



525 NE OREGON ST.  
PORTLAND, OR 97232

**February 3, 2026**

**To:** Chair Bowman, Vice Chairs Elmer and Pham, and Members of the House Committee on Rules

**From:** Matt Swanson, SEIU Oregon State Council

**Re:** Support for House Bill 4147 with the dash-1 amendment

Chair Bowman, Vice Chairs Elmer and Pham, and Members of the Committee:

On behalf of the Service Employees International Union Locals 49 and 503, I am writing in support of House Bill 4147 with the dash-2 amendment. SEIU represents approximately 85,000 workers across janitorial, health care, home care, education, and public service sectors in Oregon and Southwest Washington. Local 49 represents private-sector and health care workers; Local 503 represents home care, nonprofit, and public employees. Our members both provide Medicaid-funded care and depend on Medicaid coverage themselves. We believe access to quality, affordable health care is essential for all Oregonians to live a full and productive life.

HB 4147 is a narrow transparency bill that is meant to shed light on important information policymakers will need as we consider the future of health care in our state. It directs the Oregon Health Authority, working with the Employment Department and the Department of Human Services, to publish an annual, aggregate report showing how many Medicaid recipients are workers or dependents and the public cost of covering them.

Other states already produce similar aggregate reports. Nevada and Washington have shown that a significant share of Medicaid coverage supports working adults and their families, and that this information can be produced annually. HB 4147 follows that same transparency model, tailored to Oregon.

Starting next session we will start to see the large budget impacts associated with HR1 and that will continue over several biennia, with the most severe effects in Oregon's health care system. Recent analysis by the Department of Administrative Services found that once fully implemented, federal policy changes reduce Oregon's health and human services funding by over \$8 billion per biennium, driven primarily by Medicaid, which accounts for nearly \$7 billion of that loss.<sup>1</sup> These reductions cascade through Medicaid financing, provider rates, and access to care statewide.

Recent analysis by the Kaiser Family Foundation estimates that HR1's provisions could result in approximately 210,000 additional Oregonians being uninsured by 2034, a five-percentage-point increase in the uninsured rate.<sup>2</sup> This reflects the combined effects of Medicaid policy changes, budget reductions,

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<sup>1</sup> [Federal-Impact-HR1-Initial-Analysis.pdf](#)

<sup>2</sup> [How Will the 2025 Reconciliation Law Affect the Uninsured Rate in Each State? | KFF](#)



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and changes to Affordable Care Act tax credits. The takeaway is clear: federal policy is increasing coverage risk and destabilizing health care budgets.

Without better information, the Legislature will face increasingly difficult choices—cutting coverage, reducing provider rates, or narrowing services that communities rely on. These are not decisions that should be made without a clear understanding of the cost drivers involved.

Employment conditions are one of the most significant upstream drivers of Medicaid enrollment. Understanding those upstream drivers does not distract from Medicaid policy; it improves it. You cannot manage what you do not measure.

HB 4147 responds to this reality in a limited and responsible way. It requires an annual report based on existing data, produced in a manner that protects privacy and complies with federal law, to help future Legislatures understand how Medicaid costs intersect with employment.

#### **Dash-1 amendment**

The dash-1 amendment strengthens the bill by narrowing its scope and addressing implementation concerns. It removes requirements to report detailed wage and hours-worked data, keeping the focus on coverage counts and cost. It removes proposed statutory changes to Employment Department data-sharing authority and instead relies on existing interagency agreements, reducing administrative complexity and compliance risk.

The amendment also removes the unintentional exclusion of public employees included in the introduced version, ensuring a more even-handed report that does not target any sector. Finally, it aligns reporting with the state fiscal year and delays the operative date to allow agencies sufficient time to implement the report correctly.

House Bill 4147 is a modest but important step. It gives the Legislature better information before it is forced into higher-stakes decisions and helps protect Oregon's health care system by grounding future choices in evidence rather than urgency.

For these reasons, I urge your support for House Bill 4147 with the dash-2 amendment.

Thank you for the opportunity to submit this testimony.

Sincerely,

Matt Swanson  
SEIU Oregon State Council