

# A Public Option for Oregon

## What is a public option?

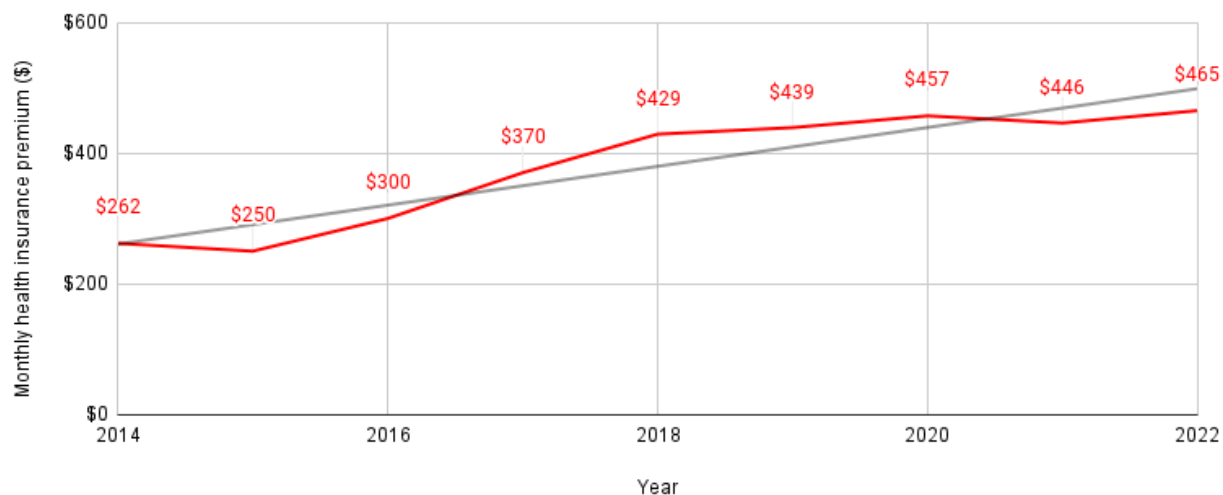
A public option is a state-supported health insurance plan. In Oregon, the public option should be a standardized, state-designed plan offered by insurance carriers and/or CCOs. A successful public option should be available to every Oregonian and widely accepted throughout the state.

## Why does Oregon need a public option?

While the Affordable Care Act (“ACA”) has expanded health insurance coverage in our state, bringing the insurance rate as high as 96% in 2018, health care costs have been rising, too, making it difficult for Oregonians to purchase and use health insurance.

- Since the Health Insurance Marketplace opened in 2014, the state’s benchmark monthly insurance premium (for a 40-year-old non-smoker in the Portland area) has risen from \$262 to \$465, an increase of 77.5%.[1]
- Premiums are invariably higher outside of the Portland metro area and for family coverage

Average monthly silver health plan premium for a 40-year-old in the Portland area



# 53%

of Oregonians would consider purchasing a public option plan.

## What will a public option do?

- Provide a low-cost, high quality insurance plan option that prioritizes integrated primary care and other essential services.
- Lower premiums and cost-sharing to meet reduction standards through reimbursement rate-setting, value-based payments, and other tactics.
- Lower insurance costs for everyone on the Marketplace by competing with and pushing down costs for commercial plans

1. Analysis of insurance rates is based on average benchmark premiums for all approved carriers on the Marketplace from 2014 to 2021. Past filings are available on the [Department of Financial Regulation's Website](#), through the SERFF system.

2. Department of Financial Regulation [2022 Health Insurance Rate Requests](#) - Plan Coverage by County.