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March 11, 2019

The Honorable Laurie Monnes Anderson Chair, Senate Health Care Committee State Capitol Salem, Oregon 97301

RE: Senate Bill 242 – Insurance Mandate

Dear Senator Monnes Anderson and members of the committee:

Providence Health & Services is committed to ensuring that Oregonians have access to health care. To mitigate rising costs, Providence Health Plan employs a variety of tools to achieve measureable cost savings that we pass on to our members. We believe that Senate Bill 242, with the dash one amendments, will increase costs for our members without adding additional value - for this reason we are opposed.

Access to comprehensive coverage already exists

Oregon health plans already provide comprehensive maternity coverage to surrogates that include care necessary to support a healthy pregnancy and care related to labor and delivery. Health insurers may not deny or otherwise restrict maternity care coverage provided to their enrollees who are acting as surrogates. SB 242, with the dash one amendments, would restrict the ability of health insurers to recover the cost of services attributed to the surrogacy from intended parents, which in turn will raise the health insurance premiums of all Oregonians. We question whether this is a sound public policy decision in light of rapidly rising health care costs and the popularity of surrogacy in Oregon.

Results in increased health costs for Oregonians

Oregon is sought-after for surrogacy arrangements by non-Oregonians due to readily available fertility services, low barriers to insurance coverage for surrogates, and laws that create certainty for intended parents. When Oregon surrogates use their health plans to pay for the cost of surrogacy for non-resident intended parents, costs that should be factored into the cost of surrogacy by the non-resident intended parents are instead passed on to Oregonians in the form of increased premiums. Since surrogates tend to carry multiples at a higher rate than the general population, the pregnancies can more frequently be high-risk, which carries associated additional expense. We believe that health insurers should be able to recoup these costs from intended parents who seek out surrogates in Oregon rather than pass these costs along to consumers purchasing health insurance in Oregon.

We appreciate the opportunity to share our concerns and we look forward to further discussion.

Sincerely,

Robert Gluckman, M.D., MACP Chief Medical Officer for Providence Health Plans