



Essential Worker

Healthcare Trust



Essential Worker Healthcare Trust 2025 Annual Report

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2025 Annual Report Executive Summary

Oregon’s long-term care system relies on tens of thousands of caregivers to support older adults and people with disabilities every day. These workers provide hands-on, essential care, yet many struggle to access comprehensive, affordable healthcare coverage for themselves, and their families.

The Essential Worker Healthcare Trust (EWHT) was established to address a persistent gap in access to affordable, high-quality health coverage for Oregon’s long-term care workforce. Many caregivers earned slightly more than the income thresholds to qualify for the Oregon Health Plan but too little to afford employer-sponsored insurance, leaving a significant portion of the workforce uninsured or underinsured.¹ In 2021, the Oregon Legislature passed Senate Bill 800 (SB 800) to address this gap, authorizing the use of state and federal Medicaid funds and establishing EWHT as a private labor-management trust to deliver affordable health benefits to long-term care workers.

A Public–Private Model That Delivers Results

Since enrolling its first participants in 2023, EWHT has demonstrated that a targeted public–private approach can expand coverage, improve affordability, and strengthen workforce stability while responsibly leveraging state resources. By pooling employer and worker contributions with state and federal Medicaid supplemental funding, EWHT created a stable risk pool that no single employer could sustain on its own. This model allows the Trust to offer platinum-level benefits that cover 90% of medical costs, reduce monthly premiums by an average of 85%, and lower deductibles and out-of-pocket maximums for workers by an average of 67% compared to their prior employer-sponsored options.

In 2025, EWHT provided coverage to more than 6,100 workers and family members, representing a 28% increase from the prior year. This growth reflects higher enrollment among participating employers and the onboarding of new facilities joining the Trust. Employers remain active partners in the model, contributing 45% of premium costs and maintaining a meaningful financial stake in coverage. Premium growth has remained below market averages even as enrollment increased and federal matching rates declined.

¹ Oregon Health Authority, [Oregon Health Care Workforce Needs Assessment: Long-Term Care and Direct Care Workforce](#) (2024), p. 97



“Our high employee satisfaction is directly tied to our union contract and EWHT healthcare. This coverage literally saved my life—I rely on medication that would cost \$1,000 a month without it. EWHT keeps caregivers healthy, working, and able to support our families.”

— Stacey Olsen, Avamere Suzanne Elise Assisted Living Facility

Strengthening Recruitment, Retention, and Care Stability

EWHT has become a meaningful workforce stabilization tool for long-term care employers. One-year retention data show that workers enrolled in EWHT remain with their employers at 1.6 times the statewide average for skilled nursing facilities. Two-year retention remains about 1.2 times higher than the state average. By offering affordable, reliable health coverage, EWHT supports workers' ability to manage their health, reduces turnover, and helps employers compete for qualified staff. A healthier, more stable workforce also improves continuity of care for older adults and people with disabilities who rely on long-term care services.

The long-term care workforce is more diverse than Oregon's overall workforce and includes higher proportions of women and people of color, who have historically faced some of the highest uninsured rates. EWHT's membership reflects this diversity. By expanding access to comprehensive health benefits, EWHT reduces disparities in coverage and advances Oregon's commitment to eliminating health inequities by 2030. A supported and culturally responsive workforce also contributes to better communication, trust, and outcomes for individuals receiving care.

Looking Ahead: Positioning EWHT for Long-Term Success

As EWHT matures, the Trust is working in partnership with the Oregon Health Authority to strengthen long-term funding stability and accountability. EWHT is exploring a transition toward a caseload-informed funding approach that would better align state investment with actual enrollment and benefit costs, improve budget predictability, and maintain legislative oversight. This approach would continue to leverage federal Medicaid matching funds as established under SB 800, preserving the program's ability to maximize state dollars while keeping coverage affordable for employers and workers. Together, these efforts position EWHT as a stable, ongoing component of Oregon's long-term care system, focused on affordability, sustainability, and responsible stewardship of public resources.

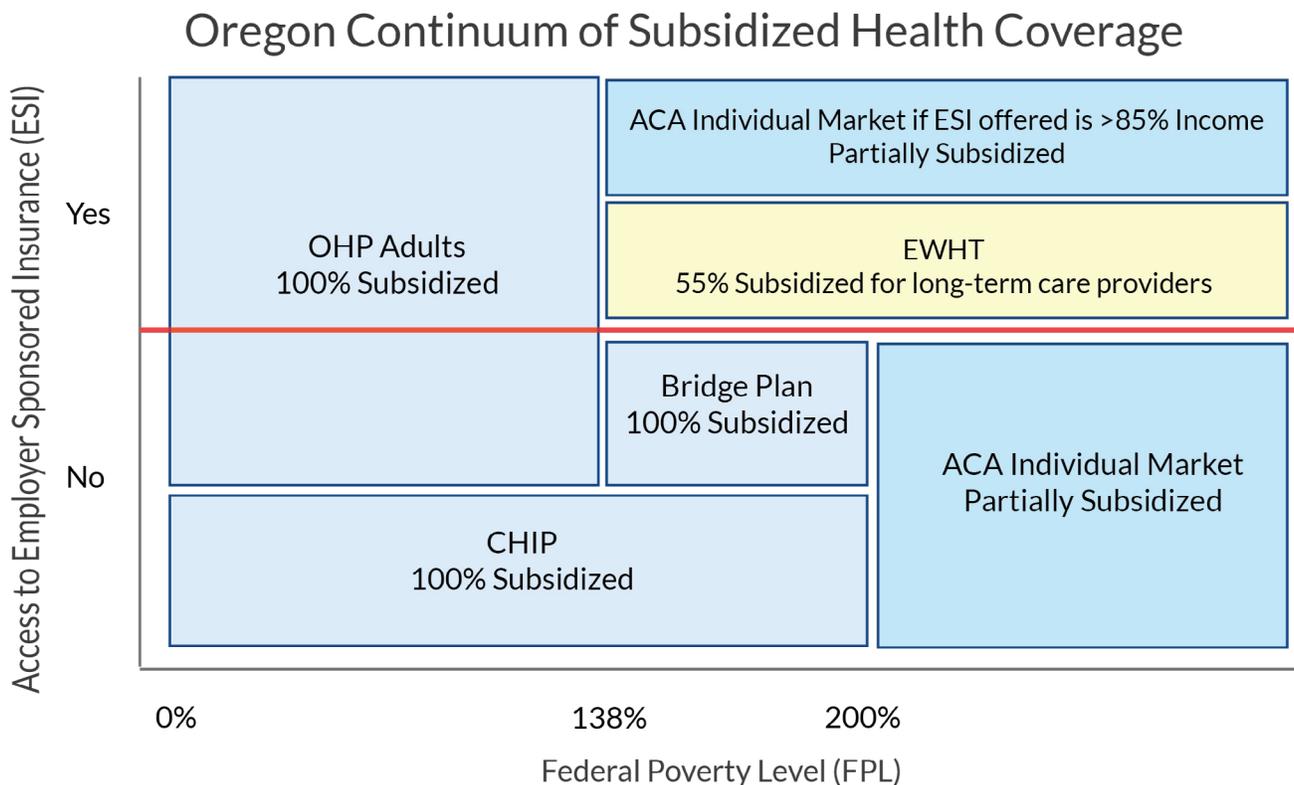


Background

Affordable Health Coverage Inaccessible to Many Long-Term Care Workers

Long-term care workers are a critical component of Oregon’s healthcare system. For many years, however, these essential workers faced limited access to affordable health coverage for themselves and their families. Employer-sponsored insurance was often technically available but came with premiums and deductibles that many workers earning modest wages could not realistically afford. Workers frequently had to choose between enrolling in coverage that would strain their household budgets or going without insurance altogether. At the same time, wage increases necessary to stabilize the workforce pushed many caregivers above income eligibility thresholds for the Oregon Health Plan. Because they were considered to have access to employer-sponsored coverage, these workers were also ineligible for the Oregon Bridge Plan and Affordable Care Act marketplace subsidies. As a result, a significant share of the workforce remained uninsured or underinsured, putting both worker health and the stability of Oregon’s long-term care system at risk.²

Figure 1. EWHT fills a gap for low-wage workers to access affordable, quality health benefits.



² Oregon Health Authority, [Oregon Health Care Workforce Needs Assessment: Long-Term Care and Direct Care Workforce \(2024\)](#) p. 97



Oregon's Solution: Senate Bill 800

In 2021, the Oregon Legislature passed Senate Bill 800 (SB 800), creating a new way to close this coverage gap. SB 800 authorized the Oregon Health Authority (OHA) to use state and federal Medicaid dollars as approved by the Centers for Medicare and Medicaid Services (CMS) to help long-term care employers offer affordable health benefits to their workers. Furthermore, SB 800 supported the creation of the Essential Worker Healthcare Trust (EWHT) as a private labor-management trust to deliver high-quality, low-cost healthcare benefits for the long-term care industry and fill the eligibility and affordability gap while ensuring transparency and accountability that all funds go directly to worker benefits.

A New Health Coverage Model Built for Oregon's Long-Term Care Sector

With this statutory framework in place, EWHT significantly narrowed the healthcare coverage gaps for long-term workers that neither public programs nor traditional employer plans were able to solve on their own. (See Figure 1.) In addition, by combining employer and worker contributions with state and federal Medicaid funding the Trust pools risk across multiple employers, providing a level of stability that individual employers cannot achieve on their own. This shared risk structure allows the Trust to offer affordable premiums, predictable out-of-pocket costs, and benefits designed to meet the needs of the long-term care workforce, including:

- 90% of member medical costs are covered, compared to 60% previously.
- 85% average reduction in monthly premiums, typically starting at \$35 for the lowest-income workers.
- 67% average reduction in deductibles and out-of-pocket maximums.

In addition to improving affordability, EWHT centralizes administration, member support, and regulatory responsibilities. This approach reduces the administrative burden on employers while maintaining consistent, high-quality coverage for workers statewide.



Profile of EWHT Participants

EWHT covers a wide range of long-term care workers across Oregon, including staff in nursing homes, assisted living and residential care communities, home care agencies, and programs serving people with intellectual and developmental disabilities (I/DD). (See Figure 2.) Full-time employees (defined as working at least 30 hours per week) at participating employers are eligible to enroll, along with their dependents, including spouses, domestic partners, and children up to age 26.

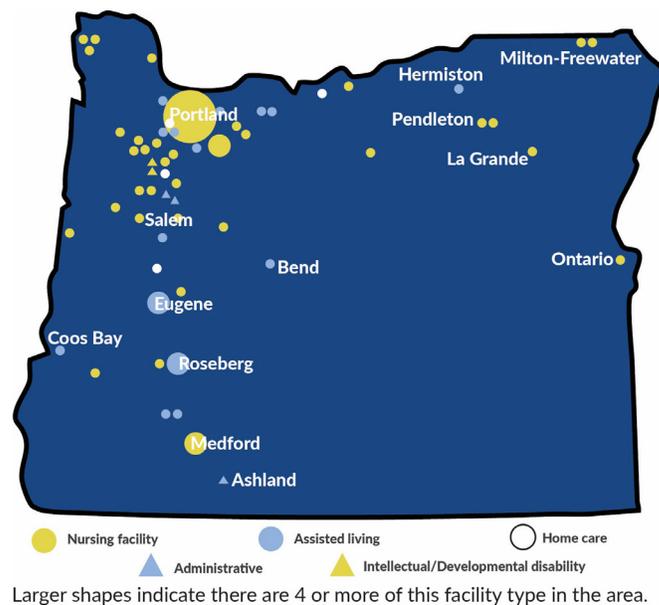
Sixty-seven percent of EWHT subscribers enroll only themselves; the majority (61.5%) of EWHT subscribers are female with an average age of 44; the average age of all covered participants (subscribers and enrolled dependents) is 37.

Participating employers include:

- 62 skilled nursing facilities (representing 48% of Oregon’s nursing homes)
- 18 assisted living and residential care facilities
- One home care agency with four regional centers
- Two agencies serving people with intellectual and developmental disabilities

In 2025, EWHT provided coverage to more than 6,100 participants, a 28% increase from 2024. This growth reflects higher enrollment of staff at currently participating employers as well as new facilities that joined the Trust.

Figure 2. Map of employers participating in EWHT across Oregon.



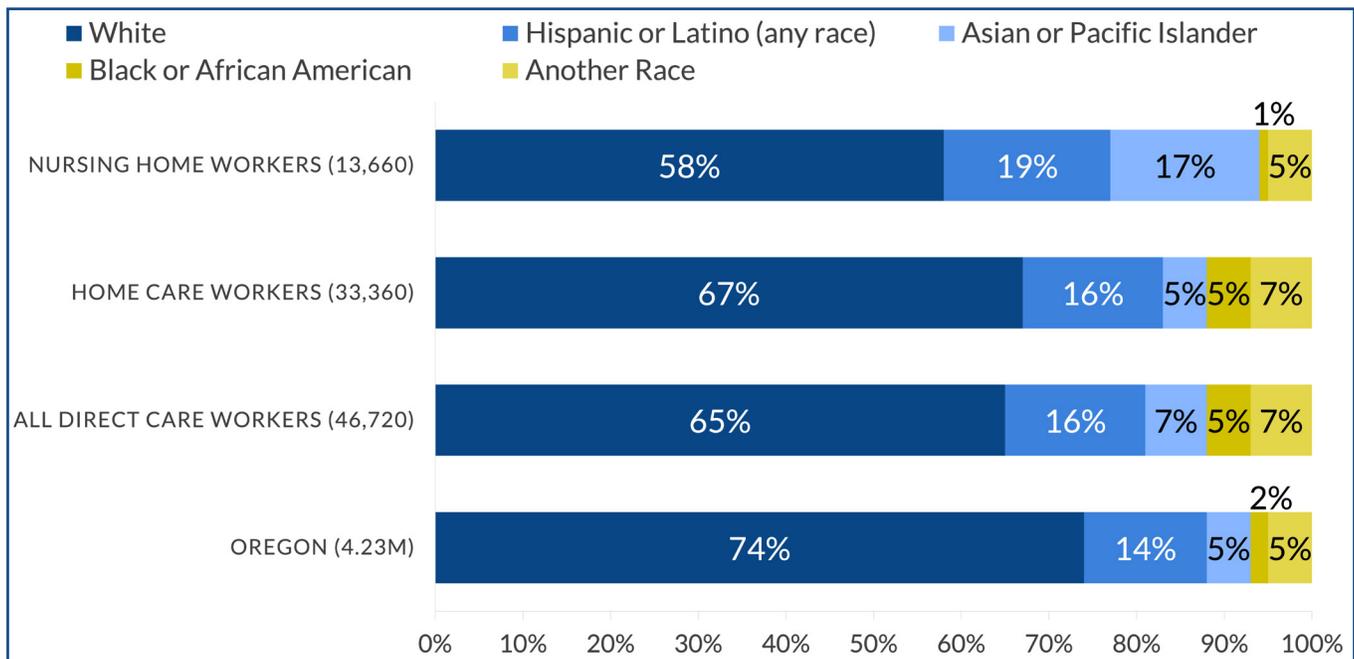
Alignment with Oregon’s Health Equity Priorities

Oregon’s long-term care workforce is far more diverse than the state’s overall workforce.³ These workers have historically faced some of the highest uninsured and underinsured rates in the state, leaving many without a viable path to coverage. Improving coverage for this workforce directly supports Oregon’s health equity goals, including the state’s commitment to eliminate health inequities by 2030 by ensuring that all Oregonians can “reach their full health potential and well-being, without facing disadvantages due to their race, ethnicity, language, disability, immigration status, age, gender, gender identity, sexual orientation, geography, or social class.”⁴

EWHT’s membership reflects the diversity of the workforce it serves. As Figure 3 below shows, the racial and ethnic composition of the direct care workforce (nursing assistants, home health aides) and personal care aides compared to Oregon’s overall population.

Providing comprehensive, affordable benefits to this diverse workforce reduces longstanding disparities in access to care. It also strengthens staff recruitment and retention by offering benefits that align with workers’ health and financial needs. A diverse and stable long-term care workforce benefits older adults and people with disabilities by increasing access to providers who understand their cultural experiences and communication preferences, which are factors associated with stronger relationships and better health outcomes.

Figure 3. Oregon’s long-term care workforce is more diverse than the state’s overall population.



3 Oregon Health Authority, [Oregon Health Care Workforce Needs Assessment: Long-Term Care and Direct Care Workforce](#) (2024), p. 97

4 Oregon Health Authority, (n.d.) [Oregon Health Authority strategic plan \(2024-2027\)](#). Oregon.gov



Positive Impact on Recruitment and Retention

Employers consistently report that EWHT benefits play a central role in their ability to attract and retain long-term care workers. Skilled nursing facilities in Oregon report an annual retention rate of 45.4% for nursing staff.⁵ In comparison, 71% of employees enrolled in EWHT remained enrolled after 1 year and 62% remained enrolled after 2 years. These trends were consistent over the past 3 years and indicate that workers are more likely to stay with their employers when the health benefits offered are affordable and reliable.

EWHT benefits also give employers a competitive advantage in a tight labor market. Workers cite the cost and quality of EWHT coverage as a key factor in deciding whether to accept or remain in a job. Together, these outcomes show that expanding access to affordable health coverage is a practical workforce retention strategy by supporting stability, reducing turnover, and helping employers compete for qualified staff in all regions of the state.

“Having great partnerships, like the one we have with EWHT, makes all the difference for our facilities and teams. These partnerships help us provide access to care and financial support for employees, which we’re proud to offer. They’re also a key tool in recruiting staff and helping them build long-lasting careers with us.”

– Hunter McLane, Regional Vice President, PACS

⁵ [Nursing Home Staff Turnover: Oregon | Carelistings](#)



High-Quality, Affordable Health Benefits

After 3 years of providing benefits, EWHT continues to deliver coverage that reflects the needs and priorities of Oregon’s long-term care workforce. Prior to launch, EWHT held in-person and virtual focus groups to understand workers’ experiences with health coverage and to identify what mattered most to them. Input came from workers with different insurance backgrounds, tenure, health needs, languages, and locations. This feedback shaped the core features of the benefit plan and continues to inform EWHT’s approach to member communication, language access, and customer support.

Figure 4. EWHT covered benefits and associated costs.

	Regence PPO In-network providers	Kaiser Permanente EPO In-network providers
Preventive care	\$0	\$0
Primary care and behavioral health office visit	\$5 copay for first 3 visits; additional visits: \$20 copay	\$5 copay for first 3 visits; additional visits: \$20 copay
Specialty care	\$40 copay	\$40 copay
Urgent care	\$60 copay	\$60 copay
Emergency room	\$160 (waived if admitted), 20% coinsurance after deductible is met	20% after deductible is met
Labs and X-rays	20% coinsurance	20% coinsurance
Other services including imaging, surgery, hospital stays, etc.	20% after deductible is met	20% after deductible is met

Findings from these focus groups informed EWHT’s decision to offer 2 benefit plans, with covered services and associated costs as shown above in Figure 4:

- A fully insured Kaiser EPO (Exclusive Provider Option), which allows subscribers who were satisfied with their existing care to maintain continuity and seamless coordination.
- A self-funded Preferred Provider Organization (PPO) option through Regence BlueCross BlueShield, which offers statewide access, including areas where Kaiser is unavailable.



Out-of-Pocket Costs Remain Affordable

EWHT's out-of-pocket costs, deductibles, copays, and coinsurance have remained stable since 2023, helping ensure coverage is affordable and usable for low-wage workers. The annual deductible for an individual continues to be \$800 and \$1,600 for a family, for both Regence and Kaiser coverage. The maximum out-of-pocket costs are \$2,000 for an individual and \$4,000 for a family. These costs are 67% lower on average compared to pre-EWHT employer-sponsored insurance options.

In addition, EWHT subscribers have substantially lower costs for prescription drug coverage. Most notably, generic drugs are covered with a \$0 copay. These affordability improvements contribute to high prescription drug adherence, as costs are less likely to prevent workers from filling or refilling needed medications. Figure 5 below shows prescription drug adherence rates in 2025, which are measured based on initial prescription and refills. For context, OptumRx, EWHT's pharmacy benefit manager (PBM), considers anything over 80% adherence to be very good.

Figure 5. EWHT's affordable prescription drug coverage helps adherence rates remain high.

Prescription Drug Class	EWHT Adherence	
	2025	Change from 2024 (%)
Statins	91.5%	+0.66%
Hypertension	89.5%	+0.11%
Renin-angiotensin system antagonists	89.1%	-0.22%
Diabetes	91.4%	+3.75%
Depression	85.1%	-1.28%
All other	85.6%	+1.18%



Robust Member Support

As part of continuous improvement efforts, EWHT implemented several initiatives in 2025 to further support workers in understanding, accessing, and effectively using their benefits:

- **Language Access:** EWHT reviewed and revised key guides, mailings, and communication materials using plain language. This addressed member feedback about insurance jargon and plan complexity, making it easier for workers to understand their benefits, reduce confusion, and improve overall satisfaction. In addition, all member-facing materials are translated into Spanish. The Benefit Guide is also available in Tagalog, Russian, and Vietnamese on the EWHT website.
- **Open Enrollment Site Visits:** During open enrollment, EWHT and RISE Partnership team members conducted visits across the state to provide in-person support. Close collaboration with facility-based HR staff and representatives from Regence and Kaiser ensured broad worker reach and hands-on support, giving workers the opportunity to ask questions and better understand their coverage options. This assistance was especially valuable for first-time enrollees and those with qualifying life event changes.

EWHT also used these visits to hear workers' stories and feedback, which directly informs benefit design decisions. For example, in 2024, workers shared that high out-of-pocket costs made it difficult to get essential labs and X-rays, which were subject to the \$800 deductible plus 20% coinsurance. In response, the Board of Trustees approved a change to remove the deductible for these services. Workers also requested easier access to maintenance medications through local pharmacies, and the Board approved corresponding changes for the 2026 benefit year. These updates demonstrate EWHT's commitment to listening to members and adapting benefits to meet their needs.

- **Enhanced Member Support:** EWHT strengthened its collaboration with the carriers and its third-party administrator (TPA) to ensure all member issues and questions are resolved quickly and efficiently. A Frequently Asked Questions guide was developed for the customer service team when fielding member questions.
- **Proactive Member Outreach:** EWHT team members took proactive steps to protect members from losing critical dependent coverage by reaching out directly to individuals who had not yet submitted the required verification documents to provide support to help them complete the process. As a result, many families were able to maintain uninterrupted coverage for their spouses, domestic partners, and children, reducing stress and preventing potential gaps in care. This initiative demonstrated EWHT's commitment to prioritizing member well-being and minimizing barriers to access.



Employee Wellness and Preventive Health Supports

EWHT members have access to a range of wellness, prevention, and health management resources through Regence and Kaiser. These programs are integrated with covered medical services at no additional cost and include:

- **Preventive care and screenings**, including no-cost preventive visits, immunizations, and age-appropriate screenings.
- **Care navigation and health education**, helping members understand benefits, choose providers, and access services.
- **Chronic condition support**, such as programs for diabetes, hypertension, asthma, and musculoskeletal conditions.
- **Behavioral health resources**, including mental health support, substance use treatment, and stress-management tools.
- **Digital tools and member portals** that support appointment scheduling, medication management, and health education.
- **Language access and culturally responsive services**, aligned with EWHT's broader equity goal of ensuring members have access to medical information in their primary spoken and/or written language.

These services support physical and mental well-being, encourage preventive care, and help members manage chronic conditions, which are particularly important for a workforce engaged in the physically demanding and high-stress roles of long-term caregiving.

With this approach, EWHT is able to offer meaningful wellness and prevention resources without creating duplicative programs as part of a comprehensive benefit design that supports members in maintaining their health, preventing avoidable illness, and managing ongoing health needs.

“My [EWHT] insurance saved my life. After years of untreated high blood pressure, I was diagnosed with stage 4 cancer and faced \$6,000 medication costs. While fighting cancer, I developed severe infections and needed long-term care, which only one facility would accept because of the high cost of antibiotics. My insurance and a hospital program covered everything, allowing me to recover and return to work. Without health insurance, I wouldn't be here today.”

— Donna Ferguson, CNA



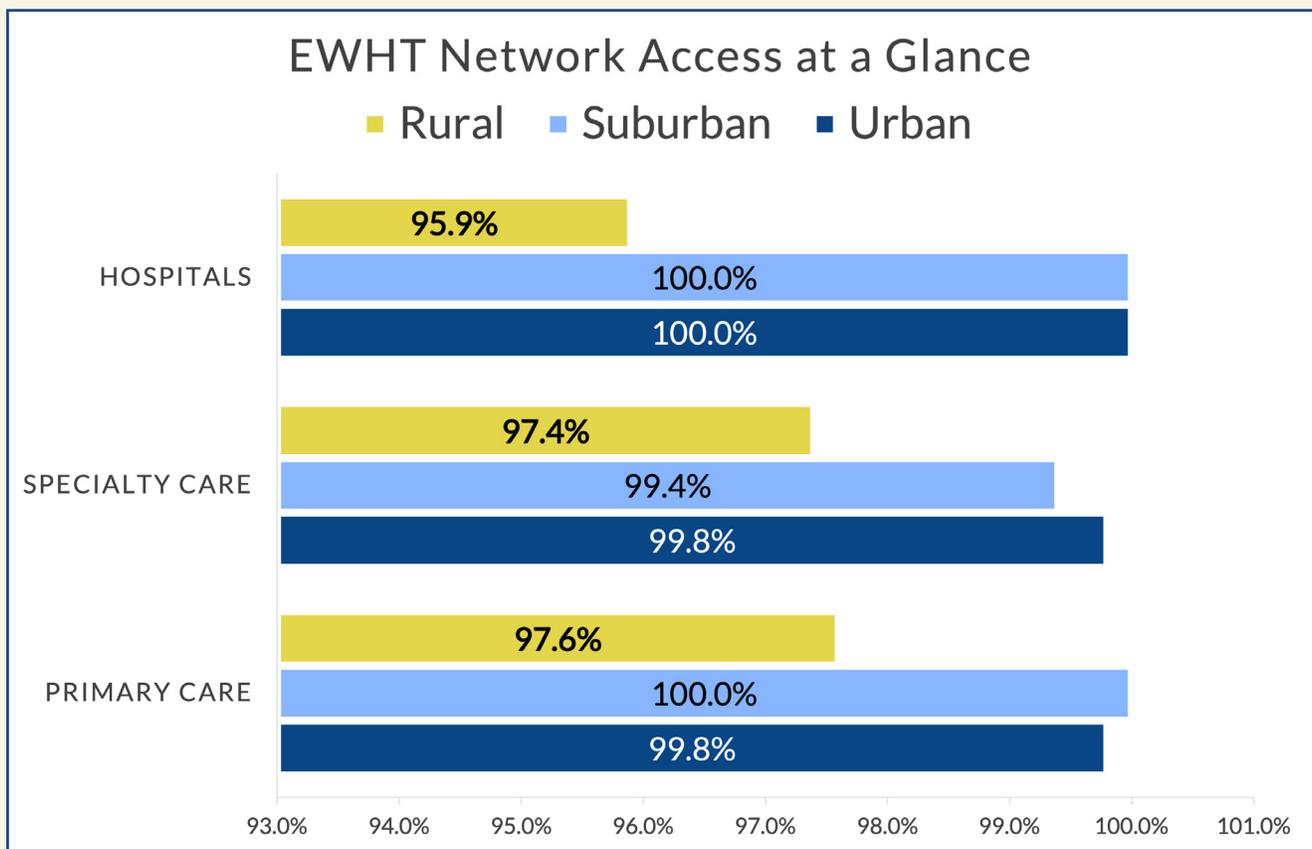
Availability of In-Network Providers Statewide

EWHT's plans continue to provide strong access to primary care, specialists, and hospitals across the state. Kaiser coverage meets all the State of Oregon's network adequacy requirements, and the self-insured PPO offers broad statewide access.

As Figure 6 illustrates, across Oregon:

- Nearly all subscribers in urban and suburban areas have access to 2 in-network primary care providers within required distances.
- In rural communities, 97.6% of EWHT subscribers can reach 2 in-network PCPs within 15 miles.
- Access to specialists and hospitals meets or exceeds state standards in most regions.

Figure 6. EWHT has a broad network of primary and specialty providers and hospitals.



Timely Access to Care and Provider Wait Times

Timely access to care is an essential component of meaningful health coverage. In addition to maintaining broad statewide provider networks, EWHT monitors appointment availability to assess whether members can access care within nationally recognized standards. EWHT worked with Regence BlueCross BlueShield to analyze their PPO provider wait time data from Q4 2024 through Q1 2025, using access standards established by the National Committee for Quality Assurance (NCQA) and the Centers for Medicare & Medicaid Services (CMS).

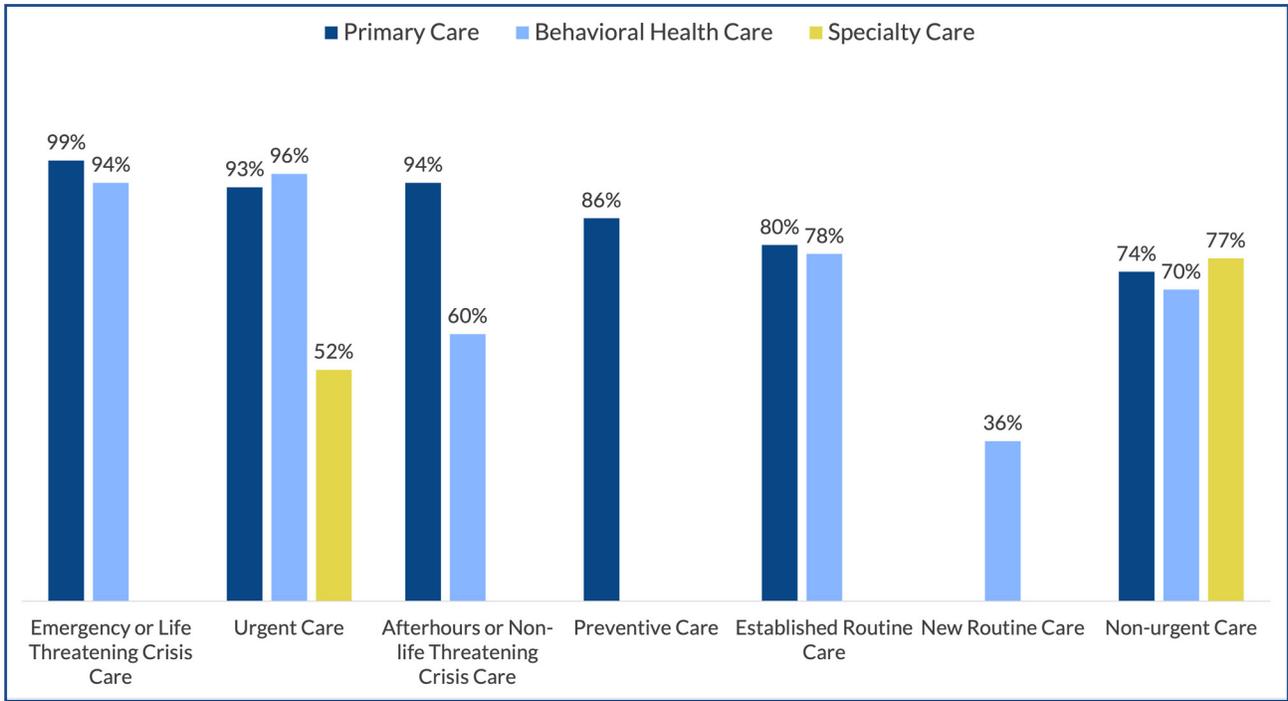
Results show strong performance for emergency and urgent care across primary care and behavioral health, indicating that members can access time-sensitive services when needed. Routine and non-urgent appointment availability shows more variation, reflecting statewide provider workforce shortages rather than plan design or coverage limitations.

Primary care access meets standards for most preventive and routine services, while specialty care access is strong for non-urgent appointments but more limited for urgent specialty visits. Behavioral health access shows the greatest constraints, particularly for new routine appointments, consistent with well-documented shortages across Oregon. Telehealth options help mitigate some access challenges, though in-person capacity remains limited in many regions.

EWHT's carrier partners continue to actively manage network adequacy through provider contracting, telehealth expansion, and ongoing monitoring. These findings establish an important baseline for tracking access trends and guiding future network improvements.



Figure 7. 2024-2025 Provider appointment availability strong for urgent care access; routine and behavioral health delays reflect provider shortages.



Member Experience with Access to Care

To supplement provider-reported access metrics, EWHT reviewed Regence’s Voice of Customer (VOC) survey data, which captures member-reported experiences with appointment wait times, access to care, and provider satisfaction across primary care, specialty care, and behavioral health services. The survey reflects responses from Oregon commercial members who accessed care between February 2025 and January 2026. While this data is not specific to EWHT members, it provides relevant context on patient experience within the same commercial provider networks used by EWHT PPO participants.

Across all service categories, member satisfaction with access to care and providers was high. Behavioral health services showed the strongest performance, with 86% of members securing appointments within 2 weeks or less and 88% rating their access to care as 9–10 out of 10. Primary care access was also strong, with 64% of members obtaining appointments within 2 weeks and 77% reporting high satisfaction with timely access. Specialty care showed longer wait times, with 56% of members seen within 2 weeks, though satisfaction with access and providers remained high, with 78–81% rating their experiences as 9–10 out of 10.

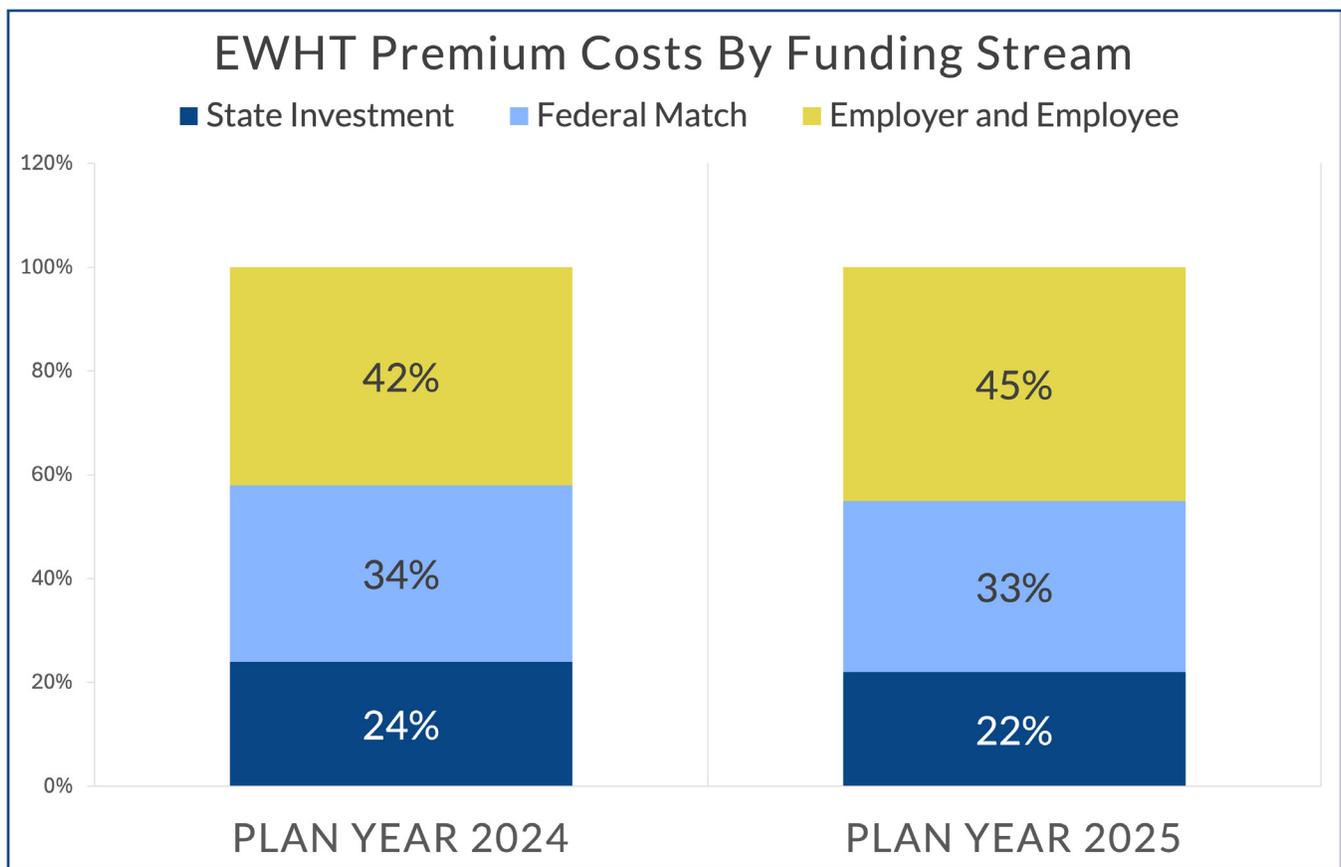
Overall, 77–88% of respondents across service types reported high satisfaction with access to care, indicating positive patient experiences once care was obtained. This member-reported data complements provider-based wait time analyses by offering a patient-centered perspective on access to care.

Together, these data sources offer a more complete view of access to care, combining provider-based access measures with member experience to inform ongoing oversight and future network improvements.

EWHT Provides Fiscally Responsible Coverage

EWHT's tripartite funding structure with state, federal, and employer and worker investments is fundamental to achieving the goal of providing quality health benefits that are affordable for both employers and workers. Through the Medicaid supplemental payments authorized by SB 800, each dollar of state investment leveraged \$1.37 of federal funding in 2025. Importantly, EWHT maintains employer and worker dollars in health coverage, as opposed to other subsidized health coverage plans including OHP and the Bridge Plan. As shown in Figure 8, employers and workers paid 45% of premium costs in 2025, up from 42% the prior year, absorbing higher costs due to increasing enrollment and the decreasing federal matching assistance percentage (FMAP). In 2024, the federal government matched every state dollar with \$1.44 of federal dollars, resulting in a substantial loss due to FMAP decreases. However, without the Medicaid supplemental payments, the total premium cost for employers and workers would more than double.

Figure 8. EWHT's unique tripartite funding model maintains employer and worker dollars.



Lower-Than-Average Premium Increases

Premiums are the amount paid per subscriber per month and are a combination of employer and employee contributions. EWHT's monthly premiums are determined annually by a vote of the Board of Trustees after consultation with its benefits consultant and actuary. The 2025 monthly premium per EWHT subscriber (regardless of plan selection or number of dependents enrolled) was \$517, a 6% increase from 2024 (\$488). The 2026 premium will be \$548, another 6% increase, which is consistent with average ESI premium increases and slightly lower than the 7% increases in the previous 2 years.⁶

“LTC workers save hundreds of dollars every month compared to the old employer-provided healthcare. Being able to afford this quality coverage has literally changed lives—finally they are seeing a doctor, a specialist, or refilling prescriptions they couldn't before. Staying healthy means they can keep caring for others.”

— Jeri Simons, Housekeeper, HCGS/Volare Royale Gardens Health and Rehabilitation Center

The premium split between the employer and employee varies based on a variety of factors, including but not limited to the employer, historical total premium, historical premium split, the increased uptake resulting from EWHT's improved benefits at lower costs, subscriber job title/classification, and union collective bargaining agreements, where applicable. In recognition of EWHT's positive impact on workforce stabilization, employers absorbed the premium increase so that subscriber premiums remain the same for most workers between 2023 and 2025. For the lowest-wage workers, the monthly employee premium share remains at \$35/\$70/\$105 for single/ employee and spouse/ employee and family, which are 85% lower than ESI options prior to EWHT. Some employee premiums are even lower, with subscribers who pay \$0 monthly. In other words, some long-term care workers have fully paid healthcare premiums.

⁶ [Family Premiums for Employer Coverage \(2025\)](#) | KFF



Department of Consumer and Business Services (DCBS) Oversight

EWHT's structure with equal representation from labor and employers, which is common in a Taft-Hartley fund, makes it unique within the long-term care system. However, its inclusion of non-union employees and employers prevents it from meeting the 85% participant nexus with a collective bargaining agreement required for exemption in the federal Employee Retirement Income Security Act (ERISA). Similarly, Oregon's multiple employer welfare arrangement (MEWA) regulations do not fully align with EWHT's operating model. Recognizing this unique structure, SB 800 established specific regulations for EWHT, granting it exempted entity status under ORS 731.036(13).⁷ To maintain this status, EWHT submits annual compliance information to the Department of Consumer and Business Services (DCBS), which ensures that the organization delivers commercial benefits as intended under state oversight.

The role of DCBS is to oversee health coverage in the commercial market. They do this through review, including:

- Number of covered lives,
- Benefits overview, including the Summary Plan Description (SPD) and Summary of Material Modifications (SMM), and
- Proof of financial stability, including financial overview, income statements, and balance sheets.

EWHT has maintained exempted entity status since 2023 and plans to continue to do so in 2026.

⁷ [Multiemployer Health and Welfare Fund Statistics](#) | Milliman



Continued Program Expansion and Sustainability

EWHT has delivered measurable improvements in benefit affordability and access for Oregon's long-term care workforce, directly supporting the state's efforts to stabilize, rebuild, and retain essential caregiving staff. As the program enters its next phase, continued expansion must be paired with deliberate strategies to protect affordability, strengthen employer participation, and ensure long-term fiscal sustainability.

Maintain a Stable State Investment for the 2025–2027 Biennium

As the state legislature considers potential cuts to agency budgets in 2026, EWHT recommends maintaining the current state appropriation of \$17 million for the 2025–2027 biennium. This appropriation leverages nearly \$24 million in federal funding, sustaining coverage for thousands of participants throughout the biennium while maintaining approximately 12–15 months of reserves, consistent with national benchmarks for trusts of similar size.⁸

In addition, the Medicaid supplemental payments established under SB 800 do not require additional federal approvals, providing a stable and predictable funding mechanism as long as state investment continues. Without this subsidy, employer premium costs are projected to at least double, threatening participation and affordability.

Strengthen Budget Stability and Accountability

Three biennia of state block grant funding have provided EWHT the opportunity to demonstrate the effectiveness of its public–private labor-management model and its ability to responsibly administer state and federal investments. In collaboration with the Oregon Health Authority, EWHT is exploring a transition toward a caseload-informed funding approach to strengthen long-term budget predictability, transparency, and accountability as the program matures. Under this approach, state funding for EWHT would be reflected within the agency budget framework and tied more directly to the number of covered lives and the cost of delivering benefits, rather than relying on a fixed biennial block grant.

Importantly, this approach would continue to leverage federal Medicaid matching funds. State dollars appropriated for EWHT would remain eligible for FMAP established under SB 800, preserving the program's ability to draw down federal Medicaid supplemental payments. Maintaining this federal match is central to EWHT's affordability model, as it allows each state dollar invested to be amplified by federal funding while keeping employer contributions at sustainable levels.

8 [Multiemployer Health and Welfare Fund Statistics](#) | Milliman



Continued Partnership Is the Key to Success

Lastly, while EWHT actively manages costs through benefit design, vendor negotiations, and efficient administration, the program operates within the commercial insurance market and pays commercial reimbursement rates. The State of Oregon's experience with the Public Employees' Benefit Board and the Bridge Plan demonstrates that negotiated rate approaches can improve affordability and long-term stability. Adapting elements of these proven strategies for EWHT could help stabilize costs over time and protect affordability for employers and workers.

Sustained partnership with the state remains essential to EWHT's success. Together, these investments support a stable long-term care workforce, protect access to care for vulnerable Oregonians, and strengthen the long-term care delivery system. By reducing coverage disparities and supporting workforce stability, EWHT contributes to better outcomes for the individuals and families who rely on long-term care services.

