

SB 1530-3
(LC 35)
2/7/22 (LHF/ps)

Requested by SENATE COMMITTEE ON HEALTH CARE

**PROPOSED AMENDMENTS TO
SENATE BILL 1530**

1 On page 1 of the printed bill, line 15, delete “Section 2 of this 2022 Act
2 is” and insert “Sections 2 and 3 of this 2022 Act are”.

3 On page 2, line 7, delete “and”.

4 Delete lines 35 through 45.

5 On page 3, delete lines 1 and 2 and insert:

6 “(6) The provisions of this section do not require a health benefit plan
7 offered by an insurer described in ORS 743A.067 (7)(e) to provide the cover-
8 age described in subsection (2) of this section. Such an insurer must provide
9 notice to enrollees and potential employees of:

10 “(a) The medications and procedures described in subsection (2) of this
11 section that are excluded from coverage; and

12 “(b) The program described in section 5 of this 2022 Act.

13 “(7) An insurer described in subsection (6) of this section is subject to any
14 fee assessed by the Director of the Department of Consumer and Business
15 Services in accordance with section 3 of this 2022 Act but is not subject to
16 fees assessed by the director under ORS 731.804 (3).

17 **“SECTION 3. (1) For the purpose of mitigating inequity in the**
18 **health insurance market, the Director of the Department of Consumer**
19 **and Business Services may assess a fee on any insurer that offers a**
20 **health benefit plan that is described in section 2 (6) of this 2022 Act.**

21 **“(2) Any fees collected under subsection (1) of this section must be**

1 the actuarial equivalent of costs attributed to the provision and ad-
2 ministration of the coverage described in section 2 (2) of this 2022 Act
3 by an insurer that is not exempt from the coverage.

4 “(3) Nothing in this section limits the authority of the director to
5 enforce the provisions of section 2 of this 2022 Act if an insurer un-
6 lawfully fails to comply.

7 “(4) Notwithstanding ORS 646A.628, fees paid in accordance with
8 subsection (1) of this subsection shall be deposited in the General Fund
9 and credited to the Oregon Health Authority to be used to carry out
10 the provisions of section 4 of this 2022 Act.

11 **“SECTION 4. (1) The Oregon Health Authority, in collaboration**
12 **with the Department of Consumer and Business Services, shall study**
13 **access to fertility and reproductive endocrinology services by residents**
14 **of this state, including:**

15 “(a) Availability and utilization of fertility and reproductive
16 endocrinology services in the commercial health insurance markets,
17 self-insured health plans and the state medical assistance program;

18 “(b) Financial and access barriers to obtaining fertility and repro-
19 ductive endocrinology services including assisted reproductive tech-
20 nology; and

21 “(c) Inequities in access to fertility and reproductive endocrinology
22 services based on race, ethnicity, gender identity, sexual orientation,
23 income, marital status, immigration status and disability.

24 “(2) No later than September 15, 2024, the authority shall report to
25 the interim committees of the Legislative Assembly related to health,
26 in the manner provided in ORS 192.245, the findings of the study de-
27 scribed in subsection (1) of this section and recommendations for:

28 “(a) Reducing financial and access barriers to fertility and repro-
29 ductive endocrinology services for residents of this state;

30 “(b) Strategies to promote equal access to fertility and reproductive

1 endocrinology services, including protections against discrimination in
2 the provision of fertility and reproductive endocrinology services;

3 “(c) A plan to provide equitable access to assisted reproductive
4 technology for all residents of this state;

5 “(d) The feasibility of obtaining federal financial participation in
6 or other federal resources to support the plan described in paragraph
7 (c) of this subsection; and

8 “(e) Legislative changes necessary to implement the recommen-
9 dations under this subsection.

10 **“SECTION 5. (1) In consultation with the Department of Consumer
11 and Business Services, the Oregon Health Authority shall design a
12 program to use funds from fees collected by the Director of the De-
13 partment of Consumer and Business Services and made available to
14 the authority under section 3 of this 2022 Act to:**

15 **“(a) Reimburse the cost of medications and procedures described in
16 section 2 (2) of this 2022 Act that are provided to residents of this state
17 enrolled in health benefit plans described in section 2 (6) of this 2022
18 Act; and**

19 **“(b) Conduct community outreach regarding the program.**

20 **“(2) In designing the program described in subsection (1) of this
21 section, the authority and the department shall consult with consumer
22 advocates, insurers transacting insurance in this state that offer the
23 health benefit plans described in section 2 (6) of this 2022 Act and other
24 stakeholders.**

25 **“(3) To be reimbursed under the program, a provider must be cer-
26 tified by the authority based on criteria and using an application pro-
27 cess adopted by the authority by rule. The authority may impose a fee
28 on providers applying for certification. Fees may not exceed the
29 amount necessary to cover the costs of the authority in administering
30 the certification process.”.**

1 In line 3, delete “4” and insert “6”.

2 On page 6, after line 13, insert:

3 **“SECTION 7.** Section 5 of this 2022 Act is amended to read:

4 **“Sec. 5.** (1) In consultation with the Department of Consumer and Busi-
5 ness Services, the Oregon Health Authority shall [*design*] **administer** a
6 program to use funds from fees collected by the Director of the Department
7 of Consumer and Business Services and made available to the authority un-
8 der section 3 of this 2022 Act to:

9 “(a) Reimburse the cost of medications and procedures described in sec-
10 tion 2 (2) of this 2022 Act that are provided to residents of this state enrolled
11 in health benefit plans described in section 2 (6) of this 2022 Act; and

12 “(b) Conduct community outreach regarding the program.

13 “[~~2~~] *In developing the design of the program described in subsection (1)*
14 *of this section, the authority and the department shall consult with consumer*
15 *advocates, insurers transacting insurance in this state that offer the health*
16 *benefit plans described in section 2 (6) of this 2022 Act and other*
17 *stakeholders.]*

18 “[~~3~~] **(2)** To be reimbursed under the program, a provider must be certi-
19 fied by the authority based on criteria and using an application process
20 adopted by the authority by rule. The authority may impose a fee on pro-
21 viders applying for certification. Fees may not exceed the amount necessary
22 to cover the costs of the authority in administering the certification
23 process.”.

24 Delete lines 14 through 20 and insert:

25 **“SECTION 8.** Section 2 of this 2022 Act applies to policies or certif-
26 icates issued, renewed or extended on or after January 1, 2023.

27 **“SECTION 9.** (1) The amendments to ORS 743B.005 by section 6 of
28 this 2022 Act become operative on January 1, 2023.

29 **“(2)** The amendments to section 5 of this 2022 Act by section 7 of
30 this 2022 Act become operative on January 1, 2024.

