

SB 535 A STAFF MEASURE SUMMARY

Senate Committee On Health Care

Action Date: 04/08/25

Action: Do pass with amendments. Refer to Ways and Means by prior reference. (Printed A-Eng).

Vote: 3-2-0-0

Yeas: 3 - Campos, Patterson, Reynolds

Nays: 2 - Hayden, Linthicum

Fiscal: Fiscal impact issued

Revenue: Revenue impact issued

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Meeting Dates: 4/3, 4/8

WHAT THE MEASURE DOES:

The measure requires employer and individual health plans to reimburse for the cost of specified fertility treatments. It directs the Oregon Health Authority (OHA) and the Department of Consumer and Business Services (DCBS) to study access and barriers to fertility treatments.

Detailed Summary:

Coverage requirements

- Defines "infertility."
- Requires employer and individual health plans to reimburse the cost of specific fertility-related services for covered individuals diagnosed with infertility or who are at risk of experiencing infertility due to a medical condition or treatment.
- Requires coverage for services including, but not limited to, storage and preservation of reproductive specimens, egg retrieval (a minimum of three and maximum of six) with unlimited embryo transfers, intrauterine insemination (IUI), in vitro fertilization (IVF) services (including donor and surrogate-involved), consultation and diagnostic testing, medications, and surgery.
- Prohibits a health plan from imposing exclusions, limitations, or other restrictions, including requiring step therapy, where a provider has deemed that a covered treatment is medically necessary.
- Exempts coverage from automatic sunset provisions of the Insurance Code.

Exemptions

- Exempts an insurer from coverage requirements for fertilization treatment if the insurer excluded coverage for abortion in all of its individual, small employer, and large employer group plans during the 2017 plan year.
- Directs the Department of Consumer and Business Services to establish an assessment for exempted insurers.
- Establishes the Market Equity Fund to receive assessments and to pay a third-party administrator to process claims for covered services.

Study and Effective Date

- Directs the OHA and DCBS to study access and barriers to fertility services in Oregon and to report findings to the interim committees of the Legislative Assembly related to health by February 15, 2027. Specifies what should be included in the study, including the availability and utilization of fertility services, barriers to services, and inequities in access to services. Identifies areas for findings and recommendations that should be included within the report.

Declares emergency, effective on passage.

ISSUES DISCUSSED:

- Consideration of fertility coverage concepts in previous sessions of the Legislative Assembly.

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- Exemptions for certain insurers.
- Impacts of the measure.

EFFECT OF AMENDMENT:

- Exempts an insurer from coverage requirements for fertilization treatment if the insurer excluded coverage for abortion during the 2017 plan year, with provisions for assessment and third-party administration of fertility-related claims for covered individuals.
- Establishes the Market Equity Fund to receive assessments and to pay a third-party administrator to process claims for covered services.
- Changes OHA and DCBS report due date from September 15, 2026, to February 15, 2027.

BACKGROUND:

Infertility is broadly defined by the American Society of Reproductive Medicine (ASRM) as a disease, condition, or status where a person is unable to successfully become pregnant after a year (or six months, in cases where the female partner is 35 or older). According to the Kaiser Family Foundation (KFF) ([2024](#)), one in eight (13 percent) women ages 18-49 report that either they or their partner have required fertility services to become pregnant or to prevent miscarriage. Treatments for infertility vary depending on individual needs but commonly include testing, medication, IUI, and assisted reproductive technology (ART), which encompasses fertility treatments such as IVF.

Cost is a known barrier to receiving fertility services and the leading reason cited when an individual cannot obtain needed services. Insurance coverage for these services is limited, with the most recent KFF Employer Health Benefits Survey ([2024](#)) finding that only 27 percent and 12 percent of large employers offered coverage for IVF and cryopreservation, respectively. Oregon law does not require health insurance plans to cover fertility services; however, benefits provided to members of the Public Employees Benefits Board (PEBB) were expanded beginning in plan year 2022 to include qualifying fertility services, including ART up to \$25,000 annually ([PEBB Fertility Benefits Comparison for 2025](#)).

Senate Bill 535 A defines infertility and requires employer and individual health plans to reimburse the cost of specified fertility treatments. The measure also directs the Oregon Health Authority and Department of Consumer and Business Services to study access to fertility treatments.