



February 10, 2026

Representative Rob Nosse, Chair
Representative Ed Diehl, Vice-Chair
Representative Travis Nelson, Vice-Chair
House Committee on Health Care
Oregon Legislative Assembly
900 Court St. NE
Salem, OR 97309

Re: Concerns with House Bill 4155, Related to Fertility Coverage

Chair Nosse, Vice-Chairs Javadi and Nelson, and Members of the Committee:

The PacificSource companies are independent, not-for-profit health insurance providers based in Oregon. We serve over 500,000 commercial, Medicaid, and Medicare Advantage members in three states. PacificSource Community Solutions is the contracted coordinated care organization (CCO) in Central Oregon, the Columbia River Gorge, and Marion & Polk Counties. Our mission is to provide better health, better care, and better value to the people and communities we serve.

We write today to express concerns with House Bill 4155, which mandates coverage for fertility services.

First, we do not believe that this bill ensures more equitable access to treatment and services to Oregonians. As written, HB 4155 applies only to the state's Insurance Code, which covers a small percentage of all Oregonians. According to data presented by the Department of Consumer and Business Services in this committee on January 23, state-regulated health insurance covers just over 1 million Oregonians, or around 23% of the state's population.¹ In contrast, the Oregon Health Plan covers over 1.4 million Oregonians.²

As both a health plan and a coordinated care organization, we will be in the difficult position to have to deny coverage for our OHP members while approving coverage for our health plan members. We appreciate the recognition by the proponents, by including a study whether to extend coverage in section 3 of the bill, that Oregon Health Plan members should also receive access to this care. But in passing this legislation, the Assembly would be creating an inequity in care in the first place, with the dividing line being insurance coverage.

One area of chance we would note from the 2025 legislation is the alignment of coverage for public servants through the Public Employees Benefit Board and the Oregon Educators Benefit

¹ <https://olis.oregonlegislature.gov/liz/2025R1/Downloads/CommitteeMeetingDocument/288110>

² <https://olis.oregonlegislature.gov/liz/2025R1/Downloads/CommitteeMeetingDocument/287880>

Board, which do not need to cover benefit mandates included within the Insurance Code unless otherwise specified by law.³ We believe that public servants on PEBB and OEGB should also receive the same coverage as proposed in HB 4155.

We learned of a -4 amendment introduced on the day of the public hearing that removes PEBB and OEGB coverage, likely because of the expense the benefit mandate on the public employee plans. It is concerning that the Assembly is willing to raise premiums on individuals and small businesses to ensure coverage for less than 23% of Oregonians⁴ while exempting itself and the executive branch from the same requirements.

If these services are good for one set of Oregonians, they should be good for all Oregonians.

Second, the text of HB 4155 will likely present implementation challenges in the future. For instance, the bill is quite detailed in its directives to cover in vitro fertilization. But in the future, other, less invasive forms of fertility treatment like in vitro maturation, may become a more standard medical practice. As a health plan, we may in the future have to cover the more painful alternative and have discretion to not cover the less painful alternative. Furthermore, several subsections require coverage which must be consistent with guidelines published by the American Society for Reproductive Medicine or the American Society of Clinical Oncology. Our understanding of the case law on delegation is that these guidelines would be effectively those guidelines as in existence at the time of this bill's passage. We remain unclear how future guidance would be incorporated into law.

It will be on the Department of Consumer and Business Services to determine how health plans must implement these provisions, whether through rulemaking or through examination of our conduct. In the absence of any clearer legislative direction, both insurers and the agency may experience challenges in applying the legislation in the manner intended by the Assembly. We ask that we take the opportunity to make the text of the mandate clearer now, to avoid issues later after passage.

Finally, we do not have a good understanding of the relative costs and benefits this proposed mandate will impart on Oregonians. Our actuaries estimate that the mandate could increase premiums by approximately \$5 per-member, per-month. Taking our publicly reported enrollment numbers, we estimate that PacificSource members would see a collective increase of around \$4 million dollars in premiums over the course of a plan year.⁵ This number is highly variable, as we cannot estimate utilization without trend data. Frankly, the inclusion of the public employee benefit plans may provide the impetus for a more accurate analysis of the cost of the mandate.

However, several states have reviewed similar mandates. A June 2023 study conducted by the Office of the Insurance Commissioner in Washington state concluded that the mandate would add between \$6.49 million and \$17 million to individual, small group and large group premiums. Washington states equivalent of PEBB and OEGB could experience between \$4 million and \$8 million in additional costs.⁶ A similar study in Maine found that fertility coverage would raise premiums for that state's insurance buying public by \$5.03 to \$6.32 per-member, per-month.⁷ A 2019 report by the New York Department of Financial Services estimated that the impact of a mandate calling for three cycles of IVF on all types of commercial health plans – individual, small and large group - ranged from \$96 million to \$113 million.⁸

³ See, e.g., ORS 243.144 (select Insurance Code provisions applicable to PEBB); ORS 243.877 (select Insurance Code provisions applicable to OEGB).

⁴ We note the -1 creates a mechanism to supplant coverage mandates on certain health plans who did not cover abortion services in the 2017 plan year. See ORS 743A.067(7)(e).

⁵ Quarterly enrollment numbers available from the Department of Consumer and Business Services here:

<https://dfr.oregon.gov/business/reg/reports-data/annual-health-insurance-report/Pages/health-ins-enrollment.aspx>

⁶ <https://www.insurance.wa.gov/sites/default/files/documents/2023fertility-treatment-cost-analysis-report.pdf>

⁷ <https://www.maine.gov/pfr/sites/maine.gov.pfr/files/inline-files/LD1539-and-LD922-Mandated-Benefit-Analysis.pdf>

⁸ https://www.dfs.ny.gov/system/files/documents/2019/02/dfs_ivf_report_02272019.pdf

Thank you for your consideration of our concerns.

Sincerely,

/s

Richard Blackwell
Director, Oregon Government Relations