

To: Senate Committee on Healthcare  
Re: SB 1530 -2

February 2, 2022

Chair Patterson, Vice-Chair Kenemer, and Members of the Senate Committee on Healthcare,

As organizations dedicated to the advancement of health equity and who helped to pass the landmark Reproductive Health Equity Act in 2017, we thank you for the opportunity to provide feedback on SB 1530 and the -2 amendments.

Oregon has led the nation in passing policies, such as the Reproductive Health Equity Act, Cover All Kids, and Cover All People, that have reduced health inequities. These policies have been part of an effort to reform a health system that has perpetuated unequal access to healthcare through a tiered system of coverage and access based on income, insurance, immigration status, zip code, or gender identity and sexual orientation.

We believe healthcare is a right and support equitable access to assisted reproduction including fertility treatment such as IVF, ICI, IUI and ICDI. We thank Chair Patterson and Senator Beyer for leading the effort to expand access to assisted reproduction with insurance coverage of fertility services. Insurance coverage of assisted reproductive technology has the potential to give many the opportunity to grow their families by allowing cost to not be a barrier.

Policies regarding assisted reproduction have a disproportionate impact on LGBTQ+ people, individuals with low incomes, non-partnered people, Black, Indigenous and other Women of Color, and individuals with disabilities.<sup>2</sup> As such, assisted reproduction must be approached using an intersectional lens and a reproductive justice approach that takes into account histories of injustice, racism, and discrimination and that affirms the right to have a child, not to have a child, and to parent with dignity in healthy and safe environments. **To that end, we would like to express two concerns with SB 1530. Without further changes to the bill we are concerned that it will not meet the desired equity goals.**

First, we are concerned that the bill does not include Oregonians who are covered by the Oregon Health Plan (OHP) and the Reproductive Health Program, and we want to ensure these populations are not left behind. Providing commercial coverage with no defined pathway to establishing coverage for low-income Oregonians will exacerbate existing health inequities and further entrench a two-tiered, unequal health system. We would like to see a robust roadmap with defined benchmarks in the bill to make sure that we are making meaningful advancements towards achieving coverage for Oregonians who rely on state programs for healthcare coverage.

While we understand that the federal government may not cover the cost of many of these services, they may cover some and we would like to be engaged in a productive and important conversation led by legislators to put forward a solid plan for what can be covered by the federal government through waiver and what would be covered by the state for the almost 1 in 3 Oregonians who rely on OHP.

Second, we acknowledge and appreciate that the language in the -2 amendments is a significant and needed improvement from the introduced version of the bill. Thank you for hearing our concerns and removing the problematic religious exemption language that would have had unintended and dangerous consequences.

However, we cannot support exemptions or carve outs, including for insurers who were exempted from the 2017 Reproductive Health Equity Act and are among the largest insurers in the state. We do not support expanding religious exemptions, especially from essential healthcare, and we fail to

---

<sup>2</sup> See Ashley Wiltshire et. al, Infertility Knowledge and Treatment Beliefs among African American Women in an Urban Community, 4 CONTRACEPT. REPROD. MED 16 (2019), <https://pubmed.ncbi.nlm.nih.gov/31572616> (concluding that Black women between the ages of 33-44 are twice as likely to experience infertility as white women in the same age demographic). See also Jain & Hornstein, supra note 3 (finding that even in a state that mandates IVF coverage, disparities in access to infertility services exist, with the majority of individuals accessing those services being Caucasian, highly educated, and wealthy).

understand why Providence needs an exemption in the case of assisted reproductive technology that helps individuals build their families. In fact, the practical impact is the exclusion of LGBTQ+ families.

A carve out for one insurer creates inequities and different levels and quality of coverage even among commercial plans. Those covered by the exempted insurance plan will be put at a disadvantage as compared to other commercially-insured individuals. Instead of being covered at the time of their service, they will be forced to pay out-of-pocket for their IVF services and go through a process external to their normal insurance claims channels in order to be reimbursed. We believe that individuals should not face undue burden when seeking coverage simply because they are a Providence enrollee. Considering that Providence insures hundreds of thousands of people in Oregon, this is not a small number of people who would face extra barriers.

This proposal also puts other carriers, who are being held to a different standard, at a market disadvantage.

We also recommend assessing whether or not the Oregon Health Authority is resourced to effectively implement a seamless process, without barriers, for coverage of these services for those enrolled with an exempted insurance carrier before it is proposed as a policy solution.

As groups committed to reproductive and health equity, we oppose discriminatory benefit design that excludes or places additional undue burdens on groups and individuals, especially in this case when it is a significant portion of Oregonians. We believe that assisted reproductive technology should be covered by health insurance and programs, including OHP and the Reproductive Health Program, in a manner that is equitable and reduces disparities. We are committed to working alongside lawmakers to develop policy and budget solutions that will achieve fertility coverage that facilitates access for *all* potential parents.

APANO  
Basic Rights Oregon  
Family Forward Oregon  
Forward Together Action  
Planned Parenthood Advocates of Oregon  
Pro-Choice Oregon  
Oregon Health Equity Alliance  
Oregon Nurses Association  
SEIU

