

Public Comment on Referendum 301 Draft Ballot Title (LC 25 [IRR 301] 9/1/17)

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Thank you for considering these comments. I am a member of the Board of Oregon Physicians for Social Responsibility, and of the Legislative Committee of Health Care for All Oregon. I have studied public health at OHSU. I have also been an Oregon Health Plan patient through the FamilyCare CCO.

The draft ballot title for Referendum 301 needs significant improvement. Language in the current draft is hard to read and opaque in meaning, while significant consequences of the success or failure of R301 are not clearly spelled out.

The main Ballot Title should begin “Preserves the Health Care Protection bill passed by the Legislature in 2017.” The phrase “health care for low-income individuals and families” should be struck, and “the Oregon Health Plan” put in its place. Failing that, the phrase “under the Oregon Health Plan” should be added after “individuals and families”, to make clear that it is the OHP that will be funded by a Yes vote, and defunded by a No vote.

The Result of a Yes Vote section should also begin “Preserves the Health Care Protection bill passed by the Legislature in 2017.” The phrase “pay for health care” should be changed to “pay for Oregon Health Plan covered care”.

The Result of a No Vote section should be entirely rewritten. The current draft gives no clear or understandable indication of the scale of effects if Referendum 301 fails for hundreds of thousands of low-income working Oregonians, persons with disabilities, and buyers of individual insurance under the ACA.

Points that should be included in the Results of a No Vote section include:

- 1) That the loss of the Oregon dollars under the referendum will also cause loss of between \$900 million and several billion matching Federal dollars to the state budget, leading to deep cuts to the Oregon Health Plan.
- 2) That the cuts to the Oregon Health Plan resulting from loss of Oregon and Federal dollars will cause up to 375,000 Oregonians to lose their health care entirely, or require deep cuts to covered benefits to all participants in the OHP, or some combination of fewer people losing OHP coverage and the remaining people having smaller cuts to their covered care, depending on how the legislature adjusts the budget.

- 3) That insurance premiums in the Individual Market under the ACA exchanges will rise by as much as 6%, and that private insurance may become unavailable in some rural Oregon counties.
- 4) That the loss of Oregon and Federal dollars will cause significant disruption of budgets and planning for the major health systems in the state, which have expanded services since 2017 based on ACA Medicaid expansion-derived income, and that this disruption will especially affect rural health systems and those serving lower income communities in urban areas.

My personal motives for making these comments have two sides. On the one side, I am motivated by my knowledge of health care policy, practice, and outcomes, as a long time health care advocate, and through my studies of public health. On the other side, I am motivated by my experience having lost my health insurance in the Great Recession, going without care or even seeing a doctor for five years, until I was able to join the Oregon Health Plan under the ACA's Medicaid expansion, and more recently able to buy individual insurance in the Exchange. That experience helps me imagine what those who will lose care if Referendum 301 is defeated are facing, and lends urgency to the need to clearly spell out the consequences in the Ballot Title.

When Oregon voters act as a legislature of the whole by voting on this measure, we deserve to have clear information about the effects of Yes votes and of No votes. The current draft Ballot Title does not provide us the information we need to understand the meaning and consequences of our votes, when we exercise this great and solemn civic power under Oregon's Constitution.