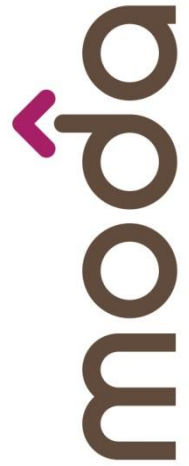


March 17, 2021

Sen. Deb Patterson, Chair  
Senate Committee on Health Care  
Oregon State Capitol  
900 Court Street, NE  
Salem, OR 97301



**RE: SB 168**

Dear Chair Patterson and Committee Members,

Thank you for the opportunity to provide comments on **SB 168** which would broaden the required coverage under ORS 743A.067 to include coverage of treatment for fertility and reproductive endocrinology. Moda Health is opposed to this bill for the reasons explained below.

As the proponents of this bill state, fertility and reproductive endocrinology treatments are expensive. While The Committee may see the value to insured Oregonians in requiring coverage for an expensive set of treatments, it must consider the impact of this additional cost on all Oregonians who pay for their coverage, many of whom struggle to afford the current cost. This mandate would apply to all health benefit plans, including those sold in both the individual and group health insurance markets. Consumers buying individual coverage are paying for any unsubsidized costs of their coverage, and so are directly exposed to the cost of each expansion in the type of services covered under their plans.

The cost impact of covering additional services, such as infertility treatments, is one key reason that individual and small group plans include a specified set of Essential Health Benefits (EHBs). The EHB package is carefully designed to provide coverage for a broad range of services while also maintaining affordability as much as possible. The careful design of the EHB package ensures that consumers have access to affordable coverage for preventive treatments and treatments that address costly and debilitating chronic conditions that affect many Oregonians. Any expansion to coverage for insured Oregonians should be considered within the context of the EHB package and the balance struck between affordability and coverage of the most impactful treatments.

In considering this new, expensive mandate, The Committee must note that under Federal law at 45 CFR §155.170, if at any time after January 1, 2012, a state requires coverage of an additional benefit, it is not considered an EHB. Furthermore, the state must defray the cost of any newly required benefit through payment to an enrollee or insurer. So, the cost of a newly required coverage for infertility would likely be put directly on the State of Oregon.

Beyond the impact this mandate would cause as a non-EHB, as Oregon moves toward a health care cost growth target, led by the work of the Health Care Cost Growth Target Implementation Committee, The Committee must consider that any additional coverage mandated now directly contributes to the unsustainable growth in costs that we are attempting to address through the growth target initiative. It will be extremely difficult, if not impossible, to make measurable,



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sustained progress toward limiting health care cost growth if new mandates such as this are approved.

Again, thank you for the opportunity to comment and share our concerns with **SB 168**

Sincerely,

A handwritten signature in black ink, appearing to read "Dave Nessler-Cass". The signature is fluid and cursive, with a long horizontal stroke at the end.

Dave Nessler-Cass  
Chief Compliance Officer and Director, Regulatory Affairs  
Moda Health Plan, Inc.