SB 491 A STAFF MEASURE SUMMARY

Senate Committee On Health Care

Action Date:	03/20/23
Action:	Without recommendation as to passage, but with amendments and return to President for further referral. (Printed A-Eng.)
Vote:	4-1-1-0
Yeas:	4 - Campos, Hayden, Patterson, President Wagner
Nays:	1 - Bonham
Exc:	1 - Gorsek
Fiscal:	Fiscal impact issued
Revenue:	No revenue impact
Prepared By:	Daniel Dietz, LPRO Analyst
Meeting Dates:	2/27, 3/20

WHAT THE MEASURE DOES:

Defines infertility. Requires specified health benefit plans to reimburse the costs of procedures and medications for treatment of infertility. Specifies that coverage may include in vitro fertilization, embryo transfers, intrauterine insemination, cryopreservation, and other specified treatments for infertility. Requires coverage without step therapy when a provider determines that treatment is medically necessary. Applies to policies issued, renewed, or extended on or after January 1, 2024. Exempts an insurer that was not required to provide reproductive health services under ORS 743A.067 from the requirement to provide specified treatments for infertility. Allows the Department of Consumer and Business Services (DCBS) to assess fees on an exempt insurer. Directs the Oregon Health Authority (OHA) to contract with a third-party administrator or insurer to cover specified treatments for infertility for people enrolled in an exempt insurer's health plan. Creates the Market Equity Fund in the State Treasury, consisting of fees paid to DCBS, to be continuously appropriated to OHA to pay for infertility treatment for people enrolled in an exempt insurer's health plan. Directs OHA and DCBS to study access and barriers to fertility services, including cost, in health insurance markets and the state medical assistance program, and to report to interim committees of the Legislative Assembly related to health by September 15, 2024. Declares emergency, effective on passage.

ISSUES DISCUSSED:

- Cost and access to treatment for infertility

EFFECT OF AMENDMENT:

Exempts an insurer that was not required to provide reproductive health services under ORS 743A.067 from the requirement to provide specified treatments for infertility, requiring the exempt insurer to pay fees that may be continually appropriated by the Oregon Health Authority to pay for services provided through a third-party administrator.

BACKGROUND:

The American Society for Reproductive Medicine (ASRM) estimates that up to 15 percent of couples experience infertility, defined as the inability to conceive after one year. Clinicians diagnose infertility using lab tests, specimen analysis, imaging, and diagnostic procedures. Treatment may include in vitro fertilization (IVF), medications, surgery, and other practices approved by ASRM or the American College of Obstetricians and Gynecologists.

The Kaiser Family Foundation (KFF) reports that most people pay out-of-pocket for reproductive health care because it is not typically covered by private insurance plans except in states where coverage is required by law

(link to KFF report on Coverage and Use of Fertility Services in the U.S.). Oregon law does not require health plans to cover treatment for infertility. For enrollees and family members in Public Employees Benefits Board (PEBB) plans, qualifying infertility services, including in vitro fertilization, are covered up to $35,000 with no out-of-pocket expenses (link to PEBB 2022 Plan Year overview).

Senate Bill 491 A requires health benefit plans, with certain exemptions, to reimburse the cost of treatments for infertility.