

To: Senate Committee on Healthcare

Re: Support for SB 1530 -4

February 9, 2022

Chair Patterson, Vice-Chair Kennemer, 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 are writing in support of SB 1530 and the -4 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.¹

As such, we would like to express support for SB 1530 and the -4 amendments, which we believe is the best path forward for crafting future, robust policy that will equitably expand access to assisted reproduction coverage and center most impacted communities.

The -4 amendment replaces the existing bill with a mandate for OHA and DCBS to do a comprehensive study of the financial and access barriers to assisted reproduction across commercial health insurance markets, self-insured health plans, and state medical assistance programs. That analysis is necessary to ensure that future policy reflects 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.

We acknowledge and appreciate that the language in the -2 and -3 amendments are 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 the -2 and -3 amendments and any 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 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

¹ 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).

service, they will be forced to pay out-of-pocket for their fertility 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.

Further, by advancing commercial coverage without including the 1 in 3 Oregonians on the Oregon Health Plan or Oregonians covered by the Reproductive Health Program, the -2 and -3 amendments would exacerbate existing health inequities and further entrench a two-tiered, unequal health system.

We believe the -4 amendments and the case study it mandates will help policymakers to develop a robust roadmap with defined benchmarks to make sure that we are making meaningful advancements towards achieving coverage for both commercially-insured Oregonians and Oregonians who rely on state programs for healthcare coverage.

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 when it impacts a significant number 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.

That is why we support the -4 amendments and its thoughtful approach to producing a comprehensive study that will equip lawmakers with the necessary data and research to write the most inclusive and equitable policy for assisted reproduction coverage and that will facilitate access for *all* potential parents.

APANO
Basic Rights Oregon
Family Forward Oregon
Forward Together Action
Latino Network
Planned Parenthood Advocates of Oregon
Pro-Choice Oregon
Oregon Latino Health Coalition
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