

## **HB 2280**

HB 2280 applies to SharedCare, the multishare product in Central Oregon owned by St Charles Health System. The bill modifies the definition of “qualified employer” and authorizes continuation of coverage (COBRA-like benefits) for employees who were enrolled in community-based health care improvement programs whose employment terminates. **We ask your support for this bill**

- SharedCare is affordable to individuals employed within service industries which contribute to the 23% of uninsured individuals in Central Oregon<sup>1</sup>. They are also part of the 39% non-elderly population falling into the “underserved gap”, the 139% - 300% Federal Poverty Level<sup>2</sup> with too much income for Medicaid, but not enough to afford traditional insurance.
- Expanding the allowable limit to 50 full time equivalents supports the segment of the service industry that employs large numbers of part time individuals who are often ineligible for coverage through their employers.
- Requiring the 12 month wait or lapse in health care coverage nullifies the Health Insurance Portability and Accountability Act (HIPAA) enacted August 21, 1996, which protects from having conditions covered by their current health insurance plan from being “pre-existing”. The HIPAA protections only apply if there has not been a significant lapse in coverage of about 2 months to protect an individual from being denied coverage for a pre-existing condition.
- Continuity of care with a provider is associated with lower hospitalization rates<sup>3</sup> and was one of the most important variables related to lower total health care costs<sup>4</sup>. Non-continuity of care is associated with greater use of emergency departments<sup>5</sup>.
- In an analysis of data for SharedCare members from the inception to date, 23% stated they had not had primary care services in one or more years<sup>6</sup> prior to participation in SharedCare. These individuals account for 45.7% of all claims paid<sup>7</sup>. The lack of access to ongoing primary care and annual preventative care has resulted in higher claim amounts in the population we serve.

Please join us in supporting this bill that improves access to critically underserved populations in Central Oregon. The SharedCare program fills an important coverage gap in our community, and serves as reminder that the entire community plays a role in the health of the region.

**We ask your support for HB 2280. If you have questions or need more information, please contact Robin Henderson, Government Affairs Director, St. Charles Health System at [rhenderson@stcharleshealthcare.org](mailto:rhenderson@stcharleshealthcare.org) or at 541-610-9179.**

<sup>1</sup>County Health Rankings & Roadmaps program. Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, 2012

<sup>2</sup>Fronstin P, Sources of Health Insurance and Characteristics of the Uninsured: Analysis of the March 2011 Current Population Survey. Employee Benefit Research Institute, Sept 2011: Issue Brief No. 362

<sup>3</sup>Gill JM, Mainous AG, The role of Provider continuity in preventing hospitalizations. *Archives of Family Medicine* 1998 Jul-Aug;7(4):352-7

<sup>4</sup>De Maeseneet JM, De Prins L, Gosset C, Heyerick J, Provider continuity in family medicine: does it make a difference for total health care costs? *The Annals of Family Medicine* September 1, 2003;(1)3:144-8

<sup>5</sup>Orr S, Charney E, Straus J, Bloom B. Emergency room use by low income children with a regular source of care. *Med Care* 1991;29:283-6

<sup>6</sup>SharedCare Trails to Health, Health Risk Assessment Responses; 06/01/2010 – 06/29/2012

<sup>7</sup>SharedCare CBI 3 State Report for the Office of Health and Policy Research; service date range 06/01/2010 – 07/03/2012

