people with employer-sponsored health insurance, the individual pays a portion of the premium and the employer pays a portion of the premium.

In addition to paying premiums, many people must also participate in **cost sharing** when obtaining care. These are costs people pay towards deductibles, copayments, or coinsurance.²³ **Deductibles** are the amounts that a person pays for their health care each year before their health insurance starts to pay. Deductibles are in addition to premium costs.

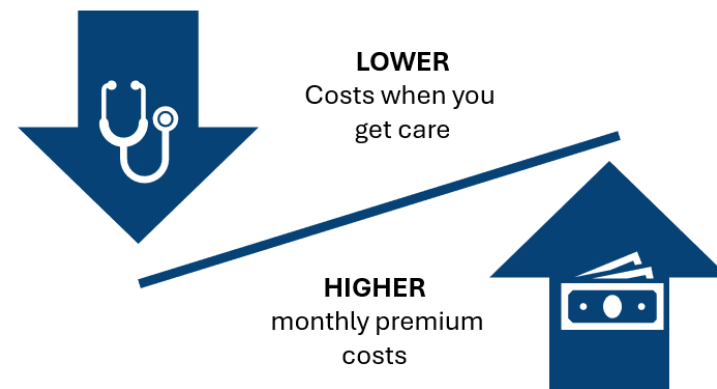
Many people in Oregon navigate a cost trade-off when choosing between health insurance plan options: pay more upfront or pay more later when care is needed and provided. For instance, opting for a plan with a higher monthly premium will often

lower costs when getting care.

Lower Premium Option



Lower Cost Sharing Option



²² Health Insurance Marketplace. "[Glossary: premium.](#)"

²³ Health Insurance Marketplace. "[Glossary: cost sharing.](#)"

Cost burden of commercial health insurance costs relative to household income

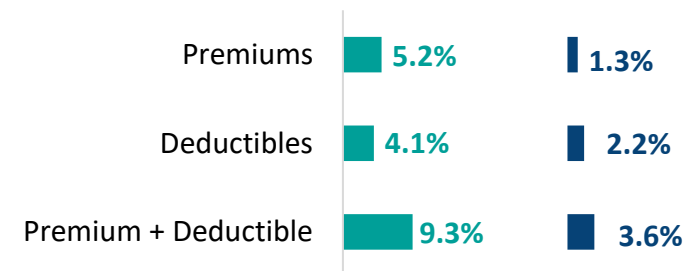
One way to understand health insurance affordability challenges is measuring the proportion of household income spent on health insurance premiums and deductibles (Fig. 28).

In 2023, people in Oregon with employer-sponsored commercial health insurance paid almost 10 percent of the median household income for family coverage (premiums and deductible costs). The median household income in Oregon in 2023 was \$80,160.²⁴ People in Oregon with single coverage paid around 4 percent of the median household income.²⁵

This is an improvement from 2019, when people paid approximately 13.5 percent of median

household income for family coverage,²⁶ however, this improvement is more likely due to Oregon's median household income growing, rather than health insurance costs declining.²⁷ The next pages explore changes in premium and deductible costs in more detail.

Figure 28. Percent of median household income that people in Oregon with **family** and **single** employer-sponsored commercial health insurance pay for their plans, 2023



Sources: American Community Survey, 2023; AHRQ MEPS-IC, 2023

²⁴ U.S. Census Bureau, American Community Survey (ACS), [Median Household Income by State](#), 1 Year Estimates. 2023.

²⁵ University of Pennsylvania's Leonard Davis Institute of Health Economics (Penn LDI). ["The Burden of Health Care Costs for Working Families: A State-Level Analysis."](#) 2024. Refreshed with 2023 data for Oregon, not adjusted by Regional Price Parities.

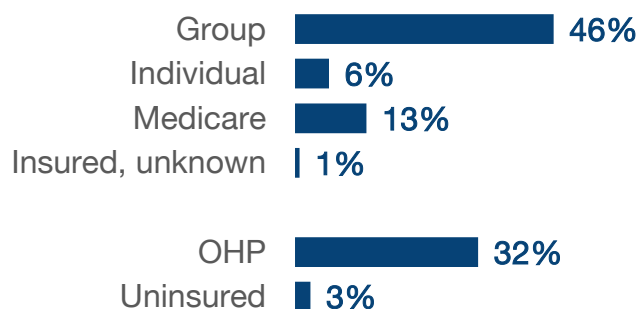
²⁶ Oregon Health Authority. ["Impact of Health Care Costs on People in Oregon, 2019."](#) 2022.

²⁷ Oregon Employment Department. ["A Closer Look at Oregon's Median Household Income."](#) June 2023.

Health Insurance Premiums

In 2024, 97 percent of people in Oregon had some type of health insurance coverage. More than half (52 percent) had commercial insurance (group and individual), about a third (32 percent) had Oregon Health Plan coverage, and 13 percent Medicare (Fig. 29).²⁸

Figure 29. Percent of people in Oregon reporting health insurance coverage, by type, 2024



[Click to explore the OHIS Coverage dashboard](#)

Health insurance premiums, the amount paid each month for coverage regardless of whether any care is received, can vary significantly depending on what type of health insurance people have. For instance, the Oregon Health Plan does not have premium costs, as it provides free (no cost to the member) coverage for people in Oregon who meet eligibility criteria.²⁹

Additionally, the variation in premium costs is influenced by factors such as age, region, income, government subsidies or tax credits, employer size and contributions, the type of market (group or individual), plan types (such as Bronze, Silver, Gold, and Platinum)³⁰, and the specific coverage options (individual or family policies). In general, premiums are notably on the rise across various health insurance plans. This section explores these trends for commercial insurance.

²⁸ 2024 OHIS

²⁹ Oregon Health Authority. "[Health Coverage in Oregon](#)." 2024.

³⁰ Insurance Marketplace plans are put into four categories: Bronze, Silver, Gold, and Platinum. Generally, the difference between

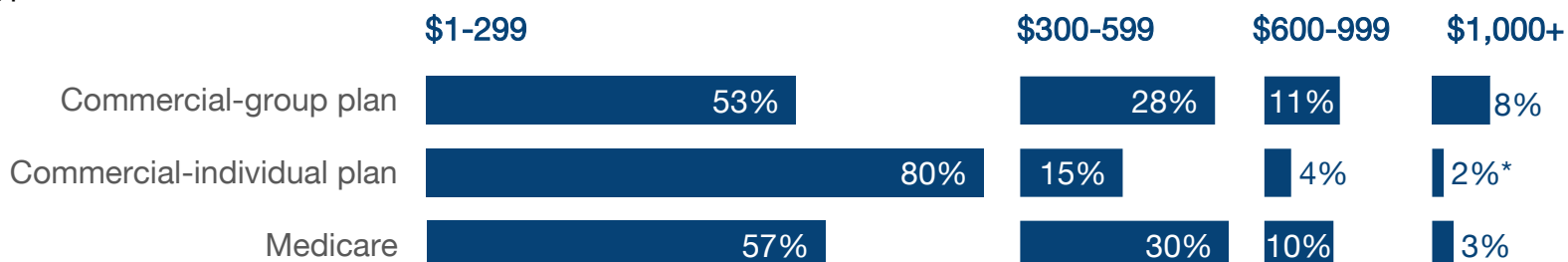
categories is based on the plan's share and your share of costs for covered services. [Health Plan Categories](#), HealthCare.Gov.

How much are people in Oregon paying in health insurance premiums?

In 2024, among people in Oregon with health insurance who pay a premium, more than half report paying less than \$300 each month (Fig. 30).³¹ However, this varies by type of insurance coverage (Fig. 31).

People in Oregon with group plans (that is, health insurance purchased by an employer) report paying more each month on health insurance premiums than people with individual plans.

Figure 31. Percent of people in Oregon who report paying monthly health insurance premiums, by range, and by plan type, 2024

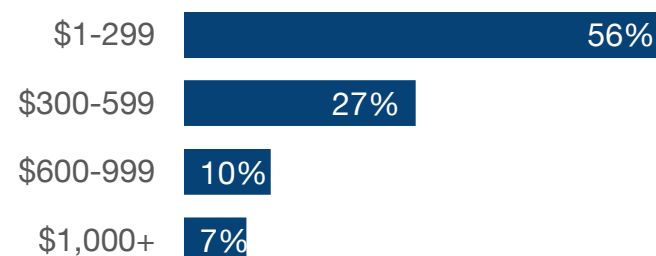


*May be statistically unreliable. Interpret with caution.

Source: Oregon Health Insurance Survey, 2024

³¹ Oregon Health Insurance Survey (OHIS). "Health Insurance Coverage in Oregon." 2024. See Appendix for more information.

Figure 30. Percent of people in Oregon who report paying monthly health insurance premiums, by range, 2024



Source: Oregon Health Insurance Survey, 2024

Employer-Sponsored Health Insurance

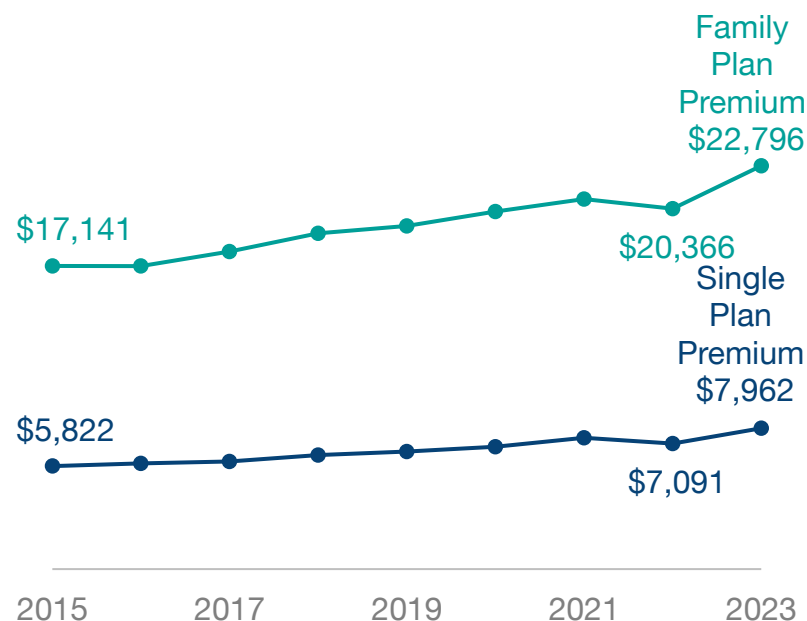
Employer-sponsored health insurance is private health coverage that's provided to employees (and their dependents) by their employer. Almost half of people in Oregon with health insurance have employer-sponsored health coverage (see Fig. 29), and it's by far the most common type of coverage in the country.

The annual estimated total premium cost for private-sector workers, that is, the amounts paid by the employer **and** employee, increased by 12 percent between 2022 and 2023 for both single and family plan coverage.³²

From 2022 to 2023, family plan premiums in Oregon increased from \$20,366 to \$22,796, rising more than \$2,400. At the same time, single plan premiums went up from \$7,091 to \$7,962, an increase of almost \$900 (Fig. 32).

³² Agency for Healthcare Research and Quality, Center for Financing, Access and Cost Trends. "[Medical Expenditure Panel](#)

Figure 32. Total average annual premium amounts for employer-sponsored **family plans** and **single plans** per employee in Oregon, 2015 – 2022.



Source: AHRQ MEPS-IC, 2023

Total premium amounts and the share paid by employees for their health plan can vary greatly depending on the plan type, design, location, demographics, and even by industry.

[Survey \(MEPS\) Insurance Component \(IC\): Private Sector - State.](#)” 2023. New estimates for 2023; revised estimates for 2015-2022.

Premiums in the Portland metro area are lower than the rest of Oregon.

The estimated annual premium for a family commercial insurance plan in the Portland metro area was \$21,605 in 2023 (about \$2,400 less than the \$24,043 annual premium for the remainder of Oregon). Likewise, the estimated annual premium for a single commercial insurance plan in the Portland metro area was \$7,492 in 2023, which is more than \$800 lower than the \$8,314 annual premium for the remainder of Oregon (Fig. 33).³³

Nationally, although urban areas tend to have more expensive health care systems, they also have large populations that invite competition among health insurance plans and spread the financial risk associated with health care coverage among more people, thus lowering premium prices.³⁴

³³ Agency for Healthcare Research and Quality, Center for Financing, Access and Cost Trends. “[Medical Expenditure Panel Survey \(MEPS\) Insurance Component \(IC\): Private - Metropolitan Area.](#)” 2023.

Figure 33. Average annual premium for employer-sponsored health insurance in Oregon, by region, 2023

Family Plan Premium

Portland-Vancouver-Hillsboro, OR-WA	\$21,605
Remainder of Oregon	\$24,043

Single Plan Premium

Portland-Vancouver-Hillsboro, OR-WA	\$7,492
Remainder of Oregon	\$8,314

Source: AHRQ MEPS-IC, 2023

³⁴ Robert Wood Johnson Foundation. “[Are Marketplace Premiums Higher In Rural than in Urban Areas?](#)” 2018.

Employee and employer contributions vary.

About one in four employees in Oregon with employer-sponsored health insurance did not have any required employee contribution for their single plan premiums in 2023 (Fig. 34).³⁵

On average, however, employees in Oregon 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.** A 2024 study found that increasing health insurance premium costs between 1988 and 2019 were associated with decreased earnings and increased income inequality, as well as wage stagnation.³⁶

³⁵ Agency for Healthcare Research and Quality, Center for Financing, Access and Cost Trends. “[Medical Expenditure Panel Survey \(MEPS\) Insurance Component \(IC\): Private Sector - State.](#)” 2023. DataTools.ahrq.gov. New estimates for 2023.

Figure 34. Percent of private-sector employees enrolled in a commercial health insurance plan that did not require employee contribution, 2023



* Figure does not meet standard of reliability or precision.

Source: AHRQ MEPS-IC, 2023

³⁶[Employer-Sponsored Health Insurance Premium Cost Growth and Its Association With Earnings Inequality Among US Families.](#) JAMA Open. January 2024.

Employees at smaller companies pay more for their health insurance.

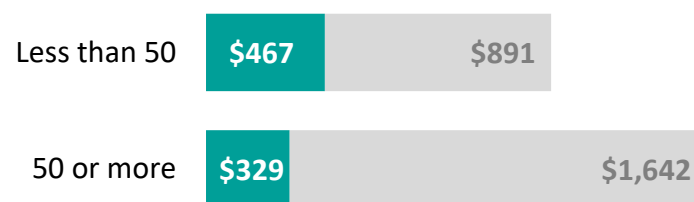
Family Plans: Employees at companies with fewer than 50 employees were responsible for 34 percent of total family plan premium costs, compared with employees at larger companies, who were only responsible for about 17 percent of total premium costs (Fig. 35).

Single Plans: Employees at companies with fewer than 50 employees were responsible for 18 percent of total single plan premium costs, compared with employees at larger companies, who were responsible for 13 percent of premium costs (Fig. 36).

In general, larger companies had more expensive premiums than smaller companies. The difference in the total monthly premium cost was over \$600 for family plans.³⁷

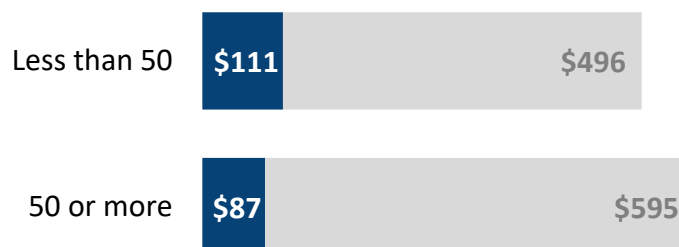
³⁷ Agency for Healthcare Research and Quality, Center for Financing, Access and Cost Trends. “[Medical Expenditure Panel](#)

Figure 35. Portion of family plan total monthly premium cost paid by **employee** and **employer**, by company size, 2023



Source: AHRQ MEPS-IC, 2023

Figure 36. Portion of single plan total monthly premium cost paid by **employee** and **employer**, by company size, 2023



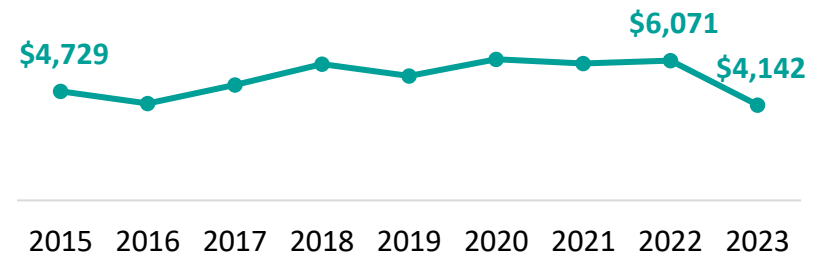
Source: AHRQ MEPS-IC, 2023

[Survey \(MEPS\) Insurance Component \(IC\): Private Sector - State.](#) 2023. DataTools.ahrq.gov. New estimates for 2023.

Employee responsibility for health insurance premiums has declined over time.

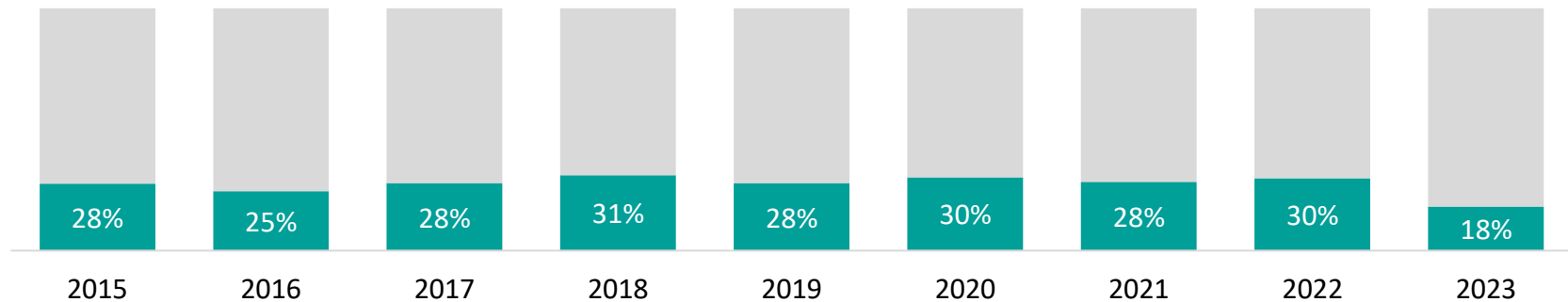
Family Plans: Employee responsibility for their portion of health insurance premiums has decreased in both dollars and as a percent of the total costs since 2015. Between 2022 and 2023, the employee share of family plan premiums decreased almost 40 percent (Fig. 38). In dollars, the employee portion of family plan premiums decreased almost \$1,900 between 2022 and 2023 (Fig. 37).³⁸

Figure 37. **Employee paid amount** of family plan commercial health insurance annual premiums in Oregon, 2015-2023



Source: AHRQ MEPS-IC, 2023

Figure 38. Percent of total family plan commercial health insurance annual premiums **paid by employee** in Oregon, 2015-2023



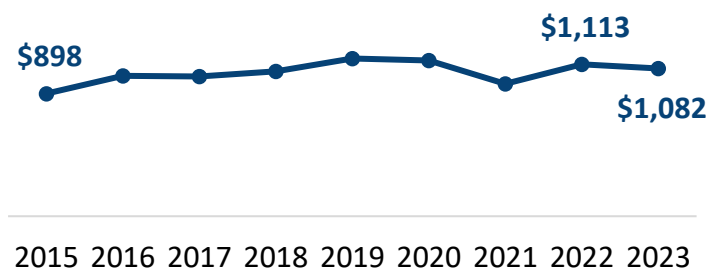
³⁸ Agency for Healthcare Research and Quality, Center for Financing, Access and Cost Trends. "[Medical Expenditure Panel](#)

[Survey \(MEPS\) Insurance Component \(IC\): Private Sector - State.](#)" 2023. DataTools.ahrq.gov. New estimates for 2023.

Single Plans: Employee responsibility for their portion of health insurance premiums has remained fairly stable as a percent of the total costs, although has increased slightly in dollars, since 2015 (Fig. 40).

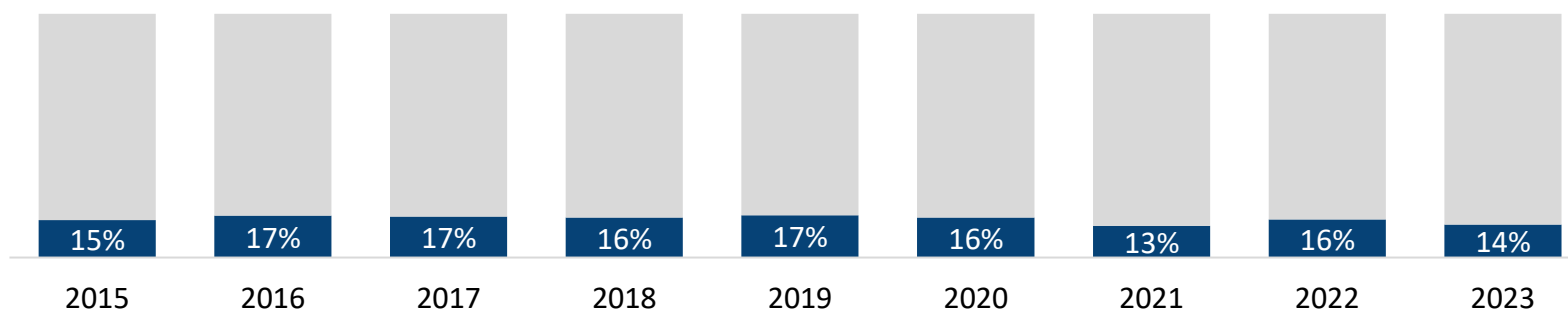
Between 2022-2023, the employee portion of the annual premium cost decreased from 16 percent to 14 percent, a difference of \$31 (Fig. 39).³⁹

Figure 39. **Employee paid amount** of single plan commercial health insurance annual premiums in Oregon, 2015-2023



Source: AHRQ MEPS-IC, 2023

Figure 40. Percent of total single plan commercial health insurance annual premiums **paid by employee** in Oregon, 2015-2023



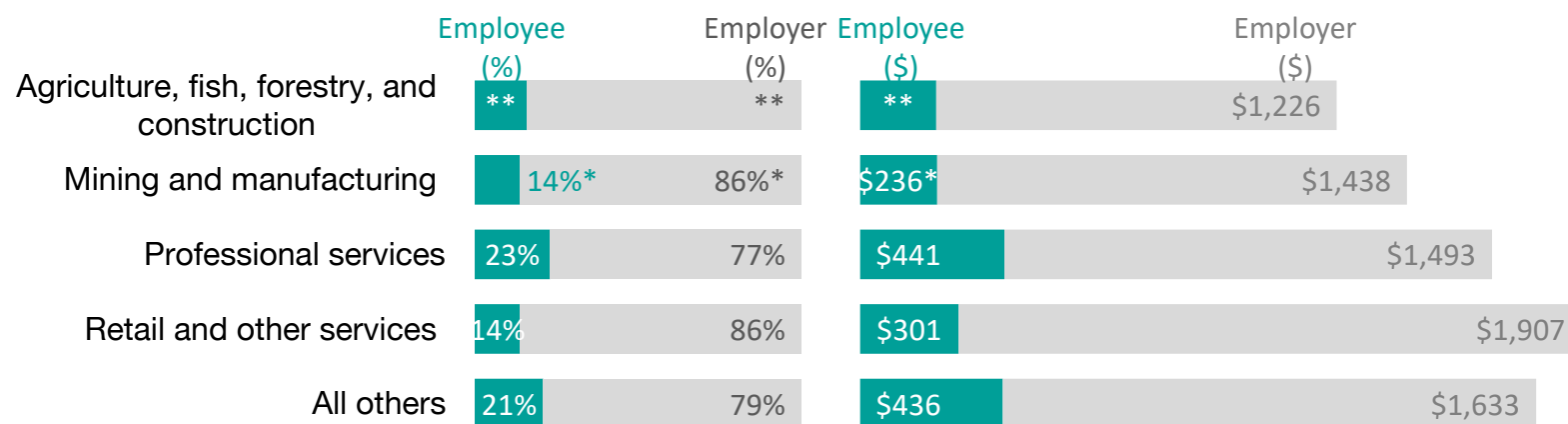
³⁹ Agency for Healthcare Research and Quality, Center for Financing, Access and Cost Trends. "[Medical Expenditure Panel](#)

[Survey \(MEPS\) Insurance Component \(IC\): Private Sector - State,](#) 2023. DataTools.ahrq.gov. New estimates for 2023.

Employee premium contributions vary depending on industry.

Family Plans: Employees in the professional services sector paid the most, both in dollars and as a percent of the total monthly premium, for family plan coverage in 2023. Employees in the professional services sector paid \$441 per month, or 23 percent of the total premium of \$1,493 (Fig. 41).⁴⁰

Figure 41. **Employee monthly premium share**, as a percent and in dollars, for commercial family plans in Oregon, by industry, 2023



Source: AHRQ MEPS-IC, 2023

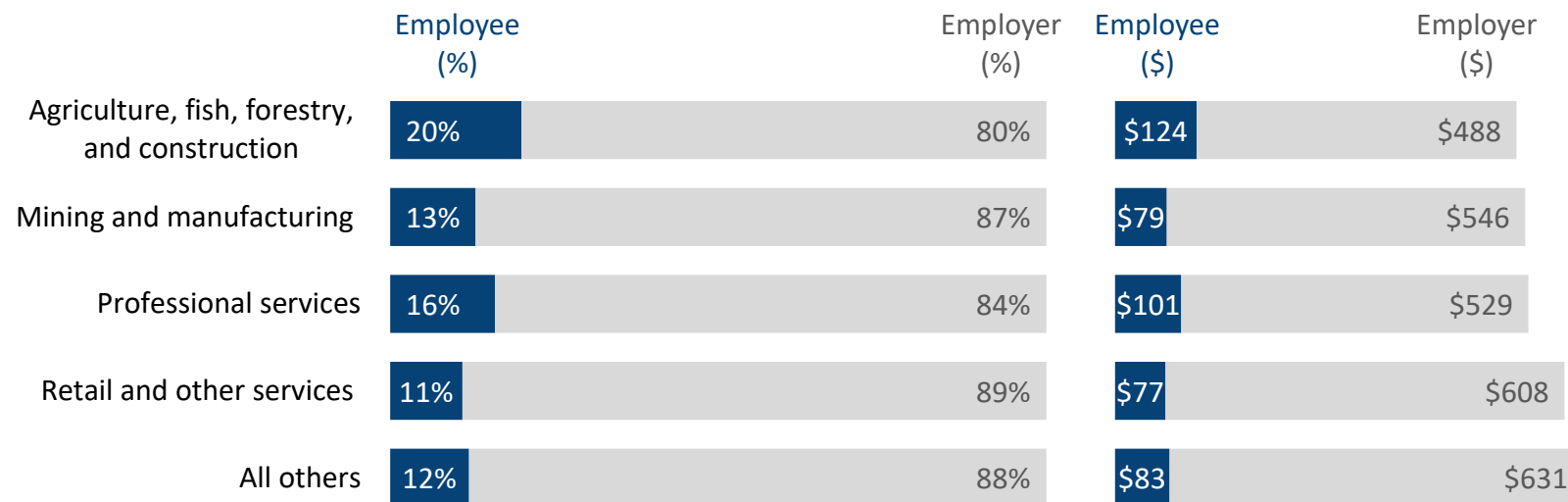
* Figure does not meet standard of reliability or precision.

** Data suppressed due to high standard errors or few reported values in cell.

⁴⁰ Agency for Healthcare Research and Quality, Center for Financing, Access and Cost Trends. "[Medical Expenditure Panel Survey \(MEPS\) Insurance Component \(IC\): Private Sector - State](#)." 2023. DataTools.ahrq.gov. New estimates for 2023.

Single Plans: in Oregon, employees in the agriculture, fish, forestry, and construction industry contributed the largest amount of money toward their single plan monthly premium, nearly \$25 more per month than employees in the professional services sector (Fig. 42).⁴¹

Figure 42. **Employee monthly premium share**, as a percent and in dollars, for commercial single plans in Oregon, by industry, 2023



Source: AHRQ MEPS-IC, 2023

⁴¹ Agency for Healthcare Research and Quality, Center for Financing, Access and Cost Trends. “[Medical Expenditure Panel Survey \(MEPS\) Insurance Component \(IC\): Private Sector - State](#).” 2023. DataTools.ahrq.gov. New estimates for 2023.

Premiums are on the rise for small businesses and people who buy their own coverage.

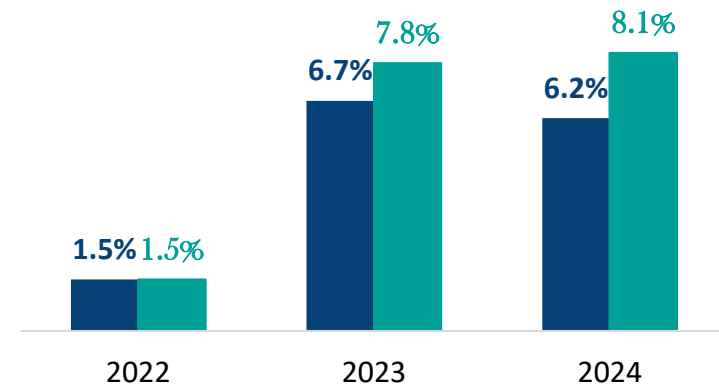
In Oregon, the Department of Consumer and Business Services' Division of Financial Regulation publishes annual health insurance premium rate charts as part of its transparent review process for ACA-compliant plans for small businesses and people who buy their own coverage rather than getting it through an employer (the individual market).

In 2022, the average premium rate increase for the small group market and the individual market was around 2 percent. In 2024, the average final premium rate increase was just over 8 percent for the small group market and 6 percent for the individual market (Fig. 43).⁴²

⁴² Oregon Department of Consumer and Business Services. Final health rates and individual market coverage map. [2022](#). [2023](#). [2024](#). DFR.oregon.gov.

In 2024, premium rates for Affordable Care Act (ACA) Marketplace Silver plans on the individual market, before considering subsidies, increased 5 percent on average nationally.⁴³

Figure 43. Average baseline final health insurance premium rate increases for the **small group market** and the **individual market** from 2022 to 2024.



Source: Department of Consumer and Business Services, 2024

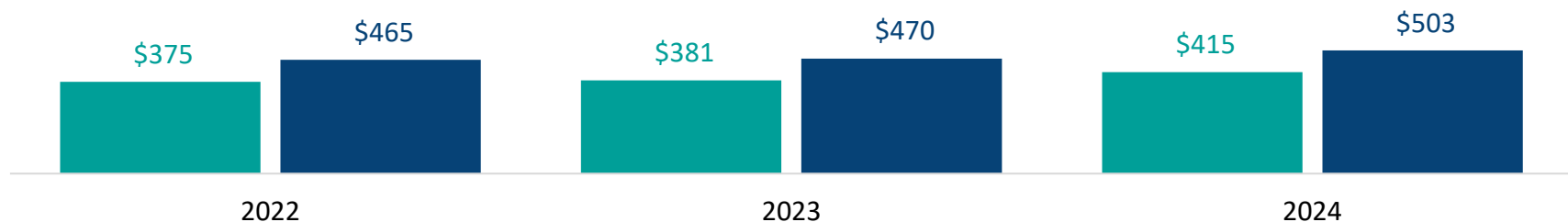
⁴³ KFF. "[How ACA Marketplace Premiums Changed by County in 2024](#)." 2024.

Figure 44 shows the monthly premium from 2022 to 2024 that a 40-year-old in the Portland area would pay for a "Silver" plan with various health insurance companies, without subsidies or financial assistance.

In this example, average monthly premium prices have increased 11 percent (or, about \$40 per month) for the small group market from 2022 to 2024. In the individual market, over the same period, premiums went from \$465 to \$503, an 8 percent increase.⁴⁴

A person paying the average individual market monthly premium between 2022 and 2024 for their health insurance would spend approximately \$17,250 over three years, almost as much as the 2024 price for a new subcompact car (\$17,820).⁴⁵

Figure 44. Average baseline final health insurance premium prices for the **small group market** and the **individual market** across select companies in the Portland area, 2022-2024



Source: Department of Consumer and Business Services

⁴⁴ Oregon Department of Consumer and Business Services. Final health rates and individual market coverage map. [2022](#). [2023](#). [2024](#). DFR.oregon.gov.

⁴⁵ Kelly Blue Book (KBB). "[Car Finder](#)." Kbb.com.

Health Insurance Deductibles

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 get health care services. Deductibles are in addition to any monthly premium payments.

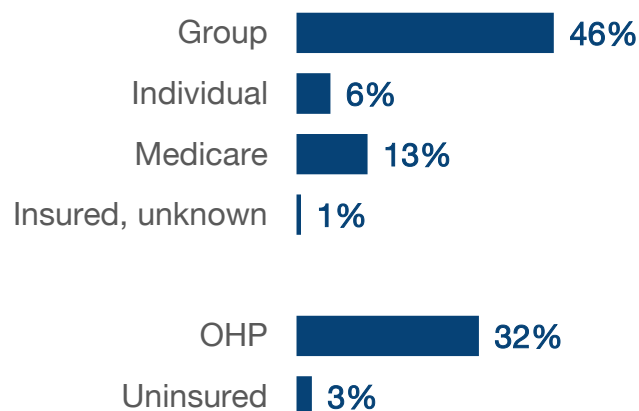
Most commercial plans (group and individual) provide free preventive care, and some offer selected free or discounted services before the deductible is met.⁴⁶ Many individual and small group plans in Oregon provide significant pre-deductible coverage; for example, the Oregon Standard Plans

⁴⁶ Health Insurance Marketplace. “[The Health Plan Categories: Bronze, Silver, Gold, & Platinum](#).” Healthcare.gov.

⁴⁷ Oregon Health Insurance Marketplace. “[Marketplace: Health Insurance Plans](#).” Healthcare.oregon.gov.

cover all office visits ahead of deductibles.⁴⁷ The majority of people in Oregon with commercial health insurance are enrolled in group plans; approximately 6 percent are enrolled in individual plans (Fig. 45).

Figure 45. Percent of people in Oregon reporting health insurance coverage, by type, 2024⁴⁸



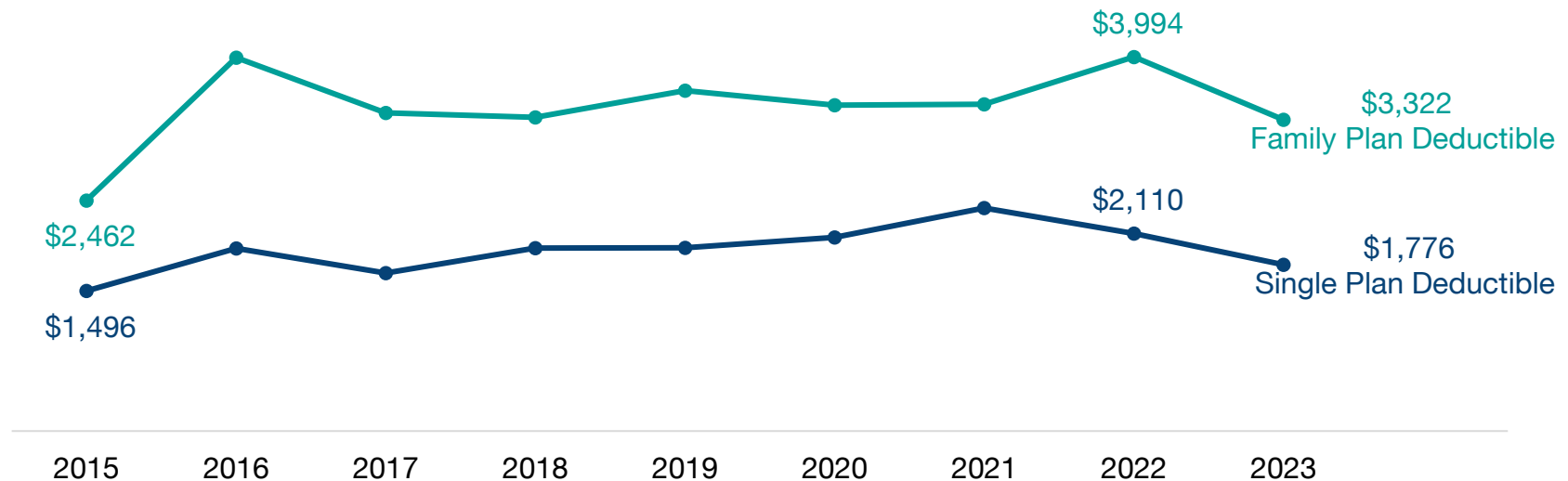
Source: Oregon Health Insurance Survey, 2024

⁴⁸ Oregon Health Insurance Survey (OHIS). Health Insurance Coverage in Oregon.” 2024. See Appendix for more information. OHIS data on how much people pay in deductibles is not currently available for 2024.

Deductible amounts are also growing.

Compared with premiums, deductible amounts have been growing relatively slowly nationally.⁴⁹ And in Oregon, the average deductible for single coverage has grown more slowly than premiums; since 2015, the average deductible for single coverage in Oregon has grown 18 percent compared with 37 percent growth in premiums. However, the average deductible for family coverage has grown similarly to premiums (35 percent since 2015, compared with 33 percent growth in premiums).⁵⁰

Figure 46. Average annual deductible amounts for people in Oregon with commercial insurance, 2015-2023



Source: AHRQ MEPS-IC, 2023

⁴⁹ KFF [2023 Employer Health Benefits Survey](#).

⁵⁰ Agency for Healthcare Research and Quality, Center for Financing, Access and Cost Trends. "[Medical Expenditure Panel Survey \(MEPS\) Insurance Component \(IC\): Private Sector - State](#)." 2023. DataTools.ahrq.gov. New estimates for 2023.

High Deductible Health Plans

The Internal Revenue Service (IRS) defines a high deductible health plan (HDHP) as a health plan with a minimum annual deductible meeting a specific threshold. The IRS updates the threshold for HDHPs each year.

- In 2024, HDHPs were defined as \$1,600 for single coverage and \$3,200 for family coverage.
- For calendar year 2025, the HDHP threshold will increase again, to \$1,650 for single coverage and \$3,300 for family coverage.⁵¹

Opting for a HDHP results in paying higher costs when care is needed, before insurance starts paying their portion, but a lower monthly premium.⁵² For instance, Bronze Marketplace plans are generally considered HDHPS, where an individual will typically pay about 40 percent of their costs.⁵³

⁵¹ Internal Revenue Service. “Rev. Proc. 2024-25.” IRS.gov.

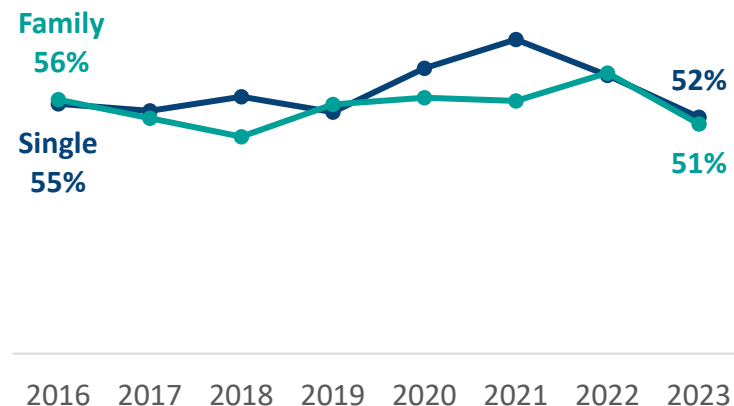
⁵² Health Insurance Marketplace. “[Glossary: High Deductible Health Plan \(HDHP\)](#).” Healthcare.gov.

⁵³ [How to pick a health insurance plan](#). Healthcare.gov.

Prevalence of HDHPs in Oregon

According to federal data, about half of people in Oregon with employer-sponsored insurance were enrolled in a HDHP in 2023. This is about a 10 percentage point decrease from 2022 (Fig. 47).⁵⁴

Figure 47. Percent of Oregon employees enrolled in a high deductible health plan, 2016-2023



Source: AHRQ MEPS-IC, 2023

⁵⁴ Agency for Healthcare Research and Quality, Center for Financing, Access and Cost Trends. “[Medical Expenditure Panel Survey \(MEPS\) Insurance Component \(IC\): Private Sector - State](#),” 2023. DataTools.ahrq.gov.

Appendix: Oregon Health Insurance Survey (OHIS)

Insights regarding factors such as insurance coverage, income, employment status, and age are from the responses in the 2024 Oregon Health Insurance Survey (OHIS) results, which is a survey of people in Oregon. It asks questions that help us understand how well the health care system is (or isn't) working for people – from how many people have health insurance, to how much they pay in medical bills, to their ability to get care when they need it. The survey happens every two years.

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 may not add up to 100 percent.⁵⁵



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.

The 2024 OHIS survey is compliant with all Race, Ethnicity, Language, and Disability (REALD) and Sexual Orientation and Gender Identity (SOGI) data collection standards.⁵⁶

⁵⁶ Oregon Health Authority. “[Oregon Health Insurance Survey: HPA Data Profile](#).” 2025.

OHIS and Federal Poverty Levels

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.⁵⁷ 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 Affordable Care Act (ACA) premium tax credits along with cost sharing reductions; and eligibility for Medicare Savings Programs.

OHIS survey results are reported for three FPL groups: people earning less than 138% of FPL, people earning between 138% to 400% of FPL, and people earning more than 400% of FPL.

These FPL groupings are common limit points used in determining eligibility, as people who earn up to

138% of FPL have been eligible for Medicaid. Income between the range of 100% and 400% FPL may qualify for Health Insurance Marketplace premium tax credits.⁵⁸

Table: 2023 annual Federal Poverty Level percentages and corresponding income by household size⁵⁹

# of Persons	100% FPL	138% FPL	400% FPL
1	\$ 14,580	\$ 20,120	\$ 58,320
2	\$ 19,720	\$ 27,214	\$ 78,880
3	\$ 24,860	\$ 34,307	\$ 99,440
4	\$ 30,000	\$ 41,400	\$ 120,000

The 2024 OHIS survey uses the 2023 FPL guidelines because income is from the previous year and not the survey year. Likewise, although starting July 1, 2024, more Oregonians with incomes between 138% and 200% FPL could qualify for free health

⁵⁷ Healthinsurance.org, LLC operating on behalf of IHC Specialty Benefits, Inc. "[Glossary: Federal Poverty Level \(FPL\) / federal poverty guidelines.](#)"

⁵⁸ Health Insurance Marketplace. "[Glossary: Federal poverty level \(FPL\).](#)" Healthcare.gov.

⁵⁹ Office of the Assistant Secretary for Planning and Evaluation of the U.S. Department of Health and Human Services. "[2023 Poverty Guidelines: chart with percentages](#)" and "[Poverty Guidelines: Resources.](#)" 2023. ASPE.hhs.gov.

coverage through the Oregon Health Plan Bridge program, survey responses reflect coverage over the past year, not current coverage.⁶⁰

⁶⁰ Oregon Health Authority (OHA). “[News Release: More Oregonians now qualify for free health coverage](https://www.oregon.gov/oha/ERD/Pages/News-Releases.aspx).” 2024. [oregon.gov/oha/ERD/Pages/News-Releases.aspx](https://www.oregon.gov/oha/ERD/Pages/News-Releases.aspx)..

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