HB 4155 -1, -4 STAFF MEASURE SUMMARY

House Committee On Health Care

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Sub-Referral To:	Joint Committee On Ways and Means
Meeting Dates:	2/10, 2/12

WHAT THE MEASURE DOES:

The measure requires employer, individual, Public Employees' Benefit Board (PEBB), and Oregon Educators Benefit Board (OEBB) health plans to reimburse for the cost of specified fertility treatments. The measure also 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:

- Defines infertility.
- Requires employer and individual health plans to reimburse the cost of fertility-related services for individuals diagnosed with infertility, or who are at risk of experiencing infertility due to a medical condition or treatment.
  - Specifies that coverage includes a minimum of three completed egg retrievals with unlimited embryo transfers.
  - Specifies that coverage must be provided to all plan members including a spouse and dependents.
- 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 required coverage from automatic sunset provisions of Insurance Code.
- 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 September 15, 2027. Specifies what should be included in the study, including 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 in the report.
- Applies to benefit plans offered by PEBB and OEBB.
- Applies health plans beginning plan year 2027.
- Declares emergency, effective on passage.

Fiscal impact: May have fiscal impact, but statement not yet issued.
Revenue impact: May have revenue impact, but statement not yet issued.

ISSUES DISCUSSED:

EFFECT OF AMENDMENT:

-1 The amendment makes changes to the measure:

- Expands list of services included under required coverage to include, but not be 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.
- Exempts specified insurers from reimbursing for certain services, including those involving embryo transfer, storage, thawing, hatching, and IVF.
- Directs DCBS to administer a program to provide reimbursement for covered fertility services for individuals with plans from insurers exempt from covering certain services.

- Establishes the Family Building Fund. Stipulates assessments paid by exempt insurers and collected by DCBS to administer the reimbursement program will go to the Family Building Fund. Appropriates money from the Family Building Fund to DCBS to carry out the reimbursement program.

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- Removes sections related to PEBB and OEBB.

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%) 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 invitro fertilization (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% and 12% 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).

House Bill 2959 (2025) would have required employer and individual health plans to reimburse the cost of specified fertility treatments and directed OHA and DCBS to study access to fertility treatments.

House Bill 4155 requires most state-regulated health insurance plans; including PEBB, OEBB, employer, and individual plans; to cover fertility services and directed state agencies OHA and DCBS to study access and barriers to treatments.