


Place
Stamp
Here

Stop Healthcare Taxes
29030 SW Town Center Loop E Suite 202, #514
Wilsonville, OR 97070

Electronic Signature Sheet | State Initiative

Petition ID **301**

 Please print on white paper which indicates you are not being paid to gather signatures on this petition.

November 6, 2018 General Election
Unless changed by an Act of the Legislature

SOME circulators **NO circulators for this petition are being paid.**

[Requires Oregon Health Authority to submit blueprint for basic health plan to Centers for Medicare and Medicaid Services by December 31, 2017.]



Imposes 1.5 percent assessment on commercial health insurance premiums and premium equivalents for managed care organizations and Public Employees' Benefit Board health benefit plans. Requires assessments to be credited to Health System Fund to pay for Oregon Reinsurance Program, state medical assistance and costs associated with administering assessments.

Establishes Oregon Reinsurance Program in Department of Consumer and Business Services to stabilize rates and premiums for individual health benefit plans and provide greater financial certainty to health insurance consumers. Requires department to apply for federal waiver to carry out program.

Modifies hospital assessment by making type A hospitals and type B hospitals subject to assessment and excluding public hospitals other than health district hospitals. Authorizes Oregon Health Authority to impose lower rate of assessment on type A hospitals and type B hospitals. Expands permitted uses of funds in Hospital Quality Assurance Fund. Requires authority to apply for federal approval to modify hospital assessment.

Requires Oregon Health Authority to ensure specified level of reimbursement for costs of Oregon Health and Science University in providing services paid for with Medicaid funds.

Transfers moneys from specified funds and accounts in State Treasury to Health System Fund.

[Declares emergency, effective on passage.]

Takes effect on 91st day following adjournment sine die.

A full and correct copy of the text of the initiative petition is available from chief petitioners.

Julie Parrish	Sal Esquivel	Cedric Hayden
1968 Carriage Way	11 Corning Court	38809 Old Pengra Road
West Linn, OR 97068	Medford, OR 97504	Fall Creek, OR 97438

Instructions for Signers

- 1 Only active Oregon voters may sign the petition. Use a pen to sign your name, as you did when you registered to vote.
- 2 Provide the date you signed the petition, your printed name and residence address. Only you may complete this optional information.
- 3 **It is against the law for signers to:**
 - Sign another person's name under any circumstances.
 - Sign a petition more than one time.
 - Sign a petition when you are not qualified to sign it.

To the Secretary of State of Oregon: I am an active Oregon voter and request this petition be placed on the ballot for approval or rejection at the election listed.

Signature

Date Signed mm/dd/yy

Print Name

Residence Address street, city, zip code

Sheet Number
Completed by Chief Petitioner