

Senate Bill 132

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SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced**.

Requires health benefit plans, state medical assistance program, Public Employees' Benefit Board and Oregon Educators Benefit Board to pay for standard fertility preservation services for covered individual who will undergo medical treatment that is likely to result in iatrogenic infertility.

A BILL FOR AN ACT

1
2 Relating to paying the cost of health care services; creating new provisions; and amending ORS
3 243.144, 243.877 and 414.065.

4 **Be It Enacted by the People of the State of Oregon:**

5 **SECTION 1. Section 2 of this 2019 Act is added to and made a part of the Insurance Code.**

6 **SECTION 2. (1) As used in this section:**

7 (a) "Enrollee" has the meaning given that term in ORS 743B.005.

8 (b) "Health benefit plan" has the meaning given that term in ORS 743B.005.

9 (c) "Iatrogenic infertility" means an impairment of fertility caused by surgery, radiation,
10 chemotherapy or other medical treatment affecting reproductive organs or processes.

11 (d) "May directly or indirectly cause" means that it is likely that treatment will result
12 in infertility, based on current evidence-based standards of care established by the American
13 Society for Reproductive Medicine, the American Society of Clinical Oncology or another
14 nationally recognized medical association.

15 (e) "Standard fertility preservation services" means procedures to preserve an
16 individual's eggs or sperm based on current evidence-based standards of care established by
17 the American Society for Reproductive Medicine, the American Society of Clinical Oncology
18 or another nationally recognized medical association.

19 (2) A health benefit plan shall provide coverage of standard fertility preservation services
20 if an enrollee will undergo a medically necessary treatment that may directly or indirectly
21 cause iatrogenic infertility.

22 (3) An insurer may not discriminate in providing coverage described in subsection (2) of
23 this section based on an enrollee's expected length of life, present or predicted disability,
24 degree of medical dependency, quality of life, other health condition, age, sex, sexual orien-
25 tation, marital status or other characteristic.

26 (4) This section is exempt from ORS 743A.001.

27 **SECTION 3. Section 4 of this 2019 Act is added to and made a part of ORS chapter 414.**

28 **SECTION 4. (1) As used in this section:**

29 (a) "Iatrogenic infertility" means an impairment of fertility caused by surgery, radiation,

NOTE: Matter in **boldfaced** type in an amended section is new; matter *[italic and bracketed]* is existing law to be omitted. New sections are in **boldfaced** type.

1 **chemotherapy of other medical treatment affecting reproductive organs or processes.**

2 **(b) “May directly or indirectly cause” means that it is likely that treatment will result**
 3 **in infertility, based on current evidence-based standards of care established by the American**
 4 **Society for Reproductive Medicine, the American Society of Clinical Oncology or another**
 5 **nationally recognized medical association.**

6 **(c) “Standard fertility preservation services” means procedures to preserve an**
 7 **individual’s eggs or sperm based on current evidence-based standards of care established by**
 8 **the American Society for Reproductive Medicine, the American Society of Clinical Oncology**
 9 **or another nationally recognized medical association.**

10 **(2) The types and extent of health care and services to be provided in medical assistance,**
 11 **as determined by the Oregon Health Authority under ORS 414.065, must include standard**
 12 **fertility preservation services for a medical assistance recipient who will undergo a medically**
 13 **necessary treatment that may directly or indirectly cause iatrogenic infertility.**

14 **SECTION 5.** ORS 414.065 is amended to read:

15 414.065. (1)(a) With respect to health care and services to be provided in medical assistance
 16 during any period, the Oregon Health Authority shall determine, subject to such revisions as it may
 17 make from time to time and subject to legislative funding and paragraph (b) of this subsection:

18 (A) The types and extent of health care and services to be provided to each eligible group of
 19 recipients of medical assistance.

20 (B) Standards, including outcome and quality measures, to be observed in the provision of health
 21 care and services.

22 (C) The number of days of health care and services toward the cost of which medical assistance
 23 funds will be expended in the care of any person.

24 (D) Reasonable fees, charges, daily rates and global payments for meeting the costs of providing
 25 health services to an applicant or recipient.

26 (E) Reasonable fees for professional medical and dental services which may be based on usual
 27 and customary fees in the locality for similar services.

28 (F) The amount and application of any copayment or other similar cost-sharing payment that the
 29 authority may require a recipient to pay toward the cost of health care or services.

30 (b) The authority shall adopt rules establishing timelines for payment of health services under
 31 paragraph (a) of this subsection.

32 **(c) The types and extent of health care and services to be provided in medical assistance,**
 33 **as determined by the authority under paragraph (a)(A) of this subsection, and the fees,**
 34 **charges, daily rates and global payments determined by the authority under paragraph (a)(D)**
 35 **and (E) of this subsection, must be consistent with ORS 413.234, 414.432, 414.653, 414.710,**
 36 **414.712, 414.728, 414.743, 414.760, 414.762, 414.764, 414.766 and 414.770 and section 4 of this 2019**
 37 **Act and any other provision of law requiring the authority or a coordinated care organization**
 38 **to reimburse the cost of a specific type of care.**

39 (2) The types and extent of health care and services and the amounts to be paid in meeting the
 40 costs thereof, as determined and fixed by the authority and within the limits of funds available
 41 therefor, shall be the total available for medical assistance and payments for such medical assistance
 42 shall be the total amounts from medical assistance funds available to providers of health care and
 43 services in meeting the costs thereof.

44 (3) Except for payments under a cost-sharing plan, payments made by the authority for medical
 45 assistance shall constitute payment in full for all health care and services for which such payments

1 of medical assistance were made.

2 (4) Notwithstanding subsections (1) and (2) of this section, the Department of Human Services
3 shall be responsible for determining the payment for Medicaid-funded long term care services and
4 for contracting with the providers of long term care services.

5 (5) In determining a global budget for a coordinated care organization:

6 (a) The allocation of the payment, the risk and any cost savings shall be determined by the
7 governing body of the organization;

8 (b) The authority shall consider the community health assessment conducted by the organization
9 and reviewed annually, and the organization's health care costs; and

10 (c) The authority shall take into account the organization's provision of innovative, nontradi-
11 tional health services.

12 (6) Under the supervision of the Governor, the authority may work with the Centers for Medi-
13 care and Medicaid Services to develop, in addition to global budgets, payment streams:

14 (a) To support improved delivery of health care to recipients of medical assistance; and

15 (b) That are funded by coordinated care organizations, counties or other entities other than the
16 state whose contributions qualify for federal matching funds under Title XIX or XXI of the Social
17 Security Act.

18 **SECTION 6.** ORS 243.144 is amended to read:

19 243.144. Benefit plans offered by the Public Employees' Benefit Board that reimburse the cost
20 of medical and other health services and supplies must comply with the requirements for health
21 benefit plan coverage described in:

22 (1) ORS 743A.058;

23 (2) ORS 743B.601; *[and]*

24 (3) ORS 743B.810; **and**

25 **(4) Section 2 of this 2019 Act.**

26 **SECTION 7.** ORS 243.877 is amended to read:

27 243.877. Benefit plans offered by the Oregon Educators Benefit Board that reimburse the cost
28 of medical and other health services and supplies must comply with the requirements for health
29 benefit plan coverage described in:

30 (1) ORS 743A.058;

31 (2) ORS 743B.601; *[and]*

32 (3) ORS 743B.810; **and**

33 **(4) Section 2 of this 2019 Act.**

34 **SECTION 8. Section 2 of this 2019 Act applies to policies or certificates of insurance is-**
35 **sued, renewed or extended on or after the effective date of this 2019 Act.**

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