

**MODIFIED BALLOT TITLE**

**APPROVES TEMPORARY ASSESSMENTS TO FUND HEALTH CARE FOR LOW-INCOME INDIVIDUALS AND FAMILIES, AND TO STABILIZE HEALTH INSURANCE PREMIUMS. TEMPORARY ASSESSMENTS ON INSURANCE COMPANIES, SOME HOSPITALS, AND OTHER PROVIDERS OF INSURANCE OR HEALTH CARE COVERAGE. INSURERS MAY NOT INCREASE RATES ON HEALTH INSURANCE PREMIUMS BY MORE THAN 1.5 PERCENT AS A RESULT OF THESE ASSESSMENTS**

**Result of “Yes” Vote:** “Yes” vote approves temporary assessments on insurance companies, some hospitals, the Public Employees’ Benefit Board, and managed care organizations. Assessments provide funding for health care for low-income individuals and families, and individuals with disabilities; also stabilize premiums charged by insurance companies for health insurance purchased by individuals and families. Insurance companies may not increase rates on health insurance premiums by more than 1.5 percent as a result of the assessments. Hospital assessments may not begin without approval by a federal agency.

**Result of “No” Vote:** “No” vote rejects temporary assessments on insurance companies, the Public Employees’ Benefit Board, and managed care organizations; and either rejects or delays temporary assessments on some hospitals. Assessments rejected (or delayed) by a “no” vote are currently budgeted to fund health care for low-income individuals and families and individuals with disabilities and for stabilizing the costs of insurance premiums. As a result, a “no” vote would underfund these budgeted costs.

**Summary:** This measure asks voters to approve or reject temporary assessments created as part of House Bill 2391, enacted by the 2017 Oregon Legislature to address

**Certified by Attorney General on November 1, 2017.**

/s/ Benjamin Gutman

Solicitor General

certain health care funding issues. The House Bill provided funding to pay costs for providing health care to low-income adults, children, families, and individuals with disabilities, and to stabilize premiums charged by insurance companies for health insurance purchased by individuals and families. The House Bill provided the funding through 1.5 percent assessments on premiums and premium equivalents (defined in the House Bill) of health insurance companies, the Public Employees' Benefit Board, and managed care organizations for a two-year period, and additional 0.7 percent assessments on the net revenue of some hospitals that begins on October 6, 2017, and ends on July 1, 2019. This measure asks voters to approve or reject the assessments on insurance companies, the Public Employees' Benefit Board, and managed care organizations, and specifies that insurance companies may not increase rates on health insurance premiums by more than 1.5 percent as a result of these assessments. If this measure passes, the assessments on some hospitals will be approved, subject to approval by a federal agency. If the measure does not pass, the assessments on some hospitals will either be rejected, or delayed until approved by a federal agency.