



Legislative Fiscal Office
 83rd Oregon Legislative Assembly
 2025 Regular Session

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Bill Title: Relating to health care coverage beginning at perimenopause.

Government Unit(s) Affected: Department of Consumer and Business Services, Oregon Health Authority

Summary of Fiscal Impact

2025-27 Biennium	General Fund	Lottery Funds	Other Funds	Federal Funds	Total Funds	Positions	FTE
Oregon Health Authority	\$ -	\$ -	\$ 1,400,256	\$ -	\$ 1,400,256	-	-
Total Fiscal Impact	\$ -	\$ -	\$ 1,400,256	\$ -	\$ 1,400,256	-	-

2027-29 Biennium	General Fund	Lottery Funds	Other Funds	Federal Funds	Total Funds	Positions	FTE
Oregon Health Authority	\$ -	\$ -	\$ 2,255,112	\$ -	\$ 2,255,112	-	-
Total Fiscal Impact	\$ -	\$ -	\$ 2,255,112	\$ -	\$ 2,255,112	-	-

- While PEBB and OEGB is budgeted as Other Funds, premium payments come from revenue streams available in state agency and school district budgets, including General Fund.

Measure Description

The measure requires health insurance plans to cover the treatment of perimenopause, menopause, and postmenopause. The expansion of services included in the measure applies to health benefit plans and health care service contracts issued, renewed, or extended after January 1, 2026.

Fiscal Analysis

Currently, both PEBB and OEGB include coverage for menopause support, however, the plans expect an increase in costs is due to the expansion of drugs covered by the measure that are outside of each carrier’s current formulary. The fiscal impact of the measure on the Public Employees Benefit Board (PEBB) and the Oregon Educators Benefit Board (OEGB), budgeted within the Oregon Health Authority, is \$1.4 million Other Funds in the 2025-27 biennium. For PEBB, the benefit change would result in additional costs of \$1.1 million Other Funds in 2025-27, and \$1.5 million Other Funds in 2027-29. For OEGB, the benefit change would result in additional costs of \$291,077 in 2025-27, and \$776,207 in 2027-29. If passed, the measure will apply to plans issued on January 1, 2026, for PEBB and October 1, 2026, for OEGB.

Changes to the list of required services that health benefit plans must cover will impact the premiums for employee health plans offered by PEBB and OEGB, which are housed in OHA. While the health care coverage offered in each program is budgeted as Other Funds, the corresponding revenue largely comes from the premiums paid by state agencies and universities for PEBB’s plans and the K-12 school system for OEGB’s plans. State agencies finance PEBB’s premium payments from the revenue streams available in their budgets, including the General Fund.

The expansion of coverage for health benefit plans may be considered a new mandate under the Patient Protection and Affordable Care Act. This Act requires states to offset the cost of required benefits for plans issued through the health insurance marketplace. Federal guidance does not clarify whether these offsets must be paid out of the General Fund or from other state funds such as marketplace assessment funds. If coverage of these services is considered a new mandate, the bill may have a fiscal impact for the state.

The fiscal impact on the Department of Consumer and Business Services (DCBS) is minimal.

Relevant Dates

The measure takes effect on January 1, 2026.