



House Bill 2010A (2025): Protecting Health Care Funding for Medicaid

Oregonians Everywhere Rely on the Oregon Health Plan (Medicaid) to Access Health Care

Oregon's Medicaid program provides low-income families, adults, children, and some seniors with no-cost comprehensive health care coverage. Approximately one in three Oregonians and one in two children rely on Medicaid. Oregonians in all counties benefit from the Medicaid program.

HB 2010A Protects Funding for Medicaid

HB 2010A continues core funding mechanisms for the state share portion of this state/federal partnership. It also continues the Oregon Reinsurance Program (ORP), which lowers costs for consumers who rely on the federal marketplace to cover themselves and their families. The ORP reduces individual premiums by 6%.

How Medicaid Funding Works

The state's Medicaid program is funded through the state general fund, other funds, and federal funding. A significant portion of other funds includes the hospital and insurer assessment programs and the OHSU intergovernmental transfer (IGT) program. When authorized by the federal government, these programs provide substantial matching funds and contribute to the state's share of the Medicaid program. The large hospital assessment program was first approved and implemented in 2003. Leveraging these programs brings significant investment to communities and providers across the state and provides access to health care coverage for vulnerable Oregonians.

Many states have more than one provider assessment or fee in place. All states, except Alaska, rely on these assessments to support their Medicaid programs.

Nearly 1.4 million Oregonians Could Face Benefit Reductions or Coverage Loss if Medicaid Isn't Funded

Oregon's hospital assessment expires on September 30, 2025. The insurer assessment expires on December 31, 2026. Failing to renew assessments will put pressure on the state's budget and may require budget reductions that could negatively impact Oregon patients and providers.

How HB 2010A Provides Stable Funding for Medicaid

- Extends the hospital assessment program and aligns the large hospital program to the latest federal guidance. This allows the state to leverage additional matching funds.
- Continues funding for Medicaid and OHSU's public mission through the IGT.
- Aligns the hospital and IGT programs' sunset dates with the insurer assessment and extends each for six years, until December 31, 2032.
- Provides consumer certainty by extending the ORP to continue reducing the price of individual health plan premiums by 6%.

Benefit of Acting before April 1

If Oregon aligns the large hospital assessment program with current CMS guidance like other states have, it could leverage significant additional funding for the full 24-months of the '25-27 biennium. Extending the hospital assessment after April 1 may forfeit six months of additional revenue and require additional state funds to fill the Medicaid funding gap. Changes are subject to CMS approval.

HB 2010A is Supported by a Broad Coalition of Trusted Health Care Voices

Join Us in Voting YES on HB 2010A

