

SB 535-3
(LC 2182)
4/7/25 (EKJ/ps)

Requested by SENATE COMMITTEE ON HEALTH CARE

**PROPOSED AMENDMENTS TO
SENATE BILL 535**

1 On page 1 of the printed bill, line 2, after “ORS” insert “731.292, 731.804
2 and”.

3 On page 2, delete lines 18 through 42 and insert:

4 “(A) A minimum of three completed oocyte retrievals with unlimited
5 embryo transfers in accordance with guidelines of the American Society for
6 Reproductive Medicine, or a successor organization, using single embryo
7 transfer if recommended by a licensed treating practitioner and medically
8 effective.

9 “(B) Six completed egg retrievals per lifetime, with unlimited embryo
10 transfers in accordance with the guidelines of the American Society for Re-
11 productive Medicine, using single embryo transfer when recommended and
12 medically appropriate.

13 “(C) Assisted hatching.

14 “(D) Cryopreservation and thawing of embryos.

15 “(E) Embryo biopsy.

16 “(F) Fresh and frozen embryo transfers.

17 “(G) Storage of embryos.

18 “(H) In vitro fertilization, including in vitro fertilization using donor
19 eggs, sperm or embryos, and in vitro fertilization in which the embryo is
20 transferred to a gestational carrier or surrogate.

21 “(I) Intracytoplasmic sperm injection.

- 1 “(J) Storage of oocytes, sperm and tissue.
2 “(K) Intrauterine insemination.
3 “(L) Cryopreservation of ovarian tissue.
4 “(M) Cryopreservation of testicular tissue.
5 “(N) Cryopreservation and thawing of eggs and sperm.
6 “(O) Consultation and diagnostic testing.
7 “(P) Medications.
8 “(Q) Ovulation induction.
9 “(R) Surgery, including microsurgical sperm aspiration.
10 “(S) Medical and laboratory services that reduce excess embryo creation
11 through egg cryopreservation and thawing.”.

12 On page 3, after line 11, insert:

13 “(6) This section does not require a health benefit plan offered by an
14 insurer described in ORS 743A.067 (7)(e) to reimburse the cost of:

15 “(a) Embryo transfer procedures as part of the coverages described in
16 subsection (3)(a)(A) and (B) of this section; and

17 “(b) Procedures described in subsection (3)(a)(C) to (I) of this section.”.

18 In line 12, delete “6” and insert “7”.

19 In line 24, delete “September 15, 2026” and insert “February 15, 2027” and
20 after the second “the” insert “committees or”.

21 After line 37, insert:

22 **“SECTION 4. (1) The Department of Consumer and Business Ser-**
23 **vices shall administer a program to provide reimbursement for the**
24 **costs of procedures described in section 2 (6) of this 2025 Act that are**
25 **incurred by individuals enrolled in health benefit plans described in**
26 **ORS 743A.067 (7)(e). The department shall establish application pro-**
27 **cesses for the program and contract with a third party administrator**
28 **or health insurance carrier to process claims for enrollees in the pro-**
29 **gram.**

30 **“(2) The department may adopt rules necessary to carry out the**

1 **provisions of this section.”.**

2 In line 38, delete “4” and insert “5”.

3 On page 7, after line 3, insert:

4 **“SECTION 6. The Market Equity Fund is established in the State**
5 **Treasury, separate and distinct from the General Fund, consisting of**
6 **moneys collected from the portion of assessments imposed under ORS**
7 **731.804 (3) for the costs of administering the program described in**
8 **section 4 of this 2025 Act. Interest earned by the Market Equity Fund**
9 **shall be credited to the fund. Moneys in the Market Equity Fund are**
10 **continuously appropriated to the Department of Consumer and Busi-**
11 **ness Services to carry out the provisions of section 4 of this 2025 Act.**

12 **“SECTION 7. ORS 731.292 is amended to read:**

13 **“731.292. (1) Except as provided in subsections (2), (3), [*and*] (4) and (5)**
14 **of this section, all fees, charges and other moneys received by the Depart-**
15 **ment of Consumer and Business Services or the Director of the Department**
16 **of Consumer and Business Services under the Insurance Code shall be de-**
17 **posited in the fund created by ORS 705.145 and are continuously appropriated**
18 **to the department for the payment of the expenses of the department in**
19 **carrying out the Insurance Code.**

20 **“(2) All taxes and penalties paid pursuant to the Insurance Code shall be**
21 **paid to the director and after deductions of refunds shall be paid by the di-**
22 **rector to the State Treasurer, at the end of every calendar month or more**
23 **often in the director’s discretion, for deposit in the General Fund to become**
24 **available for general governmental expenses.**

25 **“(3) All premium taxes received by the director pursuant to ORS 731.820**
26 **shall be paid by the director to the State Treasurer for deposit in the State**
27 **Fire Marshal Fund.**

28 **“(4) Assessments received by the department under sections 3 and 5,**
29 **chapter 538, Oregon Laws 2017, and penalties received by the department**
30 **under section 6, chapter 538, Oregon Laws 2017, shall be paid into the State**

1 Treasury and credited to the Health System Fund established under section
2 2, chapter 538, Oregon Laws 2017.

3 **“(5) Assessments received by the department under ORS 731.804 (3)**
4 **shall be paid to the Market Equity Fund established under section 6**
5 **of this 2025 Act.**

6 **“SECTION 8.** ORS 731.804 is amended to read:

7 “731.804. (1) Except as otherwise provided in this section, each authorized
8 insurer doing business in this state shall pay assessments that the Director
9 of the Department of Consumer and Business Services determines are neces-
10 sary to support the legislatively authorized budget of the Department of
11 Consumer and Business Services with respect to functions of the department
12 under the Insurance Code. The director shall determine the assessments ac-
13 cording to one or more percentage rates established by the director by rule.
14 The director shall specify in the rule when assessments shall be made and
15 payments shall be due. The premium-weighted average of the percentage
16 rates may not exceed nine-hundredths of one percent of the gross amount of
17 premiums received by an insurer or the insurer’s insurance producers from
18 and under the insurer’s policies covering direct domestic risks, after deduct-
19 ing the amount of return premiums paid and the amount of dividend pay-
20 ments made to policyholders with respect to such policies. In the case of
21 reciprocal insurers, the amount of savings paid or credited to the accounts
22 of subscribers shall be deducted from the gross amount of premiums. In es-
23 tablishing the percentage rate or rates, the director shall use the most recent
24 premium data approved by the director. In establishing the amounts to be
25 collected under this subsection, the director shall take into consideration the
26 expenses of the department for administering the Insurance Code and the
27 fees collected under subsection (2) of this section. When the director estab-
28 lishes two or more percentage rates:

29 “(a) Each rate shall be based on such expenses of the department ascribed
30 by the director to the line of insurance for which the rate is established.

1 “(b) Each rate shall be applied to the gross amount of premium received
2 by an insurer or its insurance producers for the applicable line of insurance
3 as provided in this subsection.

4 “(2) The director may collect fees for specific services provided by the
5 department under the Insurance Code according to a schedule of fees estab-
6 lished by the director by rule. The director may collect such fees in advance.
7 In establishing the schedule for fees, the director shall take into consider-
8 ation the cost of each service for which a fee is imposed.

9 “(3)(a) Notwithstanding the provisions of ORS 743A.067 (7)(e) and
10 743A.067 (9), for the purpose of mitigating inequity in the health insurance
11 market, the director may assess a fee on any insurer that offers a health
12 benefit plan, as defined in ORS 743B.005, that is exempt from a provision of
13 ORS chapter 743A or other provision of the Insurance Code that requires
14 specified coverage by health benefit plans.

15 “(b) Any fees collected under paragraph (a) of this subsection must be the
16 actuarial equivalent of costs attributed to the provision and administration
17 of the required coverage by an insurer that is not exempt.

18 “(c) Nothing in this section limits the authority of the director to enforce
19 the provisions of ORS chapter 743A if an insurer unlawfully fails to comply.

20 “(d) Notwithstanding ORS 646A.628, fees paid in accordance with para-
21 graph (a) of this subsection shall be deposited in the [*General Fund to become*
22 *available for general governmental expenses*] **Market Equity Fund estab-**
23 **lished under section 6 of this 2025 Act.**

24 “(4) Establishment and amendment of the schedule of fees under sub-
25 section (2) of this section are subject to prior approval of the Oregon De-
26 partment of Administrative Services and shall be within the budget
27 authorized by the Legislative Assembly as that budget may be modified by
28 the Emergency Board.

29 “(5) The director may not collect an assessment under subsection (1) of
30 this section from any of the following persons:

1 “(a) A fraternal benefit society complying with ORS chapter 748.
2 “(b) Any person or class of persons designated by the director by rule.
3 “(6) The director may not collect an assessment under subsection (1) of
4 this section with respect to premiums received from any of the following
5 policies:
6 “(a) Workers’ compensation insurance policies.
7 “(b) Wet marine and transportation insurance policies.
8 “(c) Any category of policies designated by the director by rule.”.
9 In line 4, delete “5” and insert “9”.
10 In line 6, delete “6” and insert “10” and delete “4” and insert “5”.
11 In line 8, delete “7” and insert “11” and delete “January 2, 2027” and in-
12 sert “June 30, 2028”.
13 In line 9, delete “8” and insert “12”.

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