

**FISCAL IMPACT OF PROPOSED LEGISLATION**

81st Oregon Legislative Assembly – 2021 Regular Session  
Legislative Fiscal Office

**Measure: SB 560 - A**

*Only Impacts on Original or Engrossed  
Versions are Considered Official*

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**Measure Description:**

Requires insurer and health care service contractor to count payments made on behalf of enrollee for costs of care toward enrollee's out-of-pocket maximum or cost-sharing.

**Government Unit(s) Affected:**

Oregon Health Authority (OHA), Department of Consumer and Business Services (DCBS)

**Summary of Fiscal Impact:**

Costs related to the measure are anticipated to be minimal - See explanatory analysis.

**Analysis:**

SB 560 - A requires that an insurer include all amounts paid by an enrollee, or on behalf of an enrollee by another person, when calculating the contribution of an enrollee to an out-of-pocket maximum, coinsurance, copayment, or deductible. "Person" is defined as an individual, trust, estate, partnership, corporation, association, joint stock company, insurance company, state, or nonprofit organization; or a political subdivision, instrumentality or municipal corporation of a state.

The measure is expected to have a minimal impact on the Oregon Health Authority (OHA). According to the Public Employees' Benefit Board (PEBB), additional sources of payment that apply towards a member's deductible or out-of-pocket maximum could artificially increase the amount the member has paid. PEBB does not anticipate costs to be materially impacted.

There is no fiscal impact on the Department of Consumer and Business Services.