



Yes on Measure 101

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Full funding for Medicaid to protect coverage for one in for Oregonians.

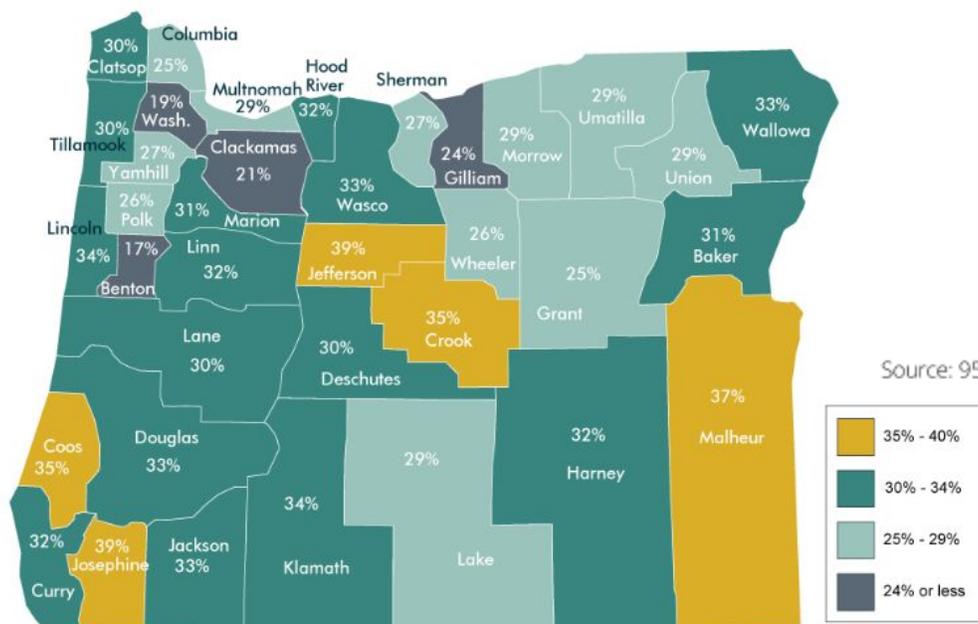
Full funding to lower and stabilize individual premiums.

- ✓ Everyone should have access to health care they can afford. Measure 101 ensures low-income children, seniors, people with disabilities, and families across the state have access to the health care they need, protecting their health and financial stability.
- ✓ Measure 101 is a funding package that has already been approved by the state legislature, vetted by the independent Legislative Fiscal Office, and supported by more than 120 trusted organizations.
- ✓ Measure 101 protects all ratepayers from the cost shift that happens from a high rate of uninsured, which drives up uncompensated care. Nearly 95% of Oregonians have health care coverage, compared with 84% in 2013.
- ✓ Measure 101 is the best policy for ratepayers, taxpayers, and everyone who counts on Medicaid for coverage.

Vote YES to support Measure 101.

Anything else is a gamble.

The stakes are too high for Oregon's most vulnerable.



Source: 95PercentOregon.com.

Percent of Oregonians with Marketplace plans or Medicaid, by county.



Yes on Measure 101

Measure 101 brings full and secure funding for health care benefits and coverage for more than one million low-income children, seniors, people with disabilities and adults. Measure 101 is part of the provider assessments passed by the 2017 legislature in HB 2391 to fully fund Medicaid and the state Reinsurance Program.

Without Measure 101, coverage could be cut. Oregon is not required to cover the more than 350,000 Oregonians who came in under the Affordable Care Act, kids under the Children's Health Insurance Program, or women under the Breast and Cervical Cancer program.

Without Measure 101, health benefits for everyone on Medicaid could be cut. Other options to make up the funding gap would include cutting benefits such as prescription drug coverage, mental health, dental care, or other services. These are services that have been cut in the past when there are budget shortfalls.

Without Measure 101, we face at least a \$1.3 billion funding gap and loss of federal funds. The federal government matches and increases the dollars states spend on Medicaid. Measure 101 brings up to \$320 in revenue which draws down up to \$960 million in federal funds. The total funds impact of Measure 101 is \$1.3 billion.

Without Measure 101 premiums will increase for people on the individual market. Measure 101 includes the funding in HB 2391 for the state reinsurance program, which has already lowered premiums for people who buy their own health care by a net 6%, an average of \$300 per year. Those savings were included in the 2018 rates approved by DCBS.



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Background & Fact Sheet

Oregon lawmakers entered the 2017 session with a commitment to protect coverage for Oregonians who count on Medicaid. While the total funds budget for health care and the demand for Medicaid are both decreasing, the state's share to fund Medicaid is increasing due to reduced federal dollars. Here is how state lawmakers and stakeholders addressed the shortfall:

1. Cut costs: reduced OHP administrative costs, reduced managed care administrative costs, reduced Medicaid cost growth through the coordinated care organizations.
2. Reallocated funds: Discontinued the hospital transformation program, transferred dollars from the Health Exchange Insurance Fund and the Oregon Medical Insurance Pool; and,
3. Using the federally approved and proven method of funding health care in 49 states and Washington, D.C., lawmakers reached a bipartisan agreement on provider assessments on large hospitals, rural hospitals, insurance companies, coordinated care organizations and PEBB. The entities paying the assessments agreed to do so.

What Measure 101 does:

Measure 101 puts before the voters essential portions of the provider assessments passed by the legislature for the 2017-2019 budget. Per the official fiscal impact statement, Measure 101 is "to pay for health care for low-income adults, children and families and individual with disabilities, and to stabilize health insurance premiums paid by individuals and families."

Specifically, Measure 101 is the legislatively passed .7% of the assessment for DRG (large) hospitals and the 1.5% assessment on health insurance companies, coordinated care organizations and the Public Employees Benefits Board to fund Medicaid. A portion of the insurance company assessment also funds the state reinsurance program.

According to the official financial estimate, if the measure passes, health care and the reinsurance program are funded as adopted by the legislature. If Measure 101 doesn't pass, there will be a reduction of between \$210-\$320 million general fund dollars. For Medicaid that would also mean a reduction matching federal funds. Per the financial estimate, "The total revenue reduction to the 2017-2019 state budgeted may be \$840 million - \$1.3 billion or more."

Who pays the provider assessments?

Hospitals, insurance companies, coordinated care organizations, the Public Employees Benefit Board. The only entities exempt are entities that are self-insured. Federal ERISA law prohibits states from regulating self-insured plans. That is how all provider assessment work in 49 states and Washington, D.C. There are no special “carve outs” in Measure 101.

How many other states use provider assessments to fund health care?

These kinds of provider assessments are used in 49 states and are an essential path to providing health care coverage to the most vulnerable populations.

Who could lose coverage without Measure 101?

The legislature will have to make some difficult choices if Measure 101 doesn't pass and the cuts will have to be made late in the budget cycle. One option would be to do what we have done in past budget shortfalls: eliminate coverage for people who are “optional” under federal law. As the Oregonian recently reported on the effect of Measure 101:

Health agency budget staff said that in order to save nearly \$300 million, the state could legally end insurance for three groups: people who received Medicaid under higher income cutoffs allowed by the Affordable Care Act, kids on the Children's Health Insurance Program and uninsured women who can access breast and cervical cancer treatment through Medicaid.

(http://www.oregonlive.com/politics/index.ssf/2017/11/15_percent_of_residents_could.html#incart_river_index)

Those kinds of cuts would mean double digit reductions in insurance coverage in 25 Oregon counties.

Can the shortfall be made up elsewhere?

The bill Measure 101 comes from – HB 2391 – was the result of months of negotiations between healthcare stakeholders and lawmakers. It is the best policy that does the most good for the most people. It is the best policy for ratepayers, taxpayers, and everyone who counts on Medicaid/OHP for coverage. Making up the budget shortfall would require cuts to education, public safety, senior services, child welfare, or other essential services

How does Measure 101 lower premiums for people who buy their own insurance?

The state reinsurance program funded by HB 2391 helps cover the cost of paying for the very sick. This program was approved by the federal government, which committed \$30 million annually to the program.

The 2018 rates that were approved after passage of HB 2391, the Department of Business and Consumer Services lowered individual premiums a net 6% - or about \$300 a year – because of the newly funded reinsurance program. That helps about 210,000 people. Small group plans, which have been much more stable over the past several years, increased about \$5 per month. For 2018, the reinsurance program is funded by one-time funds. For 2019, it will be funded by the insurance company assessment in Measure 101.

BACKGROUND: Under the Affordable Care Act, no one can be rejected for coverage because of pre-existing conditions, which is a very good thing. When there is a high rate of uninsurance because people cannot afford plans, can't access Medicaid or are denied coverage, those costs are shifted to everyone. With more coverage

available, the rate of growth for employer family plans has decreased from 10% annually to 4% annually compared to the decade prior to the ACA.

This guaranteed coverage, however, has contributed to faster rising premiums for the individual market where people are not part of larger risk pools. Something needed to be done to try to bring these markets closer to alignment.

Will the coming minimum wage increases mean we don't need Measure 101?

No. That's already been accounted for. All safety net program budgets are based on caseload forecasts that use best-practice economic modeling, verified by a council of experts, and are vetted through a public stakeholder process. The caseload forecasts for the 2017-2019 safety nets programs – including Medicaid – accounted for all economic factors, including the minimum wage.

Have caseloads dropped at OHA to the point where we don't need Measure 101?

No. As OHA Director, Pat Allen, has testified in the legislature and shared with the media: the 2017-2019 budget was built on caseload forecasts that included a certain percentage of people dropping off of Medicaid after being determined ineligible. Every month all state safety net programs issue a report of actual versus projected caseloads. For the most recent report in October, the actual caseload is .1% over projections.

<http://www.oregon.gov/DHS/BUSINESS-SERVICES/OFRA/ofradocuments/HSM%20Caseload%20Variance%20Report%20Oct17.pdf>
(Or Google: *Monthly Caseload Variance Report Oregon Health Authority October*)

Did the State Audit find an additional \$100 million available from caseload changes that would mitigate the need for Measure 101?

No. Per the audit signed by state auditors posted on the Oregon Secretary of State's website, no additional dollars for the 2017-2019 health care budget were found. That \$100 million figure comes from an email blast / newsletter from the Secretary of State. Per a Portland Business Journal investigation, It is not a part of the audit findings.

How does Measure 101 affect college students?

Measure 101 protects health care coverage for college students and makes it more affordable. There are nearly 350,000 university and community college students in Oregon. There are four ways they get coverage:

1. Through the individual market (healthcare.gov). This is a good option for working students, particularly if they qualify for ACA subsidies. Measure 101 saves them, on average, \$300 a year.
2. Through Medicaid expansion. If they are low-income, they can enroll in the Oregon Health Plan. Measure 101 protects that coverage.
3. Through their parent's plan, if they are under age 26. Measure 101 helps stabilize premiums for families who purchase their own insurance.
4. Through a university plan, if available. Unless they cannot establish Oregon residency, options 1, 2 and 3 are usually better options for students.

How does Measure 101 affect schools?

Measure 101 protects children and school district budgets. The Oregon School Boards Association, the Oregon Education Association, Stand for Children, and several other

education groups endorse Measure 101. When children have health care coverage, they are less likely to be absent and more likely to graduate. Without Measure 101, the state budget will be out of balance, creating risk for schools that their budgets could be cut.

Would moving public employees and educators into CCOs have solved the 2017-2019 budget gap and replace the need for Measure 101?

No. It would not have been possible to move nearly 300,000 people into the CCOs for the 2017-2019 biennium that started July 1 of this year. The state has multi-year contracts with the health plans for PEBB and OEBC (Oregon Educators Benefits Board). Health care benefits are set through contract negotiations with public employees. Also, PEBB and OEBC are already required to meet the same rate growth as Medicaid, so savings through CCOs would have to come from cutting provider rates below the commercial rate.

Would moving educators into the health insurance exchange have solved the 2017-2019 budget gap and replace the need for Measure 101?

No. See above.

Were there other alternatives that fully funded Medicaid and the reinsurance program that weren't considered by the legislature?

No. There were no other alternatives that fully funded Medicaid and the reinsurance program to protect coverage for one in four Oregonians and lower premiums an average of \$300/year for people who buy their own coverage.

Will the coordinated care assessments be matched by federal dollars?

Yes, just like they are in the other states that have managed care assessments.

Is the .7% hospital assessment a new type of assessment that is different than the prior hospital assessment?

All of the hospital assessments, including those in M101, are statutorily dedicated for funding the Oregon Health Plan. The only difference between the .7% assessment in M101 and the current hospital assessment is that hospitals are not reimbursed. The Oregon Association of Hospitals and Health Systems is a strong supporter of Measure 101 to keep people covered and reduce uncompensated care.



Yes on Measure 101

Our Coalition to Protect Health Care

The Yes for Healthcare/Yes on Measure 101 campaign has a historically broad and diverse coalition of nearly **150** supporting organizations from across the state.

1. AARP Oregon
2. AAUP Oregon
3. Addictions Recovery Center
4. AFT-Oregon
5. AllCare Health
6. Alliance4Kids
7. Alzheimer's Association of Oregon
8. American Association of University Women
9. American College of Nurse Midwives – Oregon
10. American College of Physicians Oregon Chapter
11. Asante
12. Asian Pacific American Network of Oregon
13. Basic Rights Oregon
14. Bridges to Change
15. CareOregon
16. Cascade Health Alliance
17. Catholic Charities of Oregon
18. Causa
19. CCO Oregon
20. Central City Concern
21. Children First for Oregon
22. The Children's Clinic
23. Children's Institute
24. Church Women of United Lane County
25. Coalition for a Healthy Oregon (COHO)
26. Coalition of Community Health Clinics
27. Coastal Family Health Center
28. Columbia Pacific CCO
29. Community Health Center of Clatskanie
30. Community Partners for Affordable Housing
31. Confederation of Oregon School Administrators
32. De Paul Treatment Centers
33. Disability Rights Oregon
34. Douglas County Independent Physician Association
35. Ecumenical Ministries of Oregon
36. Euvalcree
37. Fair Shot for All Oregon
38. Familias En Accion
39. Family Forward Oregon
40. Family Nurturing Center
41. Forward Together
42. Graduate Teaching Fellows Federation
43. Health Care for All Oregon
44. Health Share of Oregon
45. Housing Alliance
46. Human Services Coalition of Oregon
47. IATSE Local 488 Studio Mechanics PNW
48. IBEW Local 48
49. Independent Living Resources
50. Interfaith Movement for Immigrant Justice
51. Jackson Care Connect CCO
52. Jefferson Regional Health Alliance
53. Jobs with Justice
54. Kaiser Permanente
55. La Clinica
56. Lancaster Family Health Center
57. Latino Network
58. League of Women Voters – Oregon
59. Legacy Health
60. Main Street Alliance of Oregon
61. Mid-Valley Health Care Advocates
62. Mirasol Family Health Center
63. NAACP Portland Branch
64. NARAL Pro-Choice Oregon
65. National Association of Hispanic Nurses Oregon Chapter
66. National Association of Social Workers – Oregon
67. National Organization for Women – Oregon Chapter
68. Native American Youth and Family Center (NAYA)
69. Neighborhood Partnerships
70. Northwest Housing Alternatives
71. Nurses for Single Payer
72. NW Oregon Labor Council
73. Office of The Rev. Dr. Chuck Currie
74. One Community Health
75. Options Counseling and Family Services
76. Oregon AFL-CIO
77. Oregon AFSCME
78. Oregon Association of Hospitals and Health Systems

79. Oregon Center for Christian Voices
80. Oregon Center for Public Policy
81. Oregon Community Health Workers Association
82. Oregon Consumer League
83. Oregon Dental Association
84. Oregon Education Association
85. Oregon Federation of Nurses and Health Professionals
86. Oregon Head Start Association
87. Oregon Health Care Association
88. Oregon Health Equity Alliance
89. Oregon Latino Health Coalition
90. Oregon League of Conservation Voters
91. Oregon Medical Association
92. Oregon Nurses Association
93. Oregon Patients Rights Association
94. Oregon Pediatric Society
95. Oregon Primary Care Association
96. Oregon Public Health Association
97. Oregon Recovers
98. Oregon School-Based Health Alliance
99. Oregon School Boards Association
100. Oregon School Employees Association
101. Oregon Society of Anesthesiologists
102. Oregon State Council of Retired Citizens
103. Oregon State Firefighters Council
104. Oregon-PTA
105. Osteopathic Physicians and Surgeons of Oregon
106. Our Health Oregon
107. Pacific Northwest Regional Council of Carpenters
108. Pacific Pediatrics
109. Partners for a Hunger-Free Oregon
110. Partnership for Safety and Justice
111. PCUN – Pineros y Campesinos Unidos del Noroeste
112. PeaceHealth
113. Planned Parenthood Advocates of Oregon
114. PrimaryHealth of Josephine County
115. Professional and Technical Employees Local 17
116. Project Access NOW
117. Providence Health & Services
118. Rogue Community Health
119. Rosewood Family Health Center
120. Rural Health Association
121. Rural Oregon Progressives
122. Rural Organizing Project
123. Salud Medical Center
124. Samaritan Health Services
125. SEIU Local 49
126. SEIU Local 503
127. ShelterCare
128. St. Charles Health System
129. Stand for Children
130. Trillium Community Health Plan
131. Tuality Health
132. UFCW Local 555
133. Umpqua Health Alliance
134. Unidos Bridging Community
135. Unite Oregon
136. United Academics
137. United Seniors of Oregon
138. Upstream Public Health
139. Urban League of Portland
140. Virginia Garcia Memorial Health Center
141. The Vocal Seniority
142. We Can Do Better
143. Western Oregon Advanced Health
144. Willamette Dental
145. Willamette Valley Community Health
146. Willamette Valley Physicians
147. Working Families Party
148. Yakima Valley Farm Workers Clinic
149. ZOOM+pediatrics