

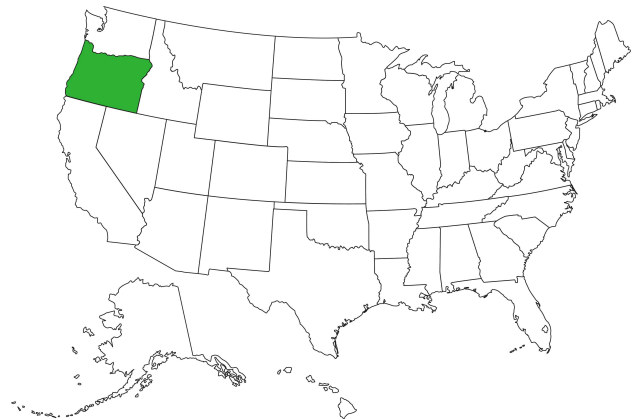
# EXPANDING ACCESS TO HEALTH CARE FOR ALL: OREGON'S GOAL TO COVER ALL PEOPLE



Expanding access to health care for all, regardless of immigration status, is a racial and health equity priority.

This case study is part of a set of resources that provides deeper insights into state policy levers to expand access to full health care for all. This set includes case studies for California, Colorado, Illinois, and Oregon that describe:

- data about the state's immigrant populations, and their access to health care coverage;
- the policy approach;
- key components of laws, including actionable and innovative provisions, and limits;
- actual or expected outcomes;
- political pushback;
- related laws; and
- key takeaways and lessons learned to help inform efforts in Minnesota and other states.



The other resources can be found at <https://www.publichealthlawcenter.org/health-equity-and-policy>.



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## Introduction

Immigrants are vital members of thriving communities and contribute to the social and economic wellbeing of the U.S. across all sectors and walks of life. Yet, immigrants, and people with undocumented status in particular, are forced to navigate profound and unnecessary barriers to being able to live healthy lives. Immigration status has a major impact on both individual and family health outcomes. This in part because a person's status, and whether they are documented or undocumented, shapes when, where, and how they and their family members can access health care services. Numerous studies and reports show that:

- Structural racism and xenophobia are root causes of undocumented immigrants' lack of access to comprehensive health care coverage in the United States;
- Inequities in access to coverage contribute to significant disparities in health; and
- Indigenous, Black, Latine, Asian American/Pacific Islander, and other people of color\* experience disproportionately negative health outcomes compared to white people, as borne out in the COVID-19 pandemic.<sup>1</sup>

Thus, expanding access to health care for all, regardless of immigration status, is a racial and health equity priority. This case study describes how Oregon is working towards a health care system that covers all Oregonians, regardless of immigration status.

## Background

On July 19, 2021, Oregon Governor Kate Brown signed [House Bill 3352 \(2021\)](#)<sup>2</sup> into law, establishing the *Cover All People* program. This legislation expands state-funded health care coverage to all income-eligible undocumented immigrant residents who were previously ineligible due to their immigration status,<sup>3</sup> including pregnant people earning up to 190% of the federal poverty level (FPL) and other qualifying adults earning up to 138% of the FPL, beginning July 1, 2022, subject to available funding. As a result of this legislation, comprehensive health care coverage is accessible to children and young adults ages 0-25 years old, and adults ages 26-55 years and older, regardless of immigration status. Oregon also provides coverage

\* For this resource, we have used the collective labels listed here as much as possible when referring to various political, racial, and ethnic groups. We occasionally have used alternative labels when appropriate, based on terminology used in source material, such as cited research reports, quotes, terminology used in a particular jurisdiction's materials, etc. We recognize that the language of equity is constantly evolving and no one label can capture the complexities of racial and ethnic identities. We also understand that there may be political implications regarding the use of labels. We do not wish to perpetuate insensitivity associated with any of these labels. We recommend that labels preferred by community members in the specific community or region be used whenever possible.

for prenatal and postpartum care for up to 12 months for pregnant people, and general reproductive health care. However, the state is not yet taking enrollments from people between the ages of 26 and 54 years old for the *Cover all People* program for budgetary reasons, at least through July 2023.<sup>4</sup>

## The Approach: Address Racial Inequities by Covering All People, But Stagger Implementation to Meet Budget Constraints

The roots of racial injustice and exclusion of people of color are deep in Oregon. For example, Oregon was admitted to the union in 1859 as the only free state with an exclusionary law that denied citizenship to free Black Americans.<sup>5</sup> The state instituted multiple laws infringing upon the rights of Black people to own property or enter contracts.<sup>6</sup> These laws, known as the Black Exclusion Laws, were not formally repealed until 1926.<sup>7</sup> Expressly racist language remained in the state constitution until 2002.<sup>8</sup> The effects of this systemic oppression continue to be felt today,<sup>9</sup> as evidenced by profound health inequities for communities of color, including immigrants.<sup>10</sup>

According to the Migration Policy Institute, about 9.7% of Oregon's population is foreign-born, including about 108,000 undocumented immigrants.<sup>11</sup> Nearly half of all immigrants in Oregon are naturalized U.S. citizens.<sup>12</sup> Mexicans and Central Americans comprise about three-fourths (77%) of Oregon's undocumented immigrants.<sup>13</sup> Also, similar to national statistics, a large portion of Oregon's immigrant families living together include a mix of U.S. citizens, immigrants with legal status, and undocumented residents.<sup>14</sup> Many of the undocumented adults living in Oregon are uninsured, often employed in industries without health insurance — such as farm work — and excluded from Oregon's Medicaid program<sup>15</sup> known as the Oregon Health Plan (OHP).<sup>16</sup> According to the Oregon Health Authority (OHA), 94% of the state's population had health insurance in 2019.<sup>17</sup> In contrast, nearly half (47%) of the undocumented population in the state is uninsured.<sup>18</sup>

Latinos make up Oregon's largest group of immigrants and have one of the highest uninsured rates among ethnic groups in the state, largely because of exclusionary health insurance structures based on immigration status.<sup>19</sup> U.S. immigration policy makes it exceedingly difficult for immigrants coming from Central America or Mexico to gain authorized status; wait times to apply for a green card can take as long as 13 and 22 years.<sup>20</sup>

The COVID-19 pandemic further highlighted the importance of access to health care coverage, as people without access for testing and treatment suffered worse health outcomes. For example, a March 2021 report noted that although Latinos make up about 13% of the state's population, they comprised 26% of the state's COVID-19 cases.<sup>21</sup> Undocumented Oregonians,

the largest remaining group in the state without access to coverage, experienced even more disproportionate impacts.<sup>22</sup> Senator Elizabeth Steiner Hayward, who carried the HB 3352 *Cover All People* bill, spoke to the need to correct this wrong: “When the most vulnerable among us can access health care, our whole state is healthier. Those who are currently barred from access to health care include essential workers, retail and food service workers, as well as parents and caretakers. Ensuring this community can receive timely treatment and vital preventative care will keep all communities healthier.”<sup>23</sup>

Oregon has undertaken many executive, legislative, and administrative efforts to address racial equity issues in the state. In 2020, Governor Brown convened a Racial Justice Council<sup>24</sup> made up of representatives from diverse backgrounds with the goals of channeling the voices of the people most impacted by historical and institutional racism and prioritizing equitable systems, policies, and practices that fully support all people. The *Cover All People* legislation was a priority recommendation and accomplishment of the Racial Justice Council in 2021.<sup>25</sup> Access, affordability, and equity were key areas of interest in listening sessions, according to the Joint Task Force on Universal Health Care in Oregon which published its Community Listening Session Research Synopsis in August 2022.<sup>26</sup> In addition, OHA’s Division of Equity and Inclusion has committed to reducing barriers to medical access for migrant and seasonal farmworkers, who play a vital role in the state’s economy.<sup>27</sup>

The Oregon Latino Health Coalition<sup>28</sup> (OLHC), a statewide, culture-specific nonprofit organization that addresses health disparities among Oregon’s Latino community, was a leading advocate for the legislation. OLHC held weekly meetings with government officials during the legislative session and secured 60 endorsements.<sup>29</sup> OLHC also advocated for the legislation with fact sheets<sup>30</sup> and community organizing. The coalition’s executive director, Olivia Quiroz, noted that one of the impacts would be providing people with access to preventative care: “We want people to address their early chronic illnesses and any condition they might be experiencing before it gets out of hand. This is such a key part of prevention and ensuring that fewer people in our community get ill and carry the burden of their medical costs. We want to make sure the people in our community are healthy, protected, and able to work and take care of their kids and contribute back.”<sup>31</sup>

Lawmakers estimated that the bill would expand Medicaid-like coverage to approximately 100,000 Oregonians who would be eligible for Medicaid but for their undocumented status.<sup>32</sup> During her testimony in support of the legislation, Rep. Andrea Salinas spoke to immigrants’ essential role in the labor force, their work in frontline industries that remained open throughout the pandemic, and the opportunity the bill provides to extend health care to them.<sup>33</sup> Advocates also argued that “[f]rom an economic standpoint, this is just common-sense policy[.]”<sup>34</sup> Co-chief sponsor of the bill and physician, Maxine Pexter, emphasized that “people

who can't afford basic preventative care are relying on emergency services, the riskiest and most expensive care that[,] under federal law, Oregonians are paying for already. With *Cover All People*, we're containing costs and keeping people healthy."<sup>35</sup>

Notably, in 2021, the Oregon Legislature passed SJR 12 (2021),<sup>36</sup> which proposed amending the Oregon Constitution to establish an obligation to ensure that every state resident has access to cost-effective, affordable health care as a fundamental right.<sup>37</sup> The proposed amendment, known as Measure 111, appeared on the 2022 ballot and narrowly passed with 50.7% of the vote, making Oregon the first state in the nation with a constitutional provision declaring affordable health care to be a fundamental right.<sup>38</sup> However, funding is needed to deliver on that promise.

## Key Policy Components

*Findings.* Oregon's legislation does not include a findings section.

*Actionable Provisions.* The group of enacted legislation expands state-funded health care coverage to all income-eligible undocumented immigrant residents in certain age groups who were previously ineligible due to their immigration status, including pregnant people earning up to 190% of the federal poverty level (FPL) and other qualifying adults earning up to 138% of the FPL, beginning July 1, 2022, subject to available funding. The new legislation provides coverage, regardless of immigration status, for: youth and young adults, ages 0-25 years old; and adults ages 26 years and older; prenatal and postpartum care for 12 months for pregnant people, and general reproductive health care. The legislation authorizes OHA to restrict eligibility to specific categories or groups of individuals if necessary to stay within the appropriated budget; OHA used this authority to limit enrollment during the initial roll out period to people under 26 and over 54 years old. For more information about Oregon's laws, see the State Law Table that is part of this set of resources.

The *Cover All People* program is one of several building blocks in addressing inequity in Oregon's health care system. The legislation builds on previous measures. In 2009, the state extended health care coverage to youth whose families earned up to 300% of the FPL through Oregon's Children's Health Insurance Program.<sup>39</sup> In 2017, lawmakers passed Cover All Kids (SB 558)<sup>40</sup> to extend coverage to all Oregon youth residents who were previously ineligible due to their immigration status.<sup>41</sup> By the start of 2020, nearly 6,000 newly eligible children had enrolled.<sup>42</sup> Additionally, the OHA offers additional health care programs within the OHP including the Citizen Alien Waived Emergent Medical (CAWEM)<sup>43</sup> and temporary prenatal care (CAWEM Plus) coverage.<sup>44</sup>

House Bill 3352 (2021) establishes specific responsibilities and accountability measures, requiring OHA to:

- Develop statewide educational outreach, engagement, and marketing strategies for the *Cover All People* program, with the goal of enrolling all eligible individuals in the state;<sup>45</sup>
- Convene a work group composed of individuals with experience conducting outreach to members of racial, ethnic, and language minorities, families living in geographic isolation, and families with additional barriers to accessing health care to help OHA develop an implementation and evaluation plan that ensures community feedback is included from a health equity perspective;<sup>46</sup>
- In collaboration with the work group, implement and evaluate outreach, education, and engagement strategies that will most effectively encourage enrollment in the program;<sup>47</sup>
- Develop and administer a grant program to fund organizations and community-based groups to deliver culturally specific and targeted outreach, and provide direct application assistance to minority communities, families living in rural areas, and persons with additional barriers accessing health care (e.g., cognitive, mental health, physical disabilities, chemical dependency, or families experiencing housing insecurity);<sup>48</sup>
- Seek any federal approval or waivers of federal requirements to maximize federal financial participation in the costs of providing Medical Assistance to adults in the *Cover All People* program.<sup>49</sup> Notably, in 2022, under a federal \$1.1 billion agreement, and a cost of nearly \$500 million to Oregon, the state will guarantee coverage for children under 6 years old and provide housing and food support as part of OHP;<sup>50</sup> and
- Report to the 2023 regular session of the Legislative Assembly on program implementation.<sup>51</sup>

The law also appropriates \$100 million to OHA for the *Cover All People* program.<sup>52</sup> Legislators intend to review the program to determine appropriate funding levels for future biennia.<sup>53</sup>

*Innovative Provisions.* This legislation requires specific, detailed processes that are intended to advance racial and health equity aims relating to outreach, enrollment, access to services, use of services, active community-centered roles in programmatic and funding decision-making processes, and health outcomes. These include:

- Task Force meetings with communities of color to consider the needs the plan should meet and delivery options.<sup>54</sup>

- A multi-pronged, linguistically and culturally responsive approach to encourage undocumented immigrants' enrollment.<sup>55</sup> Efforts include establishing a stakeholder workgroup of diverse community partners to launch a statewide outreach campaign and investing nearly \$2.5 million in funding for community-based organizations to provide outreach, enrollment, and system navigation services.<sup>56</sup> These efforts are considered particularly important because of enrollment barriers and undocumented immigrant residents' reluctance to engage with the state due to fear about potential impacts on their immigration status.
- The 2009 legislation led to the development of OHP's Community Partner Outreach Program that helps people enroll through focused, community-based outreach to underserved groups.<sup>57</sup>
  - To support successful implementation, the OLHC has partnered with OHP to provide culturally and linguistically responsive outreach, enrollment, and system navigation services to Latino immigrant communities in Clackamas and Multnomah counties, based on the *promotora* (community health worker) model.<sup>58</sup>
- To promote the uptake of coverage and prevent disenrollment, Oregon (like other states) is employing a variety of strategies, including automatically transitioning children from emergency Medicaid into the state-funded coverage (*Cover All Kids*).<sup>59</sup>
- According to media reports, the state will engage with community groups and bilingual community representatives to help spread the word and reach underserved and marginalized communities using a variety of formats such as social media, flyers, advertisements and grassroots community engagement. This effort will build upon past experiences, including the state's efforts to make COVID-19 vaccines more widely available.<sup>60</sup>

## Limitations

Like other jurisdictions, Oregon's legislation has faced several limitations, such as:

- Despite the initial \$100 million appropriation, funding remains a key barrier. As is true of nearly every jurisdiction that has enacted legislation thus far, Oregon's *Cover All People* program covers some, but not all, age groups. The 26–54-year-old age group remained uninsured during the initial roll out period. OHA is authorized under the legislation to initially restrict enrollment to specific categories or groups of individuals if necessary to stay within the appropriated budget, based on recommendations from the Healthier



Oregon Advisory Work Group to ensure community feedback is considered. To stay within the budget for the first year, the advisory work group recommended excluding the 26–54-year-old age group. However, the law requires the program to be open to all age groups by July 2023. Thus, OHA expects to add this age group if the Oregon Legislature approves funding in the 2023 session.<sup>61</sup>

- Income requirements may impede enrollment of individuals who are otherwise eligible. Elimination or minimization of paperwork supports enrollment and use of services.
- There could be concerns about how Oregon residents without legal residency would be protected in this plan. The Oregon legislation does not expressly prohibit information sharing with the federal government.
- Officials will need to design an education, outreach, and strategy plan to reach different immigrant populations and groups, including both urban Portland and rural or migrant farmworker communities.<sup>62</sup>

## Actual or Anticipated Outcomes

Because the federal Medicaid program largely prohibits coverage of undocumented immigrants and has a five-year waiting period for people who have met federal immigration qualifications, the new program is expected to be funded entirely by the state. OHA has preliminarily estimated an “average monthly cost of coverage per member per month of \$540, an eligible population of 55,000, and eventual program uptake of 80% of eligible individuals.”<sup>63</sup> The full impact and costs associated with allowing undocumented adults to enroll in the program is difficult to accurately predict, according to the fiscal impact report for the legislation. Given the immigration status of the eligible population, there is considerable uncertainty about these estimates and the trajectory of program enrollment and utilization.<sup>64</sup> Additionally, the budget report notes that OHA will be required to attempt to get federal waivers to offset costs of enrolling undocumented adult immigrant residents in Oregon’s *Cover All People* program (as this specific population would generally be ineligible for federal matching funds).<sup>65</sup>

Participants will be eligible for the full scope of Medicaid equivalent benefits with no copayments or premiums, gaining access to primary and preventative care, dental care, and behavioral health services.

Despite the significant investment made by the state’s lawmakers, \$100 million is not enough to cover all potential enrollees. State officials estimate the total cost of covering the estimated 55,000 eligible people to be roughly \$250 - \$350 million, assuming about 80% of eligible



persons enroll. Oregon lawmakers were meeting during the 2023 legislative session to plan the upcoming two-year budget as this case study was being published.

Commenting on House Bill 3352 (2021), Governor Brown remarked: “By providing families with health coverage and giving them access to preventive and primary health care, *Cover All People* will reduce health care costs in Oregon. On average, states that expand health coverage have outpaced other states in terms of job growth. Expanding quality health care coverage is linked to individuals obtaining and maintaining employment, benefiting the economy. Health insurance coverage also reduces individual debt, increasing economic activity and productivity.”<sup>66</sup>

Universal health care is likely the last piece of Oregon’s legislative plan. In September 2022, the Joint Task Force on Universal Health Care released a Final Report and Recommendations, recommending a state-based universal health care plan.<sup>67</sup>

## Political Pushback

House Bill 3352 (2021) was enacted with solid majority votes in both the House (37-21) and Senate (17-11), with the vote falling along party lines (Democrats voted in favor, Republicans opposed). Some of those opposed were concerned about the prospect of large groups of people moving into Oregon for free health care, thereby increasing wait times and costs.<sup>68</sup> There was also opposition based on concerns about the cost to fund the program and questions about its long-term financial sustainability.<sup>69</sup>

However, supporters of the legislation assert that there are uncalculated savings to the state if people are able to seek preventative care in clinics or primary care offices instead of making costly trips to emergency rooms.<sup>70</sup> Primary care can prevent minor issues from worsening. But for undocumented residents without insurance, all too often the only option is do without care until the situation reaches the emergency room level, where patients cannot be turned away for lack of insurance or inability to pay. Expansion of health care for adults with low incomes has also been associated with increases in preventative care for their children.<sup>71</sup>

## Related Legislation

In addition to the 2022 state constitutional amendment establishing access to health care as a right,<sup>72</sup> Oregon has recently adopted other legislation or implemented programs supporting access to health care services and other social needs for undocumented immigrants, including:

- HB 4052 (enacted in 2022): Requires OHA to provide pilot program grants to two culturally and linguistically specific mobile health units that serve populations of color.<sup>73</sup> Immigrants and “migrant and seasonal farmworkers” are included in the bill’s definition of communities of color, without reference to documentation status.
- SB732 (effective July 1, 2022): Requires equity advisory committees for each school district and prohibits exclusion of committee members based on immigration status.<sup>74</sup>
- The Oregon Worker Relief Fund provides financial relief to undocumented workers who lost wages or work due to COVID-19.<sup>75</sup> This fund was first established in 2020 to assist undocumented workers struggling during the pandemic; the 2022 budget allocation of \$65 million was the largest allocation to date.<sup>76</sup>
- In Healthier Together Oregon’s 2020-2024 State Health Improvement Plan, reducing legal barriers for (undocumented) immigrant communities was identified as a strategy to advance equity and justice. Ensuring access to culturally responsive prenatal/postnatal care for undocumented people and expanding evidence based preventative health services were also identified as priorities.<sup>77</sup>
- In 2019, the Oregon Legislative Assembly passed SB 770,<sup>78</sup> which established the Task Force on Universal Health Care.<sup>79</sup> The Task Force is responsible for recommending a universal health care system that offers comprehensive, equitable, affordable, quality, publicly funded health care to all residents of the state.<sup>80</sup>
- Undocumented immigrants are eligible to participate in Oregon’s Prescription Drug Program.<sup>81</sup>
- Undocumented immigrants are also eligible to participate in the state’s Temporary Assistance for Domestic Violence Survivors<sup>82</sup> program if they have children or are pregnant.

## Key Takeaways and Lessons Learned

This legislation is part of a long-term, sustained strategy involving multiple pieces of interrelated legislation over time, aided by the participation of strong community-based coalitions. As in other states seeking to provide undocumented immigrants with access to affordable, comprehensive health care coverage, Oregon’s legislation demonstrates investment through an incremental approach, beginning with providing access to coverage for children and young adults up through age 25, people who are pregnant and postpartum up to 12 months,

and persons ages 26 to 55 and up, with a staggered implementation due to funding constraints. The bill embeds processes that are poised to advance racial and health equity aims, with sustained assessment, implementation and accountability measures built in, supported by community advisory group mechanisms. Further consultation with community advocates and Oregon health officials will likely yield valuable insights and further meaningful guidance for other states.

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## Endnotes

- 1 See, e.g., Monika Damle et al., *Racism and Health Care: Experiences of Latinx Immigrant Women in NYC During COVID-19*, SSM - QUALITATIVE RESEARCH IN HEALTH CARE vol. 2 (2022): 100094. doi:10.1016/j.ssmqr.2022.100094, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9095080/>; Supriya Misra et al., *Structural Racism and Immigrant Health in the United States*, 48 HEALTH EDUCATION BEHAVIOR 332 (2021), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8935952/>; and Ruqaiyah Yearby et al., *Structural Racism in Historical and Modern U.S. Health Care Policy*, 41 HEALTH AFFAIRS 187, 187 (2022), <https://www.healthaffairs.org/doi/epdf/10.1377/hlthaff.2021.01466>.
- 2 H.B. 3352, 81st Leg. Assemb., Reg. Sess. (Or. 2021), <https://olis.oregonlegislature.gov/liz/2021R1/Downloads/MeasureDocument/HB3352>, compiled at 2021 Or. Laws ch. 554.
- 3 OR. REV. STAT. § 414.231 (2023).
- 4 OREGON HEALTH PLAN, HEALTHIER OREGON FREQUENTLY ASKED QUESTIONS: HEALTHIER OREGON—STARTING JULY 1, 2022 (last updated June 27, 2022), <https://www.oregon.gov/oha/HSD/OHP/Tools/Healthier-Oregon-FAQ.pdf>.
- 5 Or. Archives, *Black History Context: National Origin and Chronology of Events*, <https://sos.oregon.gov/archives/exhibits/black-history/Pages/context/chronology.aspx> (last visited Dec. 16, 2022).
- 6 Or. Archives, *Black History Context: National Origin and Chronology of Events*, <https://sos.oregon.gov/archives/exhibits/black-history/Pages/context/chronology.aspx> (last visited Dec. 16, 2022); see also Greg Nokes, *Black Exclusion Laws in Oregon*, OR. ENCYCLOPEDIA, [https://www.oregonencyclopedia.org/articles/exclusion\\_laws/#.Y5odnOzMLm8](https://www.oregonencyclopedia.org/articles/exclusion_laws/#.Y5odnOzMLm8) (last visited Dec. 16, 2022).
- 7 Greg Nokes, *Black Exclusion Laws in Oregon*, OR. ENCYCLOPEDIA, [https://www.oregonencyclopedia.org/articles/exclusion\\_laws/#.Y5odnOzMLm8](https://www.oregonencyclopedia.org/articles/exclusion_laws/#.Y5odnOzMLm8) (last visited Dec. 16, 2022).
- 8 Greg Nokes, *Black Exclusion Laws in Oregon*, OR. ENCYCLOPEDIA, [https://www.oregonencyclopedia.org/articles/exclusion\\_laws/#.Y5odnOzMLm8](https://www.oregonencyclopedia.org/articles/exclusion_laws/#.Y5odnOzMLm8) (last visited Dec. 16, 2022).
- 10 See, e.g., Dianne Lugo, *4 in 10 Oregonians Agree with Core White Nationalist Arguments, Survey Reveals*, SALEM STATESMAN J. (June 14, 2021), <https://www.statesmanjournal.com/story/news/2021/06/14/survey-reveals-scale-oregonian-support-white-nationalist-ideals/7657355002/>.
- 11 Migration Pol’y Inst., *State Immigration Data Profiles: Oregon*, <https://www.migrationpolicy.org/data/state-profiles/state/demographics/OR> (last visited Dec. 16, 2022); Migration Pol’y Inst., *Unauthorized Immigrant Populations by Country and Region, Top States and Counties of Residence, 2019*, <https://www.migrationpolicy.org/programs/data-hub/charts/unauthorized-immigrant-populations-country-and-region-top-state-and-county> (last visited Dec. 16, 2022).
- 12 Migration Pol’y Inst., *State Immigration Data Profiles: Oregon*, <https://www.migrationpolicy.org/data/state-profiles/state/demographics/OR> (last visited Dec. 16, 2022).
- 13 Migration Pol’y Inst., *Profile of the Unauthorized Population: Oregon*, <https://www.migrationpolicy.org/data/unauthorized-immigrant-population/state/OR> (last visited Dec. 16, 2022).
- 14 AM. IMMIGR. COUNCIL, FACT SHEET, IMMIGRANTS IN OREGON 1-2 (Aug. 6, 2020), [https://www.americanimmigrationcouncil.org/sites/default/files/research/immigrants\\_in\\_oregon.pdf](https://www.americanimmigrationcouncil.org/sites/default/files/research/immigrants_in_oregon.pdf).
- 15 Dianne Lugo, *Undocumented and Uninsured: How Oregon Could Address Racial Inequities in Health Care*, SALEM STATESMAN J. (June 22, 2021), <https://www.statesmanjournal.com/story/news/politics/2021/06/22/oregon-legislators-hope-address-racial-inequities-health-care-undocumented-medicare/7775561002/>.
- 16 Or. Health Authority, *Oregon Health Plan*, <https://www.oregon.gov/oha/hsd/ohp/pages/index.aspx> (last visited Dec. 16, 2022).
- 17 Or. Health Authority, *Oregon Health Insurance Survey: Early Release Results at 1 (2019)*, [2019-OHIS-Early-Release-Results.pdf](https://www.oregon.gov/oha/hsd/ohp/pages/index.aspx) (oregon.gov).

- 18 Migration Pol'y Inst., *Profile of the Unauthorized Population: Oregon*, <https://www.migrationpolicy.org/data/unauthorized-immigrant-population/state/OR> (last visited Dec. 16, 2022).
- 19 Janet Bauer, *HB 3352: Cover All People* (Or. Ctr. for Pub. Pol'y) (Mar. 17, 2021), <https://www.ocpp.org/2021/03/17/hb-3352-cover-all-people/>.
- 20 Janet Bauer, *HB 3352: Cover All People* (Or. Ctr. for Pub. Pol'y) (Mar. 17, 2021), <https://www.ocpp.org/2021/03/17/hb-3352-cover-all-people/>.
- 21 Jes Burns, *Was Oregon's COVID-19 Pivot Enough to Address Racial Inequities?*, OR. PUB. BROADCASTING, (Mar. 18, 2021), <https://www.opb.org/article/2021/03/18/was-oregons-covid-19-pivot-enough-to-address-racial-inequities/>. See also SERV. EMP. INT'L UNION [SEIU], *COVER ALL PEOPLE: HB 2164 AS AMENDED/HB 3352* (Mar. 2021), <https://olis.oregonlegislature.gov/liz/2021R1/Downloads/PublicTestimonyDocument/17078>.
- 22 JANET BAUER, *OREGON'S UNDOCUMENTED WORKERS ENDURE PANDEMIC WITHOUT ECONOMIC AID OFFERED TO OTHERS* (Or. Ctr. for Pub. Pol'y Issue Brief) (June 15, 2021), [https://www.ocpp.org/media/uploads/pdf/2021/06/iss20210615\\_UndocumentedWorkers\\_fnl.pdf](https://www.ocpp.org/media/uploads/pdf/2021/06/iss20210615_UndocumentedWorkers_fnl.pdf); Dianne Lugo, *Undocumented and Uninsured: How Oregon Could Address Racial Inequities in Health Care*, SALEM STATESMAN J. (June 22, 2021), <https://www.statesmanjournal.com/story/news/politics/2021/062/oregon-legislators-hope-address-racial-inequities-health-care-undocumented-medicaid/7775561002/>.
- 23 Press Release, Or. S. Democrats, *Senate Democrats Vote to Cover All People* (June 26, 2021), <https://www.oregonlegislature.gov/senatedemocrats/Documents/PRESS%20RELEASE%20Oregon%20Senate%20Votes%20to%20Cover%20All%20Kids.pdf>.
- 24 Off. of Or. Governor Tina Kotek, *Racial Justice Council*, <https://www.oregon.gov/gov/policies/Pages/racial-justice-council.aspx> (last visited Apr. 30, 2023).
- 25 OFF. OF OR. GOVERNOR KATE BROWN, *RACIAL JUSTICE COUNCIL: 2021 LEGISLATIVE SESSION ACCOMPLISHMENTS*, <https://www.oregon.gov/gov/Documents/EJTF%20Meetings%20and%20Reports/End%20of%20Legislative%20Session%20RJC%20Accomplishments%202021%20final.pdf> (last visited Dec. 16, 2022) (no longer available online).
- 26 Ben Botkin, *Lawmakers Pass Bill to Put Undocumented Residents on Medicaid*, THE LUND REP. (June 25, 2021), <https://www.thelundreport.org/content/lawmakers-pass-bill-put-undocumented-residents-medicaid>; see also LARA MEDIA SERVS., *JOINT TASK FORCE ON UNIVERSAL HEALTH CARE STUDY PHASE TWO: COMMUNITY LISTENING SESSION RESEARCH SYNOPSIS* (Aug. 2022), <https://www.oregon.gov/oha/HPA/HP/TFUHC%20Meeting%20Documents/Lara%20Media%20Phase%202%20Report%20August%202022.pdf>.
- 27 Or. Health Authority, *Primary Care Office, Migrant Health*, <https://www.oregon.gov/oha/HPA/HP-PCO/Pages/Migrant-Health.aspx> (last visited Dec. 16, 2022).
- 28 Or. Latino Health Coal., *Oregon Health Plan Expansion, Outreach & Enrollment*, <https://orlhc.org/our-work/ohp-plus-enrollment/> (last visited Dec. 16, 2022).
- 29 Nardin Ishak, *Health Insurance Expands Under New Law*, VALLEY TIMES (Aug. 26, 2021), [https://www.valleytimes.news/news/health-insurance-expands-under-new-law/article\\_d0bed932-9d7d-5f79-9104-dcdd657b00bc.html](https://www.valleytimes.news/news/health-insurance-expands-under-new-law/article_d0bed932-9d7d-5f79-9104-dcdd657b00bc.html).
- 30 OR. LATINO HEALTH COAL., *FACT SHEET, COVER ALL PEOPLE* (June 9, 2021), <https://ourchildrenoregon.org/wp-content/uploads/2021/06/Cover-All-People-One-Pager-6-9-21.pdf>.
- 31 OR. LATINO HEALTH COAL., *FACT SHEET, COVER ALL PEOPLE* (June 9, 2021), <https://ourchildrenoregon.org/wp-content/uploads/2021/06/Cover-All-People-One-Pager-6-9-21.pdf>.
- 32 Winsvey Campos et al., *Opinion: 'Cover All People' Is Oregon's Next Step Toward Health Equity*, THE OREGONIAN (June 2, 2021), <https://www.oregonlive.com/opinion/2021/06/opinion-cover-all-people-is-oregons-next-step-toward-health-equity.html>.

- 33 Dianne Lugo, *Undocumented and Uninsured: How Oregon Could Address Racial Inequities in Health Care*, SALEM STATESMAN J. (June 22, 2021), <https://www.statesmanjournal.com/story/news/politics/2021/062/oregon-legislators-hope-address-racial-inequities-health-care-undocumented-medicaid/7775561002/>.
- 34 Ben Botkin, *Lawmakers Pass Bill to Put Undocumented Residents on Medicaid*, THE LUND REP. (June 25, 2021), <https://www.thelundreport.org/content/lawmakers-pass-bill-put-undocumented-residents-medicaid>.
- 35 H.B. 3352, 81st Leg. Assemb., Reg. Sess. (Or. 2021), <https://olis.oregonlegislature.gov/liz/2021R1/Downloads/MeasureDocument/HB3352>, compiled at 2021 Or. Laws ch. 554.
- 36 S.J.R. 12, 81st Leg. Assemb., Reg. Sess. (Or. 2021), <https://olis.oregonlegislature.gov/liz/2021R1/Measures/Overview/SJR12>, codified at OR. CONST. art. I, § 47.
- 37 S.J.R. 12, 81st Leg. Assemb., Reg. Sess. (Or. 2021), <https://olis.oregonlegislature.gov/liz/2021R1/Measures/Overview/SJR12>, codified at OR. CONST. art. I, § 47; see also Pub. Broad. Sys. News Hour, *Oregon Could Be the 1st State to Make Health Care a Human Right* (Oct. 27, 2022), <https://www.pbs.org/newshour/politics/oregon-could-be-the-1st-state-to-make-health-care-a-human-right>.
- 38 A.P. Staff, *Voters in Oregon Pass Health Care Measure*, OR. PUB. BROAD. (Nov. 14, 2022), <https://www.opb.org/article/2022/11/14/oregon-measure-111-health-care-constitutional-right-passes/>.
- 39 H.B. 2116 75th Leg. Assemb., Reg. Sess. (Or. 2009), <https://olis.oregonlegislature.gov/liz/2009R1/Downloads/MeasureDocument/HB2116/Enrolled>.
- 40 S.B. 558 79th Leg. Assemb., Reg. Sess. (Or. 2017), <https://olis.oregonlegislature.gov/liz/2017R1/Downloads/MeasureDocument/SB558/Enrolled>, compiled at 2017 Or. Laws ch. 652.
- 41 Or. Health Authority, *Senate Bill (SB) 558 Overview* (Feb. 7, 2018), <https://www.oregon.gov/oha/HSD/OHP/Documents/SB%20558%20Overview.pdf>; S.B. 558 79th Leg. Assemb., Reg. Sess. (Or. 2017), <https://olis.oregonlegislature.gov/liz/2017R1/Downloads/MeasureDocument/SB558/Enrolled>, compiled at 2017 Or. Laws ch. 652 § 2; codified at OR. REV. STAT. § 414.231(3) (2023).
- 42 OR. HEALTH PLAN, *OHP NOW COVERS ME!; SENATE BILL 558 - COVER ALL KIDS IMPLEMENTATION REPORT* at 17 (Feb. 2020), <https://sharesystems.dhsoha.state.or.us/DHSForms/Served/he9950v.pdf>.
- 43 Or. L. Ctr., *Emergency Medical Care for Non-Citizens (CAWEM)*, <https://oregonlawhelp.org/resource/emergency-medical-care-for-non-citizens-cawem> (last visited Dec. 16, 2022); see also OR. HEALTH PLAN, *FACT SHEET, CITIZENSHIP WAIVED MEDICAL (CWM)* (last updated July 20, 2022), <https://www.oregon.gov/oha/HSD/OHP/Tools/CWM-Benefits.pdf>.
- 44 Off. of the Or. Sec'y of State, *Temporary Administrative Order, OHP Eligible Pregnant Individuals Shall Be Provided 12-Month Continuous Eligibility After Their Pregnancy Ends* (Mar. 29, 2022), <https://www.oregon.gov/oha/HSD/OHP/Policies/200-changes-040122.pdf>.
- 45 OR. REV. STAT. § 413.201(1) (2023).
- 46 OR. REV. STAT. § 413.201(3) (2023).
- 47 OR. REV. STAT. § 413.201(1) (2023).
- 48 OR. REV. STAT. § 413.201(2) (2023).
- 49 2021 Or. Laws ch. 554 § 6.

- 50 On September 28, 2022, the Biden Administration announced that it will approve Oregon's request to provide continuous Medicaid coverage to children from birth to their sixth birthday, and for two years for all Oregonians enrolled in Medicaid ages six and above. Letter from Chiquita Brooks-LaSure, Ctrs. for Medicare & Medicaid Servs., to Dana Hittle, Interim Medicaid Dir., Or. Health Authority (Sept. 28, 2022), <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/or-health-plan-09282022-ca.pdf>. Oregon was the first state to formally apply through a section 1115 waiver, followed by Washington and New Mexico. See Lynne Terry, *Under Federal \$1 Billion Agreement, Oregon Will Expand Medicaid Coverage*, OR. CAP. CHRON. (Sept. 29, 2022), <https://oregoncapitalchronicle.com/2022/09/29/under-federal-1-billion-agreement-oregon-will-expand-medicaid-coverage/>. The section 1115 waiver can be viewed here: OR. HEALTH AUTHORITY, APPLICATION FOR RENEWAL AND AMENDMENT: OREGON HEALTH PLAN 1115 DEMONSTRATION WAIVER DRAFT APPLICATION FOR PUBLIC COMMENT (last updated Dec. 7, 2021), <https://www.oregon.gov/oha/HSD/Medicaid-Policy/Documents/Waiver-Renewal-Application.pdf>.
- 51 2021 Or. Laws ch. 554 § 8.
- 52 2021 Or. Laws ch. 554 § 11.
- 53 OR. HEALTH AUTHORITY, OREGON HEALTH PLAN, SECTION 1115 ANNUAL REPORT 74, (2021) <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/or-health-plan-2-annl-rpt-jul-2020-jun-2021.pdf>.
- 54 OR. REV. STAT. § 413.201(3) (2023).
- 55 See OR. HEALTH PLAN, OHP COVERS ME!, OUTREACH TOOLKIT, (2020), <https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/he2545f.pdf>.
- 56 OR. REV. STAT. § 413.201(2)-(3) (2023).
- 57 H.B. 2116, Sec. 34 (2), 75th Leg. Assemb., Reg. Sess. (Or. 2009), <https://olis.oregonlegislature.gov/liz/2009R1/Downloads/MeasureDocument/HB2116/Enrolled>.
- 58 Or. Latino Health Coal., *Oregon Health Plan Expansion, Outreach & Enrollment*, <https://orlhc.org/our-work/ohp-plus-enrollment/> (last visited Apr. 30, 2023).
- 59 OR. REV. STAT. § 414.231(6) (2023).
- 60 Ben Botkin, *Oregon Prepares to Expand Coverage to Undocumented Adults*, THE LUND REP. (Dec. 28, 2021), <https://www.thelundreport.org/content/oregon-prepares-expand-coverage-undocumented-adults>.
- 61 OR. HEALTH AUTHORITY, OFFICE OF HEALTH POLICY, HEALTH POLICY AND ANALYTICS DIVISION, HB 3352 HEALTHIER OREGON IMPLEMENTATION REPORT at 5 (Jan. 2023), <https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le-110196.pdf>.
- 62 Ben Botkin, *Oregon Prepares to Expand Coverage to Undocumented Adults*, THE LUND REP. (Dec. 28, 2021), <https://www.thelundreport.org/content/oregon-prepares-expand-coverage-undocumented-adults>.
- 63 J. LEGIS. COMM. ON WAYS & MEANS, H.B. 3352 B BUDGET REPORT AND MEASURE SUMMARY, S. 81-3352-B, Reg. Sess., at 2 (2021), <https://olis.oregonlegislature.gov/liz/2021R1/Downloads/MeasureAnalysisDocument/63260>.
- 64 PATRICK HEATH, J. COMM. ON WAYS & MEANS, H.B. 3352 A BUDGET REPORT AND MEASURE SUMMARY, S. 81-3352-A, Reg. Sess., at 2 (2021), <https://olis.oregonlegislature.gov/liz/2021R1/Downloads/CommitteeMeetingDocument/246185>.
- 65 PATRICK HEATH, J. COMM. ON WAYS & MEANS, H.B. 3352 A BUDGET REPORT AND MEASURE SUMMARY, S. 81-3352-A, Reg. Sess., at 2 (2021), <https://olis.oregonlegislature.gov/liz/2021R1/Downloads/CommitteeMeetingDocument/246185>.
- 66 Patrick Jones, *Oregon Legislature Passed Bills Improving Coverage, Costs, and Equity This Session*, STATE OF REFORM (July 8, 2021) (emphasis added), <https://stateofreform.com/featured/2021/07/oregon-legislature-health-care/>.



- 67 Or. LEGIS. POL'Y & RSCH. OFF., JOINT TASK FORCE ON UNIVERSAL HEALTH CARE, FINAL REPORT AND RECOMMENDATIONS (Sept. 2022), <https://www.oregon.gov/oha/HPA/HP/TFUHC%20Meeting%20Documents/Joint%20Task%20Force%20on%20Universal%20Health%20Care%20Final%20Report%20%20Recommendations%20September%202022.pdf>.
- 68 LARA MEDIA SERVS., JOINT TASK FORCE ON UNIVERSAL HEALTH CARE STUDY PHASE TWO: COMMUNITY LISTENING SESSION RESEARCH SYNOPSIS 35 (Aug. 2022), <https://www.oregon.gov/oha/HPA/HP/TFUHC%20Meeting%20Documents/Lara%20Media%20Phase%20%20Report%20August%202022.pdf>.
- 69 Ben Botkin, *Lawmakers Pass Bill to Put Undocumented Residents on Medicaid*, THE LUND REP. (June 25, 2021), <https://www.thelundreport.org/content/lawmakers-pass-bill-put-undocumented-residents-medicaid>.
- 70 Dianne Lugo, *Undocumented and Uninsured: How Oregon Could Address Racial Inequities in Health Care*, SALEM STATESMAN J. (June 22, 2021), <https://www.statesmanjournal.com/story/news/politics/2021/062/oregon-legislators-hope-address-racial-inequities-health-care-undocumented-medicaid/7775561002/>.
- 71 Patrick Jones, *Oregon Legislature Passed Bills Improving Coverage, Costs, and Equity This Session*, STATE OF REFORM (July 8, 2021) (emphasis added), <https://stateofreform.com/featured/2021/07/oregon-legislature-health-care/>.
- 72 Amelia Templeton, *Measure 111 Passes, Giving Oregonians a Constitutional Right to Access Affordable Health Care*, OR. PUB. BROAD. (Nov. 15, 2022), <https://www.opb.org/article/2022/11/15/oregon-election-right-to-affordable-health-care/>.
- 73 H.B. 4052, 81st Leg. Assemb., Reg. Sess. (Or. 2022), <https://olis.oregonlegislature.gov/liz/2022R1/Downloads/MeasureDocument/HB4052/Enrolled>, compiled at 2022 Or. Laws ch. 48.
- 74 S.B. 732, 81st Leg. Assemb., Reg. Sess. (Or. 2021), <https://olis.oregonlegislature.gov/liz/2021R1/Downloads/MeasureDocument/SB0732/Enrolled>, compiled at 2021 Or. Laws ch. 493; codified at OR. REV. STAT. §§ 328.542, 329.095 (2023).
- 75 Oregon Worker Relief Fund, <https://workerrelief.org/> (last visited Dec. 16, 2022).
- 76 AM. CIV. LIBERTIES UNION OR., 2022 LEGISLATIVE SESSION (2022), [https://www.aclu-or.org/sites/default/files/field\\_documents/2022\\_legislative\\_session\\_report\\_aclu\\_oregon.pdf](https://www.aclu-or.org/sites/default/files/field_documents/2022_legislative_session_report_aclu_oregon.pdf).
- 77 OR. HEALTH AUTHORITY, HEALTHIER TOGETHER OREGON: 2020-2024 STATE HEALTH IMPROVEMENT PLAN (Sept. 2020), <https://www.oregon.gov/oha/PH/ABOUT/Documents/ship/2020-2024/Healthier-Together-Oregon-full-plan.pdf>.
- 78 S.B. 770, 80th Leg. Assemb., Reg. Sess. (Or. 2019), <https://olis.oregonlegislature.gov/liz/2019R1/Downloads/MeasureDocument/SB770/Enrolled>, compiled at 2019 Or. Laws ch. 629.
- 79 Or. Leg., *Joint Task Force on Universal Health Care*, <https://olis.oregonlegislature.gov/liz/2021I1/Committees/JTFUHC/Overview> (last visited Dec. 16, 2022).
- 80 Or. Health Authority, Off. of Health Pol'y, *Task Force on Universal Health Care*, <https://www.oregon.gov/oha/hpa/hp/pages/task-force-universal-health-care.aspx> (last visited Dec. 16, 2022).
- 81 OR. REV. STAT. §§ 414.312-414.320 (2023), <https://www.oregon.gov/oha/HPA/Pages/Statutes-Details.aspx?View=%7b5EB52B2E%2D5B03%2D4EDC%2D9356%2DB989638C385A%7d&SelectedID=12>.
- 82 Or. Dep't of Hum. Servs., *Temporary Assistance for Domestic Violence Survivors*, <https://www.oregon.gov/dhs/abuse/domestic/pages/tadvs.aspx> (last visited Dec. 16, 2022).