

Petition for State Initiative Referendum **Measure Signature Sheet**

petition ID 303

No circulators for this petition are being paid. It is unlawful to sign a petition more than one time.

Notice: All white petition sheets are being circulated by volunteers, who are not being paid to gather signatures.

Creates Health System Fund for specified purposes, including funding of Health Care for All Oregon Children program. Modifies hospital assessment. Extends sunset on hospital assessment.

Transfers moneys in Medical Care Quality Assurance Fund to Health System Fund on specified date.

Creates assessment on medical claims received by Public Employees' Benefit Board. Directs assessment to be paid to Department of Consumer and Business Services.

Creates assessment on insurance premiums to be administered by Department of Consumer and Business Services. Directs assessments minus specified amounts to be paid into Health System Fund.

Creates assessment on capitation payments to Medicaid managed care plans to be administered by Department of Human Services. Directs assessments to be deposited in Health System Fund.

Imposes penalties for failure to timely pay assessments.

Directs Department of Human Services to establish adjustment to capitation rate paid to certain

Medicaid managed care organizations. Requires contracts between department and organizations to distribute adjustment to specified hospitals.

Directs Department of Human Services to establish fee-for-service reimbursement rates for inpatient hospital services provided by certain hospitals that receive Medicare reimbursement.

Establishes Health Care for All Oregon Children program for purpose of providing affordable, accessible health care to all Oregon children. Specifies who is eligible for program.

Directs Office of Private Health Partnerships to administer private health option for purposes of expanding private health insurance for Oregon's children.

Directs Department of Human Services to seek federal financial participation for programs relating to health care of Oregon's children. Specifies other duties of department relating to programs.

Takes effect on 91st day following adjournment sine die.

Chief Petitioners

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TEXT IS AVAILABLE UPON REQUEST FROM CHIEF PETITIONERS

Instructions for Signers

- ? Only active registered voters of the state of Oregon may sign a petition. Sign your full name, as you did when you registered to vote.
- ? Please fill in the date on which you signed the petition, your printed name and your residence address in the spaces provided.
- ? Initial any changes that you or the circulator makes to your printed name, residence address or date on which you signed the petition.
- ? It is advisable to use a pen for signing petitions.
- ? It is unlawful to sign any person's name other than your own. Do not sign another person's name under any circumstances.
- ? It is unlawful to sign a petition more than once.
- ? It is unlawful for a person to knowingly sign a pe tition when the person is not qualified to sign it.

To the Secretary of State of Oregon,

I request this measure to be submitted to the people of Oregon for their approval or rejection at the election to be held on May 18, 2010.

A full and correct copy of this measure was made available for review and I have not previously signed a petition sheet for this measure.

signature

date signed *mm/dd/yy*

print name

residence address *street, city, zip code*