

HEALTH CARE IN LANE COUNTY

INTRODUCTION

"It is the obligation of the state to ensure that every resident of Oregon has access to cost-effective, clinically appropriate, and affordable health care as a fundamental right." (Article 2, Section 47 of the Oregon Constitution)

LEAGUE POSITION

The League of Women Voters of the United States has adopted the following position on health care:

The US health care system should provide all US residents with a basic level of quality health care at an affordable cost. Basic care includes disease prevention, primary care (including prenatal and reproductive health), acute and long-term care, mental health care, and health promotion and education. Health care policy goals should include the equitable distribution of services and delivery of care, advancement of medical research and technology, and a reasonable total national expenditure level.

The League of Women Voters believes that public policy must affirm the right of privacy of the individual to make reproductive choices and that every individual should have access to quality health care at an affordable cost.

STATE LEVEL HEALTH CARE

A. Oregon Health Authority

The Oregon Health Authority's (OHA) mission is to ensure all people and communities can achieve optimum physical, mental, and social well-being through partnerships, prevention, and access to quality, affordable health care. One of OHA's core values is health equity, which addresses the clinical and social conditions, as well as the historical and contemporary injustices, that undermine health. OHA respects diverse cultures, populations, histories, and health practices, and considers the diversity of Oregon's communities when making policy and practice decisions and determining how resources are distributed.

In 2019 OHA set a goal to eliminate health inequities in Oregon by 2030. OHA is the first health agency in the United States to identify health equity as a guiding goal. Two of the strategic initiatives for OHA include "strengthening access to affordable care for all" and "fostering healthy families and environments." OHA has identified Rural Health Care Access as a priority.

B. Oregon Health Plan

The Oregon Health Plan (OHP), initiated in 1993, is Oregon's Medicaid program. Currently, federal funds cover approximately 75% of OHP costs. The remaining 25% of funding for OHP is covered by Oregon state funds. Oregon has 1.4 million Medicaid members:

- 1 in 3 people in Oregon are covered by Medicaid (92,000 in Lane County).
- 57% of children in Oregon are covered by Medicaid.
- Half of births in the state are covered by Medicaid.
- 2 out of every 3 nursing home residents rely on Medicaid.
- Counties in rural areas typically have higher Medicaid enrollment.

Oregon's Health System Performance Prior to Passage of HR1 ("Big Beautiful Bill Act")

In 2023, 97% of Oregonians had at least partial medical coverage. A 2025 report comparing health systems in 50 states and the District of Columbia showed that Oregon ranked in the top 25% of states overall, and top 50% in western states (AK, CA, HI, NV, OR, WA) for health system performance. Oregon improved its ranking over the previous year because the legislature expanded Medicaid access through the Affordable Care Act. Oregon performed well on prevention of hospitalizations, low Medicare spending per beneficiary, and relatively low out-of-

pocket medical costs for employees covered by insurance. Oregon performed poorly on mental health care for children and high primary care spending as a share of total spending for people age 65 and older.

Impact of HR1 on Oregon Health Plan

In July 2025, Congress passed HR1 which cut fundamental programs like Medicaid, Medicare, and the Supplemental Nutrition Assistance Program to pay for tax cuts that disproportionately benefit wealthier Americans. Medicaid cuts were forecast to severely impact Oregon, with estimates suggesting 20% of current enrollees possibly losing coverage. The state could lose more than \$1 billion in the 2027-2029 biennium, threatening rural hospitals, reducing health access for vulnerable residents, and potentially forcing institutions to close or cut services.

HR1 has significantly restructured the OHP and increased administrative costs for implementing it. It mandates more frequent eligibility checks (every six months rather than every two years) and stricter reporting requirements, which make it more difficult for people to access care. HR1 simultaneously reduces funding for enrollment and renewal processing, resulting in increases in state costs. Oregon could see a loss of \$11.7 billion in federal Medicaid funding over the next five years. OHA estimates that 200,000-500,000 Oregonians—at least one-third of whom are children—will lose health care coverage. Oregon is one of 20 states expected to experience an increase of greater than 3% in the number of uninsured by 2034. After the passage of HR1, the Governor directed state agencies to propose budget cuts of up to 5% to compensate for the lost revenue from HR1.

Impact of HR1 on Rural Health Care

The State of Oregon applied for federal funding to improve rural health care through the Rural Health Transformation Program, established under HR1. Oregon initially requested \$200 million annually, for a total of \$1 billion over five years. Oregon was awarded \$197.3 million for 2026. The federal government will revisit funding awards every year after reviewing each recipient state's progress.

OHA will distribute the funding and plans to make two sets of awards in 2026. OHA will first distribute funding through Immediate Impact Awards to strategic projects that can begin within two months of receiving funding. By mid-2026, Catalyst Awards will be made to ready-to-go projects following a formal application process. OHA expects to begin accepting Catalyst Award applications by spring 2026.

C. Corporate and Private Equity Consolidation

Corporate purchases of medical practices across the United State have increased in recent years, resulting in a shift from community care-based to profit-based decision making. These corporations are often subsidiaries of larger insurance companies and/or are not based in the local community. For example, Optum, which acquired Oregon Medical Group (OMG) in 2020, is a subsidiary of UnitedHealth Group, headquartered in Minnesota. ApolloMD, recently contracted to staff PeaceHealth RiverBend Emergency Services, is based in Atlanta, Georgia. LifePoint Health, PeaceHealth's new partner for rehabilitation and behavioral health facilities in Springfield, is based in Tennessee and owned by Apollo Global Management, a New York private equity firm. McKenzie-Willamette Medical Center is owned by Quincy Health LLC, also based in Tennessee. PeaceHealth is a nonprofit headquartered in Vancouver, Washington.

When institutions with no local stake make decisions about a community's health care, they optimize profit margin, system-level efficiency, and the priorities of boards and shareholders located elsewhere rather than local community needs. After UnitedHealth Group's subsidiary, Optum, acquired OMG, physicians were no longer completely in charge of clinical decisions. By 2024, more than one-third of the physicians (32) had left the practice. Oregon legislators estimated more than 10,000 patients were left without a primary care doctor. This resulted in patients, some of whom had been with the practice more than two decades, receiving a letter saying, "We are unable to transfer your care to another Oregon Medical Group provider at this time." Thousands of patients received that letter.

Nick Jones, MD, was one of the physicians who left OMG. In a March 2024 OregonLive interview, he said he left because he had “this absurd quota of patients.” He described that while carrying a caseload of 2,800 patients, providers were required to complete billing and coding, which he called “a waste of our time.” Likewise, Amandajo Sanders, MD, reported that upon taking a 5% pay cut, she left the profession seven months after the acquisition. In a May 2024 OregonLive interview, Sanders said, “The focus became money, efficiencies, and quotas.”

Additionally, Optum closed the OB-GYN department; eliminated dermatology, osteopathic medicine, and pain management; and attempted to enforce noncompete agreements that would have barred departing physicians from practicing locally.

D. Legislative Initiatives

The 2025 Scorecard on State Health System Performance states:

When it comes to having affordable health coverage, access to good-quality care, and the ability to lead a healthy life, where you live matters. ... In many cases the wide variations in health and health care we see come down to the policy choices that state leaders make: for example, whether to expand Medicaid eligibility, whether to ensure women can access the full range of reproductive care services, or whether to boost investment in primary care.

2026 Oregon Legislative Session

Several state laws were enacted addressing health care. HB 4107, whose primary sponsors were Representative Nathanson and Senators Manning, Jr. and Prozanski, establishes minimum care standards for urgent care clinics, enhancing transparency and ensuring reliable health care alternatives to emergency rooms. An urgent care center must now be capable of providing tests for common respiratory diseases, 12-lead electrocardiograms (ECG), splints, and sutures. Urgent care centers must have at least one licensed health care provider on-site during all hours of operation and must clearly post on their website and near the entrance the following information: types of insurance and payment accepted, affiliation with any larger health systems or hospitals, available diagnostic tools (e.g., X-rays, lab testing), and policies on accepting walk-ins and requiring appointments.

HB 4127 stabilized access to Planned Parenthood, which had been dropped by the federal government as an approved Medicaid provider. The bill allows for preventative health care services, including vaccinations, and prohibits insurance companies from charging co-pays or deductibles for cervical cancer screenings.

HB 4088 ensures privacy from federal government investigations and prosecutions for reproductive care and gender-affirming care.

2025 Oregon Legislative Session

SB 951 was enacted to strengthen previous restrictions on corporate management service organizations (MSOs) owning medical practices or controlling clinical decision making. MSOs are entities that contract with medical practices to provide administrative services such as payroll, billing, and coding. The law restricts clinical decisions to licensed medical professionals. It provides that only licensed practitioners can decide the amount of time spent with a patient, staffing levels, schedules of licensees, coding decisions, and clinical standards of care.

SB 951 also voids restrictive covenants. The law renders most noncompete, nondisclosure, and nondisparagement agreements between MSOs and medical professionals void and unenforceable. This allows doctors to speak out about corporate practices or to move to a different clinic without legal penalty. Under SB 951 MSOs can no longer hire, fire, or set the salaries of medical licensees; these decisions must stay within the professional medical entity.

2023 Oregon Legislative Session

Prior to this session, Oregon voters passed Measure 111 in November 2022. This added the provision to the Oregon Constitution quoted at the beginning of this study, which defined “health care as a fundamental right.”

SB 1089, passed in 2023, addresses the method of meeting that obligation. It created a nine-member Universal Health Plan Governance Board, charged with designing a publicly funded health plan to cover everyone who lives in Oregon, including how the program would be administered, funded, and implemented statewide. Input is required from these specified groups as partners: federally recognized tribes in Oregon, small and large businesses, providers, clinics, community-based organizations, disability-led organizations, insurance carriers, and behavioral health consumers and providers.

The board is mandated to address health equity, ways to maximize health, fair distribution of medical resources, methods to minimize financial hardship for individuals and families, and community ownership and governance. The Governance Board began meeting monthly in April 2024. It created five committees to assist it in accomplishing its mandates. Each committee is chaired or co-chaired by one or two board members. Every board and committee meeting is public, both virtually and in-person. Each meeting agenda and recorded meetings are available on the Governance Board website: <https://www.oregon.gov/uhpgeb/pages/index.aspx>. The Board is required to deliver the recommendation to the legislature in September 2026 for action by the 2027 Legislative Session.

COUNTY LEVEL HEALTH CARE

A. Urban v. Rural Health Care.

Hospitals

Lane County has four hospitals. Two are regional medical centers: PeaceHealth RiverBend, with a level II trauma center and 347 beds, and McKenzie-Willamette, with a level III trauma center and 113 beds. Additionally, there are two rural/critical access hospitals: PeaceHealth Peace Harbor in Florence, with a level III trauma center and 21 beds, and PeaceHealth Cottage Grove, which has 14 beds and an emergency department but is not part of the Oregon trauma network. Trauma facilities are categorized as level I, II, III, or IV. Level I centers provide the highest level of comprehensive care. Oregon's only level I Trauma Centers are located in Portland.

The Oakridge city government is working to be designated as a medically underserved area to qualify for funding for a federally qualified health center. Federally qualified health centers are federally funded nonprofit health centers or clinics that serve medically underserved areas and populations, providing primary care services using a sliding scale fee based on ability to pay. They receive federal grants under Section 330 of the Public Health Service Act and enhanced reimbursement from Medicare/Medicaid. This would enable the city to build a small hospital and urgent care center and to include mental health services, physical rehabilitation, and overnight care.

Primary Care

The majority of primary care doctors in Lane County are located in the Eugene/Springfield area. These include larger practices such as PeaceHealth, Oregon Medical Group, and River Road Medical Group, and smaller practices that may have only one, or a few, physicians. While it may seem there are a large number of primary care options, not all providers accept new patients, and many providers accept only specific types of insurance, making it difficult for people to find a new doctor, resulting in long waits before being able to get an appointment.

There are fewer options for Lane County residents living outside the Eugene/Springfield urban area. Orchid Health operates primary care clinics in Oakridge and Fern Ridge/Elmira and the McKenzie River clinic in Blue River, east of Vida. Their website indicates that they accept most insurance and patients without insurance using a sliding fee schedule based on family size and income. They also provide services to school-age children at no cost. Additionally, BestMed operates urgent and primary care clinics in Cottage Grove and Junction City. The PeaceHealth Dexter Clinic, actually a Kaiser Permanente facility, provides urgent care services in Dexter. PeaceHealth provides primary care services in Cottage Grove, Creswell, and Florence.

Community Health Centers of Lane County, designated as a federally qualified health center, operates several clinics in Eugene/Springfield and one in Cottage Grove.

The Oregon Office of Rural Health published the *Oregon Areas of Unmet Health Care Needs Report* in September 2024. It rates 128 primary care service areas throughout the state, which are classified as urban, rural or remote. Twelve primary care service areas are located all, or partially, within Lane County. There are four urban service areas encompassing Eugene/Springfield and eight rural service areas.

One item evaluated in the report is primary care capacity, measured by comparing the estimated number of visits that primary care providers in a service area should be able to supply with the estimated number of primary care visits needed by the demographic of the local population. Primary care providers include general and family physicians, pediatricians, obstetrician-gynecologists, internists, primary care physicians’ associates, and primary care nurse practitioners.

The report found that the overall ratio of estimated primary care visits that existing providers can accommodate across the state is .99. A ratio of 1 would indicate a balance between supply and demand. A higher number than 1 indicates capacity exceeds demand, a number lower than 1 indicates demand is greater than capacity.

Lane County service areas are rated as follows for primary care capacity:

Eugene West	urban	.51
Eugene University	urban	1.80
Eugene South	urban	.25
Springfield	urban	1.58
Florence	rural	.81
Veneta	rural	.11
Cottage Grove	rural	.45
Lowell/Dexter	rural	.12
Oakridge	rural	.16
McKenzie/Blue River	rural	.61
Junction City	rural	.24
Swisshome/Triangle Lake	rural	0

Note: The names of the urban service areas do not indicate areas that follow city boundary lines. For example, much of the area often considered to be North Eugene is located within the Junction City service area.

This table above indicates that two of the urban service areas, Eugene West and Eugene South, have a much higher demand than capacity, while the other two, Eugene University and Springfield, have excess capacity. Because all four of these service areas are part of a contiguous urban area, it is expected that the excess demand in the underserved areas would utilize the excess capacity in the other two urban service areas. Primary care capacity in urban areas overall throughout the state is 1.16.

The table also indicates that there is a large unmet demand for primary care capacity in the rural service areas. Florence is the closest to providing sufficient capacity at .81, but the other areas range from .61 in McKenzie/Blue River to 0 in Swisshome/Triangle Lake.

Lane County Rural Health Travel Time

Travel time to the nearest Patient Centered Primary Care Home (PCPCH) is also evaluated in the Oregon Unmet Needs Report. A PCPCH is a health care clinic that has been officially recognized by the OHA for providing high-quality, patient-centered care. Travel time to the nearest PCPCH in each of the service areas was 10 minutes except for Lowell/Dexter at 22 minutes and Swisshome/Triangle Lake at 27 minutes. While most of the rural service areas have a travel time of 10 minutes to the nearest PCPCH, because those areas have a greater demand than supply for services, it is expected that many seeking primary care services would need to travel to providers further away to obtain services.

Lane County Public Health published a Lane County Health Care Services Assessment in January 2025. That assessment was conducted by two focus groups with representatives from hospital services, behavioral health services, primary care, pediatric care, and coordinated care organizations. The groups reviewed the data from the Oregon Unmet Needs Report and discussed access and barriers to primary care in Lane County. The assessment participants agreed that there is a shortage of primary care providers in Lane County and that access to health care for all groups seemed to be getting worse. People needing to find a doctor struggle to find a practice taking new patients, with those on Medicare or Medicaid having the longest wait times. Recent closures of local clinics, the sale of Oregon Medical Group, and the closure of the University District Hospital had major impacts, reducing access for many people.

Specialty Care

Medical specialists are largely centered in the Eugene/Springfield area. Some specialists may provide limited office hours outside of that area, but for the most part, rural Lane County residents need to travel to Eugene/Springfield for specialized care.

B. History of McKenzie-Willamette Hospital

Located in Springfield, McKenzie-Willamette Hospital was established through fundraising after a 1948 flood blocked access to the existing Sacred Heart Medical Center in Eugene. It opened in 1955 as an acute care hospital with an emergency department. Over time, many outpatient programs were offered. Following financial problems caused by the majority of care being provided to those not insured, or insured by Medicaid or Medicare, in 2002 the Oregon Attorney General approved a publicly traded and nonprofit joint venture to own and operate the facility. With that approval, the hospital was reorganized as a limited liability company, Triad Hospitals. Triad Hospitals was subsequently acquired by Community Health Systems, then by Quorum Health Corp., a Tennessee-based chain, and is now owned by the private equity firm, Quincy Health LLC, also based in Tennessee.

In 2004, that joint venture ended. McKenzie-Willamette Hospital became a for-profit hospital. The community nonprofit organization, what is now Cascade Health, split off to operate the outpatient programs: occupational health, home care, hospice and palliative care, physical/occupational/hand therapy, counseling and employee assistance, diabetes and nutrition education, and travel health.

The Lund Report is an independent nonprofit, nonpartisan watchdog publication, specializing in health care. The report published in October 2018 documented that McKenzie-Willamette had cut charity care to zero, aggressively pursued collections from patients who cannot pay, and structured its patient mix to favor commercially insured patients—with more than 50% of revenues coming from commercial insurance compared to a statewide average of roughly 30%.

McKenzie-Willamette Hospital has announced plans to build a free-standing emergency department in Eugene on a lot at West 6th Avenue and Grant Street to address the lack of an emergency department in Eugene due to the closing of the University District Emergency Department in 2023. To date, the plans are still in development, and it is uncertain what level of service will be provided.

C. History Of Sacred Heart Medical Center in Eugene

The Sisters of St. Joseph of Peace purchased Pacific Christian Hospital on July 1, 1936, for \$50,000. They renamed the hospital “Sacred Heart General Hospital.” Within five years, they built a six-story addition with 100 more beds, expanding surgical and ancillary medical services. Other services and programs were introduced:

- The Sacred Heart School of Nursing was established in 1942 and trained more than 600 nurses before Lane Community College took on the program in 1970.
- The R.O. Johnson Unit was completed in 1969, providing inpatient psychiatric beds and related outpatient services.
- The Neonatal Intensive Care Unit opened in 1977 to provide highly specialized services to premature babies.
- The Sacred Heart Adolescent Recovery Program (SHARP) opened in 1981 and was the first adolescent alcoholism treatment program in Oregon.
- The first hospice care service in Eugene/Springfield began in 1984.
- “Sacred Heart” Medical Center officially became known as “PeaceHealth” in conjunction with the opening of the RiverBend campus in August 2008.
- PeaceHealth University District closed its emergency department and inpatient beds in December 2023.
- PeaceHealth will open its inpatient rehabilitation hospital August 25, 2026. On October 1, all rehabilitation patients at RiverBend will be transferred to the new facility.

Sacred Heart Hospital transitioned from the ownership of the Sisters of Saint Joseph to a CEO-managed structure in 1997. This change marked a significant shift in how the hospital was administered, moving toward a more corporate model of leadership.

D. History of Bushnell University in Eugene

Bushnell University has deep roots in Eugene’s health care history. In 1924, Bushnell founded Pacific Christian Hospital, which was sold to the Sisters of St. Joseph. Bushnell is now, nearly a century later, buying back what it built. In October 2025, Bushnell finalized the purchase of two former PeaceHealth buildings on 11th Avenue—125,000 square feet including the former Center for Medical Education and Research and the former Behavioral Health Unit—to expand its College of Health Professions. Bushnell already operates nursing and clinical mental health counseling programs; has announced plans for occupational and physical therapy, nurse practitioner, and physician assistant programs; and has launched a Doctor of Nursing Practice for Anesthesiology degree program.

LOCAL ISSUES IN HEALTH CARE

A. Closure of University District Emergency Hospital

In August 2023, PeaceHealth announced the closure of the 117-bed University District Emergency Hospital in Eugene. Following the 90-day legal notification period, the facility officially closed its doors on December 1, 2023. This marked a seismic shift for the community, as it was the only emergency room serving Eugene’s 175,000 residents. Chief Hospital Executive James McGovern M.D. attributed the decision to chronic understaffing and significant revenue losses. The hospital was reportedly operating at an annual deficit of \$24 million.

Patient volume at University District steadily declined following the opening of PeaceHealth’s RiverBend hospital in Springfield 15 years prior. Consequently, maintaining dual staffing for both emergency departments became a critical challenge leading to concerns regarding care standards. While PeaceHealth cited consolidation as a financial necessity, some community members argued the move was a strategic effort to centralize services at the more profitable RiverBend location and questioned if the trauma center would have enough bed space. The announcement caught the city, the fire department, and local legislators by surprise, as no prior consultation had taken place. This lack of transparency sparked strong opposition from health care professionals, Oregon Nurses Association, Health Care for All Oregon, and community leaders.

In response to the closure, Representative Nathanson cosponsored HB 4136, allocating approximately \$4.5 million to OHA to bridge the health care gap in the Eugene/Springfield area. These funds were distributed among several

Lane County organizations: White Bird Clinic, the Eugene/Springfield Fire Department (to fund an additional ambulance and crew), BestMed Urgent Care, and other providers.

BestMed, an urgent care provider owned by the Chicago-based private equity firm Shore Capital Partners, received \$500,000 of the grant. The funding was intended to extend evening hours and add staff shifts to accommodate patient overflow that would have previously gone to the ER. However, there was concern that urgent care centers might not meet their intended obligations. During the 2026 legislative session, HB 4107 focused on establishing minimum standards for urgent care centers. The involvement of a private equity firm—whose primary mandate is to generate investor profit—raised concerns about the long-term stability and priorities of local health care. This follow-up legislation requires urgent care centers to:

1. Disclose specific financial and operational information publicly,
2. Adhere to rigorous service standards, and
3. Ensure patient records are seamlessly integrated with local emergency departments.

This legislation is designed to enhance service quality and increase transparency in urgent care facilities, ensuring better patient care.

B. Replacement of Eugene Emergency Physicians

With the closure of the University District Emergency Hospital, the PeaceHealth trauma ER at RiverBend now averages an eight-hour waiting time. On any given day, patients can be found lining the hallways due to a lack of bed space. In February 2026, PeaceHealth administration announced it will terminate its 35-year contract with Eugene Emergency Physicians and switch to the out-of-state corporate management services organization ApolloMD for emergency department staffing. Lane Emergency Physicians will staff PeaceHealth's three emergency departments in Springfield, Cottage Grove, and Florence, providing essential administrative and operational support.

Lawmakers are questioning the legality of this change and are seeking more time to investigate whether it violates SB 951, which prevents private equity firms or MSOs from operating professional medical facilities. ApolloMD asserts that it has no ties to private equity and that this transaction is not subject to the law. Although Governor Kotek requested PeaceHealth to delay the contract transition, it has refused, with July 1 set as the scheduled date for the changeover. Meanwhile, Eugene Emergency Physicians has filed a lawsuit against PeaceHealth and ApolloMD, alleging that the deal violates SB 951.

Lane County has seen health care organizations merge, close, acquire, and consolidate both vertically and horizontally. With each merger, services have been reduced, and public costs have increased.

C. PeaceHealth Hospital Layoffs

As a religious nonprofit, PeaceHealth must navigate a difficult paradox: It is mission-driven yet forced to compete in a private market. To ensure survival, it must remain profitable. This financial pressure recently led to the layoff of 2.5% of its workforce.

INDIVIDUAL HEALTH CARE

Healthy People 2030, published by the U.S. Department of Health and Human Services, emphasizes the crucial role of Social Determinants of Health (SDOH)—the nonmedical and nongenetic factors that influence individual health outcomes. SDOH encompasses several key areas: Health care Access and Quality, Economic Stability, Education Access and Quality, Social and Community Context, and the Neighborhood and Built Environment.

"**Health Care Access and Quality**" refers to increasing access to comprehensive, high-quality health care services. While the employer-based insurance model in the United States is designed to provide a safety net for the workforce, it simultaneously creates a significant socioeconomic divide. Currently, approximately one in ten people in the U.S. lacks health insurance. Uninsured individuals are significantly less likely to have a primary care provider and often cannot afford essential medical services or life-saving medications. This system leaves gig workers and

part-time employees navigating precarious gaps in coverage. Even among those who are insured, rising medical costs and premiums consistently outpace wage growth. Many low-wage earners are confined to inadequate insurance plans or high-deductible options that discourage them from seeking necessary care.

Oregon has one of the lowest uninsured rates in the country, largely due to the Oregon Health Plan. According to data from the 2023–2024 Oregon Health Insurance Survey (OHIS), the uninsured rate in Lane County is estimated to be between 5.6% and 6.0%. Ten states did not expand Medicaid under the Affordable Care Act; their average uninsured rate is approximately 14.5%.

“Economic Stability” means having the resources to afford the necessities of life: affordable housing, healthy food, and adequate health care. In Lane County, approximately 14.6% to 15% of the population lives below the poverty line (about 54,600 people). Lane County’s recent health assessment report for 2024-25 shows 15% of residents experience food insecurity.

Economic instability creates food insecurity, which extends beyond "hunger" to encompass a lack of access to nutritious, high-quality food. Families with limited financial resources often find themselves relying on calorie-dense, nutrient-poor processed foods that are cheaper and have longer shelf lives. This reliance contributes to higher rates of obesity and Type 2 diabetes. Furthermore, economic instability, such as sudden job loss—often necessitates frequent relocations. These disruptions do more than change an address; they sever the continuity of care from health care providers and can induce profound chronic stress, particularly in children. When a significant portion of a household’s income is pre-allocated to rent, there is often little to no residual income available for health-related expenses, potentially turning a minor medical issue into a major issue. Additionally, living in a constant state of economic uncertainty triggers a prolonged "fight or flight" response. This chronic stress results in elevated cortisol levels, which, over time, can lead to hypertension, a weakened immune system, and an increased risk of heart disease.

“Education Access and Quality” is closely tied to health literacy—the ability to find, understand, and use health information. Disparities in health literacy affect an individual's ability to navigate complex insurance forms, understand dosage instructions, and advocate for themselves in clinical settings.

“Social and Community Context” encompasses social networks and support systems, as well as access to family, friends, and community groups that provide both emotional and practical assistance. Systemic racism, discrimination, and social isolation have measurable adverse effects on physical health. For example, Native American and Indigenous populations experience disproportionately higher rates of chronic illnesses, such as diabetes and heart disease, compared to the general population. Furthermore, the Latinx community frequently faces barriers related to language access and fears associated with immigration status, which complicate access to health care.

“The Neighborhood and Built Environment” encompasses the human-made environments where people live and work. These significantly impact residents' safety and well-being. Low-income neighborhoods often experience disproportionate exposure to environmental pollutants and limited access to safe green spaces. They are frequently designated as "food deserts," lacking fresh and affordable produce. Substandard housing, characterized by structural issues and unreliable utilities, directly affects health. Additionally, inadequate sanitation and outdated infrastructure further heighten public health risks in these communities.

Live Healthy Lane is a collaborative, community-driven initiative dedicated to enhancing the health and well-being of residents in Lane County, including surrounding rural areas like Reedsport and Harrisburg. This initiative is not a single organization; rather, it is a partnership among local health authorities, health care providers, and community nonprofits, including Lane County Community Advisory Council, Kaiser Permanente, Lane Community Health Council, Lane County Health & Human Services, United Way of Lane County, PeaceHealth Oregon Network, Pacific Source Health Plans, and Trillium Community Health Plan

Live Healthy Lane is guided by two primary documents that shape regional health policy and resource allocation:

1. Community Health Assessment: Conducted every five years, this report identifies the most pressing health issues, disparities, and needs within the county.
2. Community Health Improvement Plan: This long-term roadmap, currently transitioning into the 2026– 2030 cycle, outlines specific goals and actions designed to address the issues identified in the assessment.

CONCLUSION

Lane County's health care landscape has experienced significant transformation, evolving through various models such as community institutions, nonprofit organizations, for-profit conversions, and corporate acquisitions. These changes have ultimately culminated in the current health care crisis, leaving rural communities particularly vulnerable. In response, legislators and voters have taken steps to mitigate the adverse effects of these corporate takeovers.

Moving forward, it is essential to uphold community accountability as a fundamental principle underpinning any governance model. The primary focus must be on addressing the needs of the community rather than prioritizing corporate profits.

DISCUSSION QUESTIONS

1. The League of Women Voters of the United States adopted this position on health care: "The US health care system should provide all US residents with a basic level of quality health care at an affordable cost." As Lane County League members, what are ways we can advance this position in our local Lane County health care service environment?
2. Have you experienced difficulty in finding a primary care physician and, if so, how did you deal with it?
3. The League of Women Voters of Port Washington-Manhasset (LWVPWM, NY), in collaboration with the New York and Vermont State Leagues has a proposal that would update the current LWV National position on privatization of health care entities (2012). They invite state and local leagues to support them at the 2026 National Convention.

Key Areas:

- Add health care to the list of services that should not be privatized in their entirety because they are fundamental to the governance of a democratic society, and they protect and provide basic human needs.
- The League opposes further privatization of needed health care.
- The League favors a system where fiduciary responsibility (for managing public goods) is to patients and the public.
- Where private entities fail to deliver programs that provide and protect basic human needs, the League supports de-privatizing them.

Do you support their proposal?

Resources available in the online version of this paper at <https://lwvlc.org>

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