SENATE AMENDMENTS TO
SENATE BILL 242
By COMMITTEE ON HEALTH CARE
April 15

In line 2 of the printed bill, after “care” delete the rest of the line and insert a period.
Delete lines 4 through 19 and insert:

“SECTION 1. Section 2 of this 2019 Act is added to and made a part of the Insurance
Code.

“SECTION 2. (1) As used in this section:
“(a) ‘Assisted reproduction’ has the meaning given that term in ORS 109.239.
“(b) ‘Childbirth’ means labor, delivery and medically necessary postpartum care for at
least six weeks after delivery.
“(c) ‘Health benefit plan’ has the meaning given that term in ORS 743B.005, excluding
health benefit plans sponsored by employers for their employees.
“(d) ‘Intended parent’ means an individual who enters into a surrogacy agreement with
a surrogate to be the legal parent of the child born to the surrogate from assisted repro-
duction.
“(e) ‘Pregnancy care’ means the care necessary to support a healthy pregnancy.
“(f) ‘Surrogacy agreement’ means an agreement between a woman and an intended par-
ent or intended parents in which the woman agrees to become pregnant through assisted
reproduction and to relinquish the resulting child to the intended parent or parents.
“(g) ‘Surrogate’ means a woman who enters into a surrogacy agreement to become
pregnant by assisted reproduction.

“(2) A health benefit plan that provides payment or reimbursement for the costs of
pregnancy and childbirth must provide payment or reimbursement for the expenses of preg-
nancy care and childbirth for an enrollee who is a surrogate.

“(3) A health benefit plan may not require a surrogate, as a condition of coverage under
the health benefit plan, to:
“(a) Reimburse the insurer offering the health benefit plan for the cost of services de-
scribed in subsection (2) of this section that are paid or reimbursed by the insurer;
“(b) Assign to the insurer the right to receive payments from an intended parent under
a surrogacy agreement to recover the cost of services paid or reimbursed by the insurer; or
“(c) Agree to any term that has the effect of negating the payment or reimbursement
by the insurer for the cost of services described in subsection (2) of this section.
“(d) Any term in a policy or certificate that is in violation of subsection (3) of this section
shall be deemed to be contrary to public policy and void.

“SECTION 3. Section 2 of this 2019 Act applies to health benefit plans issued, renewed
or extended on or after the effective date of this 2019 Act.”.