

## HB 4155 A STAFF MEASURE SUMMARY

### House Committee On Health Care

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**Action Date:** 02/12/26

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

**Vote:** 8-0-0-0

**Yeas:** 8 - Diehl, Harbick, Javadi, McIntire, Munoz, Nelson, Nosse, Pham H

**Fiscal:** Fiscal impact issued

**Revenue:** No revenue impact

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**Meeting Dates:** 2/10, 2/12

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#### WHAT THE MEASURE DOES:

The measure requires employer and individual health plans to reimburse for the cost of specified fertility treatments and exempts certain health plans from covering embryo-related services. It directs the Department of Consumer and Business Services (DCBS) to administer a program to provide reimbursement for covered fertility services for individuals with exempt plans and creates the Family Building Fund to cover those services.

#### 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, but is not limited to, storage and preservation of reproductive specimens, egg retrieval (a minimum of three and a 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
  - 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, when a provider has deemed that a covered treatment is medically necessary
- 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 in which the insurer is 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; and appropriates money from the Family Building Fund to DCBS to carry out the reimbursement program
- Exempts required coverage from automatic sunset provisions of the Insurance Code
- Applies to health plans beginning in plan year 2027

#### ISSUES DISCUSSED:

- Treating infertility as a disease
- Cost of accessing fertility services
- Coverage of fertility services in other states and by the Public Employees' Benefit Board (PEBB)
- Potential for insurance rate increases associated with adding fertility coverage plans
- Bill development process

#### EFFECT OF AMENDMENT:

The amendment expands the list of services included under required coverage. It exempts specified insurers from reimbursing for certain services, including those involving embryo transfer, storage, thawing, hatching, and IVF. It

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directs DCBS to administer a program to provide reimbursement for covered fertility services for individuals with plans from insurers exempt from covering certain services. It establishes the Family Building Fund; stipulates that assessments paid by exempt insurers and collected by DCBS to administer the reimbursement program will be deposited into the Family Building Fund; and appropriates funds from the Family Building Fund to DCBS to carry out the reimbursement program. It removes sections related to PEBB and the Oregon Educators Benefit Board (OEBB) and specifies that coverage requirements do not apply to PEBB and OEBB unless those entities opt in to providing coverage. It removes the requirement that the Oregon Health Authority (OHA), in collaboration with DCBS, study infertility and reproductive endocrinology service access in the state.

### BACKGROUND:

Infertility is broadly defined by the American Society for Reproductive Medicine as a disease, condition, or status in which a person is unable to successfully become pregnant after a year (or six months in cases in which the female partner is age 35 or older). According to a [2024 KFF survey](#), one in eight women ages 18–49 reports that either they or their partner has required fertility services to become pregnant or 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 [2024 KFF Employer Health Benefits Survey](#) 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 [PEBB members](#) were expanded beginning in plan year 2022 to include qualifying fertility services, including ART up to \$25,000 annually.

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.