

Notice of Measure Election
City

2-95

SEL 802

rev 01/16 ORS 250.035, 250.041, 250.275, 250.285, 254.095, 254.465

Notice		
Date of Notice August 1, 2016	Name of City or Cities Corvallis, Oregon	Date of Election November 8, 2016

Final Ballot Title The following is the final ballot title of the measure to be submitted to the city's voters. The ballot title notice has been published and the ballot title challenge process has been completed.

Caption 10 words which reasonably identifies the subject of the measure.

Oregon Shall Have an Affordable Universal Healthcare System

Question 20 words which plainly phrases the chief purpose of the measure.

Shall the Oregon legislature, through a public process, develop a health care system that serves all Oregonians?

Summary 175 words which concisely and impartially summarizes the measure and its major effect.

This non-binding advisory question asks whether the Oregon State Legislature in the 2017 session should establish a public process to develop a health care system that serves all Oregon residents. The goal of the public process is to develop a proposal that will be referred to voters or enacted by the legislature. The health care system it develops will follow the legislative intent of ORS 414.018 (2011) and Oregon Laws 2013, Chapter 712 in allowing all Oregonians timely access to comprehensive health care, improving availability of desired healthcare providers, having effective cost controls, and emphasizing preventative care. The process of development for this system shall begin with findings and recommendations from a study authorized by Oregon Laws 2015, Chapter 725 to be reported to the 2017 regular session of the Legislative Assembly.

Explanatory Statement 500 words that impartially explains the measure and its effect.

If the county is producing a voters' pamphlet an explanatory statement must be drafted and attached to this form for:
 → any measure referred by the city governing body; or
 → any initiative or referendum, if required by local ordinance.

Explanatory Statement Attached? Yes No

Authorized City Official Not required to be notarized.

Name Carla Holzworth	Title City Recorder
Mailing Address PO Box 1083, Corvallis OR 97339-1083	Contact Phone 541-766-6901, x 5075

By signing this document:
 → I hereby state that I am authorized by the city to submit this Notice of Measure Election; and
 → I certify that notice of receipt of ballot title has been published and the ballot title challenge process for this measure completed.

FILED

AUG 01 2016

8/1/16

Date Signed

Time: 11:50 AM/PM
 Deputy: 

